

Dear 

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on 19 November 2019 and rescoped on 26 November 2019.

This application requested access to:

"Final documents prepared for or used during the 2018-19 Annual Reports hearings."

As confirmed by your Office, this is limited to the Minister, DG and CEO level.

I am an Information Officer appointed by the Chief Executive Officer of CHS under section 18 of the FOI Act to deal with access applications made under Part 5 of the FOI Act. CHS was required to provide a decision on your access application by **Tuesday 24 December 2019**.

I have identified 46 documents that have been identified as being within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant full access to 45 documents; and
- partial access to one document.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided at [Attachment B](#) to this letter.

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

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

Full Access

I have decided to grant full access to 45 documents relevant to your request.

Partial Access

I have decided to grant partial access to one document at reference 19, titled Health Annual Report Hearing Brief – Major Infrastructure Projects. This brief contains deletions to information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the FOI Act. The information contained in these documents is commercial in confidence and relates to major ongoing infrastructure projects.

Public Interest Factors Favouring Disclosure

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2.2 (a) (xiii) prejudice the competitive commercial activities of an agency.

The information that has been redacted from this brief contains sensitive information relating to internal, commercial activities of Canberra Health Services. On balance, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

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

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the FOI 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 FOI Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal

Level 4, 1 Moore St

GPO Box 370

Canberra City ACT 2601


Telephone: (02) 6207 1740

<http://www.acat.act.gov.au/>

Further assistance

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

Yours sincerely



Bernadette McDonald

Chief Executive Officer

Canberra Health Services

19 December 2019



ACT
Government

**Canberra Health
Services**

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

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

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
[REDACTED]	"Final documents prepared for or used during the 2018-19 Annual Reports hearings."	FOI19/80

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1	Index - Health	11/11/2019	Full release		Yes
Health Annual Report Hearing Briefs						
2.	2-3	Strategic Objectives 1 – Reducing the Waiting List for Elective Surgery	November 2019	Full release		Yes
3.	4-5	Strategic Objectives 2 – No Waiting for Access to Emergency Dental Services	November 2019	Full release		Yes
4.	6-8	Strategic Objectives 3 – Improving Timeliness of Access to Radiotherapy Services	November 2019	Full release		Yes

5.	9	Strategic Objectives 4 – Improving Breast Screen Participation Rate for Women aged 50 to 74 years	November 2019	Full release		Yes
6.	10-11	Strategic Objectives 7 - Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds	November 2019	Full release		Yes
7.	12	Output 1.2 Alcohol and Drug Services	November 2019	Full release		Yes
8.	13-16	Output 1.3 Population Health	November 2019	Full release		Yes
9.	17	Output 1.4 Cancer Services	November 2019	Full release		Yes
10.	18	Output 1.5 Rehabilitation Aged and Community Care	November 2019	Full release		Yes
11.	19-20	Canberra Hospital Capacity	November 2019	Full release		Yes
12.	21-22	Data on ED over 24 hours stay for Mental Health Presentations	November 2019	Full release		Yes
13.	23-24	ICU Management and Capacity	November 2019	Full release		Yes
14.	25-26	Maternity Services at Centenary Hospital	November 2019	Full release		Yes
15.	27-28	Medical Specialist Wait Times	November 2019	Full release		Yes
16.	29-30	Publicly Funded Homebirth Program Trial	November 2019	Full release		Yes
17.	31	Stroke Service Developing Clot Retrieval Service	November 2019	Full release		Yes
18.	32	Timely Care Strategy	November 2019	Full release		Yes
19.	33-34	Major Infrastructure Projects Canberra Health Services	November 2019	Partial release	Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency;	Yes
20.	35-38	Asset Management within Canberra Health Services	November 2019	Full release		Yes
21.	39-40	Water leaks in Centenary Hospital for Women and Children	November 2019	Full release		Yes
22.	41-42	Walk-in-Centres (Weston Creek and Inner North)	November 2019	Full release		Yes

23.	43-44	University of Canberra Hospital – Industrial Issues	November 2019	Full release		Yes
24.	45-46	Agency Staffing Profiles – Medical, Nursing and Midwifery, Administrative	November 2019	Full release		Yes
25.	47	ARIns and SEAs	November 2019	Full release		Yes
26.	48	Public Interest Disclosure	November 2019	Full release		Yes
27.	49	Visiting Medical Officer – Contract Negotiations	November 2019	Full release		Yes
28.	50	Consultancy Contracts Led by Canberra Health Services	November 2019	Full release		Yes
29.	51-55	Financial Statement Analysis	November 2019	Full release		Yes
30.	56	Index - Mental Health	11/11/2019	Full release		Yes
Mental Health Annual Report Hearing Briefs						
31.	57-58	Strategic Indicator 5 – Reducing the Usage of Seclusion in Mental Health Episodes	November 2019	Full release		Yes
32.	59	Strategic Indicator 6 – Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit	November 2019	Full release		Yes
33.	60-61	Output 1.2 Mental Health Justice Health and Alcohol and Drug Services	November 2019	Full release		Yes
34.	62-63	Adolescent Mental Health Services in ACT	November 2019	Full release		Yes
35.	64-65	Data on ED stays over 24 hours for Mental Health Presentations	November 2019	Full release		Yes
36.	66-67	Extended Care Unit	November 2019	Full release		Yes
37.	68-70	Mental Health Capacity	November 2019	Full release		Yes
38.	71	Occupancy – Mental Health AMHU, MHSSU and Ward 2N	November 2019	Full release		Yes
39.	72-73	Supported Accommodation	November 2019	Full release		Yes
40.	74-75	Workforce Shortages	November 2019	Full release		Yes

41.	76-79	Medication Administration at Bimberi Youth Justice Centre	November 2019	Full release		Yes
42.	80-81	Winnunga delivering healthcare at Alexander Maconochie Centre	November 2019	Full release		Yes
43.	82	Agency Staffing Profiles – Mental Health, Justice Health Services Workforce	November 2019	Full release		Yes
44.	83-84	Occupational Violence	November 2019	Full release		Yes
45.	85-86	Adult Mental Health Unit (Canberra Hospital) Infrastructure Works	November 2019	Full release		Yes
46.	87	Financial Statement Analysis	November 2019	Full release		Yes
Total Number of Documents						
46						

Inquiry into Annual and Financial Report 2018-19

Health

Canberra Health Services

11 November 2019

Item	Issue
Strategic Objectives	
1.	Strategic Objectives 1 – Reducing the Waiting List for Elective Surgery (page 24)
2.	Strategic Objectives 2 – No Waiting for Access to Emergency Dental Services (page 25)
3.	Strategic Objectives 3 – Improving Timeliness of Access to Radiotherapy Services (page 25)
4.	Strategic Objectives 4 – Improving Breast Screen Participation Rate for Women aged 50 to 74 years (page 26)
5.	Strategic Objectives 7 - Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds (page 27)
Outputs	
6.	Output 1.2 Alcohol and Drug Services (page 290)
7.	Output 1.3 Population Health (first quarter) (page 292)
8.	Output 1.4 Cancer Services (page 295)
9.	Output 1.5 Rehabilitation Aged and Community Care (page 296)
Clinical Issues	
10.	Canberra Hospital Capacity
11.	Data on ED over 24 hour stay for Mental Health Presentations
12.	ICU Management and Capacity
13.	Maternity Services at Centenary Hospital
14.	Medical Specialist Wait Times
15.	Publicly Funded Homebirth Program Trial
16.	Stroke Service Developing Clot Retrieval Service
17.	Timely Care Strategy
Infrastructure and Health Support Services	
18.	Major Infrastructure Projects Canberra Health Services
19.	Asset Management within Canberra Health Services
20.	Water leaks in Centenary Hospital for Women and Children
21.	Walk-in-Centres (Weston Creek and Inner North)
22.	University of Canberra Hospital – Industrial Issues
Human Resources Management	
23.	Agency Staffing Profiles – Medical, Nursing and Midwifery, Administrative
24.	ARIns and SEAs
25.	Public Interest Disclosure
26.	Visiting Medical Officer – Contract Negotiations
Financial Management	
27.	Consultancy Contracts Led by Canberra Health Services
28.	Financial Statement Analysis
Recent Media Issue	
29.	

ANNUAL REPORT HEARING BRIEF

GBC19/224 - 1

Portfolio: Health

**ISSUE: STRATEGIC OBJECTIVE 1
 REDUCING THE WAITING LIST FOR ELECTIVE SURGERY**

(Page 24)

Strategic indicator	2018–19 target	2018–19 outcome
Reducing the number of patients waiting longer than clinically recommended timeframes for elective surgery	430	635

Talking points

- Delivery of elective and emergency surgeries in the ACT has been growing at around three per cent per year since 2013-14. Since 2016-17, the ACT has experienced the fastest rate of growth of all jurisdictions in the country.
- The ACT public health system delivered 14,015 elective surgeries in 2018-19, achieving the target for that year of 14,000 elective surgeries. This is an increase from the previous year of around 600 surgeries.
- The number of people waiting to receive elective surgery remained relatively unchanged at about 5,100 throughout the year, meaning new additions to the wait list were largely matched by surgeries performed.
- Despite demand being met, the number of people waiting longer than clinically recommended ('long waits') at the end of 2018-19 was 635, compared to a target of 430, and an increase from the previous year of around 235; and is 205 patients above the target of 430.
- The percentage of elective surgery cases admitted on time by clinical urgency in 2018-19 was:
 - Category 1 (urgent): 96 per cent – target was 100 per cent;
 - Category 2 (semi urgent): 75 per cent – target was 78 per cent; and
 - Category 3 (non urgent): 78 per cent – target was 91 per cent.

Cleared as complete and accurate: 23/10/2019
 Cleared by: Executive Branch Manager Ext: 49420
 Contact Officer name: Margaret Stewart Ext: 49420
 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
 Information Officer name: Margaret Stewart

ANNUAL REPORT HEARING BRIEF

- The portion of Category 1 patients seen on time improved from 91 per cent in 2017-18. Category 2 and 3 performance also improved from 71 per cent and 75 per cent in 2017-18 respectively.
- The government continues to use all avenues to support the delivery of elective surgery. Publicly funded elective surgery for ACT patients, and in many cases the surrounding region, is split across several providers, including private operators.
- The government has invested again in the 2019-20 Budget, with \$12 million over four years to open two new theatres at Calvary Public Hospital Bruce (Calvary). This will provide the necessary resources to support the delivery of up to 250 more surgeries each year.
- Additionally in 2019-20, the government committed around \$6 million over four years to expand urology services at Calvary. Part of this investment will enable Calvary to undertake more elective urology surgery to assist in meeting the growing demand.
- Also in the 2019-20 Budget, funding has been allocated to enable an increase in the number of surgeries delivered, taking the target to 14,250 for the ACT.
- The government is also pursuing improvement strategies which include:
 - active management of the waitlist from a Territory wide perspective, making best use of all of the the Territory's service providers;
 - working with clinicians to renew the focus on treating patients 'in turn' wherever clinically possible;
 - increasingly shifting routine, non-tertiary services away from Canberra Hospital, to reduce delays to elective surgery that can occur because of that hospital's need to respond to emergency, trauma and tertiary level services; and
 - working with NSW to achieve care of patients closer to home, within the bounds of clinical appropriateness.

Cleared as complete and accurate:	23/10/2019	
Cleared by:	Executive Branch Manager	Ext: 49420
Contact Officer name:	Margaret Stewart	Ext: 49420
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Margaret Stewart	

ANNUAL REPORT HEARING BRIEF

GBC19/224 - 2

Portfolio: Health

**ISSUE: STRATEGIC OBJECTIVE 2
 PERCENTAGE OF CLIENTS TRIAGED AS AN EMERGENCY OFFERED
 AN APPOINTMENT WITHIN 24 HOURS**

(Page 25)

Strategic indicator	2018–19 target	2018–19 outcome
Percentage of clients triaged as an Emergency offered an appointment within 24 hours *	100%	100%

* This does not include clients who are offered an appointment within the required timeframe but do not accept that appointment.

Talking points

- In 2018-19, the Dental Health Program (DHP) achieved 100 per cent compliance against the strategic objective of clients triaged as an emergency being offered an appointment within 24 hours.

Key Information

- In the formulation of the Annual Report, Canberra Health Services (CHS) Division of Rehabilitation, Aged and Community Services (RACS) advised that the description of the Strategic Indicator required amending. The data for this strategic indicator assesses the *'Percentage of clients triaged as an Emergency offered an appointment within 24 hours'* rather than *'Percentage of assessed emergency clients seen within 24 hours'*.
- In 2018-19, 100 per cent of Dental Health Program clients triaged as an emergency were 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 preceding 72 hours.
- Appointment books are structured to ensure adequate emergency appointment times are available to meet triaged timeframes. 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);

Cleared as complete and accurate: 23/10/2019
 Cleared by: Chief Executive Officer Ext: 44700
 Contact Officer name: Linda Kohlhagen Ext: 48173
 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
 Information Officer name: Michael Keen

ANNUAL REPORT HEARING BRIEF

2. Dental administration staff;
 3. Community Health Intake staff; and
 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:	23/10/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Linda Kohlhagen	Ext: 48173
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Michael Keen	

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Portfolio: Health

**ISSUE: STRATEGIC OBJECTIVE 3
 IMPROVING TIMELINESS OF ACCESS TO RADIOTHERAPY
 SERVICES**

(Page 25)

Strategic indicator	2018–19 target	2018–19 outcome
Percentage of radiotherapy patients who commence treatment within standard timeframes		
Category		
Emergency—treatment starts within 48 hours	100%	100%
Palliative—treatment starts within 2 weeks	90%	70%
Radical—treatment starts within 4 weeks	90%	50%

Talking points

- In 2018-19, 100 per cent of patients requiring emergency treatment were seen within the target of 48 hours.
- 100 patients a day receive treatment at Canberra Hospital. This is being achieved on three machines as opposed to the same number being treated on four machines during the same period last year.
- In 2018-19, 1450 patients received radiation treatment compared with 1377 in 2017-18.
- Patients are triaged to ensure those who will benefit most from early treatment are treated first.
- No patient has been forced to travel interstate for treatment. Patients are offered options and often will chose to be treated elsewhere particularly if it means they can be better supported by family.

Cleared as complete and accurate:	23/10/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Cathie O'Neill	Ext: 0400 101 051
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Cathie O'Neill	

ANNUAL REPORT HEARING BRIEF

- Canberra Health Services is currently spending \$11 million replacing two linear accelerators (linacs), the treatment planning system and updating the physical space to ensure the latest technology and most efficient services are provided.
- The first of the new linacs was opened on Monday, 9 September 2019 and has commenced providing patient services. Decommissioning of the second linac commenced on 24 October 2019 and is anticipated to be operational by mid-2020.
- There are currently no waiting lists for radiotherapy services. When all four machines are operational by mid 2020 average wait times will return to within national benchmarks.
- Work has already commenced on the procurement process to ensure the next two machines are replaced in a timely manner.

Key Information

- The performance in radiotherapy wait times is impacted by the increase in number of referrals, increasingly complex treatment techniques, treatment delivery time, and workforce shortages.
- Improvements in treatment capacity have been achieved by extending treatment times to 7pm, improving patient scheduling, improving the planning processes, and ensuring machine maintenance limits machine downtime.
- Radiation Therapists are not trained in the ACT so recruiting staff means having to attract staff from other states. This often adds to delays in recruiting new staff as they need to relocate.
- The decommissioning and commissioning process is lengthy, taking eight months per machine. The service has managed to maintain throughput despite being unable to use one of the four machines due to this replacement program.
- The opening of the first private radiation oncology service in the ACT in late 2018 (ICON) has also meant that there are more treatment options available to patients.

Background Information

- Radiotherapy is a key plank of contemporary cancer treatment. Radiation beams are directed to the tumour to cause tumour cell death. Treatments are delivered as a course, which may involve up to 6 weeks of daily treatment.
- Radiotherapy is a precise, highly technical service involving highly skilled radiation oncologists, radiation therapists, medical physicists, nurses and administrative staff.

Cleared as complete and accurate: 23/10/2019
Cleared by: Chief Executive Officer Ext: 44700
Contact Officer name: Cathie O'Neill Ext: 0400 101 051
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Cathie O'Neill

ANNUAL REPORT HEARING BRIEF

- The Australian Government controls the licenses for linear accelerators. They also contribute to the capital costs of the equipment through the Radiation Oncology Health Program Grants with \$3 million per machine over their 10 year life.
- Southern NSW does not have any linear accelerators and in 2017, 78 per cent¹ of residents from that area requiring radiation therapy had their treatment at Canberra Hospital. With the opening of a linear accelerator at Nowra in 2017, some of these residents are now being directed to the Nowra service.

¹ Currow D, Thomson W, Bailey K. Radiotherapy Treatment Services to NSW Residents: 2017 Annual Report. Sydney: Cancer Institute NSW December 2018

Cleared as complete and accurate:	23/10/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Cathie O'Neill	Ext: 0400 101 051
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Cathie O'Neill	

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Portfolio: Health

**ISSUE: STRATEGIC OBJECTIVE 4
 IMPROVING THE BREAST SCREEN PARTICIPATION RATE FOR
 WOMEN AGED 50 TO 74 YEARS**

(Page 26)

Strategic indicator	2018–19 target	2018–19 outcome
Proportion of women in the target age group (50 to 74 years) who had a breast screen in the 24 months prior to each counting period	60%	57%

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.

Cleared as complete and accurate: 23/10/2019
 Cleared by: Chief Executive Officer Ext: 44700
 Contact Officer name: Cathie O'Neill Ext: 0400 101 051
 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
 Information Officer name: Cathie O'Neill

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Portfolio: Health

**ISSUE: STRATEGIC OBJECTIVE 7
 REACHING THE OPTIMUM OCCUPANCY RATE FOR ALL
 OVERNIGHT HOSPITAL BEDS**

(Page 27)

Strategic indicator	2018–19 target	2018–19 outcome
Mean percentage of overnight hospital beds in use	90%	91%

Talking points

(refer to ACTHD Question Time Brief – Bed Numbers and Bed Occupancy)

- Bed occupancy is a measure used to manage the capacity in the hospitals.
- Bed occupancy figures fluctuate hourly, daily and monthly, and vary substantially with the level of demand experienced across each hospital campus.
- The aim is to manage occupancy at around the 90 per cent level, to ensure that hospitals are being used efficiently but also retain the flexibility to respond to peaks of demand experienced at each campus.
- It is important to note that occupancy is calculated using overnight beds and does not include beds assigned for day procedures. The overnight bed numbers are a calculation of the daily available beds, averaged over the reporting period.
- Bed occupancy rates should not be considered in isolation of the overall performance of the system, for example, the average length of stay in hospitals is also an important indicator of efficiency.
- By reducing the average length of stay, patient flow across the hospitals can be improved, resulting in more new admissions and improved timeliness.

Cleared as complete and accurate:	23/10/2019	
Cleared by:	Executive Branch Manager	Ext: 49420
Contact Officer name:	Margaret Stewart	Ext: 49420
Lead Directorate:	Canberra Health Services	
Cleared for release:	Yes	
Information Officer name:	Margaret Stewart	

ANNUAL REPORT HEARING BRIEF

Key Information

- This indicator measures the overall occupancy rate for the ACT, based on average available overnight beds across:
 - Canberra Hospital
 - Calvary Public Hospital Bruce
 - University of Canberra Hospital.

Cleared as complete and accurate: 23/10/2019
Cleared by: Executive Branch Manager Ext: 49420
Contact Officer name: Margaret Stewart Ext: 49420
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Margaret Stewart

ANNUAL REPORT HEARING BRIEF

GBC19/225 - 6

Portfolio: Health

ISSUE: OUTPUT1.2
(MENTAL HEALTH JUSTICE HEALTH AND) ALCOHOL AND DRUG
SERVICES

(Page 290)

	Original Target 2018-19	Actual Result 2018-19	% Variance from original Target
g. Percentage of current clients on opioid treatment with management plans	98%	95%	(3%)
h. Alcohol and Drug Services community contacts	70,000	66,130	(6%)

Talking points

- g) The result for clients with a management plan is impacted by clients who are prescribed by private prescribers and receive their dose with Alcohol and Drug Services public clinic.
- h) Alcohol and Drug Services community contacts is six per cent under the target. This is attributable to unexpected staff vacancies and difficulties with recruitment.

Key Information

- g) This result is impacted by clients who use the public clinic located at Building 7, Canberra Hospital as a dosing point only. Newly released detainees who choose to dose at the public clinic continue to dose on a script prescribed at Alexander Maconochie Centre for up to one month until they are able to access an appointment with an Addiction Medicine Specialist. Management plans are completed at this appointment and therefore can be delayed.

Cleared as complete and accurate: 29/10/2019
 Cleared by: Chief Executive Officer Ext: 44700
 Contact Officer name: Karen Grace Ext: 41577
 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
 Information Officer name: Karen Grace

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Portfolio: Health
ISSUE: OUTPUT 1.3 POPULATION HEALTH

(Page 65 and 292)

Output 1.3: Population Health– accountability indicators *

	2018–19 targets	2018-19 actual from 1 July 2018 – 30 September 2018
a. Samples analysed	2875	3726
b. Total number of inspections and proactive site visits of food businesses	625	460
c. Number of teachers who complete Food&ME training	75	117
d. Number of It's Your Move schools recruited to the program	3	8
e. Immunisation coverage for the primary immunisation schedule measured at one year of age, in accordance with the Australian Childhood Immunisation Register	95%	95%

*Note: Output 1.3 reporting period is from 1 July 2018 to 30 September 2018.

Talking points

- Output 1.3a

The indicator demonstrates that the ACT Government Analytical Laboratory (ACTGAL) exceeded the pro rata target for samples analysed for the period July 2018 to September 2018. The higher than expected target result is due to a higher proportion of samples analysed in the first quarter of the financial year. Overall for the full financial year the target was exceeded by three per cent. The number of samples submitted for analysis is driven by multiple external variables, such as seasonal variation, changes in the population, agency specific targeting practices, emergency management and reaction to community expectations, and fluctuates throughout the year.

Cleared as complete and accurate: 23/10/2019
 Cleared by: Executive Group Manager Ext: 51854
 Contact Officer name: Alan Philp/Kerryn Coleman Ext: 51854/49853
 Lead Directorate: Health
 Cleared for release: Yes
 Information Officer name: Erica Nixon/Kerryn Coleman

ANNUAL REPORT HEARING BRIEF

- Output 1.3b

In the period July 2018 to September 2018 Public Health Officers' conducted 460 inspections of food businesses, including business operating at Declared Events. HPS fell short of the pro-rata target of 625 food inspections for the reporting period. Overall for the full financial year the target was exceeded by 2 per cent. The full year variance may be attributed to efficiencies gained through recent changes to administrative procedures and practices in the HPS, the implementation of a new food inspection database and complimentary workforce management system.

- Output 1.3c

1,531 preschool and primary school educators have attended Food&ME training since 2014.

The target for this indicator was 75 teachers. The higher than target result is due to a lower proportion of training occurring from 1 October 2018 to 30 June 2019. Combining the annual activity, the overall result is eight per cent above the overall target of 300.

117 ACT teachers completed the Food&ME training from 1 July 2018 to 30 September 2018.

Food&ME is a suite of nutrition education resources offered as part of the ACT Government's Fresh Tastes service.

Preschool and primary school educators can access face-to-face Food&ME training delivered by Nutrition Australia ACT or an online course for free.

The training supports teachers to apply the suite of Food&ME curriculum materials to deliver nutrition education to students.

Food&ME training will continue to be offered to educators in 2019/20.

- Output 1.3d

13 schools participated in the It's Your Move program during the 2018-2019 Financial year. Of the 13 schools eight were recruited during the 1 July to 30 September 2018. The further five schools were reported in the Health Directorate Annual report.

ANNUAL REPORT HEARING BRIEF

- Output 1.3e

In the ACT, for the reporting period July 2018 to September 2018, 95 per cent of one year-olds were fully immunised based on data provided by the Australian Immunisation Register. The ACT has an aspirational target of 95 per cent. High coverage rates for one year-old children in the ACT have consistently been achieved by working collaboratively with over 200 immunisation providers in the community. In support of achieving this outcome, the directorate provides information and promotional material, sends postcard reminders and overdue letters to families, assists with transcribing overseas immunisation records and develops catch-up plans for children with delayed vaccination schedules.

Key Information

- Output 1.3d

It's Your Move focuses on student led health promotion innovation in ACT high schools. Twenty-one high schools have participated in It's Your Move since 2012, reaching more than 12,000 students. Many schools have participated in the program over multiple years.

- Output 1.1e

Data on immunisation coverage for the primary immunisation schedule are extracted from the Australian Immunisation Register. For the purpose of immunisation reporting, a child aged 12 months to less than 15 months is regarded as one year-old. To be considered fully immunised at one year of age, a child should have completed their primary immunisation series with three vaccinations against diphtheria, tetanus and pertussis, three against poliomyelitis, either two or three against Haemophilus type B and Pneumococcal and three vaccinations against Hepatitis B.

Background Information

- Output 1.1a

ACTGAL, Health Protection Service (HPS) provides services in the fields of microbiology, environmental chemistry, forensic chemistry and toxicology.

- Output 1.1b

The HPS conducts inspections of food businesses to identify potential food safety issues and ensure compliance with the requirements of the *Food Act 2001* and the Australia New Zealand Food Standards Code. The number of inspections does not reflect the number of businesses inspected as a business may be inspected more than once, particularly where enforcement action occurs.

ANNUAL REPORT HEARING BRIEF

- Output 1.3c

Food&ME courses have been promoted to educators via: Fresh Tastes website, EDU School Bulletin (targeted to Principals), school workshops, targeted e-newsletters, third party social media and e-newsletters, educator events, meetings with Principals, TQI website and universities who offer undergraduate teaching courses.

Food&ME resources link to the Australian Curriculum and the Early Years Learning Framework.

Food&ME courses are accredited with the ACT Teacher Quality Institute (TQI).

Fresh Tastes supports ACT primary schools to provide a healthy food and drink environment and culture, and implement relevant policies. As of 3 June 2019, 94 primary schools (86 per cent) are involved in Fresh Tastes, reaching 39,000 students.

- Output 1.1e

In the ACT, for the reporting period 95 per cent of one year olds were fully immunised based on data provided by the Australian Immunisation Register. The ACT aspirational target is 95 per cent.

Cleared as complete and accurate:	23/10/2019	
Cleared by:	Executive Group Manager	Ext: 51854
Contact Officer name:	Alan Philp/Kerryn Coleman	Ext: 51854/49853
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Erica Nixon/Kerryn Coleman	

ANNUAL REPORT HEARING BRIEF

GBC19/224 - 8

Portfolio: Health

ISSUE: OUTPUT 1.3 CANCER AND AMBULATORY SERVICES

(Page 29 and 295)

Talking points

- Provides services of cancer support, radiation oncology, medical oncology, rapid assessment services, haematology, BreastScreen ACT and Immunology
- Our nurse-led Walk-in Centres (WiC) offer fast, free and efficient services closer to where people live. They provide access to treatment for one-off, episodic care for minor injury and illnesses as well as health advice and information.
- The division also provides ambulatory support through the provision of nursing and administrative support to Central Outpatient department.

Key Information

- Presentations to the WIC have increased during 2018-19, with the Gungahlin WiC completed during 2018-19 and receiving patients from 4 September 2018.
- The Belconnen, Tuggeranong and Gungahlin centres are now regularly seeing an average total of 200 presentations a day.
- BreastScreen outcomes are as per target. Growth shown in 50-74 bracket is due to the target not accounting for change in target age group span from 50-69.
- Timely recall to assessment is below target due an increase in screening capacity, but there was no increase in available assessment appointments

Cleared as complete and accurate:	23/10/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:		Ext: 47354
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:		
TRIM Ref:	GBCHS19/224	

ANNUAL REPORT HEARING BRIEF

GBC19/224 - 9

Portfolio: Health

ISSUE: OUTPUT 1.5 REHABILITATION, AGED AND COMMUNITY CARE

(Page 32 and 297)

Talking points

- University of Canberra Hospital (UCH) opened during 2018-19 at 64 beds for rehabilitation.

Key Information

- UCH began providing services on 10 July 2018, as Canberra's first dedicated hospital providing care for adults experiencing mental illness or recovering from surgery, illness or injury.
- UCH has 140 inpatient beds, 75-day places and additional outpatient services.
- From July 2018 to July 2019, there were more than 1020 admissions, with an average length of stay of 21.5 days.
- There were more than 10 600 occasions of service within the clinics, including 4400 in multidisciplinary therapy clinics and 2475 in hydrotherapy.
- University of Canberra Hospital has improved access to subacute and rehabilitation services since opening. Before July 2018, patients needing rehabilitation services waited on average seven days after being clinically ready to start rehabilitation. Since July 2019, this has reduced to 3.5 days

Cleared as complete and accurate:	23/10/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Catherine Shadbolt	Ext: 47354
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Catherine Shadbolt	

GBCHS19/224 - 10

Portfolio: Health**ISSUE: CANBERRA HOSPITAL EXCEEDING CAPACITY****Talking points:**

- CHS recently experienced two incidents relating to bed capacity issues on Wednesday 14 August 2019 and Monday 26 August 2019.
- The incident on 14 August 2019 resulted in a Code Yellow activation at approximately 2200 and stood down at 0200.
- The incident on 26 August 2019 resulted in a Code Yellow activation at 1500 and stood down at 2340.
- A Code Yellow is activated in the event that infrastructure and other internal emergencies affect service delivery standards of the Canberra Hospital Campus, both internal or external to buildings. In these two cases, a Code Yellow was called due to overcapacity issues at Canberra Hospital and was a coordinated whole of hospital response.
- Bypass is where ambulances are diverted to an alternative hospital to manage the period of peak demand and when the patient meets the clinical criteria. Bypass can occur in isolation to a Code Yellow but in these instances, it was a strategy within the Code Yellow response.

Background information

- To ease pressure across the hospital CHS created internal capacity, discharged appropriate patients and transferred patients to private hospitals.
- CHS has strong existing relationships with ACT private hospitals to ensure patients receive safe and clinically appropriate care in cases of increased demand.
- CHS works closely with ACT Ambulance Service to manage transfers of patients across the health system.
- There was no obvious cause for the surge in admissions other than usual seasonal fluctuations.
- Paediatric patients, those with life threatening emergencies and trauma patients are taken directly to Canberra Hospital regardless of bypass status.
- CHS continues to work on its timely care strategy to improve systems and processes, improve patient flow to manage surges in demand and maximise capacity within Canberra Hospital.

Cleared as complete and accurate: 22/10/2019
Cleared by: Chief Executive Officer Ext: 44700
Contact Officer name: Liz Chatham Ext: 42728
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Liz Chatham

ANNUAL REPORT HEARING BRIEF

- A number of initiatives have already been implemented, including daily multidisciplinary staff ward huddles, hospital-wide flow management meetings, strategies to reduce barriers to discharge and identifying and discharging appropriate patients early.
- CHS has also implemented a winter strategy, opening additional winter beds across the service and the all-care discharge unit at Canberra Hospital, both of which commenced on 11 July 2019.
- The ACT Government has also invested in emergency staffing numbers, including an increase in doctors.

Cleared as complete and accurate:	22/10/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Liz Chatham	Ext: 42728
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Liz Chatham	

ANNUAL REPORT HEARING BRIEF

GBCHS19/224 – 11

Portfolio: Health

ISSUE: DATA ON ED STAYS OVER 24 HOURS FOR MENTAL HEALTH PRESENTATIONS

Talking points:

- Between 1 July 2018 and 30 June 2019 there have been 4,670 patients presenting to Canberra Health Services (CHS) Emergency Department (ED) with a mental health type presentation.
- Between 1 July 2018 and 30 June 2019 there have been 361 mental health patients (seven per cent of all mental health type presentations) whose CHS ED Length of Stay was more than 24 hours.
- Between 1 July 2018 and 30 June 2019 there have been 1,541 patients presenting to CHS ED who were subsequently admitted under a clinical specialty of Psychiatry (33 per cent of all mental health type presentations).
- Between 1 July 2018 and 30 June 2019 there have been 574 patients admitted to the Mental Health Short Stay Unit at CHS (12 per cent of all mental health type presentations).
- The average Length of Stay in the Mental Health Short Stay Unit was 2.9 days.
- The number of patients whose length of stay in the Mental Health Short Stay Unit was more than 72 hours was 232 patients during this time.

Key Information

- The Adult Mental Health Unit (AMHU) at Canberra Hospital consists of 10 High Dependency and 30 Low Dependency beds. There is also a six bed Mental Health Short Stay Unit (MHSSU) within the ED footprint.
- CHS ED is the only gazetted ED in the ACT and therefore must accept and assess all consumers who present to the ED under the *Mental Health Act 2015* either under an Emergency Action (EA) or a S309 referred from the Courts.
- Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) are responsible for a number of acute Mental Health Services across the Territory including inpatients units at AMHU, MHSSU, Adult Mental Health Rehabilitation Unit (AMHRU) at University of Canberra Hospital, Dhulwa Secure Mental Health Unit (Dhulwa) and the Extended Care Unit (ECU) at the site of Brian Hennessy Rehabilitation Centre.

Cleared as complete and accurate: 14/10/2019
Cleared by: Executive Branch Manager Ext: 44700
Contact Officer name: Karen Grace Ext:41577
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Michael Phipps

ANNUAL REPORT HEARING BRIEF

Background Information

- Cross Directorate Forum with Justice and Community Safety Directorate (JACS) including Emergency Services – regular meetings have been established to identify and progress issues impacting across services with an aim to streamlining processes which impact both emergency services and the ED. Working with Emergency Services will provide the opportunity to review the current processes for transfer to ED under an Emergency Action (EA). There were 1171 people transported to CHS ED on Emergency Detention by Authorised Ambulance Paramedics during the 2018-19 financial year. This represents a 330 percent increase. Of these, only 156 (14.6 per cent) were assessed as requiring a three Day Emergency Detention.
- The development of the PACER model will also assist in addressing this situation.

Cleared as complete and accurate:	14/10/2019	
Cleared by:	Executive Branch Manager	Ext: 44700
Contact Officer name:	Karen Grace	Ext:41577
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Michael Phipps	

GBCHS19/224 – 12

Portfolio: Health**ISSUE: INTENSIVE CARE UNIT MANAGEMENT AND CAPACITY****Talking points:**

- The demand for Intensive Care Unit (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.
- Canberra Health Services (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.
- Canberra Hospital ICU works very hard to accommodate all patients requiring an ICU transfer from the ED. In situations where that is not possible, there is an escalation plan to resolve the issue, including coordination across the territory and interstate with other ICUs and retrieval services to provide the best possible clinical solution.

Background

Canberra Hospital Intensive Care Unit (ICU) is a 31 bed capacity referral unit that 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.

Cleared as complete and accurate:	04/11/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Lisa Gilmore	Ext: 48020
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Lisa Gilmore	

ANNUAL REPORT HEARING BRIEF

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).

The expansion of Canberra Hospital by delivering SPIRE 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.

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 immediate capacity demands for ICU beds. CHS are working in partnership with the ACT Health Directorate to progress the design work for this project.

Cleared as complete and accurate:	04/11/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Lisa Gilmore	Ext: 48020
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Lisa Gilmore	

GBCHS19/224 -13

Portfolio: Health**ISSUE: MATERNITY SERVICES AT CENTENARY HOSPITAL CAPACITY****Talking points:**

- Centenary Hospital for Women and Children (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).
- CHWC Maternity Unit encompasses the inpatient and outpatient areas of Antenatal ward, Postnatal ward, Birthing, Birth Centre, Midcall, Maternity Assessment Unit, Continuity of Care Programs and the Emergency Department.
- The demand on the public system has steadily increased since the completion of Centenary Hospital, at a rate of 4.5 per cent growth in birth rates annually. CHWC Maternity Services supported 3454 births in 2018-19.
- At times of increased activity, CHWC Maternity Unit adhere to the *Maternity Escalation Plan and Facilitation of Bypass to and from the Centenary Hospital for Women and Children Operation Policy*.
- This policy provides direction to all staff for effective bed management, discharge planning and facilitation when patient flow is either potentially or actually compromised with inadequate accommodation for all current and anticipated inpatients.
- Centenary Hospital has had one period of bypass this year, from 10pm Monday 12 August 2019 to 8am Tuesday 13 August 2019.
- The recruitment of the maternity workforce continues to be challenging due to national midwifery shortages and skill mix challenges due to increased retirements and an ageing workforce. A comprehensive workforce strategy has been designed in order to address these shortages through University partnerships and employment models for education, innovation retentions strategies and an ongoing focus on national recruitment campaigns.

Cleared as complete and accurate: 29/10/2019
Cleared by: Chief Executive Officer Ext: 44700
Contact Officer name: Elizabeth Chatham Ext:41577
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Katrina Bracher

ANNUAL REPORT HEARING BRIEF

Key Information

- Women Youth and Children are committed to working on improving internal responses to capacity and demand in the Maternity Unit. Strategies currently in place include:
 - Commencement of the Canberra Maternity Options in September 2019. This program supports access to models of maternity care which match each woman's individual needs and promote service choices closer to home where this is safe and suitable for new mothers. The service connects families to midwives earlier in their pregnancy, providing them with information and guidance from a midwife sooner.
 - \$50.5 million Expansion of the Centenary Hospital for Women and Children, which includes additional Postnatal beds, expanded Maternity Assessment Unit, New Adolescent Gynaecology Procedure Room, expanded Special Care Nursery Beds and Neonatology, improvements to the Paediatric High Care Unit and Adolescent Mental Health Unit and Day Service.
 - Development of additional models of care like the current Publicly Funded Homebirth Trial. An internal process review of the Publicly Funded Homebirth Trial found that the trial has been successful to date. A comprehensive external tender process has commenced for the final evaluation of the Publicly Funded Homebirth Trial.

Background Information

- 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.

Cleared as complete and accurate: 29/10/2019
Cleared by: Chief Executive Officer Ext: 44700
Contact Officer name: Elizabeth Chatham Ext:41577
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Katrina Bracher

ANNUAL REPORT HEARING BRIEF

GBCHS19/224 – 14

Portfolio: Health**ISSUE: MEDICAL SPECIALIST WAIT TIMES****Talking points:**

- The demand for medical specialist outpatient services in Canberra continues to grow. Month on month there is a disparity between the number of requests for appointments compared with the number of new patients seen. This has meant the number of people on the outpatients waitlist continues to grow.
- It is important to note the waitlist for medical specialist outpatients is a different list to the elective surgery waiting list. Not all patients waiting to see a specialist will require surgery. Many are waiting to see a specialist for non-surgical conditions.
- The number of people referred to see a surgeon who eventually require surgery varies greatly according to surgical speciality. The average across all surgical specialities is around one third.
- Canberra Health Services (CHS) is actively pursuing options for better patient access to specialist outpatient services.
- There are a number of specialty-specific challenges that are impacting waiting times, including workforce issues and demand capacity mismatch. To address this, CHS is:
 - Developing a targeted workforce strategy to attract more doctors to the ACT.
 - Working with speciality services to clearly define their scope of services to ensure they only see people with conditions where tertiary specialist input is required.
 - Working closely with Capital Health Network (CHN) to ensure the Health Pathways are appropriate to the ACT context and provide support to GPs to manage patients either pre-referral or whilst waiting for an outpatient clinic appointment.

Cleared as complete and accurate:	10/10/2019	
Cleared by:	Chief Operating Officer	Ext: 43754
Contact Officer name:	Cathie O'Neill	Ext: 42738
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Cathie O'Neill	

ANNUAL REPORT HEARING BRIEF

- Working with CHN and CHS GP Liaison Unit to ensure GP education is targeted to improve primary management of conditions being inappropriately referred.
- Supporting the work of CHN in facilitating GP to GP referrals, for appropriate conditions.
- Improving referral information to better delineate patients in more urgent need of attention.
- Updating the Walk-in Centre protocols and scope to provide diversion from outpatients as appropriate.
- Extending the hours of operation of clinics, restructuring clinics to ensure maximum appointments and utilisation of phone clinics.
- Implementing advanced practice nurses, extended scope physiotherapists and GPs with specialist skills to conduct clinics.
- Increasing the percentage of appointments for new patients by discharging more patients back to primary healthcare providers.

Cleared as complete and accurate:	10/10/2019	
Cleared by:	Chief Operating Officer	Ext: 43754
Contact Officer name:	Cathie O'Neill	Ext: 42738
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Cathie O'Neill	

ANNUAL REPORT HEARING BRIEF

GBCHS19/224 – 15

Portfolio: Health**ISSUE: PUBLICLY FUNDED HOMEBIRTH PROGRAM TRIAL****Talking Points**

- Canberra Health Services' homebirth trial gives women in the ACT an option to birth in the comfort and familiarity of their own home.
- The Publicly Funded Homebirth trial is planned for final evaluation in late 2019.
- The eligibility criteria for the trial are based on general and clinical guidelines with continuous risk assessments conducted throughout the pregnancy and labour. The eligibility criteria will remain the same until the final evaluation is completed.
- For any women interested in finding out more about home birth, the Centenary Hospital for Women and Children (CHWC) hold information sessions every two - three months.
- As at 30 June 2019, there have been 29 women who have birthed through the ACT's publicly funded home birth trial.
- As at 29 October 2019, there have been 35 women who have birthed through the ACT's publicly funded home birth trial.
- An internal interim report on the governance, quality and safety of the program, and clinical outcome of the first 17 births has been finalised. The report was publicly released on 6 November 2019.
- The process review found that the trial has been successful to date.
- A range of recommendations were made, including strengthening quality and safety processes, clarifying reporting requirements and improving data integrity.
- A comprehensive external tender process has commenced for the final evaluation and applications from independent parties tendering for this project will be assessed by a sub-group established for this purpose from members of the Publicly Funded Homebirth Service Governance Committee, including one consumer representative.

Cleared as complete and accurate:	29/10/2019	
Cleared by	Chief Executive Officer	Ext: 44702
Contact Officer name:	Katrina Bracher	Ext: 47389
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Katrina Bracher	

ANNUAL REPORT HEARING BRIEF

- The final evaluation will provide recommendations for Publicly Funded Homebirth in the ACT. At this stage we can't predict what these will be.

Key Information

- A trial of the publicly funded homebirth program commenced in early 2017 for women at low risk of obstetric complications.
- The three-year trial is being delivered through the Canberra Midwifery Program and is available to eligible women who reside within a 30-minute roundtrip to the (CHWC), as defined by the ACT Ambulance service.
- The trial will provide one or two homebirths a month over the three-year period, up to 24 births per year however the eligibility criteria may impact on achieving these numbers.

Background Information

- Australian Capital Territory Insurance Agency (ACTIA), ACT Ambulance and Senior medical and midwifery Maternity managers at CHS agreed on a pilot homebirth program including eligibility criteria. Based on this program, ACTIA on 7 November 2014 advised that the program would be included in the ACTIA medical negligence program at no additional cost, based on the current overall medical indemnity cost structure. This cover was not previously available.
- The aim of the ACT Health Publicly Funded Homebirth Service is to provide an option for low risk women in the ACT to birth at home. Homebirth is described in this context as a planned event where a woman chooses to give birth at home, with care provided by a qualified midwife.
- The current evidence indicates that planned homebirth with a qualified midwife is a safe alternative for women determined to be at low risk of childbirth complications using established screening criteria

Cleared as complete and accurate:	29/10/2019	
Cleared by	Chief Executive Officer	Ext: 44702
Contact Officer name:	Katrina Bracher	Ext: 47389
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Katrina Bracher	

GBCHS19/224 – 16

Portfolio: Health**ISSUE: STROKE SERVICES – DEVELOPING A CLOT RETRIEVAL SERVICE****Talking points:**

- Canberra Health Services (CHS) currently delivers an in-hours endovascular clot retrieval (ECR) service.
- Planning processes are underway with CHS clinicians to further develop the service into a 24-hour service.
- This will require additional staffing in some clinical areas to ensure 24 hour rosters can be established for the ECR service.

Key Information

- The comprehensive details of the Model of Care are yet to be determined, but include onsite Acute Stroke Nurses to assess patients as they are pre-notified by ambulance, and fast telephone assessment by the on-call neurology advanced trainee or stroke fellow.
- 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.
- It is expected that some of the ACT's after hours on call for ECR will be covered by the partnership.
- Since the service commenced in 2015 there have been at least 106 patients that have had ECR at Canberra Hospital. As at 8 October 2019, there has been a small number of patients (10) have been sent to Sydney in 2019.

Cleared as complete and accurate:	04/11/2019	
Cleared by:	Chief Executive Officer	Ext: 47354
Contact Officer name:	Elizabeth Chatham	Ext: 47354
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Elizabeth Chatham	

GBCH19/224 – 17

Portfolio: Health

ISSUE: TIMELY CARE STRATEGY

Talking points

- Canberra Health Services (CHS) has implemented several initiatives across the organisation as part of the Timely Care Strategy to improve patient care delivery and flow.
- Timely Care is gaining momentum across CHS with a focus on improving clinical processes, communication and decision making.
- Further initiatives have been implemented including:
 - expansion of daily multi-disciplinary team ward huddles to more ward areas.
 - identifying and discharging appropriate patients before 9:00am and utilising the All Care Discharge Lounge to increase availability of beds across the system.
 - the introduction of referral pathways for simple fractures and minor plastic surgery injuries in the Emergency Department.
 - increasing CHS awareness of the services provided by Hospital in the Home to facilitate early discharge and treatment of patients in the comfort of their own home.
 - amending CHS policies which potentially delay patient care and extend length of stay in hospital.
- The CHS Timely Care strategy is continuing to identify, refresh and re-focus systems and processes that can improve our service delivery.
- This whole of hospital approach continues to support the provision of high quality, safe and timely care to our community.

Cleared as complete and accurate:	04/11/2019	
Cleared by:	Chief Executive Officer	Ext: 47354
Contact Officer name:	Elizabeth Chatham	Ext: 47354
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Elizabeth Chatham	

GBCH19/224 – 18

Portfolio: Health**ISSUE: MAJOR INFRASTRUCTURE PROJECTS****Talking Points**

The following major infrastructure projects overseen by Canberra Health Services, Infrastructure and Health Support Services, were reported as Amber or Red status as per the September 2019 report:

Mental Health Projects

- The Ligature Minimisation project remains Amber for Time with the forecast completion restated from November 2019 to December 2019. The project status is based on the need for clinical operational requirements to take precedence over the construction programme.

Health Infrastructure Program (HIP)

- The Emergency Department and Paediatric Stream Expansion Project is Amber for Time while a clinical operations review of the new Triage Desk is conducted to assess suitability for revised models of service delivery. The programme will be revised in November 2019 when this process has been conducted.

Upgrading and Maintaining ACT Health Assets (UMAHA)

- The Electrical Main Switchboard Replacement project is Red of Time and Cost [REDACTED] that relates to pricing of the generator augmentation works which are not currently within the original scope of works. This will impact on programme dates while CHS seek to repurpose existing funding through a project variation authority request. A new milestone completion date for this scope has been included with a completion date of December 2020. The main works remain on programme.
- The Lift Upgrades project remains Amber for Time due to the impact of delivery from the protracted tender process which has impacted on the construction completion date. The forecast construction completion date has been revised from April 2020 to June 2020.

Cleared as complete and accurate: 04/11/2019
Cleared by: Chief Executive Officer Ext: 44702
Contact Officer name: Colm Mooney Ext: 49796
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Colm Mooney

ANNUAL REPORT HEARING BRIEF

Critical Asset Upgrades (CAU)

- The Building 1 Passive Fire Rectification project has escalated to Amber for Time and Scope as the project scope is under review. A revised programme will be provided when the project scope has been finalised.
- Mitchell Sterilising Services Upgrades has escalated to Red for Scope as the project scope is under review. A revised programme will be provided when the project scope has been finalised.
- The Building 12 HVAC Upgrades project has escalated to Red for Time and Scope as the project scope is under review. A revised programme will be provided when the project scope has been finalised.

Health Infrastructure Services (HIS)

- The Ward 14A/B Refurbishment Project remains Red for Time and Cost due to additional works required in the Building Three, Level Two corridor to address passive fire compliance requirements. The construction completion date remains August 2020. [REDACTED] is forecast and CHS will seek to repurpose existing funding through a project variation authority request.
- The Weston Walk in Centre project has escalated to Red for Cost due to higher than planned prices received from the market. [REDACTED] is forecast for the project. Value management strategies are being developed and CHS will seek to repurpose existing funding through a project variation authority request.

Cleared as complete and accurate:	04/11/2019	
Cleared by:	Chief Executive Officer	Ext: 44702
Contact Officer name:	Colm Mooney	Ext: 49796
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Colm Mooney	

ANNUAL REPORT HEARING BRIEF

GBCHS19/224 – 19

Portfolio: Health**ISSUE: ASSET MANAGEMENT WITHIN CANBERRA HEALTH SERVICES****Key Information****Assets Management (Page 263)**

Canberra Health Services managed assets with a total written down value of \$1 126.391 million at 30 June 2019.

Our managed assets include:

- > built property assets: \$1 047.155 million
- > land: \$35.120 million
- > plant and equipment: \$44.029 million
- > leasehold improvements: \$0.086 million.

The estimated replacement value of building assets was \$1 702.673 million.

IHSS talking points on Asset Management (July 2019)

Issue: *ABC* and *The Canberra Times* interviewed the Minister for Health about asset management at CHS following a media release issued by the Opposition yesterday.

Action: Talking points provided to Minister.

Reactive**Talking points:**

- Since the Axiom report, CHS Facilities Management has established a dedicated asset management team.
- Our assets will be managed through the enterprise asset management and reporting system.
- Assets approaching end of life are identified and managed through this system.
- Canberra Health Services continues to develop systems and respond to the report recommendations to improve our asset management systems and processes.

Talking points:

- Canberra Health Services (CHS) has one Fixed Asset Registrar – as part of the Whole of Government shared services solution (Oracle Financials).
- CHS has a recently upgraded MainPac Asset Management system which monitors critical equipment for service intervals, warranty, location, planned end of life. Stage two of this project involves moving clinical equipment off an older version.

Cleared as complete and accurate:	30/10/2019	
Cleared by:	Chief Finance Officer	Ext: 49683
Contact Officer name:	Andrew Gay	Ext: 49683
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Andrew Gay	

ANNUAL REPORT HEARING BRIEF

- CHS has adopted the ACT Health Director General Financial Instruction (6.1 Asset Management) which holds the Chief Financial Officer as responsible for the asset management process. Each Executive Group Manager/Executive Director also has specific responsibility for assets under their control.
- CHS Infrastructure and Health Support Services (IHSS) has a dedicated Asset Management team focused on the control and maintenance of Infrastructure assets.
- CHS Health Technology Management (within Medical Services) is a dedicated team focused on the control and maintenance of Medical Equipment.
- CHS recently employed two senior directors in roles covering Financial Governance and Contracts and Purchasing. As part of their responsibilities these two people will be pursuing ongoing improvements in the asset management process covering the entire asset lifecycle from planning to purchase to maintenance and disposal of assets. A review of overall stocktake procedures will also fit into this lifecycle review.
- CHS is participating in the territory wide review of all Financial Instructions, which will drive a refresh of the Asset management policy
- CHS is rolling out a new purchasing system which will include asset purchasing, this will improve the recognition and recording of assets.
- CHS current focus on detailed asset checking is with items leased from ACT Shared Services (IT equipment). This work is being done in conjunction with Shared Services and Health Directorate and involves over 30,000 asset items.

Proof of Asset Existence

- Proof of asset existence is done via a range of activities:
 - Health Technology Management are monitoring Medical assets via their maintenance and recalibration process required under Australian Standards and TGA legislation. 80 per cent of medical equipment is static (Imaging equipment remains in Imaging; Ventilators in ICU remain in ICU).
 - Laptops/PC's and other ICT network type of equipment is "pinged" for location and activity. Activity in this area has increased in recent months due to MS Windows 10 software upgrade requirements.

Cleared as complete and accurate: 30/10/2019
Cleared by: Chief Finance Officer Ext: 49683
Contact Officer name: Andrew Gay Ext: 49683
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Andrew Gay

ANNUAL REPORT HEARING BRIEF

- Infrastructure assets are normally long life, fixed in place and verified during routine maintenance schedules.

Property, Plant & Equipment Movements – Note 20 (Page 206)

The following table shows the movement of Property, Plant and Equipment during 2018-19.

	Land \$'000	Buildings \$'000	Leasehold Improvements \$'000	Plant and Equipment \$'000	Total \$'000
Carrying Amount at the Beginning of the Reporting Period	47 020	1 087 895	9 968	52 868	1 197 751
Additions	-	28 893	98	7 484	36 475
Disposals	-	-	-	(2 127)	(2 127)
Depreciation	-	(21 046)	(195)	(9 778)	(31 019)
(Disposal) through Administrative Restructuring	(11 900)	(43 219)	(10 701)	(17 901)	(83 721)
Depreciation Write Back for Asset Transfers	-	1 446	916	11 476	13 838
Depreciation Write Back	-	-	-	2 008	2 008
Other Movements	-	(6 814)	-	-	(6 814)
Carrying Amount at the End of the Reporting Period	35 120	1 047 155	86	44 030	1 126 391

The following table shows the movement of Property, Plant and Equipment during 2017-18.

	Land \$'000	Buildings \$'000	Leasehold Improvements \$'000	Plant and Equipment \$'000	Total \$'000
Carrying Amount at the Beginning of the Reporting Period	47 550	929 025	10 012	42 372	1 028 959
Additions	-	185 906	932	20 366	207 204
Revaluation (Decrement)	-	(945)	(1 516)	-	(2 461)
Disposals	-	-	-	(733)	(733)
Depreciation	-	(21 400)	(1 164)	(9 644)	(32 208)
Acquisition/(Disposal) from Transfers	(530)	(2 987)	-	-	(3 517)
Depreciation Write Back for Asset Disposals	-	-	-	507	507
Other Movements	-	(1 704)	1 704	-	-
Carrying Amount at the End of the Reporting Period	47 020	1 087 895	9 968	52 868	1 197 751

Background:

- With the split into two organisations, CHS assumed the old ACT Health entity and inherited all asset management systems, processes and balances from the former structure.

Cleared as complete and accurate: 30/10/2019
 Cleared by: Chief Finance Officer Ext: 49683
 Contact Officer name: Andrew Gay Ext: 49683
 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
 Information Officer name: Andrew Gay

ANNUAL REPORT HEARING BRIEF

- In November 2017, Axiom Associates conducted an audit on the asset management process at ACT Health and released the following findings:
 - Process lacks clear accountability for asset management
 - Has many disparate systems, asset registers and asset management processes
 - Has an incomplete stocktake process
 - Has deficiencies in policies and procedures
 - Incorrect and inaccurate recording of assets in the asset systems
 - No comprehensive reconciliation between asset register and asset financial records.

Cleared as complete and accurate: 30/10/2019
Cleared by: Chief Finance Officer Ext: 49683
Contact Officer name: Andrew Gay Ext: 49683
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Andrew Gay

ANNUAL REPORT HEARING BRIEF

GBCHS19/224 – 20

Portfolio: Health

ISSUE: WATER LEAKS IN CENTENARY HOSPITAL FOR WOMEN AND CHILDREN

Talking points:

- Water leaks have been identified in three areas of the Centenary Hospital for Women and Children (CHWC) – Birthing Suites, Post Natal and Paediatric Medical Wards.

Birthing Suites

- In February 2016, water leaks were identified in the Birthing Suites.
- Thorough investigations were conducted to determine the extent of the water leaks and remediation activities required.
- An extensive preventative maintenance program commenced and preliminary remediation activities occurred as part of the investigation process prior to the formal engagement of an external contractor.
- Formal remediation activities commenced in October 2017 and involved a room rebuild, including the installation of a waterproof seal and a single shower mixer tap arrangement.
- The source of the leaks is attributed to a lack of an installed waterproof seal and a leaking hot and cold shower tap spindle/extension assembly.
- To date the remediation of 11 ensuites have been completed.
- Remediation of the remaining three ensuites will be completed by December 2019, subject to clinical operational constraints.

Post Natal Ward

- In May 2018, water leaks were identified in the Post Natal Ward affecting two ensuites. The source of the leaks is attributed to a lack of an installed waterproof seal and a leaking hot and cold shower tap spindle/extension assembly.
- Remediation works commenced in May 2018 and were completed in August 2018.

Cleared as complete and accurate:	31/10/2019	
Cleared by:	Chief Executive Officer	Ext: 44702
Contact Officer name:	Colm Mooney	Ext: 49796
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Colm Mooney	

ANNUAL REPORT HEARING BRIEF

Paediatric Medical Ward

- In August 2018, water leaks were identified in the Paediatric Medical Ward affecting two rooms (three beds). The source of the leak was a pin hole defect in a hydraulic pipe.
- The Paediatric Medical Ward was relocated to the Paediatric Surge Ward to avoid any disruption to clinical services. This reduced the surge capacity from 12 beds to nine beds.
- Remediation works commenced in August 2018 and were completed in January 2019.

General

- A scheduled planned maintenance regime has been implemented to ensure regular checking of all bathroom shower spindles and taps areas across CHWC for any signs of leaks similar to the occurrence in the Birthing Suite area.
- Works are being planned to undertake more extensive investigation of the failure mode witnessed in the Birthing Suites to inform a future remediation project.
- Proceedings have commenced against CPD Contractor Pty Ltd (Leightons) and Canberra Floor Craft to pursue damages arising from the Birthing Suite area water leaks.

Cleared as complete and accurate:	31/10/2019	
Cleared by:	Chief Executive Officer	Ext: 44702
Contact Officer name:	Colm Mooney	Ext: 49796
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Colm Mooney	

ANNUAL REPORT HEARING BRIEF

GBCHS19/224 - 21

Portfolio: Health**ISSUE: WALK-IN CENTRES****Talking points:**

- There are currently three Walk-in Centres (WiCs) across the ACT; located in Belconnen, Gungahlin and Tuggeranong.
- Presentations to these centres continue to increase and each centre is regularly seeing an average total of 200 presentations per day. The ACT Government made an election commitment to deliver five WiCs across the ACT by 2020.
- The Weston Creek WiC will operate from the refurbished health facility at 24 Parkinson Street, Weston. The WiC will commence operations in mid-December 2019. The Weston Creek WiC will be integrated with the Community Health Centre (CHC) with the remaining elements of the expanded CHC to be completed in the first quarter of 2020.
- The benefits of integrated services include:
 - Staff not working in isolation during business hours
 - Better customer service experience
 - Shared waiting room space and the ability to increase awareness of the broad range of services available
 - The ability to scale-up services after-hours.
- The Weston Creek WiC will employ an additional 10.6 FTE nursing staff.
- Consultation has occurred with stakeholders, including staff and consumers involved in the design process and project governance for the refurbishment.
- Dickson Health Centre has been announced as the location for the Inner North WiC.
 - Preliminary sketch plans for the refurbished facility were completed in October 2019.
 - Following refurbishment, the WiC is expected to open in late August 2020.

Cleared as complete and accurate:	31/10/2019	
Cleared by:	Chief Operating Officer	Ext: 43754
Contact Officer name:	Cathie O'Neill	Ext: 0400 101 051
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Cathie O'Neill	

ANNUAL REPORT HEARING BRIEF

Background Information

- The WiCs offer the community another option to access quality health care services.
- The WiCs offer fast and efficient access to treatment for one-off, episodic care for minor injury and illnesses as well as health advice and information. Services are free and provided on a walk-in, no appointment basis from 7:30am – 10pm seven days a week including public holidays.
- The top five presentations to WiCs are:
 - Upper Respiratory Tract Infections (URTI) - common cold
 - Wound dressings
 - Musculoskeletal conditions
 - URTI - sore throat
 - Ear conditions

Cleared as complete and accurate:	31/10/2019	
Cleared by:	Chief Operating Officer	Ext: 43754
Contact Officer name:	Cathie O'Neill	Ext: 0400 101 051
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Cathie O'Neill	

ANNUAL REPORT HEARING BRIEF

GBCHS19/224 – 22

Portfolio: Health**ISSUE: UNIVERSITY OF CANBERRA HOSPITAL – INDUSTRIAL ISSUES****Talking points:**

- Following a procurement process, the University of Canberra Hospital (UCH) Facilities Management (FM) Deed of Contract was awarded to *Brookfield Global Integrated Solutions (BGIS)*.
- The Deed was signed on 19 November 2015. Operational services under the Deed commenced in February 2018 as part of July 2018 “Go Live” preparations.
- Ten non-clinical FM Services are provided under the Head Contract, of which sub-contractor *Compass Medirest* provides four services.
- These services are Food Services, Cleaning Services, Distribution and Patient Support Services and Materials Distribution Services.
- Approximately 85 staff are employed by *Compass Medirest* at UCH.
- *Compass Medirest* and Unions engaged in Enterprise Bargaining negotiations to finalise a new Agreement for *Compass Medirest* UCH employees.
- Throughout the Bargaining period, Medirest did not agree with Unions’ claims regarding backpay on the basis that a current and lawful agreement was in place throughout the period that provided wages and conditions above the applicable Award.
- Medirest offered a sign-on bonus of \$1,000 gross payment to each affected UCH employee, to be paid in the event of a successful ballot.
- On 6 September 2019, CHS was advised by BGIS of a successful ballot outcome. Medirest lodged the agreed EBA with Fair Work on 17 September 2019.
- As is a requirement of the Agreement, Medirest have commenced salary payments at the new base rates from the first full pay period after the successful ballot.

Cleared as complete and accurate: 31/10/2019
Cleared by: Chief Executive Officer Ext: 44702
Contact Officer name: Colm Mooney Ext: 49796
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Colm Mooney

ANNUAL REPORT HEARING BRIEF

- On 11 October 2019, Medirest wrote to the United Voice Union (UV) and advised that a payroll system update was underway that would reflect the new rates and all applicable penalties. This was expected to be complete within 28 days.
- Once the payroll changes are complete, Medirest advised all affected employees would receive backpay of any penalties due to them from the first full pay period after the successful ballot
- On 11 October 2019, UV advised CHS that the Fair Work Australia (FWA) hearing relating to the new Agreement had been adjourned, awaiting the outcome of a similar matter currently before FWA in Victoria.

Cleared as complete and accurate:	31/10/2019	
Cleared by:	Chief Executive Officer	Ext: 44702
Contact Officer name:	Colm Mooney	Ext: 49796
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Colm Mooney	

ANNUAL REPORT HEARING BRIEF

GBCHS19/224 – 23

Portfolio/s: Health

ISSUE: AGENCY STAFF PROFILES MEDICAL, NURSING AND MIDWIFERY, MEDICAL OFFICERS AND ADMINISTRATIVE

	2017-18	2018-19
Administrative Officers Headcount	1,067	914
Medical Officers Headcount (includes Staff Specialists)	932	975
Nursing and Midwifery Headcount	3,159	3,348

	2017-18	2018-19
Visiting Medical Officers (VMO) Cost	35,875,383.46	32,426,502.37

Note: In some instances, payments made to a VMO in the reporting period may relate to services provided in previous reporting periods due to delays in submitting invoices.

Talking points

- Visiting Medical Officers (VMOs) are not included in staffing profiles for the annual report as they are not staff, they are contractors.
- Workforce data is provided in headcount on this brief.
- Administrative Officers had a 153 headcount decrease between the 2017-18 Financial Year (FY) and the 2018-19 FY. This could be attributed to the transition of ACT Health and Canberra Health Services becoming two Directorates.
- Medical Officers had a 43 headcount increase between the 2017-18 FY and the 2018-19 FY.
- Nursing and Midwifery Officers had a 189 headcount increase between the 2017-18 FY and the 2018-19 FY.
- The increase in nursing numbers for the 2018-19, can be attributed to increased services within Canberra Health Services, including the opening of the new walk in centre.

Cleared as complete and accurate:	31/10/2019	
Cleared by:	Executive Group Manager	Ext: 49631
Contact Officer name:	Heidi Gregson	Ext: 49625
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Janine Hammat	

ANNUAL REPORT HEARING BRIEF

- This is in response to the undertaking in the 2017-2018 budget for the delivery of the ACT Government's 10 year health plan for better health care in our community.

Cleared as complete and accurate:	31/10/2019	
Cleared by:	Executive Group Manager	Ext: 49631
Contact Officer name:	Heidi Gregson	Ext: 49625
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Janine Hammat	

ANNUAL REPORT HEARING BRIEF

GBCHS19/224 – 24

Portfolio: Health

ISSUE: ACT HEALTH AND CANBERRA HEALTH SERVICES ATTRACTION AND RETENTION INCENTIVES (ARINs) AND SPECIAL EMPLOYMENT ARRANGEMENTS (SEAs).

Talking points:

- There are currently 259 staff covered by Attraction and Retention Incentives (ARINs) and Special Employment Arrangements (SEAs) within Canberra Health Services (CHS).
- Total expenditure on ARINs/SEAs in 2018-19 was \$18.2 million, the vast majority of which went to doctors and other health professionals.
- All ARINs are subject to annual review. That review process is ongoing, with particular emphasis on senior medical staff owing to the complexity and extent of arrangements for this group.
- Following review, several ARINs which had provided for equity in pay rates for Health Professionals have been incorporated into the most recent Health Professional Enterprise Agreement.
- It is also intended that ARINs providing long-standing arrangements for payment for additional work undertaken by senior medical staff will be incorporated in the upcoming Medical Practitioners Enterprise Agreement, as will those providing variations on private practice arrangements.
- This will ensure a more consistent and transparent approach to these ongoing entitlements.

Key Information

- The grandfathering of legacy SEA/ARIN arrangements will be implemented in conjunction with the new medical practitioners enterprise agreement.

Cleared as complete and accurate:	30/10/2019	
Cleared by:	Executive Group Manager	Ext: 49631
Contact Officer name:	Steven Linton	Ext: 49599
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Janine Hammat	

ANNUAL REPORT HEARING BRIEF

GBCHS19/224 – 25

Portfolio: Health

ISSUE: PUBLIC INTEREST DISCLOSURES AND PRELIMINARY ASSESSMENTS

Talking Points

- All requests under the *Public Interest Disclosure Act 2012* (PID Act) are coordinated and recorded centrally by the Professional Standards Unit, in the Chief Minister, Treasury, and Economic Development Directorate.
- If Canberra Health Services receives a complaint from an employee, they are obligated to conduct a preliminary assessment as per the relevant Enterprise Agreement.
- A preliminary assessment is not a formal investigation, it is a means of determining if, and how, to proceed with a complaint.
- A preliminary assessment may or may not result in an investigation.
- Complaints regarding individuals are private matters dealt with by Canberra Health Services, and I am unable to disclose any information, as to do so would be in breach of my obligations in the *Information Privacy Act 2014* and the Enterprise Agreement.

[if asked how many PIDs are currently active in Canberra Health Services]

Canberra Health Services (CHS) currently have no active PIDs.

For the financial year 2018/19 CHS managed one PID process.

[if asked about PIDs]

I am unable to divulge any information about specific PIDs, as to do so would be an offence under section 44 of the PID Act.

[if asked about Canberra Health Services' handling of PIDs]

PIDs are handled by the relevant ACT public sector entity (be that an administrative unit, such as a directorate, or otherwise) under the PID Act with advice from appropriate sources.

[if asked are there complaints regarding specific individuals]

Complaints regarding individuals are private matters dealt with by the directorate, and I am unable to disclose any information about any such complaint because of the operation of the *Information Privacy Act 2014* and the Enterprise Agreement.

Cleared as complete and accurate: 09/10/2019
Cleared by: Executive Director
Contact Officer name: Janine Hammat Ext: 49631
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Janine Hammat

ANNUAL REPORT HEARING BRIEF

GBCHS19/224 – 26

Portfolio: Health**ISSUE: VISITING MEDICAL OFFICER – CONTRACT NEGOTIATIONS****Talking points:**

- The *Health Act 1993* (Health Act) requires that the core conditions for VMO contracts must be negotiated with the nominated negotiating agents of the VMOs with current contracts with the Territory.
- These negotiations occur approximately every three years. The most recent round commenced in May 2019.
- Negotiations concluded in September 2019 with the level of indexation under the contract amongst a number of unresolved issues.
- Consistent with the Health Act, un-resolved issues have now been referred to an independent arbitrator, Mr James Macken has been appointed to this role with the agreement of all parties.
- Documentation is now being prepared for the arbitrator, with arbitration scheduled for the first week in December 2019.

Key Information

- The VMO Contract Committee includes representatives of Canberra Health Services, Calvary Public Hospital, the VMOA and the AMA. It meets quarterly to discuss issues relating to VMO contracts.

Cleared as complete and accurate: 30/10/2019
Cleared by: Executive Group Manager Ext: 49631
Contact Officer name: Steven Linton Ext: 49599
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Janine Hammat

GBCHS19/224 – 27

Portfolio: Health**ISSUE: CONSULTANCY CONTRACTS LED BY CANBERRA HEALTH SERVICES****Talking points:**

- In 2018–19, Canberra Health Services (CHS) exercised procurement activities in accordance with the ACT Government tender thresholds and complied with procurement policies and procedures as stated in the *Government Procurement Act 2001* and the *Government Procurement Regulation 2007*.
- To meet the healthcare needs of our growing city, CHS engages consultants regularly to undertake work and provide expert advice in all areas of health care delivery and planning, including health infrastructure planning and design. It is not unusual for Government Departments, both Federal and State, to engage consultants for this type of work.
- A large part of the expenditure for consultants in 2018–19 was associated with major health-related initiatives announced in the 2018–19 Budget.
- CHS engages a number of different types of consultants to provide specialist technical advice on projects. They include:
 - cost consultants, including commercial and economic advisers
 - architects
 - master planners
 - health facility planners
 - engineers, including traffic and parking, structural, civil, geotechnical, façade and mechanical/electrical/hydraulic.

Key Information

- For the financial period 2018-19, CHS reported contracts to the value of \$40.63 million. This is inclusive of:
 - Consultants - \$1.38 million (3.4 per cent),
 - Services (non-consultancy) - \$2.49 million (6.1 per cent),
 - Goods - \$14.60 million (35.9 per cent) and
 - Works – \$22.16 million (54.5 per cent).

Cleared as complete and accurate:	31/10/2019	
Cleared by:	Chief Executive Officer	Ext: 44702
Contact Officer name:	Colm Mooney	Ext: 49796
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Colm Mooney	

ANNUAL REPORT HEARING BRIEF

GBCHS19/224 – 30

Portfolio: Health

ISSUE: FINANCIAL STATEMENT ANALYSIS

Operating Statement (Page 170)

**CANBERRA HEALTH SERVICES
OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 2019**

	Note No.	Actual 2019 \$'000	Original Budget 2019 \$'000	Actual 2018 \$'000
Income				
<i>Revenue</i>				
Controlled Recurrent Payments	4	101 926	310 654	265 993
User Charges	5	1 071 652	1 051 282	1 002 882
Grants from the Commonwealth		4 321	4 546	4 171
Resources Received Free of Charge	6	57 835	2 062	1 762
Other Revenue	7	12 924	14 409	18 590
Total Revenue		1 248 658	1 382 953	1 293 398
<i>Gains</i>				
Other Gains	8	2 939	1 017	1 552
Total Gains		2 939	1 017	1 552
Total Income		1 251 597	1 383 970	1 294 950
Expenses				
Employee Expenses	9	769 424	780 388	744 588
Superannuation Expenses	10	103 461	99 666	93 544
Supplies and Services	11	392 563	396 291	368 954
Depreciation and Amortisation	12	35 850	50 817	48 238
Grants and Purchased Services	13	35 073	99 066	101 024
Cost of Goods Sold	14	9 266	9 636	8 342
Other Expenses	15	8 023	8 110	10 831
Total Expenses		1 353 660	1 443 974	1 375 521
Operating (Deficit)		(102 063)	(60 004)	(80 571)
Other Comprehensive Income				
(Decrease) in the Asset Revaluation Surplus	27	-	-	(2 461)
Total Other Comprehensive Income		-	-	(2 461)
Total Comprehensive (Deficit)		(102 063)	(60 004)	(83 032)

The above Operating Statement is to be read in conjunction with the accompanying notes. The Directorate has only one output class and as such the above Operating Statement is also the Directorate's Operating Statement for the Health and Community Care Output Class.

During 2018-19, there was an Administrative Arrangement Restructure which had a significant impact on the Directorate's Controlled Entity. Information on the Administrative Arrangement Restructure is included in Note 1 (b), 'Objectives of Canberra Health Services' - Administrative Restructuring During 2018-19, the 'Controlled Statement of Appropriation' and Note 28 'Restructure of Administrative Arrangements'.

Cleared as complete and accurate: 30/10/2019
 Cleared by: Chief Finance Officer Ext: 49683
 Contact Officer name: Andrew Gay Ext: 49683
 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
 Information Officer name: Andrew Gay

ANNUAL REPORT HEARING BRIEF

Balance Sheet (Page 171)

CANBERRA HEALTH SERVICES BALANCE SHEET AT 30 JUNE 2019

	Note	Actual	Original	Actual
	No.	2019	Budget	2018
		\$'000	\$'000	\$'000
Current Assets				
Cash and Cash Equivalents	17	37 009	81 745	60 401
Investments		-	3 029	3 022
Receivables	18	45 730	35 464	33 721
Inventories	19	7 417	9 418	6 884
Other Assets	23	1 245	7 339	6 483
Total Current Assets		91 401	136 995	110 511
Non-Current Assets				
Property, Plant and Equipment	20	1 126 391	1 336 571	1 197 751
Intangible Assets	21	-	57 511	30 368
Other Assets	23	-	14 765	6 907
Capital Works in Progress	22	83 948	21 259	79 759
Total Non-Current Assets		1 210 339	1 430 106	1 314 785
Total Assets		1 301 740	1 567 101	1 425 296
Current Liabilities				
Payables	24	68 972	92 204	48 411
Employee Benefits	25	243 094	261 126	243 030
Other Liabilities	26	13 119	7 363	8 412
Total Current Liabilities		325 185	360 693	299 853
Non-Current Liabilities				
Employee Benefits	25	15 282	19 372	15 284
Other Liabilities	26	1 670	23 734	16 187
Total Non-Current Liabilities		16 952	43 106	31 471
Total Liabilities		342 137	403 799	331 324
Net Assets		959 603	1 163 302	1 093 972
Equity				
Accumulated Funds		835 165	1 030 677	963 807
Asset Revaluation Surplus	27	124 438	132 625	130 165
Total Equity		959 603	1 163 302	1 093 972

The above Balance Sheet is to be read in conjunction with the accompanying notes. The Directorate has only one output class and as such the above Balance Sheet is also the Directorate's Balance Sheet for the Health and Community Care Output Class.

During 2018-19, there was an Administrative Arrangements Restructure which had a significant impact on the Directorate's Controlled Entity. Information on the Administrative Arrangements Restructure is included in Note 1 (b), 'Objectives of Canberra Health Services' - Administrative Restructuring During 2018-19, the 'Controlled Statement of Appropriation' and the Note 28 'Restructure of Administrative Arrangements'.

Cleared as complete and accurate: 30/10/2019
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 Contact Officer name: Andrew Gay Ext: 49683
 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
 Information Officer name: Andrew Gay

ANNUAL REPORT HEARING BRIEF

Talking points:

Operating Deficit

- 2018/19 Actual (Deficit) incl depreciation \$102.1 million – Includes three months of ACT Health Directorate Revenue and Costs.
- 2018/19 Budget (Deficit) incl depreciation \$60.0 million – Includes 12 months of ACT Health Directorate Revenue and Costs.
- Prior Year Actual (Deficit) incl depreciation \$83.0 million – Includes 12 months of ACT Health Directorate (ACTHD) Revenue and Costs

Revenue

- Total revenue for the 18/19 year was \$1,248.7 million including \$33.0 million related to ACTHD operations for three months of the financial year.
- This is a \$44.7 million reduction compared to prior years reflecting the transfer of controlled recurrent payments (CRP) revenue to the new ACTHD entity, and a change in Received Free of Charge adjustments totalling \$56.8 million.
- Local Hospital Network (LHN) revenue increased \$65.9 million or 7.4 per cent reflecting growth funding and new budget initiatives.
- \$5.3 million increase in Inpatient Fees due to University of Canberra Hospital (UCH) operations starting in August 2018 and an increase in activity across CHS.
- The \$56.8 million Received Free of Charge revenue adjustment offsets the same amount entered as costs. This is to reflect services provided by ACTHD and Shared Services for IT, Financial processing and Human Resource processing.

Expenses

- Total expenses of \$1,353.7 million was \$21.8 million lower than prior year. Reflecting partial transfer of ACTHD costs to the new entity, offset by the inclusion of Received Free of Charge service costs.
- Employee expenses was \$24.8 million higher than last year reflecting EBA increases, and adjustment to long service leave provisions (\$22.0 million), and higher FTE's due to activity (+3.9 per cent). Reducing these costs

Cleared as complete and accurate: 30/10/2019
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Contact Officer name: Andrew Gay Ext: 49683
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Andrew Gay

ANNUAL REPORT HEARING BRIEF

increases was having ACTHD expenses for three months this year compared to twelve months in the prior year.

- Superannuation expenses includes an additional \$12.3 million for additional superannuation on employment contracts.
- Supplies and Services are \$23.7 million higher than previous year due to inclusion of Received Free of Charge Costs from ACTHD, a \$5.0 million increase in clinical and surgical supplies reflecting higher activity. Higher activity also resulted in a \$4.7 million increase in domestic services and food, along with a \$8.4 million increase in Nursing and Medical agency staff to fill vacancies at UCH.
- The \$66 million reduction in Grants and Purchases services reflects to move of ACTHD related costs to a new entity (Payments to Calvary and Non-Government Organisations).

Activity

- Activity based on Overnight Bed stays was 245,695 in 18/19, an increase of 7.7 per cent over the previous year. Overnight bed stays have increased by 11.0 per cent since the 2016/17 financial year.
- In terms of Emergency presentations, the 90,817 presentation in 2018/19 was a 2.4 per cent increase on the prior year. Compared with the 2016/17 financial year, presentations are 6.7 per cent higher.
- Non-admitted patients were 19 per cent higher, while sub-acute services increased 24 per cent.

FTE

- FTE as at June 30, 2019 was 6,425 an increase of 3.9 per cent over the estimated FTE as at 30 June 2018.
- This includes a reallocation of FTE resource previously held in the ACTHD Corporate structure such as People and Culture, sections of Finance and Quality.

Assets

- Total assets at 30 June 2019 was \$1,301.7 million for CHS, a reduction of \$123.5 million over the previous year.
- \$149.4 million of assets were transferred to ACTHD as part of the restructure.

Cleared as complete and accurate:	30/10/2019	
Cleared by:	Chief Finance Officer	Ext: 49683
Contact Officer name:	Andrew Gay	Ext: 49683
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Andrew Gay	

ANNUAL REPORT HEARING BRIEF

- Cash reduced \$23 million reflecting higher operating activity and the ongoing alignment to the Whole of Government cash management policies.
- Receivables increased \$12 million due to outstanding LHN funding payments not paid on 30 June 2019.
- Provision for doubtful debts was \$9.8 million, an increase of \$2.0 million over prior year. Reflecting a new impairment calculation methodology and the inclusion of other debtors previously excluded.
- Property, Plant and Equipment was \$104 million lower than prior year, reflecting \$140 million of assets transferred to ACTHD and an increase in Capital WIP related to onsite programs (\$70 million new spend, \$31 million completed and capitalised).

Liabilities

- Total liabilities for CHS was \$342.1 million as at 30 June 2019 – after allowing for \$42 million to be transferred to ACTHD.
- This is \$11.0 million higher than last year driven by higher Payables and Other Liabilities.
- Payables was \$21.0 million higher due to several large capital works invoices not overdue, and not paid at 30 June 2019.
- Other Liabilities are \$12.0 million higher due to accruals made for additional superannuation costs.

Cleared as complete and accurate: 30/10/2019
Cleared by: Chief Finance Officer Ext: 49683
Contact Officer name: Andrew Gay Ext: 49683
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Andrew Gay

Inquiry into Annual and Financial Report 2018-19

Mental Health

Canberra Health Services

11 November 2019

Item	Issue	Responsible Line area
Strategic Indicators		
1.	Strategic Indicator 5 – Reducing the Usage of Seclusion in Mental Health Episodes (page 26)	CHS Clinical
2.	Strategic Indicator 6 – Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit (page 27)	CHS Clinical
Output		
3.	Output 1.2 Mental Health Justice Health and Alcohol and Drug Services (page 290)	CHS Clinical
Mental Health in the Community		
4.	Adolescent Mental Health Services in ACT	CHS Clinical (MHJHADS)
5.	Data on ED stays over 24 hours for Mental Health Presentations	FBI
6.	Extended Care Unit	CHS Clinical (MHJHADS)
7.	Mental Health Capacity	CHS Clinical
8.	Occupancy – Mental Health AMHU, MHSSU and Ward 2N	FBI
9.	Supported Accommodation	CHS Clinical (MHJHADS)
10.	Workforce Shortages	CHS P&C
Justice Health		
11.	Medication Administration at Bimberi Youth Justice Centre	CHS Clinical
12.	Winnunga delivering healthcare at Alexander Maconochie Centre	CHS Clinical
People and Culture		
13.	Agency Staffing Profiles – Mental Health, Justice Health Services Workforce	CHS Clinical (MHJHADS)
14.	Occupational Violence	CHS P&C
Infrastructure		
15.	Adult Mental Health Unit (Canberra Hospital) Infrastructure Works	IHSS
Financial Management		
16.	Financial Statement Analysis	CHS FBI
Recent Media Issues		
17.		

GBC19/225 - 1

Portfolio: Mental Health

**ISSUE: STRATEGIC OBJECTIVE 5
 REDUCING THE USAGE OF SECLUSION IN MENTAL HEALTH
 EPISODES**

(Page 26)

Strategic indicator	2018–19 target	2018–19 outcome
Proportion of mental health clients who are subject to a seclusion episode while being an admitted patient in an ACT public mental health inpatient unit	<5%	17%

Talking 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.
- Seclusion can only occur under the provisions of the *Mental Health Act 2015*. All seclusions are documented in a register, including the reason for the seclusion and the Public Advocate is notified. The person is placed under constant observation during seclusion and reviewed by a doctor at regular times during and at the conclusion of an episode of seclusion, in accordance with the requirements under the *Mental Health Act 2015*.
- The clinical reasoning for the use of seclusion for people who are mentally unwell is complex. There has been an increase in people requiring an inpatient admission with higher levels of clinical acuity and subsequent high risk behaviours requiring seclusion .
- Episodes of seclusion in inpatient units are reviewed to ensure compliance with the principles of least restrictive practice.

Key Information

Cleared as complete and accurate:	29/10/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Karen Grace	Ext: 41577
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Karen Grace	

ANNUAL REPORT HEARING BRIEF

- 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: 29/10/2019
Cleared by: Chief Executive Officer Ext: 44700
Contact Officer name: Karen Grace Ext: 41577
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Karen Grace

ANNUAL REPORT HEARING BRIEF

GBC19/225 - 2

Portfolio: Mental Health

**ISSUE: STRATEGIC OBJECTIVE 6
 MAINTAINING REDUCED RATES OF PATIENT RETURN TO AN ACT
 PUBLIC ACUTE PSYCHIATRIC INPATIENT UNIT**

(Page 27)

Strategic indicator	2018–19 target	2018–19 outcome
Acute psychiatric unit patient 28 day readmission rate	<10%	N/A

Talking points

- An outcome for 2019-20 is not available due to the unplanned readmission within 28 days not being distinguishable from all readmissions, planned or unplanned, including transfers between inpatient units. 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.
- The 2019-20 target has increased to 17 per cent as it measured all mental health Psychiatry related readmissions within 28 days of discharge from hospital and not just the unplanned readmissions.

Key Information

- 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.

Cleared as complete and accurate:	06/11/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Karen Grace	Ext: 47354
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Karen Grace	

ANNUAL REPORT HEARING BRIEF

GBC19/225 - 3

Portfolio: Mental Health

ISSUE: OUTPUT1.2
MENTAL HEALTH JUSTICE HEALTH AND ALCOHOL AND DRUGS
SERVICES

(Page 290)

	Original Target 2018-19	Actual Result 2018-19	% Variance from original Target
a. Adult mental health program community services contacts	198,000	187,934	(5%)
b. Children and Youth mental health community contacts	72,000	80,727	12%
c. Mental Health Rehabilitation and Speciality Service	26,250	29,794	14%
d. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	-
e. Proportion of detainees at the Bimberi Youth Justice Centre with a completed health assessment within 24 hours of detention	100%	100%	-
f. Justice Health Services community contacts	155,000	136,023	(12%)

Talking points

- a) Adult Community Mental Health Services (ACMHS) are under target due to staffing vacancies in some program areas. Additionally, the ACMHS Model of Care has been gradually implemented since June 2018 and reconfigures the ACMHS programs including service functions which may impact on the occasions of service.
- b) Child and Adolescent Mental Health Services (CAMHS) occasions of service have exceeded the original target in line with the implementation and commencement of the CAMHS Adolescent Mobile Outreach Service (AMOS). In 2018, this team began operation and adding five Allied Health team members to CAMHS FTE.

Cleared as complete and accurate:	29/10/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Karen Grace	Ext: 47354
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Karen Grace	

ANNUAL REPORT HEARING BRIEF

- C) Rehabilitation and Speciality Mental Health Services have provided a greater number of contacts (14 per cent) more than the original target. This is due to the decommissioning of Brian Hennessy Rehabilitation Centre (BHRC), supporting the long term participants in BHRC into community based supported accommodation through the NDIS, the opening of AMHRU and providing a rehabilitation model of care with a greater number of people accessing the service, thus improving patient flow.
- f) Justice Health Services (JHS) there have been significant shortages of doctors since late 2018 and nursing shortages for primary health and mental health in 2019.

Key Information

- It is anticipated that in line with the addition of this team to the CAMHS program, an increase in occasions of service target is imminent.
- JHS has done a minimum of 10 recruitments rounds during this period however the recruitment rounds have not provided sufficient staff.

Cleared as complete and accurate: 29/10/2019
Cleared by: Chief Executive Officer Ext: 44700
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Cleared for release: Yes
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ANNUAL REPORT HEARING BRIEF

GBCHS19/225 – 4

Portfolio: Mental Health**ISSUE: ADOLESCENT MENTAL HEALTH SERVICES****Talking points**

- The Government is committed to developing youth-focused mental health services.
- We are expanding the size and range of services at the Centenary Hospital for Women and Children, including the planning of a dedicated Inpatient Adolescent Mental Health Unit (AdMHU) and Day Service. Canberra Health Services has commenced preliminary work on the new unit, which has an estimated completion date in 2021.
- The aim of admission to the AdMHU is acute stabilisation of psychiatric risk, supporting the family at a time of distress, and facilitating transfer back to the family home/unit as soon as is practicable so as to minimise the disruption to education, peer connections, interpersonal relationships, social/recreational activities, and other adolescent developmental milestones.
- The Day Service will provide a therapeutic program for the continued recovery of adolescents and members of their support system that have been discharged from the AdMHU or who have presented to the Emergency Department and would benefit from Day Service programs to avoid a possible admission. Activities will range from individual therapy to larger group programs involving adolescents and members of their support system.

Key Information

- Currently, children and young people up to 16 years of age presenting with acute mental health issues are admitted to Centenary Hospital for Women and Children's paediatric adolescent ward. They receive support through the Child and Adolescent Mental Health Service (CAMHS) consultation liaison service, who provide ongoing consultation with paediatric staff.
- An Adolescent Inpatient Unit Working Group which includes consumer and carer representation has been convened and a Model of Care for the new unit at Centenary Hospital for Women and Children has been established.

Cleared as complete and accurate:	29/10/2019	
Cleared by:	Deputy Director-General	Ext: 47354
Contact Officer name:	Karen Grace	Ext: 41577
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Karen Grace	

ANNUAL REPORT HEARING BRIEF

- Dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the Adult Mental Health Unit Vulnerable Persons Suite. Clinical care is provided in close consultation with CAMHS to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family
- The clinical preference for adolescents is community based care. The Adolescent Mobile Outreach Service (AMOS), established through the 18/19 budget, is a recovery-focused community-based outreach service which supports adolescents and children aged 12 to 18 years who are experiencing severe, high prevalence mental illness. It specifically targets vulnerable groups who, due to a range of complex issues, face barriers in accessing community-based mental health services.
- If a young person requires longer or more intensive inpatient treatment, transfer to a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services.

Cleared as complete and accurate:	29/10/2019	
Cleared by:	Deputy Director-General	Ext: 47354
Contact Officer name:	Karen Grace	Ext: 41577
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Karen Grace	

ANNUAL REPORT HEARING BRIEF

GBCHS19/225 – 5

Portfolio: Mental Health**ISSUE: DATA ON ED STAYS OVER 24 HOURS FOR MENTAL HEALTH PRESENTATIONS****Talking points:**

- Between 1 July 2018 and 30 June 2019 there have been 4,670 patients presenting to Canberra Health Services (CHS) Emergency Department (ED) with a mental health type presentation.
- Between 1 July 2018 and 30 June 2019 there have been 361 mental health patients (seven per cent of all mental health type presentations) whose CHS ED Length of Stay was more than 24 hours.
- Between 1 July 2018 and 30 June 2019 there have been 1,541 patients presenting to CHS ED who were subsequently admitted under a clinical specialty of Psychiatry (33 per cent of all mental health type presentations).
- Between 1 July 2018 and 30 June 2019 there have been 574 patients admitted to the Mental Health Short Stay Unit at CHS (12 per cent of all mental health type presentations).
- The average Length of Stay in the Mental Health Short Stay Unit was 2.9 days.
- The number of patients whose length of stay in the Mental Health Short Stay Unit was more than 72 hours was 232 patients during this time.

Key Information

- The Adult Mental Health Unit (AMHU) at Canberra Hospital consists of 10 High Dependency and 30 Low Dependency beds. There is also a six bed Mental Health Short Stay Unit (MHSSU) within the ED footprint.
- CHS ED is the only gazetted ED in the ACT and therefore must accept and assess all consumers who present to the ED under the *Mental Health Act 2015* either under an Emergency Action (EA) or a S309 referred from the Courts.
- Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) are responsible for a number of acute Mental Health Services across the Territory including inpatients units at AMHU, MHSSU, Adult Mental Health Rehabilitation Unit (AMHRU) at University of Canberra Hospital, Dhulwa Secure Mental Health Unit (Dhulwa) and the Extended Care Unit (ECU) at the site of Brian Hennessy Rehabilitation Centre.

Cleared as complete and accurate:	14/10/2019	
Cleared by:	Executive Branch Manager	Ext: 44700
Contact Officer name:	Karen Grace	Ext:41577
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Michael Phipps	

ANNUAL REPORT HEARING BRIEF

Background Information

- Cross Directorate Forum with Justice and Community Safety Directorate (JACS) including Emergency Services – regular meetings have been established to identify and progress issues impacting across services with an aim to streamlining processes which impact both emergency services and the ED. Working with Emergency Services will provide the opportunity to review the current processes for transfer to ED under an Emergency Action (EA). There were 1171 people transported to CHS ED on Emergency Detention by Authorised Ambulance Paramedics during the 2018-19 financial year. This represents a 330 percent increase. Of these, only 156 (14.6 per cent) were assessed as requiring a three Day Emergency Detention.
- The development of the PACER model will also assist in addressing this situation.

Cleared as complete and accurate: 14/10/2019
Cleared by: Executive Branch Manager Ext: 44700
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Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Michael Phipps

GBCHS19/225 – 6

Portfolio: Mental Health**ISSUE: EXTENDED CARE UNIT AND ADULT MENTAL HEALTH
REHABILITATION UNIT****Talking points**

- In the 2018-19 budget, \$22.8 million was allocated for supported accommodation, to expand the mental health system to provide more community based alternatives for mental health care.
- Included in this initiative, is an investment to refurbish the 10 bed Extended Care Unit at the decommissioned Brian Hennessy Rehabilitation Centre (BHRC) site, into an upgraded facility where people can gradually transition from secure inpatient clinical settings into supported accommodation. It is anticipated that this refurbishment will be complete by October 2020.
- As of 29 October 2019, there were five people participating in the community transition program at the Extended Care Unit.
- During the period of refurbishment, the beds will temporarily be capped at five. On completion of the refurbishment, all 10 beds will be available for admissions.
- The mental health rehabilitation services delivered at BHRC were transitioned to the University of Canberra Hospital on 17 July 2018. As of 29 October 2019, there are 16 people admitted to the Adult Mental Health Rehabilitation Unit (AMHRU), 11 of which are within the rehabilitation stream and five of which have been admitted within the sub-acute stream. AMHRU is now at capacity.
- AMHRU has commenced a pilot subacute stream while the anti-ligature work at the Adult Mental Health Unit is being undertaken, due to be completed (by December 2019). One pod of five beds has been allocated to the subacute stream. Typically, people suitable for the subacute stream are aged 18-65 with a primary diagnosis of moderate to severe mental illness and who are currently occupying an acute bed with significant barriers to discharge or at risk of occupying an acute bed without AMHRU admission. The first subacute person was admitted on 12 August 2019.

Cleared as complete and accurate:	29/10/2019	
Cleared by:	Deputy Director-General	Ext: 47354
Contact Officer name:	Karen Grace	Ext: 41577
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Grace	

ANNUAL REPORT HEARING BRIEF

Key Information

- The residents who remained in the Extended Care Unit included those people who are subject to a court order or who required a further period of care before they are transitioned to supported accommodation.
- All residents in the Extended Care Unit are eligible for the National Disability Insurance Scheme (NDIS) and will be assisted to access individual NDIS packages for the necessary psychosocial support required to enable them to transition to living in the community

Cleared as complete and accurate: 29/10/2019
Cleared by: Deputy Director-General Ext: 47354
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Lead Directorate: Health
Cleared for release: Yes
Information Officer name: Karen Grace

ANNUAL REPORT HEARING BRIEF

GBCHS19/225 – 7

Portfolio: Mental Health**ISSUE: MENTAL HEALTH CAPACITY****Talking points**

- Acute mental health services experience increasingly high and sustained demand across the system with existing services at capacity.
- Canberra Hospital Emergency Department (ED) regularly experiences bed block for Mental Health patients with recent data indicating that 3.5 per cent of presentations to the ED are for Mental Health problems and that this cohort represent up to 50 per cent of bed block minutes.
- Canberra Hospital ED is the only gazetted ED in the ACT and therefore must accept and assess all consumers who present to the ED under the Mental Health Act either under an Emergency Action (EA) or a S309 referred from the Courts.
- Mental Health patients require specific accommodation and therefore are not easily accommodated in general areas of the hospital.
- Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) are responsible for a number of acute Mental Health Services across the Territory including inpatients units at Adult Mental Health Unit (AMHU), Mental Health Short Stay Unit (MHSSU), Adult Mental Health Rehabilitation Unit (AMHRU) at University of Canberra Hospital, Dhulwa Secure Mental Health Unit (Dhulwa) and the Extended Care Unit (ECU) at the site of Brian Hennessy Rehabilitation Centre.

Key Information

- A number of strategies have been introduced over the past six months including:
 - Patient Flow Coordinator
This role has provided increased visibility of bed capacity across the system (including Calvary) and supported a proactive approach to increasing movement of patients. This includes twice daily bed capacity reporting including all inpatient units and identification of patients suitable to be cared for in other settings. This enables creation of capacity for High Dependency Unit (HDU) beds in particular.

Cleared as complete and accurate:	29/10/2019	
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ANNUAL REPORT HEARING BRIEF

- Five Bed Sub-acute pod in AMHRU
This pilot will run until the end 2019 and support the ligature minimisation works at AMHU, whilst concurrently demonstrating whether there is a need for additional sub-acute beds in the system. The pilot went live on 6 August 2019. This will enable patients with barriers to discharge to be cared for in a less restrictive environment than AMHU, with access to day programs, regardless of whether they meet the criteria for rehabilitation.
- Dedicated Consultant Psychiatrist in Emergency Department
Traditionally the ED interface has been managed by a registrar with support from consultants from the Consultation Liaison Service and AMHU. A dedicated consultant has been allocated full time (business hours Monday to Friday) to enable timely assessment and planning for people presenting with mental health conditions. This has enabled better relationships with the ED consultants.
- Cross Directorate Forum with Justice and Community Safety Directorate (JACS) including Emergency Services
Regular meetings have been established to identify and progress issues impacting across services with an aim to streamlining processes which impact both emergency services and the ED. Working with Emergency Services will provide the opportunity to review the current processes for transfer to ED under an Emergency Action (EA). There were 1171 people transported to the Canberra Hospital ED on Emergency Detention by Authorised Ambulance Paramedics during the 2018-19 financial year. This represents a 330 per cent increase. Of these, only 156 (14.6 per cent) were assessed as requiring a three Day Emergency Detention. The development of the PACER model will also assist in addressing this situation.
- Consideration of alternative approaches to S309 assessment
In collaboration with the Chief Psychiatrist, alternative approaches will be investigated including the feasibility of undertaking these assessments at the Court rather than transferring to the Canberra Hospital ED for assessment. Approximately 50 per cent of people referred for a S309 Assessment do not require admission.
- Creation of a four bed area within ward 7B
Ward 7B at Canberra Hospital is a medical ward which often accommodates patients with physical health conditions and concurrent Mental Illness. These physical problems are often associated with their mental illness (e.g. suicide attempts or eating disorders). There is a four bed pod within the ward that has been identified as suitable and used intermittently for “surge” capacity for mental health patients. A risk assessment has been undertaken which has identified some ligature risks. Consultation with consumer groups and unions has commenced prior to minor ligature minimisation works being undertaken. In the interim risk is being managed through increased staffing levels and supervision.
- Despite the above strategies, management of some individual patients remains difficult, particularly in relation to those requiring seclusion and sedation in the Emergency

Cleared as complete and accurate: 29/10/2019
Cleared by: Executive Director Ext: 41577
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Cleared for release: Yes
Information Officer name: Karen Grace

ANNUAL REPORT HEARING BRIEF

Department. This creates challenges for their safe transfer to the HDU in AMHU. For example, when patients are particularly aggressive and require significant amounts of sedation to manage their aggression, their transfer to the AMHU requires medical supervision by an ED physician and transport by ACT Ambulance Service, rather than by routine CHS transport. The services are working together on a plan to manage these people including consideration of individual management plans for known high risk individuals.

Background Information

- Whilst Canberra Health Services experienced a bed block average time of 11.25 hours for people awaiting admission for Mental Health conditions in 2018-19 recent data shows significant improvements. For the 1 July – 22 October 2019 compared with the same period in 2018, there has been a 24 per cent reduction in bed booked hours despite a five per cent increase in admissions.

	1 July – 22 October 2018	1 July – 22 October 19
Bed booked hours	7.65	5.81
admissions	484	509

- The 11.25 hours provided by Canberra Health Services (CHS) only includes the timeframe from the point of clinical decision to admit to the time of actual admission to an inpatient unit.
- The reason CHS exclude the initial assessment period is because in line with the model of care, many people presenting with acute mental health issues require extended assessment in the ED. Waiting time in the ED is not always an indication of inpatient capacity issues.
- It is usual practice to support extended assessment outside of an inpatient unit, in an appropriate assessment area such as the ED, where there is an expectation that following this assessment the person is likely to be able to be safely discharged home, often with community supports.
- All patients are risk assessed and admitted to the most appropriate inpatient unit for care.
- If a patient deteriorates while on a general ward, they are transferred to the acute mental health unit.
- The location of the Adult Mental Health Unit (AMHU) means transport needs to be arranged to safely transfer patients from the main hospital to AMHU. This is by a car, or via an ambulance transfer if the person has been sedated. Ambulance transfers can contribute to the delay in timely transfer of patients.

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Cleared by:	Executive Director	Ext: 41577
Contact Officer name:	Karen Grace	Ext: 49369
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Karen Grace	

GBCHS19/225 – 8

Portfolio: Mental Health**ISSUE: OCCUPANCY RATES – ADULT MENTAL HEALTH UNIT,
MENTAL HEALTH SHORT STAY UNIT AND WARD 2N AT CALVARY****Talking Points**

- The Adult Mental Health Unit (AMHU) and Mental Health Short Stay Unit (MHSSU) provide voluntary and involuntary psychiatric care and treatment for people with a mental health illness who require hospitalisation or a short term admission. The AMHU and MHSSU utilises all available beds.
- Ward 2N is an adult mental health unit in Calvary Hospital Bruce and provides acute care for a person experiencing mental illness. Ward 2N is governed by Calvary Hospital.

Key Information

- In the 2018-19 financial year the key access statistics are:

AMHU (2018-19):

- Average length of stay is 14.5 days;
- Average admissions of 2.6 patients per day, 92 per cent of whom are ACT residents; and
- 958 discharges for 2018-19.

MHSSU (2018-19):

- Average length of stay is 3.5 days;
- Average admissions of 1.1 patients per day, 92 per cent of whom are ACT residents; and
- 355 discharges for 2018-19.

Ward 2N (2018-19):

- Average length of stay is 16.6 days;
- Average admission of 1.2 patients per day, 91 per cent of whom are ACT residents; and
- 428 discharges for 2018-19.

Background Information

- In 2016–17, the ACT had 21.9 available beds per 100,000 people in acute hospitals with psychiatric units or wards, slightly below the national average of 22.5 and the third highest rate when compared to other jurisdictions.

Cleared as complete and accurate:	06/11/2019	
Cleared by:	Executive Director	Ext: 41577
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Lead Directorate:	Canberra Health Services	
Cleared for release:	Yes	
Information Officer name:	Andrew Gay	

ANNUAL REPORT HEARING BRIEF

GBCHS19/225 – 9

Portfolio: Mental Health**ISSUE: SUPPORTED ACCOMMODATION****Talking points**

- In the 2018-19 budget, \$22.8 million was allocated for supported accommodation, to expand the mental health system to provide more community based alternatives for mental health care.
- On 2 May 2019, the first mental health supported accommodation house in Belconnen opened, which is now home to four residents. This new house is one of the first steps in meeting the election commitments to provide additional housing in the community to support people with a lived mental illness.
- This home provides people with mental illness a place to live independently in the community with additional supports in place to assist their personal recovery journey.
- Three further houses are planned for completion in 2020.
- The supported accommodation initiative also provides for the establishment of a Southside Community Step-Up Step-Down (SCSUSD). The SCSUSD will provide short-term residential support for people with the aim of providing a safe alternative to hospital admission and will be run in partnership with a community organisation. The first sod was turned on 1 November 2019. Construction of the new facility is expected to be completed in June 2020, with commissioning and operation expected to follow in July 2020.

Key Information

- The supported accommodation initiative includes funding for four houses to be built in the community to provide long term supported accommodation for people with mental illness. These houses will provide the appropriate care in the appropriate place, enabling greater access and interaction with the community and the person's support networks.

Cleared as complete and accurate:	29/10/2019	
Cleared by:	Deputy Director-General	Ext: 47354
Contact Officer name:	Karen Grace	Ext: 41577
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Grace	

ANNUAL REPORT HEARING BRIEF

- Housing ACT is working with Canberra Health Services (CHS) to deliver this initiative. Housing ACT provide the land and take the lead on the construction of the dwellings which are funded by CHS. Community organisations are engaged to provide disability support to the residents and a community housing provider manages the property and tenancy arrangements for the residents.
- CHS and Housing ACT staff have worked together to identify suitable land for the supported accommodation houses in the community. A block was selected in Florey and the construction of the house completed in February 2019, and in June 2019, the gradual transition process of moving the residents into the house was commenced, with all four residents now residing in this home. These first four residents transitioned from the Adult Mental Health Rehabilitation Unit at the University of Canberra Hospital.
- The consultation process for a further two properties was completed in May 2019. The flagged properties are in North Canberra and are expected to be completed in March 2020. A suitable location for the remaining fourth house has been identified; the consultation process has not commenced for the property.
- CHS will provide clinical services at SCSUSD, including a range of therapeutic interventions, and a non-government organisation community agency with 24/7 onsite presence will provide practical and psychosocial support for people in the program.

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Cleared by: Deputy Director-General Ext: 47354
Contact Officer name: Karen Grace Ext: 41577
Lead Directorate: Health
Cleared for release: Yes
Information Officer name: Karen Grace

ANNUAL REPORT HEARING BRIEF

GBCHS19/225 – 10

Portfolio: Mental Health**ISSUE: WORKFORCE SHORTAGES****Talking points**

- Specialty Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) nationally, internationally and in the ACT continue to face shortages of clinical staff while at the same time growth in services and service demand has increased.
- Locally Canberra Health Services (CHS) has convened a Workforce Development Committee, focussed on developing a MHJHADS workforce plan. The aim is to support a sustainable workforce for the future with initiatives including workforce redesign, capacity building, stronger education and professional development, strategic recruitment, and retention of staff across the service areas. The workforce committee has established three priority areas for the next 12 months focusing on recruitment, strengthening graduate pathways and prioritising occupational violence initiatives to provide a better work environment for staff.

Key Information

- As of 30 October 2019 vacancy rates across MHJHADS are
 - Administration – 17.2 FTE – 20 per cent
 - Allied Health – 21.64FTE – 8.7 per cent
 - Nursing – 14.6 FTE – 4.2 per cent
 - Medical – 16.09 FTE – 17.75 per cent
- The nursing bank or short term agency staff are used to maintain safe clinical care. In some programs the number of vacancies has impacted on service activity.
- MHJHADS has arranged Visiting Medical Officers (VMOs) to assist in the cover of the medical short fall.
- A Group Attraction and Retention Incentive (ARIn) has been approved and has been implemented for CHS staff specialist and senior staff specialist consultant psychiatrists and addiction specialist. The ARIn brings the ACT into line with public pay rates for psychiatrists in other jurisdictions. An application for an ARIn for the Justice Health Primary medical officers has been submitted for consideration.

Cleared as complete and accurate:	09/10/2019	
Cleared by:	Deputy Director-General	Ext: 47354
Contact Officer name:	Karen Grace	Ext: 41577
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Karen Grace	

ANNUAL REPORT HEARING BRIEF

- The Office of the Chief Psychiatrist is actively working with a number of recruitment agencies, with the aim of achieving sustainable staffing levels that allow continued safe clinical care and reasonable staff access to leave.
- As at 7 November 2019, the medical staffing in the Adult Mental Health Unit includes:
 - Four psychiatrists, four psychiatric registrars and three Resident Medical Officers.
 - The permanent recruitment of the Clinical Director has been completed, the successful candidate will commence early 2020.
- Within the psychiatric workforce at present, many psychiatrists are preferring locum work rather than seeking full time positions. CHS is managing current services with existing staff and locums, while actively recruiting to vacant medical positions and working hard to encourage clinicians to make the ACT a location of choice.
- There is a nation-wide shortage of consultant psychiatrists which is projected to continue past 2030, continuing an ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan areas.
- All vacant medical positions are advertised through the ACTPS jobs website and other relevant sites. Where there are no suitable Australian qualified applicants, the Area of Need program allows suitably qualified overseas trained consultants to be employed under particular supervisory and contractual arrangements. The public mental health service has been reliant on this program to meet workforce requirements.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from. Overseas applicants can take 12-18 months to place, and interstate applicants take three to six months to place. Local applicants can often commence employment within six to eight weeks.
- In the 2019-20 budget, MHJHADS were granted an additional 7.03 FTE for Specialist and Senior Staff Specialist positions. Recruitment strategies are being undertaken to fill the new and existing positions.
- MHJHADS has arranged 8.1 FTE Visiting Medical Officers (VMOs) to cover these short falls.
- In the 2018-2019 three psychiatrists have commenced and three psychiatrists have ceased employment with Canberra Health Services. Since July 2019 one Psychiatrist has ceased employment.
- Two of the three psychiatrist that commenced in 2018-2019 ceased employment within eight months of commencement.

Cleared as complete and accurate:	09/10/2019	
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ANNUAL REPORT HEARING BRIEF

GBCHS19/225 – 11

Portfolio: Justice Health**ISSUE: BIMBERI YOUTH JUSTICE CENTRE – MEDICATION ADMINISTRATION****Talking points:**

- In November 2018, Ms Jodie Griffiths-Cook, Public Advocate and Children and Young People Commissioner, sought specific information regarding an August 2018 medication incident concerning a young person at Bimberi Youth Justice Centre (BYJC).
- Ms Griffiths-Cook also asked for information about medication management in the previous 12 month period (1 November 2017 to 1 November 2018) from both Canberra Health Services (CHS) and Community Services Directorate (CSD).
- CHS provided the Public Advocate with a copy of the Mental Health, Justice Health and Alcohol and Drug Services Internal Case Review Report into the specific incident she raised.
- There were six recommendations as a result of the review. Five of these have been implemented, with work on the remainder expected to be completed within in early 2020.
- CHS also advised the Public Advocate of 15 medication incidents at Bimberi during the 12 months to 1 November 2018. Of these 15 incidents, the outcome rating was minor for six of them and insignificant for nine.
- CHS takes all medication administration incidents seriously and follows all policies and procedures for the reporting, review and management of such incidents. CHS has been working collaboratively with CSD on these matters since August 2018.
- CHS has commenced development of procedures for medication administration at Bimberi to work in conjunction with existing medication administration policy and procedures.
- The new procedure, Medication Diversion: Management in the Custodial Environment Clinical Procedure, will encompass the health management response to a diversion of medication, misuse or non-adherence to medication as prescribed.

Cleared as complete and accurate:	05/11/2019	
Cleared by:	Chief Executive Officer	Ext: 44702
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Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Karen Grace	

ANNUAL REPORT HEARING BRIEF

- The Medication Diversion: Management in the Custodial Environment Clinical Procedure' will be tabled at the next Bimberi Oversight Agencies Meeting for noting and provided directly to the Public Advocate. The Bimberi Oversight Agencies Meeting includes representatives from Justice Health Services (JHS), CSD, the ACT Ombudsman, the Health Services Commissioner, the Public Advocate's office, the Children and Young People Commissioner, and the ACT Education Directorate.
- The policy work is being undertaken in conjunction with the installation of an Automated Tablet Packing Machine (ATPM). ATPM's are known to reduce medication packing errors and improve medication safety. The ATPM was installed in September 2019.

***If asked about a specific incident:*

- *No details can be provided about specific incidents at Bimberi Youth Justice Centre due to privacy reasons, as it has the potential to be identifiable given the small numbers of young people in Bimberi.*
- *Additionally, CHS is unable to provide personal health information regarding its patients in accordance with the Health Records (Privacy and Access) Act 1997.*
- There have been no significant medication incidents at Bimberi in 2019.

Key Information

- Of the six recommendations, the following have been implemented:
 - Bimberi's medication administration training package has been updated by the centre's management with input from CHS;
 - A reviewed medication reconciliation process has been introduced;
 - Arrangements around non-medical staff access to the medication room have been put into place;
 - The after-hours process at Bimberi for medical officers and medications have been reviewed and updated; and
 - The process for communicating medication changes with Bimberi's youth workers (in consultation with pharmacy).
- There is one recommendation for which work remains underway which is the review of guidelines for clinical observations of clients following a medication error (including assessing the existing deterioration patient policy and patient track observation software).

Cleared as complete and accurate:	05/11/2019	
Cleared by:	Chief Executive Officer	Ext: 44702
Contact Officer name:	Karen Grace	Ext: 41577
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Karen Grace	

ANNUAL REPORT HEARING BRIEF

- An overall JHS Custodial and Community medication procedure is under development. The completion date is dependent on other changes including the ATPM implementation. It is noted that until the procedure is finalised, JHS is governed by the CHS Medication Handling Procedure and there are localised instructions on how to operate in BYJC, including in relation to medications. CSD have their own internal procedures for medications and youth workers.
- The sign off documentation for Youth Workers is expected to be completed with training in February 2020. Following this, the JHS Custodial and Community medication procedure will be finalised in March 2020.

Background Information

- Staff from CSD and JHS met with Mrs Kikkert on 20 March 2019 to provide a briefing on the 20 August 2018 incident. A follow up letter has been provided to Mrs Kikkert MLA to provide clarification about the specifics of the 20 August incident.
- CHS follows the ACT Health Incident Management Procedure regarding the notification of an incident, using the RiskMan web-based Incident and Risk Management system.
- Details surrounding an incident (defined as an event or circumstance that may have or did result in harm to a patient) are reported in RiskMan. These details could include information about the patient and the circumstances of the incident. For a medication error that could range from:
 - Medication being out of date
 - The incorrect spelling of the patient's name on the label
 - An incorrect dose or medication
 - Non-administration of prescribed medication
 - Medication not being provided by pharmacy
 - Medication being administered without a valid prescription
 - A medication chart being incorrectly signed or dated
 - Medication procedures not being followed
- The incident is classified by the RiskMan team as a "medication" incident based on the information in the report. The following sub-classifications are also applied:
 - Prescribing-related
 - Dispensing-related
 - Administration-related
 - Medication involved
 - Medication continuum
 - Patient (self)-administered
 - Medication management (e.g. keys to the medication room unavailable)

Cleared as complete and accurate:	05/11/2019	
Cleared by:	Chief Executive Officer	Ext: 44702
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Cleared for release	Yes	
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ANNUAL REPORT HEARING BRIEF

- The incident is clinically reviewed and an outcome rating is applied to the incident. The outcome rating documents the consequence to the patient of the incident. The CHS outcome ratings are:
 - Insignificant - defined as no injury, no review required, no increased level of care
 - Minor - defined as minor injury requiring review and evaluation, additional observations and first aid treatment
 - Moderate - defined as temporary loss of function unrelated to natural course of the underlying illness and differing from the expected outcome of patient management. Incident resulting in a transfer to higher level of care or additional procedures
 - Major - defined as major and permanent loss of function unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management.
 - Extreme - defined as patient death and unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management.

Cleared as complete and accurate: 05/11/2019
Cleared by: Chief Executive Officer Ext: 44702
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Cleared for release: Yes
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ANNUAL REPORT HEARING BRIEF

GBCHS19/225 – 12

Portfolio: Justice Health**ISSUE: WINNUNGA DELIVERING HEALTHCARE AT
ALEXANDER MACONOCHIE CENTRE (AMC)****Talking Points**

- On 10 November 2016, I publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Review) in my capacity as the Minister for Corrections. I tabled the Government's response to the Moss Review in the ACT Legislative Assembly on 16 February 2017.
- Recommendation 5 of the Moss Review is to integrate Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) into services at the Alexander Maconochie Centre (AMC), to provide a holistic approach to health care in a culturally safe way for Aboriginal and Torres Strait Islander detainees.
- The ACT Government and Winnunga signed a contract on 22 June 2018 to enable the delivery of coordinated health care services at the AMC. Since that time, ACT Corrective Services (ACTCS), Canberra Health Services (CHS) and Winnunga have been collaborating on the model of care, and working together to establish the service.
- On 21 December 2018, a Memorandum of Understanding (MOU) and three schedules for the delivery of coordinated health care services to Aboriginal and Torres Strait Islander detainees at the AMC was signed by all parties.
- The first patient's health care was transferred from Justice Health Services (JHS) to Winnunga on 18 January 2019.

Cleared as complete and accurate:	29/10/2019	
Cleared by:	Deputy Director-General	Ext: 47354
Contact Officer name:	Karen Grace	Ext: 41577
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Karen Grace	

ANNUAL REPORT HEARING BRIEF

	June 2019	28 October 2019
Number transferred to Winnunga (including consumers no longer in custody).	23	39
Not suitable for transfer by JHS or Winnunga		14
Current number awaiting transfer	8*	2
Waiting for Transfer Summary from JHS	2*	2
Waiting for Winnunga transfer date	6*	

* point in time data

- The Operational Governance group has been established and has a standing agenda where ACTCS, JHS and Winnunga each update the group with any issues. The agenda also covers new policies and procedures, medical emergency outcomes and information sharing. The operational business rules continue to be refined to ensure continuity of care and for the safe transfer of patients to Winnunga's care.
- The Integration of the Winnunga model of health care into the AMC Steering Committee meets quarterly. The Model of Care review and implementation of recommendations is discussed.
- The review process for the MOU is underway, with a specific focus on reviewing the existing exclusion criteria.

Key Information

- The Winnunga service to AMC detainees is operating out of the Hume Health Centre, and has an administrative base in the Women's Community Centre.
- Winnunga is initially providing nursing and General Practitioner services to a limited number of AMC detainees in the early phase of the service. During this time, all other services such as induction, Forensic Mental Health Services, Alcohol and Other Drugs Service (including Opioid Replacement Therapy prescription and administration), and dental care for Aboriginal and Torres Strait Islander detainees continue to be provided by CHS.
- Winnunga have indicated that they would also like to provide care to patients who are on Opioid Replacement Therapy (ORT).
- Progress of the MOU review has been slow due to the availability of the consultant, however a new approach has been agreed by CHS and Winnunga. It is expected that the review will be completed by December 2019.

Cleared as complete and accurate: 29/10/2019
 Cleared by: Deputy Director-General Ext: 47354
 Contact Officer name: Karen Grace Ext: 41577
 Lead Directorate: Canberra Health Services
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ANNUAL REPORT HEARING BRIEF

GBCHS19/225 – 13

Portfolio: Mental Health

ISSUE: AGENCY STAFFING PROFILE MENTAL HEALTH JUSTICE HEALTH WORKFORCE

Headcount	2017-18	2018-19
Administrative Officers	75	81
General Service Officers and Equivalent	13	7
Health Assistants	20	18
Health Professional Officers	195	217
Medical Officers	85	89
Nursing Officers	317	351
Professional Officers	1	0
Senior Officers	23	21
Technical Officers	0	0
Grand Total	729	784

Talking points:

- Workforce data is provided by Shared Services.

Cleared as complete and accurate:	31/10/2019	
Cleared by:	Executive Director	Ext: 49631
Contact Officer name:	Heidi Gregson	Ext: 49625
Lead Directorate:	Health	
Cleared for release:	Yes	
Information Officer name:	Janine Hammat	

ANNUAL REPORT HEARING BRIEF

GBCHS19/225 – 14

Portfolio: Mental Health

ISSUE: OCCUPATIONAL VIOLENCE**Talking points:**

- Canberra Health Services (CHS) has an Occupational Violence (OV) Strategy Working Group. The Working Group chaired by the Chief Executive Officer, CHS, meets regularly and includes more than 80 managers and staff, Worksafe ACT, consumer and union representatives.
- The Working Group is responsible for implementation of the Occupational Violence strategy across CHS and will have its first year anniversary on 9 November 2019.
- CHS has updated procedures relating to the classification of incidents to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.
- External Consultants (Aspex Consulting) were engaged to assist CHS 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 were received in mid-July 2019 and consultation has been conducted with staff, unions and consumers prior to endorsement.
- The OV Strategy has been endorsed and is expected to be published in November 2019. The Strategy includes the following areas of focus:
 - Governance
 - Prevention
 - Training
 - Response
 - Reporting
 - Support
 - Investigation

Cleared as complete and accurate:	15/10/2019	
Cleared by:	Executive Director	Ext: 49631
Contact Officer name:	Daniel Guthrie	Ext: 49544
Lead Directorate:	Health	
Cleared for release:	Yes	
Information Officer name:	Janine Hammat	

ANNUAL REPORT HEARING BRIEF

- Staff/Consumer Awareness
- The OV Policy and Procedure are undergoing the endorsement process, following extensive consultation staff, consumers and unions.

Background Information:

- In November 2018, the Canberra Health Services Occupational Violence (OV) Working Group, chaired by the Chief Executive Officer, was formed to develop a strategic approach to address OV towards staff in Canberra Health Services.
- An action from the OV Working Group was to progress an organisational OV Strategy that details a planned and structured approach to better identify, assess and manage OV.

Cleared as complete and accurate:	15/10/2019	
Cleared by:	Executive Director	Ext: 49631
Contact Officer name:	Daniel Guthrie	Ext: 49544
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Janine Hammat	

ANNUAL REPORT HEARING BRIEF

GBCHS19/225 – 15

Portfolio: Mental Health**ISSUE: ADULT MENTAL HEALTH UNIT (AMHU) INFRASTRUCTURE WORKS****Talking points:**

- Important ligature minimisation infrastructure works are continuing in the Adult Mental Health Unit (AMHU) at Canberra Hospital. These works are to ensure these mental health facilities reflect the latest contemporary standards and address ligature risks.
- Phase 1 and 2 works which mainly addressed bedroom ensuite risks have been completed.
- Phase 3 works will address remaining bedroom door risks and security system upgrades. These works commenced following extensive consultation with key stakeholders, unions and peak bodies on temporary changes to the Adult Mental Health Unit to minimise the impact on consumers from the construction activity.
- Expected date for completion of works is November 2019, subject to clinical operational constraints.
- While Phase 3 works are scheduled to minimise the operational impact on the facility, the 40 bed capacity will be reduced temporarily to enable the physical completion of the works.

Key Information

- There are particular challenges with planning and undertaking building works and retrofitting ligature minimisation components in an operating mental health facility.
- Several options have been investigated to minimise the impact on the mental health service and consumers that would otherwise occupy the bedrooms that will be impacted by the Phase 3 works.
- The preferred option was to convert four existing single bedrooms to double rooms and convert a further four consult/interview rooms in administration areas of AMHU to single bedrooms to allow the works to proceed without delay and in a safe environment for contractors.

Cleared as complete and accurate:	31/10/2019	
Cleared by:	Chief Executive Officer	Ext: 44702
Contact Officer name:	Colm Mooney	Ext: 49796
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Cleared for release:	Yes	
Information Officer name:	Colm Mooney	

ANNUAL REPORT HEARING BRIEF

Background Information

- In 2017, Canberra Health Services (CHS) commissioned an external review and risk assessment of safety within the inpatient mental health facilities to ensure they reflected the latest contemporary standards and to minimise ligature issues. This was in response to four inpatient deaths by suicide within mental health units over the previous two years and a subsequent coronial inquest.
- The review included the AMHU and the MHSSU at Canberra Hospital. The review identified an extensive scope of works to address ligature risks that have been progressed over a number of phases.
 - Phase 1 works were completed in May 2018 and included the removal of forty ensuite doors in within the AMHU.
 - Phase 2 works were completed in August 2018 and included the fabrication of a prototype bedroom and ensuite complete with preferred ligature minimisation products, and the subsequent rollout of the nominated products within the AMHU as well as other works identified in Audit Report (excluding bedroom doors).
 - Phase 3 works have commenced and include the replacement of bedroom entrance doors, with monitored pressure sensors and electrostatic vision panels. These works will require the decanting of the entire wing [i.e. up to eight consumers (worst case)] prior to the commencement of works in each wing. The anticipated completion date for Phase 3 works is now November 2019, subject to clinical operational constraints.

Cleared as complete and accurate: 31/10/2019
Cleared by: Chief Executive Officer Ext: 44702
Contact Officer name: Colm Mooney Ext: 49796
Lead Directorate: Canberra Health Services
Cleared for release: Yes
Information Officer name: Colm Mooney

ANNUAL REPORT HEARING BRIEF

GBCHS19/225 – 16

Portfolio: Mental Health

ISSUE: MENTAL HEALTH FINANCIAL ANALYSIS

Talking points:

- Total Mental Health expenses in 2018-19 are estimated to be \$158.0 million. Note: this figure is not reported anywhere in isolation in the Annual Report.
- This figure includes clinical services and overheads.
- The figure represents 11.7 per cent of total Health spending (\$1.354 billion) in 2018-19.
- Overhead costs include the Office of the CEO, Finance and Business Intelligence, People and Culture, Quality Safety, Innovation and Improvement, Sterilising, Medical Imaging, Pharmacy and Pathology.

Cleared as complete and accurate:	31/10/2019	
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Cleared for release:	Yes	
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