



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 **Wednesday 3 November 2021**.

This application requested access to:

'Any final briefs prepared for any ACT Minister(s) or ACT Government witnesses during 2021-2022 Budget Estimates Hearings'.

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Wednesday 1 December 2021**.

I have identified 54 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

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

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

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

Decisions on access

I have decided to grant full access to all 54 documents.

Charges

Processing charges are not applicable to this request.

Disclosure Log

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 Your personal contact details will not be published.

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

Ombudsman review

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

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

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

ACT Civil and Administrative Tribunal (ACAT) review

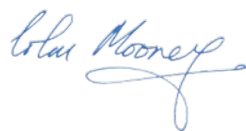
Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

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

Further assistance

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

Yours sincerely



Colm Mooney
A/g Deputy Chief Executive Officer
Canberra Health Services

01 December 2021

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

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

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
[REDACTED]	<i>'Any final briefs prepared for any ACT Minister(s) or ACT Government witnesses during 2021-2022 Budget Estimates Hearings'.</i>	CHSFOI21-22.11

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1	Minister for Health Executive Briefing Pack – Title Page	21 October 2021	Full release		YES
Budget Day Question Time Briefs						
2.	2	New Initiatives – Title Page	21 October 2021			
3.	3	CHS E01 CHS Elective Surgery Package	21 October 2021	Full release		YES
4.	4	CHS E02 Canberra Hospital Emergency Department Package	21 October 2021	Full release		YES
5.	5	CHS E05 More Emergency Surgery Capacity	21 October 2021	Full release		YES
6.	6	CHS E06 Canberra Hospital ICU expansion	21 October 2021	Full release		YES
7.	7	CHS E07 Neonatology 29 th and 30 th Cot	21 October 2021	Full release		YES
8.	8	CHS CW01 Upgrade of Endoscopy Rooms at the Canberra Hospital	21 October 2021	Full release		YES

9.	9	CHS CW02 Cancer Research Centre (capital)	21 October 2021	Full release		YES
10.	10	CHS CW05 CHS Warehouse Relocation	21 October 2021	Full release		YES
Question Time Briefs from 6-8 October 2021 sitting						
11.	11 – 12	Title Page	21 October 2021	Full release		YES
COVID-19						
12.	13 – 16	COVID-19 – Health system preparedness CHS	21 October 2021	Full release		YES
Hot Issues						
13.	17 – 20	Waiting Lists key facts and figures	21 October 2021	Full release		YES
14.	21 – 22	Canberra Hospital Capacity	21 October 2021	Full release		YES
15.	23 – 24	National Health Co-op	21 October 2021	Full release		YES
People and Culture						
16.	25 – 26	Occupational Violence Strategy	21 October 2021	Full release		YES
17.	27 – 28	Canberra Hospital Staffing – Pay issues and key facts and figures	21 October 2021	Full release		YES
Strategic and Accountability Indicators						
18.	29 – 31	Strategic Objective 3 – Maximising the quality of hospital services	21 October 2021	Full release		YES
19.	32	Strategic Objective 4 – Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds	21 October 2021	Full release		YES
20.	33	Strategic Objective 5 – Percentage of women in the target age group (50-74 years) screened through BreastScreen Australia in a 24-month period	21 October 2021	Full release		YES
21.	34	Strategic Objective 7 – Reducing the impacts of occupational violence on our staff	21 October 2021	Full release		YES
22.	35	Strategic Objective 8 – Improving quality of care for inpatients at Canberra Health Services for patients 80 Years or older	21 October 2021	Full release		YES

23.	36	Strategic Objective 9 – Improving partnerships with primary health care providers	21 October 2021	Full release		YES
24.	37 – 40	Output Class 1: Health and Community Care Output 1.1: Acute Services	21 October 2021	Full release		YES
25.	41 – 42	Output 1.3: Cancer Services	21 October 2021	Full release		YES
26.	43 – 45	Output 1.4: Subacute and Community Services	21 October 2021	Full release		YES
CHS Staffing breakdown						
27.	46	Canberra Health Services Staffing Breakdown – Health	21 October 2021	Full release		YES
28.	47	Minister for Mental Health Executive Briefing Pack – Title Page	20 October 2021	Full release		YES
Budget Day Question Time Briefs						
29.	48	Title Page	20 October 2021	Full release		YES
30.	49 – 50	CHS MH E01 – Addressing Critical Mental Health Service Demands (HDU and LDU)	20 October 2021	Full release		YES
31.	51 – 52	CHS MH E03 – Addressing Critical Mental Health Service Demands (HDU and LDU)	20 October 2021	Full release		YES
32.	53 – 54	CHS MH E04 – Mental Health supported accommodation houses – Model of Care	20 October 2021	Full release		YES
Question Time Briefs from 6-8 October 2021 sitting						
33.	55	Title Page	20 October 2021	Full release		YES
34.	56 – 59	Child and Adolescent Mental Health Services in ACT	20 October 2021	Full release		YES
35.	60 – 63	Adult Community Mental Health Services	20 October 2021	Full release		YES
36.	64 – 65	Adult Acute Mental Health Unit	20 October 2021	Full release		YES
37.	66 – 67	Community Support Options in Place for Patient Discharge	20 October 2021	Full release		YES

38.	68 – 70	Health and Mental Health Service Delivery (including Dental) to Detainees at Alexander Maconochie Centre	20 October 2021	Full release		YES
39.	71	Human Services Commission Review – Dhulwa	20 October 2021	Full release		YES
40.	72 – 73	Infrastructure Update	20 October 2021	Full release		YES
41.	74 – 76	Seclusion Rates in Acute Mental Health Inpatients Units	20 October 2021	Full release		YES
42.	77 – 78	Smoking at Alexander Maconochie Centre	20 October 2021	Full release		YES
43.	79 – 81	COVID-19 Safety at Alexander Maconochie Centre	20 October 2021	Full release		YES
44.	82	Winnunga Delivering healthcare at Alexander Maconochie Centre	20 October 2021	Full release		YES
45.	83 – 84	Workforce Update	20 October 2021	Full release		YES
46.	85 – 87	COVID Safety in Mental Health Facilities	20 October 2021	Full release		YES
47.	88 – 89	COVID-19 Mental Health Justice Health Remote Support for Patients, Families and Friends	20 October 2021	Full release		YES
48.	90 – 91	Death of Consumer at Dhulwa	20 October 2021	Full release		YES
Strategic and Accountability Indicators						
49.	92	Strategic Objective 1 – Reducing the usage of seclusion in mental health episodes	20 October 2021	Full release		YES
50.	93	Strategic Objective 2 – Maintaining reduced rates of patients return to an ACT public acute psychiatric inpatient unit	20 October 2021	Full release		YES
51.	94	Strategic Objective 6 – Timely access to inpatient beds for mental health consumers	20 October 2021	Full release		YES
52.	95 – 98	Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services	20 October 2021	Full release		YES
CHS Staffing breakdown						

53.	99	Canberra Health Services Staffing Breakdown – Mental Health and Justice Health	20 October 2021	Full release		YES
54.	100 – 108	Estimates Brief – Strategic Communication and Engagement	20 October 2021	Full release		YES
Total Number of Documents						
54						



Minister for Health

Executive Briefing Pack

21 October 2021, 2:00 – 3:00 pm and 3:15 – 5:30 pm

Item	Title
1.	Budget Day Question Time Briefs
2.	Question Time Briefs from 6-8 October 2021 sitting
3.	Strategic and Accountability Indicators
4.	CHS Staffing breakdown

**Minister for Health
Canberra Health Services
2021-22 Budget Day Briefs**

**New Initiatives
Canberra Health Services**

No.	Title	
27.	CHS E01 CHS Elective Surgery Package	CHS
28.	CHS E02 Canberra Hospital Emergency Department Package	CHS
29.	CHS E05 More Emergency Surgery Capacity	CHS
30.	CHS E06 Canberra Hospital ICU expansion	CHS
31.	CHS E07 Neonatology 29th and 30th Cot	CHS
32.	CHS CW01 Upgrade of Endoscopy Rooms at the Canberra Hospital	CHS
33.	CHS CW02 Cancer Research Centre (capital)	CHS
34.	CHS CW05 CHS Warehouse Relocation	CHS

GBCHS21/198

Portfolio: Health

Budget Day – Expanding critical hospital services - Delivering more elective surgery (CHS E01)

Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	5,385	1,020	266	318	6,989
Offset – Health Funding Envelope	-5,385	-1,020	-266	-318	-6,989
Net Cost of Services	0	0	0	0	0

- This investment will increase elective surgery capacity by optimising elective surgery delivery between Canberra Health Services (CHS), Calvary Public Hospital Bruce (CPHB) and private providers to address theatre capacity constraints at Canberra Hospital coupled with rising emergency surgery demand.
- This initiative will allow Government to:
 - deliver 14,800 elective surgeries in 2021-22 (\$4.8 million);
 - continue the Enhanced Recovery After Surgery Program to facilitate improved recovery (\$1 million over four years); and
 - develop feasibility and design options for the Northside Elective Surgery Centre at the University of Canberra to expand health infrastructure in Canberra’s North (\$1.075 over two years).

FTE Impact

	2021-22	2022-23	2023-24	2024-25
Doctors	0	0	0	0
Nurses	0.60	0.80	0.90	1.00
Allied Health	0.46	0.70	0.70	0.92
Total Health Professionals	1.06	1.50	1.60	1.92
Administration	1.10	1.50	0	0
Total FTE	2.16	3.00	1.60	1.92

Cleared as complete and accurate: XX/XX/2021
 Cleared for public release by: Chief Finance Officer Ext: 49683
 Contact Officer name: Kate Schorsch Ext: 42728
 Lead Directorate: Canberra Health Services
 TRIM Ref: GBCHS21/198

GBCHS21/198

Portfolio: Health

Budget Day – Expanding critical hospital services - Delivering a better Canberra Hospital Emergency Department (CHS E02)

Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	5,180	5,833	5,899	5,967	22,879
Offset – Health Funding Envelope	-5,180	-5,833	-5,899	-5,967	-22,879
Net Cost of Services	0	0	0	0	0

- The Government will expand the capacity of the Canberra Hospital Emergency Department to better respond to service demand pressures and support contemporary models of care.
- Recurrent funding will provided for:
 - Expansion of current Emergency Medical Unit (EMU) – changes to current footprint to 12 beds plus six chairs (18 treatment spaces).
 - Adequate medical and nursing workforce to provide clinical oversight, clear leadership and direction – including the introduction of a Medical Navigator.
 - Development of an Acute Medical Unit (AMU) – allows patients with multiple medical issues to be admitted faster to the inpatient area from the ED and have their care plans commenced by a multi-disciplinary team.

FTE Impact

	2021-22	2022-23	2023-24	2024-25
Doctors	3.15	3.70	3.70	3.70
Nurses	15.00	19.00	19.00	19.00
Allied Health	3.40	4.20	4.20	4.20
Total Health Professionals	21.55	26.90	26.90	26.90
Administration	2.00	2.50	2.50	2.50
Total FTE	23.55	29.40	29.40	29.40

Cleared as complete and accurate: XX/XX/2021
 Cleared for public release by: Chief Finance Officer Ext: 49683
 Contact Officer name: Kate Schorsch Ext: 42728
 Lead Directorate: Canberra Health Services
 TRIM Ref: GBCHS21/198

GBCHS21/198

Portfolio: Health

Budget Day – Expanding critical hospital services - More Emergency Surgery Capacity (CHS E05)

Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	6,752	9,075	11,463	11,666	38,956
Offset – Health Funding Envelope	-6,752	-9,075	-11,463	-11,666	-38,956
Net Cost of Services	0	0	0	0	0

- This initiative provides funding for:
 - Increased Emergency Surgery Capacity - To operate a thirteenth theatre at Canberra Hospital to increase access to emergency surgery and reduce the risk of postponing elective surgery procedures – providing 1,920 theatre hours.
 - Increased bed base - eight additional funded beds and staff to support emergency and elective surgery throughput.
- Demand for emergency surgery is exceeding the current emergency theatre capacity available, directly impacting on Canberra Health Services (CHS) ability to deliver elective surgery, as emergency surgery often takes priority resulting in the frequent postponement of elective surgery cases.
- Emergency and Elective surgery caseload are not interchangeable. Emergency surgery is more complex and often requires increased theatre time and increased hospital length of stay.

FTE Impact

	2021-22	2022-23	2023-24	2024-25
Doctors	2.38	3.22	4.06	4.06
Nurses	14.06	20.42	26.78	26.78
Allied Health	3.48	7.52	11.56	11.56
Total Health Professionals	19.92	31.16	42.40	42.40
Administration	0.08	0.40	0.72	0.72
Total FTE	20.00	31.56	43.12	43.12

Cleared as complete and accurate: XX/XX/2021
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 Lead Directorate: Canberra Health Services
 TRIM Ref: GBCHS21/198

GBCHS21/198

Portfolio: Health

**Budget Day – Expanding critical hospital services - Canberra Hospital ICU
 Expansion – (CHS E06)**
Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	2,373	7,123	9,357	9,501	28,354
Offset – Health	-2,373	-7,123	-9,357	-9,501	-28,354
Funding Envelope					
Net Cost of Services	0	0	0	0	0

- The Government will operationalise four additional Intensive Care beds at the Canberra Hospital in a staged way to 2023-24 to meet increased demand.
 - 2 Beds in 2021-22
 - An additional bed from 2022-23
 - An additional bed from 2023-24
- This initiative builds on the physical expansion of Intensive Care Unit capacity at the Canberra Hospital.

FTE Impact

	2021-22	2022-23	2023-24	2024-25
Doctors	2.00	6.00	8.00	8.00
Nurses	5.70	17.10	22.80	22.80
Allied Health	2.32	6.96	9.28	9.28
Total Health Professionals	10.02	30.06	40.08	40.08
Administration	0.08	0.24	0.32	0.32
Total FTE	10.10	30.30	40.40	40.40

GBCHS21/198

Portfolio: Health

Budget Day – Expanding critical hospital services - Additional Neonatology Cots (CHS E07)

Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	2,468	3,589	4,579	4,646	15,282
Offset – Health Funding Envelope	-2,468	-3,589	-4,579	-4,646	-15,282
Net Cost of Services	0	0	0	0	0

- The Government will deliver two additional Intensive Care Cots in the Neonatal Intensive Care Unit of the Centenary Hospital for Women and Children in a phased approach to be completed by January 2023 to meet increased demand.
- The two additional Intensive Care Cots will enable a sustainable model that can safely deliver a high functioning Neonatal Intensive Care Unit for the ACT and surrounding NSW region.
- Over the last four years there has also been a steady increase in acuity of infants being cared for in the NICU/SCN with a 53 per cent increase in the total annual number of invasive ventilation bed days requiring 1:1 care and a 25 per cent increase in the total number of respiratory support bed days.

FTE Impacts

	2021-22	2022-23	2023-24	2024-25
Doctors	2.00	3.00	4.00	4.00
Nurses	6.87	9.72	12.57	12.57
Allied Health	2.32	3.48	4.64	4.64
Total Health Professionals	11.19	16.20	21.21	21.21
Administration	0.28	0.42	0.56	0.56
Total FTE	11.47	16.62	21.77	21.77

Cleared as complete and accurate: XX/XX/2021
 Cleared for public release by: Chief Finance Officer Ext: 49683
 Contact Officer name: Kate Schorsch Ext: 42728
 Lead Directorate: Canberra Health Services
 TRIM Ref: GBCHS21/198

GBCHS21/198

Portfolio: Health

Budget Day – Improving Canberra’s health infrastructure - Upgrade of the Endoscopy Rooms at the Canberra Hospital (CHS CW01)

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	175	650	0	0	825
Total Capital	175	650	0	0	825
Expenses	2,233	0	0	0	2,233
Offset – Health	-2,233	0	0	0	-2,233
Funding Envelope					
Net Cost of Services	0	0	0	0	0

- The Government will undertake feasibility and design work for expansion and refurbishment of the existing endoscopy suites at the Canberra Hospital.
- The initiative also includes a one-off provision in 2021-22 for additional Endoscopy services with 904 procedures to be provided through this funding. This will be achieved with:
 - the addition of fortnightly Saturday sessions commencing in October 2021, based on running two procedure rooms (285 procedures);
 - 0.5 FTE of a Senior Fellow position to focus on procedures (an additional 416 procedures); and
 - the recruitment of a 0.5 FTE staff specialist (an additional 200 procedures).

FTE Impact

	2021-22	2022-23	2023-24	2024-25
Doctors	1.09	0	0	0
Nurses	1.52	0	0	0
Allied Health	0.49	0	0	0
Total Health Professionals	3.10	0	0	0
Administration	0.05	0	0	0
Total FTE	3.15	0	0	0

Cleared as complete and accurate: XX/XX/2021
 Cleared for public release by: Chief Finance Officer Ext: 49683
 Contact Officer name: Kate Schorsch Ext: 42728
 Lead Directorate: Canberra Health Services
 TRIM Ref: GBCHS21/198

GBCHS21/198

Portfolio: Health

Budget Day – Improving Canberra’s health infrastructure - Cancer Research Centre (CHS CW02)

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	760	6,285	0	0	7,045
Offset – Better Infrastructure Fund	0	-250	0	0	-250
Net Capital	760	6,035	0	0	6,795
Depreciation	0	0	170	170	340
Expenses	0	0	68	136	204
Offset – Health Funding Envelope	0	0	-68	-136	-204
Net Cost of Services	0	0	170	170	340

- The Government will establish a new Cancer Research Centre at the Canberra Region Cancer Centre.
- The centre will improve the quality of cancer care in the ACT through better specialist translational research which will enable more rapid introduction of new treatments.
- This initiative will:
 - Meet the requirements for a Comprehensive Cancer Centre and provide a centre of excellence able to fully accommodate inpatient, outpatient and ambulatory care for cancer patients.
 - Fit-out a research centre on Level 3 of the Canberra Region Cancer Centre that is a purpose designed environment able to meet the needs of researchers and patients.

GBCHS21/198

Portfolio: Health

Budget Day – Improving Canberra’s health infrastructure - Medical Warehouse Relocation (CHS CW05)
Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	767	500	0	0	1,267
Total Capital	767	500	0	0	1,267
Depreciation	0	85	85	85	255
Expenses	533	480	498	517	2,028
Offset – Health	-533	-480	-498	-517	-2028
Funding Envelope					
Net Cost of Services	0	85	85	85	255

- The Government will provide funding for a long-term lease of a new and expanded medical inventory warehouse to ensure continued compliance with National Safety and Quality Health Service standards.
- Currently, Canberra Health Services (CHS) Medical Warehouse requirements are serviced primarily from a facility in Mitchell.
- Expanded requirements and the current Mitchell facility’s limitations, including plant that is end of life and size constraints have required additional investment for a new facility.

**MINISTER FOR HEALTH
RACHEL STEPHEN-SMITH MLA
QUESTION TIME BRIEFS
6 - 8 October 2021**

SUBJECT	
COVID-19	
1.	COVID-19 – ACT Outbreak – facts and figures
2.	COVID-19 – National facts and figures
3.	COVID-19 – Restrictions
4.	COVID-19 - Vaccination rollout (should include facts and figures, words on access and equity, words on plan, words on doherty, words on mandating vaccines, plus a sub heading on staff vaccinations)
5.	COVID-19 - Health system – preparedness – CHS
6.	COVID-19 - NSW/ACT Border arrangements
7.	COVID-19 – Communications with CALD Communities
8.	COVID-19 – Public Housing Response
9.	COVID-19 – Check in CBR
10.	COVID-19 Human Right consideration in the making of Public Health Directions
11.	COVID-19 – Mother and Baby Separation Policy
HOT ISSUES	
12.	Health Fact Sheet
13.	Latest Quarterly Reporting
14.	Waiting Lists key facts and figures
15.	ED Performance and Timely Care Strategy
16.	Canberra Hospital Capacity
17.	National Health Co-op (incl. Coombs pilot)
Infrastructure	
18.	Canberra Hospital Master Plan
19.	Canberra Hospital Expansion – Key facts and figures
20.	Canberra Hospital Expansion – Progress update/Stakeholder Engagement
21.	Health Infrastructure Key Facts and Figures
22.	Northside Hospital Planning
23.	Digital Health Record

24.	Hydrotherapy
People and Culture	
25.	Culture Review and Canberra Health Services Workplace Culture Initiatives
26.	Occupational Violence Strategy
27.	Canberra Hospital Staffing – Pay issues and key facts and figures
Health Policy	
28.	Alcohol and other Drugs
29.	Ngunnawal Bush Healing Farm
30.	Commissioning Health Services in the Community

GBCHS21/235

Portfolio: Health**COVID-19: HEALTH SYSTEM PREPAREDNESS**COVID-19 Positive Patient Management*COVID Care@Home*

- Staffed by adult and paediatric nurses and supported by on-call medical teams.
- As of 30 September 2021, there were approximately 306 active patients being cared for through the program.
- As part of the program a new drug treatment, Sotovimab, is used to prevent severe illness and hospitalisation in people over 55 with at least one risk factor for COVID-19 related complications.

COVID-19 Public Hospital Care

- Management of moderate to severe infection.
- Canberra Hospital has four distinct areas for managing the current demand from COVID-19 positive patients:
 - Building 1, Ward 8B
 - Building 1, Ward 7 (Respiratory Assessment Unit)
 - Temporary utilisation of six negative pressure rooms in the Paediatric Medical Ward
 - Intensive Care Unit to support ventilatory and organ support
- Calvary Public Hospital Bruce has three areas for managing COVID-19 positive patients:
 - Coronary Care Unit and Intensive Care unit negative pressure rooms; and the
 - COVID-19 Respiratory Assessment Unit.

Cleared as complete and accurate:

Cleared for public release by:

Contact Officer name:

Lead Directorate:

TRIM Ref:

Chief Executive Officer

Colm Mooney

Canberra Health Services

GBCHS21/235

Ext: 41000

Ext: 42138

Title Page

Private Hospital Agreements

- The Territory has formed agreement with Calvary Bruce Private Hospital and Calvary John James Hospital to have ready access to additional hospital capacity as well as clinical workforce as part of the COVID-19 clinical response.
- Calvary Bruce Private Hospital has already been engaged to provide services to public patients under this agreement.
- The agreements will also enable those private hospitals to access a financial viability guarantee payment, funded by the Commonwealth, subject to the eligibility requirements determined by the Commonwealth under the National Partnership on COVID-19 Response (NPCR).
- Active operational discussions between the hospitals and ACT Clinical Health Emergency Coordination Centre (CHECC) about capacity and workforce availability are ongoing as part of planning.

Workforce

Staff Vaccination

- As of 30 September 2021, approximately 69 per cent of health care workers across Canberra Health Services and approximately 86 per cent of Calvary Public Hospital Bruce health care workers had self-reported as being partially or fully vaccinated.
- The remaining cohort includes those who have not provided a response – not just those who are not vaccinated. Targeted communications have been sent to this cohort and reporting rates have increased. This will continue to be a key area of focus.

Staff quarantine

- As of 30 September 2021, there were approximately 129 staff in quarantine across the health system due to being close or casual contacts.

Fit testing

As of 30 September 2021:

- Three machines running seven days a week with extended hours.

Cleared as complete and accurate:

Cleared for public release by:

Contact Officer name:

Lead Directorate:

TRIM Ref:

Chief Executive Officer

Colm Mooney

Canberra Health Services

GBCHS21/235

Ext: 41000

Ext: 42138

Title Page

- One additional machine commenced running Monday to Friday 07.30 am to 3.30pm with current projections to continue until 27 October 2021.
- Trials of alternative masks are underway.
- To date, 25 staff have been trained as Fit Testers.
- Approximately 2339 staff have been fit tested.

Surveillance testing for staff

- A voluntary proactive COVID-19 testing for team members working in high-risk areas as part of the Surveillance Testing Observation Program (STOP) was introduced on 6 September 2021.
- As of 30 September 2021, approximately 143 staff have participated in the program.

Personal Protective Equipment (PPE)

- Daily stock monitoring of key PPE items e.g. face masks, face shields, gloves and gowns, is undertaken to check on stock levels and to ensure that the right PPE is available.

Staff Health and Wellbeing Strategy

- The Canberra Health Services Staff Health and Wellbeing Strategy COVID-19 Response addresses the needs of staff during the response to the pandemic including meeting basic needs as well as psychosocial support for staff. The Strategy includes:
- A comprehensive communication plan to support the Strategy focusing on supportive messages and acknowledgment to managers and staff. Simple daily messages align with the *Supporting CHS Staff during the pandemic Framework* and the five key messages for supporting health care workers during this time.
- MyHealth Hub resources.
- Wellbeing Rooms for staff to have quiet time and decompress from the stressors of their work.
- Accommodation - Government funded, temporary arrangements for high-risk and essential workers.

Cleared as complete and accurate:

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- CareShare care packages, from community donations, coordinated by the Canberra Hospital Foundation.
- Food Services provide easy access to food, on request, for COVID-19 designated areas.
- Showers for staff wanting to don and doff work attire at work and shower before they go home.

Psychosocial Support provided includes:

- Welfare Checks conducted by phoning all staff who have been identified as being in quarantine.
- The Employee Assistance Program continues to be available for staff with virtual 1-1 appointments and on-site access for critical incident support.
- Staff from Mental Health Justice Health Alcohol and Drug Service provide Psychosocial In-Reach Support to staff working in high-risk areas.
- The Workplace Resolution and Support Service continues to provide independent support and advice regarding serious workplace issues and unreasonable workplace behaviours.
- Regular and targeted communications to managers about how to look after themselves and manage those in their teams.
- The Managers Wellbeing Information Line has been established to help managers navigate the range of wellbeing resources available for themselves and their teams.

Infrastructure

- Site works were shut down on 12 August 2021, consistent with the ACT Health COVID-19 Direction regarding the ACT construction industry.
- Site works recommenced on 3 September 2021 in accordance with a COVIDSafe management plan.
- Significant steps have been put in place for the safety of site workers, hospital staff and visitors.

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Portfolio: Health**WAITING LISTS AND ADDITIONAL INVESTMENTS – KEY FACTS AND FIGURES****Elective Surgery and Endoscopy procedures**

- A record number of surgeries were delivered in the 2020-21 financial year. As of 30 June 2021, 15,324 surgeries were completed - the largest number ever done in the ACT, with the previous largest number being 14,015 in 2018-19.
- 17,396 requests for elective surgery were added to the waitlist in 2020-21 yet the Government was able to reduce the waitlist to pre COVID-19 levels despite this demand.
- On 30 June 2020, there were 1,500 overdue patients on the elective surgery waitlist, including patients not ready for care as a result of the COVID-19 related cessation of non-essential surgery in 2019-20. As of 30 September 2021, 35 of this overdue cohort remained on the waitlist down from 47 on 30 June 2021, with only eleven of these people ready for care.
- Some disruption to elective surgery has occurred since June 30 2021 related to COVID-19 related restrictions and staff leave and quarantining that has impacted some elective surgery delivery particularly in August 2021 and September 2021. This has seen an increase in overdue patients on the elective surgery waitlist. The Territory is currently reviewing options to address these issues as practicable.
- The Territory continue to perform extra theatre lists to catch up on the backlog and are in the process of reviewing other options.
- There is an Elective Surgery Information Hotline available for patients wanting to know their status on the waitlist. The hotline number is (02) 5124 9889.
- The Government committed to deliver an additional 664 overdue Category 1 elective Endoscopies in 2020-21- more than 1184 Category 1 overdue patients were completed to June 30 2021.
- The 2021-22 Budget further includes a one-off provision in 2021-22 for additional Endoscopy services with 904 procedures to be provided through this funding.

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Paediatrics

Outpatients

- The Paediatric Department continues to experience growth in demand for specialist outpatient services.
- COVID-19 has affected the ability of visiting medical specialists to travel from Sydney.
- As at 30 September 2021, there are 663 patients awaiting an appointment for general paediatrics. This is a 10 per cent increase from August 2021.
- The Division of Women, Youth and Children has commenced recruitment for an additional two Staff Specialists and one part time Staff Specialist to address the waiting list in general paediatrics and the diabetes/endocrinology service.

Elective Surgery

- Temporary suspension of paediatric surgical services as a result of the COVID-19 public health emergency, has negatively affected the public elective surgery key performance indicators.
- As of 30 September 2021, there were no Category 1 paediatric surgery patients overdue, but 64 of other category paediatric surgery patients are overdue and awaiting surgery.
- 125 of 126 paediatric surgery elective surgeries that were delayed due to COVID-19 cessation of non-essential surgery in 2020 have received their surgery. The remaining patient is not ready for surgery as of 30 of September 2021.

Endoscopy Services

- For all patients seen (based on the last three years) the median wait time is 63 days.
- This is due in part to the high number of referrals received through the National Bowel Screening Program.
- In the ACT, we receive about 150 referrals per week through the National Bowel Screening Program. This is in addition to routine referrals through GPs.

- These referrals from the National Bowel Screening Program are cases which need to be prioritised and this does have an impact on wait times for Category 3 patients on the list.
- As per the National Bowel Screen Registry the average rate of cancer in NBCSP is around 0.7-1 per cent and significant (non cancer) polyp around three per cent.

Dental

- The restorative waiting list actual wait time as at 12 August 2021, was 10.37 months with 2419 clients waiting. As at 30 September 2021, the actual wait time is 11.98 months with 2540 clients waiting.
- Oral Health Services is undergoing phased reopening to business as usual under the “ACT planning forward”, commencing extended scope emergency and limited preventative services from 1 October 2021, with full return to services by 18 October 2021. At this stage, some services will still be on hold due to the COVID-19 response due to staff requirements in critical areas. This will be reviewed in accordance with demand.
- Back-log catch-up planning is underway and will be reviewed in early to mid-November.

Actions to address waiting list

- Several initiatives have been put in place to address wait times.
- An ACT Government pilot project was undertaken in the first six months of 2020 in conjunction with Calvary Private Hospital. The project targeted high risk patients requiring general anaesthetic for their endoscopies.
- Nearly 700 of these procedures were funded as part of a \$30 million ACT Government investment to reboot the health system following a nation-wide shutdown of non-essential elective surgeries due to COVID-19.
- Nearly 291 patients received 346 endoscopic procedures at Calvary Private, with the rest performed at Canberra Hospital.
- CHS is currently utilising Visiting Medical Officers (VMO) to fill the current vacancies within the medical team. There is ongoing Senior Specialist and Staff specialist recruitment being undertaken however due to COVID-19 it has been challenging to fill these vacant roles.

- Recruitment is currently taking place for two Senior Gastroenterology Fellows to join the team, with the aim to commence in October 2021. These positions were advertised in early August 2021 and will be utilised to fill vacant sessions as well as any sessions that require coverage during staff leave.
- An additional Gastroenterology Nurse has been employed to commence in September 2021 to specifically focus on complex and high-risk outpatients. This will improve access and efficiency within the outpatient clinic when patients are being assessed for a procedure.

Outpatient Services

- Canberra Health Services currently provides approximately 10,000 medical specialist appointments a month.
- An approach to market was made in order to deliver up to 14,000 additional outpatient appointments this financial year, allowing patients who have been waiting longer than clinically recommended to be seen. This investment was available to both medical and surgical specialties.
- At the end of the program CHS undertook an additional 5,336 outpatient appointments.

Additional Information

Endoscopy

- Since 1 July 2018 and 30 June 2021 an average of 352 procedures have been performed per month, noting COVID-19 interruptions.
- Since 1 July 2018 and 30 June 2021 an average of 532 endoscopy patients have been added to the waiting list per month.

Paediatrics

- The Paediatric Department within Canberra Health Services is not a tertiary paediatric service and relies upon the Sydney Children's Hospital Network to provide a range of subspecialist paediatric services.
- In disciplines where the ACT sees patient volumes that are too small, it is safer for patients to be referred to specialist centres interstate where specialists have necessary skills and experience to treat these patients safely.
- The Division of Women Youth and Children is currently in discussion with Sydney Children's Hospital Network to establish a Heads of Service and Service Level Agreement regarding all sub-specialty services required through the Sydney Children's Health Network.

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Portfolio: Health**CANBERRA HEALTH SERVICES CAPACITY**

- Canberra Health Services continues to experience high demand for clinical services. This is consistent with other jurisdictions across Australia.
- Canberra Health Services utilises surge beds to support the provision of safe and timely care. The number of surge beds required is actively monitored to meet demand with consideration of patient and staff safety. This may include the opening and closing of adult, paediatric, maternity, mental health or rehabilitation beds.
- As part of the Canberra Health Services COVID-19 preparedness and response, and in anticipation of increased demand for hospital admissions, sufficient bed capacity has been allocated.
- Demand for inpatient admissions for patients with suspected or confirmed COVID-19 is monitored weekly and changes are made to ensure sufficient capacity for the upcoming week.
- There are four distinct and escalating capacity levels in the COVID-19 Clinical Response Plan with clearly articulated lower and upper hospital admissions that trigger each level.

Timely Care Program Initiatives

- Canberra Health Services Executive team initiatives through the Timely Care Program include:
 - A CHS-wide Huddle each morning attended by senior clinical staff enables a shared responsibility and understanding of the clinical and operational demand on services with collaborative problem solving.
 - A weekend Patient Flow meeting to support safe and timely discharges over the weekend.
 - Project work to examine how Canberra Hospital can best configure wards to enhance models of care and support clinical teams.
- These Timely Care redesign and improvement initiatives continue to support the provision of high quality, safe and timely care to our community.

Maternity Capacity

- Within the Maternity Department, an escalation plan is put in place during periods of high demand. This includes utilising bed spaces in the Paediatric Overflow Ward and Birth Centre with additional staff. Additional beds are also sought in hospitals within the region.
- 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 continues to address these shortages through University partnerships and employment models for education.
- A strategy for increasing Canberra Maternity Options appointments and antenatal care appointments during times of increased birth numbers is in progress.
- Centenary Hospital for Women and Children participate in the NSW Maternal Transfer Network where if required, women with complexities can be transferred out or in to other hospitals within NSW depending on acuity and activity at the time.
- The Centenary Hospital for Women and Children expansion work will support future increases of birth numbers including a further 15 postnatal beds, four additional beds in the Maternity Assessment Unit and a dedicated 24-hour Early Pregnancy Unit.

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Portfolio/s: Health**NATIONAL HEALTH COOPERATIVE AND AFFORDABLE CARE IN THE ACT****Talking points:**

- The National Health Cooperative Administrator, Slaven Torline, announced on 21 September that five of the NHC clinics - Coombs, Evatt, Higgins, Kippax and Macquarie - will become independent general practices from October.
- I understand that the sale of these clinics has been completed and that the Chisholm clinic has also been sold and an arrangement has been struck for the ANU clinic to transition to the ANU. Each operator that takes over an NHC clinic will decide if they will bulk bill.
- The funding and administration of primary health care is a Commonwealth Government responsibility.
- A 100 per cent bulk billed business model is challenging in the ACT since the Commonwealth Government's removal of bulk-billing incentives in January 2020.
- The ACT Government is committed to supporting access to a range of primary health care services, including for people at risk of poorer health outcomes.
- I have written to the Hon Greg Hunt MP, Commonwealth Minister for Health, raising the challenges facing access to affordable GP-led primary care in the ACT, and seeking his cooperation in finding sustainable solutions.
- Over the last decade, the ACT Government has implemented several programs and grants to increase the GP-to-population ratio, encourage bulk billing, expand the GP workforce, and support the development of primary care infrastructure.

Coombs pilot

- The 2020-21 Budget provided approximately \$750,0000, capital and operating funding to pilot a new health hub with publicly funded appointment-based services with a focus on child and maternal health, to be co-located with a General Practice.

- This partnership presented an opportunity to deliver complementary services and improve integration of care with general practice.
- The new General Practice at Coombs will sub-lease six consultation rooms to Canberra Health Services, and would continue to provide GP services in the remaining six consultation rooms and a large procedure room.
- The Government is planning on delivering this service in early 2022, bringing services closer to home for families in Molonglo.
- Our priority is to get these services up and running for families in Molonglo.

Background Information

- On 21 June 2021, the NHC announced that it had entered into voluntary administration.
- On 24 June wrote to Commonwealth Minister for Health Greg Hunt MP, advising that NHC had entered voluntary administration and requesting the Minister's cooperation to find a sustainable approach to improving the ACT's low bulk billing rates and low FTE number of GPs per capita.
- The NHC:
 - is a not-for-profit primary health care organisation operating in the ACT and surrounding region.
 - has 25,630 active members and reports approximately 30,000 people attended its clinics for services in 2020-21.
 - used a membership model, for all services including for GPs and allied health; NHC estimates it provides 14 per cent of all bulk billed visits in the ACT per year.
 - employed 90 health professional and administrative staff across eight clinics in Canberra - Australian National University, Belconnen, Chisholm, Coombs, Evatt, Higgins, Kippax (Holt) and Macquarie.
- The NHC Clinic at Belconnen closed on 30 July 2021, which was already planned.
- Slaven Torline has sought Commonwealth and ACT Government assistance in providing indemnity to cover any costs incurred during the sale process. ACT Government and Commonwealth Department of Health officials are liaising on this request.
- NHC has received:
 - \$220,000 from the ACT Government and \$220,000 in matched funding from the Commonwealth, in 2010, when they were establishing themselves as the West Belconnen Health Cooperative, prior to becoming the NHC.
 - NHC received \$350,000 (excluding GST) in the 2017-18 ACT Budget initiative 'Better Care when you need it – support for bulk billing GP', to help establish the practice at Coombs.

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Portfolio: Health**OCCUPATIONAL VIOLENCE STRATEGY**

- Canberra Health Services (CHS) launched the Occupational Violence (OV) Strategy on 1 April 2020.
- The Strategy includes the following areas of focus:
 - Governance;
 - Prevention;
 - Training;
 - Response;
 - Reporting;
 - Support;
 - Investigation; and
 - Staff/Consumer Awareness
- The supporting policy and procedures have been developed and are available for staff. This includes updated procedures relating to the classification and reporting of OV incidents to provide consistent and detailed data that can be utilised in OV prevention strategies.
- The governance of OV has been further enhanced with the introduction of the OV Prevention and Management Committee. This Committee has broad representation including ACT Policing, ACT Ambulance Service, Corrections ACT, Worksafe ACT, Carers ACT, Health Care Consumers Association and Mental Health Consumer Network as well as managers and staff from CHS.
- Under the CHS Corporate Plan 2020-2021, a key performance indicator was established setting CHS a target to reduce the OV lost time injury frequency rate (LTIFR) by five per cent from the baseline data of 2019-20.
- Based on data measured as at 7 July 2021, CHS has achieved and exceeded the target of 5 per cent in the 2020-21 financial year, with a 26 per cent reduction in incidents of lost time due to OV.

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- Examples of actions that have been progressed under the OV Strategy include:
 - Establishment of a multi-disciplinary committee, the Occupational Violence Prevention and Management Committee chaired by CHS CEO;
 - Development of a OV Lost Time Injury Frequency Rate (LTIFR) key performance indicator (KPI) for 2020-2021 under the CHS Corporate Plan;
 - Development of Power BI OV staff incident statistics and reports to provide Executive with live data and improved visibility of OV trends and patterns;
 - CHS branded “Respect our staff” posters have been developed and distributed across Canberra Health Services;
 - OV Risk Assessment Tool developed to assess and treat work unit OV risks with a goal to complete an OV Risk Assessment Tool for all client facing work units in CHS;
 - Review of current security systems such as access control, CCTV and duress alarms based on assessed level of OV risk from the OV Risk Assessment Tool;
 - Implementation of Security audits to enhance systems and reduce OV risk;
 - Development and implementation of Alerts Management Procedure to ensure that CHS staff are made aware of potential for OV from specific patients and consumers;
 - Development and implementation of *Psychological Support for Staff: a Manager’s Guide* to improve manager’s knowledge of resources to support staff after an OV incident;
 - Progressing procurement of Community Duress Devices for use by lone and isolated healthcare workers e.g. community nurses;
 - Development and piloting of a ‘Behaviours of Concern’ chart to identify early signs of aggression and proactively intervene to prevent episodes of violence; and
 - Commencement of two additional trainers dedicated to developing and providing training to all CHS staff on the prevention and management of OV has been completed.

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Portfolio: Health**CANBERRA HEALTH SERVICES STAFFING****Executive Positions**

- Mr Dave Peffer has been appointed temporary CEO whilst a long term recruitment process is undertaken following the resignation of Bernadette McDonald on the 16 July 2021 to return to their family in Victoria.
- Ms Cathie O'Neill has been appointed as temporary Chief Operating Officer. A long term process will commence once a new CEO has been appointed.
- Canberra Health Services has an interim Chief Financial Officer in place and a long term process will commence once a new CEO has been appointed.
- Ms Karen Grace has been appointed as acting Executive Director, Nursing and Midwifery and Patient Support Services. A long term process will commence once a new CEO has been appointed.
- Ms Katrina Rae has been appointed as acting Executive Director, Mental Health, Justice Health and Alcohol and Drug Services. A long term process will commence once a new CEO has been appointed.
- All other Canberra Health Services executives have been in their positions for long periods of time and will continue to provide stability in leadership whilst Canberra Health Services recruits to these senior positions.

Junior Medical Officers

- Canberra Health Services and Shared Services Payroll are working together to ensure that the entitlements contained in the current Medical Practitioner's Enterprise Agreement are being applied correctly.
- Further investigation by Shared Services Payroll and Canberra Health Services, in consultation with the Junior Medical Officers, has identified that the outstanding issue remains Accrued Days Off (ADO).

ADOs

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

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- Canberra Health Services has been working with the Junior Medical Officers group to fix these issues, who I am advised are pleased with the progress to date.
- Canberra Health Services continue to work closely with Shared Services and are currently identifying the costs of varying models of correcting this issue.

HRIMS

- The Human Resource Information Management Solution (HRIMS) will provide an integrated payroll and human resource management solution for the ACT Government workforce, including our invaluable health workers.
- A major benefit of the HRIMS will be the increased accuracy and efficiency in payroll and reporting, which will be in the first release of the system and is due to be implemented in the second quarter of the calendar year of 2022.
- Canberra Health Services continues to work with the HRIMS Program to finalise and verify the accuracy of Enterprise Agreement interpretations for the User Acceptance Testing (UAT) of release 1, as well as attend and support the information gathering for both releases 2 and 3.

Key Information:

Junior Medical Officers

- Canberra Health Services is working productively with Junior Medical Officer representatives and will continue to keep them updated on the matter, as part of Canberra Health Services' commitment to ensuring staff are remunerated in accordance with the relevant Enterprise Agreement.
- Canberra Health Services has informed both the Australian Salaried Medical Officer's Federation and Australian Medical Association of the issue, and have advised that Shared Services is working towards resolving them, Canberra Health Services will keep them abreast of the progress.
- Due to the complexity of ascertaining the extent of the impact of the incorrect accrual method for ADOs, the error will be addressed retrospectively by Shared Services, however Canberra Health Services commit to ensuring that no Junior Medical Officer is disadvantaged due to the configuration error.



Health

Strategic Indicators

Strategic Objective 3 - Maximising the Quality of Hospital Services

Strategic Indicator 3.1 – Quality of care provided to patients

Strategic Indicator	2020-21 Target	2020-21 Interim Outcome	2021-22 Target ¹
Patient Experience Survey – score of positive patient experience responses	>80	86	N/A
Patient Experience Survey – Proportion of respondents rating their overall care as good or very good	N/A	N/A	>85%

- This indicator highlights patients' experience of the effectiveness and quality of care provided within Canberra Health Services.
- As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, the Strategic Indicator has been amended. The previous score of positive patient experiences lacked clarity and was not informative for the community.
- to provide a more meaningful measure and provide greater clarity over measurement, this is now reported as proportion of respondents rating their care as good or very good, instead of just saying "positive patient experience responses".
- We have also raised our target to >85% based on our 20-21 result, which exceeded the previous target of >80.

Strategic Objective 3 - Maximising the Quality of Hospital Services

Strategic Indicator 3.2 - The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay

Strategic Indicator	2020-21 Target	2020-21 Interim Outcome	2021-22 Target
Number of admitted patients who acquire a SAB infection per 10,000 bed days ¹	<2.0 per 10,000	1.28 per 10,000	<2.0 per 10,000

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

Strategic Objective 3 - Maximising the Quality of Hospital Services

Strategic Indicator 3.3 – The estimated hand hygiene rate

Strategic Indicator	2020-21 Target	2020-21 Interim Outcome	2021-22 Target
Estimated hand hygiene ¹	80%	83%	80%

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

Strategic Objective 4 - Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds

Strategic Indicator 4.1 – The percentage of overnight hospital beds in use

Strategic Indicator	2020-21 Target	2020-21 Interim Outcome	2021-22 Target ¹
Mean percentage of overnight hospital beds in use	90%	88%	N/A

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

Strategic Objective 5 - Percentage of women in the target age group (50-74 years) screened through BreastScreen Australia in a 24-month period

Strategic Indicator 5.1 – Participation rate – proportion of women aged 50-74 who had a breast screen

Strategic Indicator	2020-21 Target	2020-21 Interim Outcome	2021-22 Target ¹
Participation rate, proportion of women aged 50 to 74 who had a breast screen ²	N/A	N/A	60%

- This is a National indicator reported on by BreastScreen Australia. The percentage of all women in the target age group who have received a breast screen within the last 24 months as per national counting and reporting period schedule. This indicator differs with other breast screen reporting periods which report within a single financial year.
- As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been transferred from an Accountability Indicator to a Strategic Indicator from 2021-22.
- This is because CHS can implement strategies targeted at this age group to influence breast screening participation rates but cannot be held accountable for the decision made by women to participate.
- CHS would like to see consistently high participation rates for breast screening within this age group. Early detection and treatment of breast cancer leads to better health outcomes for women and less involvement within and reliance on acute health services.

Strategic Objective 7 – Reducing the impacts of occupational violence on our staff

Strategic Indicator 7.1 – The reduction in occasions of staff absence cause by occupational violence

Strategic Indicator	2020-21 Target	2020-21 Interim Outcome	2021-22 Target
Occasions of staff absence caused by an occupational violence incident (lost time incident frequency rate due to occupational violence) ¹	N/A	N/A	5.8 per million hours worked

- This indicator details the rate of staff absence due to reported occupational violence incidents (i.e., staff time lost from the workplace).
- As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this is a new measure in 2021-22.
- Overall, the rate provides a good indicator of the frequency of OV incidents resulting in staff absence that can be compared over time.
- These OV incidents can relate to both verbal violence such as verbal abuse, intimidation and threats and physical violence including being punched, pushed, kicked, spat on by a client.
- Rate of occupational violence (OV) incidents resulting in lost time (staff absence from the workplace) has previously been reported to the Legislative Assembly with a 26% reduction in this rate in 2020/21.
- While calculating the figures to include this as a Strategic Indicator in the CHS 2021-22 budget papers, it was identified that an improvement could be made to calculations for the lost time rate.
- The rate previously reported was referring to the number of incidents (per month) per million hours worked (per year). This figure has now been updated to reflect the number of incidents (per year) per million hours worked (per year).
- Note – there is only a minimal difference under both calculations but measurements under the new formula are slightly more accurate and an accepted method. This calculations under the new formula in no way change the improvement CHS has previously reported e.g., a 26% reduction in the rate of lost time incidents in 2020/21 (well exceeding the target of a 5% reduction)

Strategic Objective 8 - Improving quality of care for inpatients at Canberra Health Services for patients 80 years or older

Strategic Indicator 8.1 - Proportion of patients 80 years or older at admission for an inpatient episode of care at Canberra Health Services with “Goals of Care” registered during admission

Strategic Indicator	2020-21 Target	2020-21 Interim Outcome	2021-22 Target
Proportion of patients 80 years or older at admission for an inpatient episode of care at Canberra Health Services with “Goals of Care” registered during admission ¹	N/A	N/A	100%

- As a result of a review of all performance indicators against the ACT Government’s Performance and Accountability Framework, this is a new measure in 2021-22.
- CHS is committed to creating exceptional healthcare together and being a health service that is trusted by our community. Good communication is an important part of high-quality medical care. This indicator is aligned to our Strategic Plan priority ‘a partner to improve people’s health’.
- CHS is looking to work collaboratively with primary health care providers in ensuring people in our community 80 years or older have goals of care in place for their health care. It is anticipated that having conversations early about goals of care with health care providers where a long-term relationship exists will lead to better health outcomes, increased patient and family satisfaction with hospital care, reduction in unnecessary interventions and hospitalisations in the event of life-threatening illness

Strategic Objective 9 - Improving partnerships with primary health care providers

Strategic Indicator 9.1 - Proportion of patients who present to Canberra Health Services' Emergency Department or a Walk in Centre who have a recorded registered primary health care provider

Strategic Indicator	2020-21 Target	2020-21 Interim Outcome	2021-22 Target
Proportion of patients who present to CHS Emergency Department or a Walk in Centre who have a recorded registered primary health care provider ¹	N/A	N/A	100%

- As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this is a new measure in 2021-22.
- This indicator is aligned to our Strategic Plan priority 'a partner to improve people's health'.
- CHS recognises it operates as part of a broader health care system. CHS is looking to improve partnerships with primary health care to better support individuals, families, and carers to identify and seek preventative and follow up health care services from primary health care providers.
- When individuals, families and carers maintain are supported to better manage their conditions, self-care, and have a strong relationship with a primary care provider or practice, it is anticipated there will be a reduction in preventable hospital presentations and admissions.

Accountability Indicators

Output Class 1: Health and Community Care

Output 1.1: Acute Services

Table 18: Accountability Indicators Output 1.1

	2020-21 Targets	2020-21 Interim Outcome	2021-22 Targets
a. Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions ¹	N/A	N/A	<=20
b. Number of avoidable readmissions for selected conditions per 10,000 hospital admissions ²	N/A	N/A	<123
Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency			
c. Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency ³	100%	98%	100%
d. Semi-urgent – admission within 90 days is desirable for a condition causing some pain, dysfunction or disability which is not likely to deteriorate quickly or become an emergency ⁴	80%	54%	80%
e. Non-urgent – admission within 365 days is desirable for a condition causing minimal or no pain, dysfunction, or disability, which is not likely to deteriorate quickly, and which does not have the potential to become an emergency ⁵	93%	49%	93%
The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes			
f. One (resuscitation seen immediately) ⁶	100%	100%	100%
g. Two (emergency seen within 10 mins) ⁷	80%	78%	80%
h. Three (urgent seen within 30 mins) ⁸	75%	29%	75%
i. Four (semi urgent seen within 60 mins) ⁹	70%	43%	70%
j. Five (non-urgent seen within 120 mins) ¹⁰	70%	77%	70%
k. All presentations ¹¹	70%	46%	70%
National Weighted Activity Units			
l. Admitted Acute Care {NWAU 21} ¹²	N/A	N/A	82,000
m. Non-admitted services {NWAU 21} ¹³	N/A	N/A	25,500
n. Emergency services {NWAU 21} ¹⁴	N/A	N/A	12,500

Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions

- As a result of a review of all performance indicators against the ACT Government's Performance Accountability Framework, this is a new measure for 2021-22.
- This is a national indicator developed by the Australian Commission on Safety and Quality in Health Care.
- This indicator allows for benchmarking with other public health services and aligns to data reported by the ACT Health Directorate.
- CHS is committed to providing safe, high quality care and being a health service trusted by our community. CHS is making this information more readily available and easily accessible for the Canberra community.

Number of avoidable readmissions for selected conditions per 10,000 hospital admissions

- As a result of a review of all performance indicators against the ACT Government's Performance Accountability Framework, this is a new measure for 2021-22.
- This is a national indicator developed by the Australian Commission on Safety and Quality in Health Care.
- This indicator aligns to data reported by the ACT Health Directorate.
- CHS is committed to providing safe, high quality care and being a health service trusted by our community. CHS is making this information more readily available and easily accessible for the Canberra community.

Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency

- Percentage of elective surgery cases admitted on time by clinical urgency—urgent (within 30 days of listing). Target 100%. Actual 98%. Reasons:
 - The inability for some surgeons during 2020-21 to enter the ACT due to COVID-19 restrictions before their patients became overdue, and
 - Limited access to hybrid theatre suites.
- Percentage of elective surgery cases admitted on time by clinical urgency—semi-urgent (within 90 days of listing). Target 80%. Actual 54%
 - A large number of Category 2 patients became overdue due to the cessation of non-essential surgery after 25 March 2020.
 - The Territory focused on catching up on this overdue cohort, with 3,497 overdue patients receiving their surgeries in 2020-21.

- Percentage of elective surgery cases admitted on time by clinical urgency—non-urgent (within 365 days of listing).
 - A large number of Category 3 patients became overdue due to the cessation of non-essential surgery after 25 March 2020.
 - The Territory focused on catching up on this overdue cohort, with 3,497 overdue patients receiving their surgeries in 2020-21.
- The Territory did a record number of 15,323 surgeries in 2021 across CHS, Calvary Public and the Private Provider Program hospitals.
- Through the Elective Joint Replacement Program (EJRP) program run by CHS, a record number 592 elective joint replacement procedures were completed.
- CHS commenced a dedicated Aboriginal and Torres Strait Islander Ear, Nose Throat (ENT) program and removed all overdue Aboriginal and Torres Strait Islander children awaiting ENT surgery in 2020-21.
- CHS completed an additional overdue 123 paediatric surgery procedures in a total of 200 through the private providers in 2020-21.
- As a result of a review of all performance indicators against the ACT Government’s Performance Accountability Framework, these measures have been kept for 2021-22.
- CHS reports on this data nationally for benchmarking with other public health services. This data also aligns to data reported by the ACT Health Directorate.
- CHS is committed to providing safe, high quality care and being a health service trusted by our community.

The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes

- The proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category one (Immediately).
- The proportion of triage category two Emergency Department presentations that are treated within clinically appropriate timeframes (10 minutes).
- The proportion of triage category three Emergency Department presentations that are treated within clinically appropriate timeframes (30 minutes).
- The Proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category four (60 minutes).
- The Proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category five (120 minutes).

- The proportion of all Emergency Department presentations that are treated within clinically appropriate timeframes.
- As a result of a review of all performance indicators against the ACT Government's Performance Accountability Framework, these measures have been kept for 2021-22.
- CHS reports on this data nationally for benchmarking with other public health services. This data also aligns to data reported by the ACT Health Directorate.
- CHS is committed to providing safe, high quality care and being a health service trusted by our community.

National Weighted Activity Units

- Number of national weighted activity units for admitted services undertaken by Canberra Health Services. This indicator has not been previously reported at Canberra Health Services level. Please note Admitted Acute Care NWAU includes figures that relate to output 1.3 – Cancer Services.
- Number of national weighted activity units for non-admitted services undertaken by Canberra Health Services. This indicator has not been previously reported at Canberra Health Services level. Please note Non-admitted services NWAU includes figures that relate to output 1.3 – Cancer Services.
- Number of national weighted activity units for emergency services undertaken by Canberra Health Services. This indicator has not been previously reported at Canberra Health Services level.
- As a result of a review of all performance indicators against the ACT Government's Performance Accountability Framework, these measures are new for 2021-22.
- National Weighted Activity Units are accountability measures that provide an indication of levels of activity, complexity, and demand. They are more sophisticated than simple throughput measures (for example, number of service contacts). Throughput measures do not provide useful information to the community about the care we provide and shift the focus to quantity, not quality of service.
- National Weighted Activity Units represent a measure of health service activity expressed as a common unit of resources. They provide a way of comparing and valuing each public hospital service (e.g., ED presentation, admission, or outpatient episode) by weighting it for clinical complexity. NWAU's provide a common and comparable measure among public hospital services.

Output 1.3: Cancer Services

Table 20: Accountability Indicators Output 1.3

	2020-21 Targets	2020-21 Interim Outcome	2021-22 Targets
a. Participation rate, proportion of women aged 50 to 74 who had a breast screen ¹	60%	56%	N/A
b. Total breast screens ²	19,500	19,595	N/A
c. Percentage of screened patients who are assessed within 28 days ³	90%	96%	90%
Radiotherapy Treatment Within Standard Timeframes			
d. Emergency – treatment starts within 48 hours ⁴	100%	100%	100%
e. Palliative – treatment starts within 2 weeks ⁵	90%	95%	90%
f. Radical – treatment starts within 4 weeks ⁶	90%	97%	90%

Participation rate, proportion of women aged 50 to 74 who had a breast screen¹

- The percentage of all women in the target age group who have received a breast screen within the last 24 months as per national counting and reporting period schedule. This indicator differs with other breast screen reporting periods which report within a single financial year. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this accountability indicator has been discontinued and will be reported as a strategic indicator.

Total Breast Screens

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

Percentage of screened patients who are assessed within 28 days

- The percentage of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment.
- As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework and the ACT Wellbeing Framework Health domain, this indicator has been kept for 2021-22.

- BreastScreen ACT is committed to providing timely access to person-centred assessment of women who have breast screen results indicative of breast cancer.
- Rapid assessment enables more timely treatment, more treatment options and greater opportunity for better health outcomes in the event breast cancer is diagnosed.

Radiotherapy Treatment Within Standard Timeframes

- The percentage of patients requiring emergency radiotherapy treatment who started treatment within 48 hours of requiring it.
- The percentage of patients requiring palliative radiotherapy treatment who started treatment within 2 weeks of requiring it.
- The percentage of patients requiring radical radiotherapy treatment who started treatment within 4 weeks of requiring it.
- As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework and the ACT Wellbeing Framework Health domain, this indicator has been kept for 2021-22.
- CHS is committed to providing timely access to person-centred radiotherapy treatment for people diagnosed with cancer.
- Timely treatment provides greater opportunity for people to have a better quality of life and greater longevity following treatment.

Output 1.4: Subacute and Community Services

Table 21: Accountability Indicators Output 1.4

	2020-21 Targets	2020-21 Interim Outcome	2021-22 Targets
a. Mean waiting time for clients on the dental services waiting list ¹	12 months	13.5 months	12 months
b. Sub-acute bed days of care at University of Canberra Hospital ²	27,600	37,550	N/A
c. Walk-in Centre presentations to Gungahlin ³	20,000	16,608	N/A
d. Walk-in Centre presentations to Belconnen ⁴	24,000	19,614	N/A
e. Walk-in Centre presentations to Tuggeranong ⁵	24,000	18,741	N/A
f. Median wait time to be seen, in minutes (all Walk-in Centre's combined) ⁶	<30 minutes	11 minutes	<30 minutes
National Weighted Activity Units			
g. Sub-Acute services {NWAU 21} ⁷	N/A	N/A	8,700

Mean waiting time for clients on the dental services waiting list

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

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

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

Walk-in Centre presentations to Gungahlin

- Total patient presentations in the period to the Gungahlin Walk-in Centre. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been discontinued for 2021-22.

- Throughout measures (for example, number of presentations) do not provide useful information to the community about the care we provide and shift the focus to quantity, not quality of service.
- This indicator does not provide the community with information about the efficiency, effectiveness, or quality of care and services available or provided.

Walk-in Centre presentations to Belconnen

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

Walk-in Centre presentations to Tuggeranong

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

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

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

- Access to timely treatment of minor ailments and injuries through CHS Walk-in Centres is intended to reduce avoidable presentations to public hospital emergency departments.

Sub-Acute services {NWAU 21}

- Number of national weighted activity units for sub-acute services undertaken by Canberra Health Services.
- As a result of a review of all performance indicators against the ACT Government's Performance Accountability Framework, these measures are new for 2021-22.
- National Weighted Activity Units are accountability measures that provide an indication of levels of activity, complexity, and demand. They are more sophisticated than simple throughput measures (for example, number of service contacts). Throughput measures do not provide useful information to the community about the care we provide and shift the focus to quantity, not quality of service.
- National Weighted Activity Units represent a measure of health service activity expressed as a common unit of resources. They provide a way of comparing and valuing each public hospital service (e.g., ED presentation, admission, or outpatient episode) by weighting it for clinical complexity. NWAU's provide a common and comparable measure among public hospital services.



Canberra Health Services Staffing Breakdown – Health

Staff profile 29th September 2021

	FTE	Headcount
Administrative Officers	972.70	1145
Dental	11.49	17
Executive Officers	18.00	22
General Service Officers & Equivalent	462.88	516
Health Assistants	104.76	121
Health Professional Officers	995.90	1143
Medical Officers	917.16	1032
Nursing Staff	3212.47	3777
Professional Officers	6.20	7
Senior Officers	245.12	253
Technical Officers	143.86	175
Trainees and Apprentices	4.40	5
Grand Total	7094.95	8213

- This is an increased headcount of 831 this financial year (based on annual report) this includes 429 Nursing Staff, 57 Medical Officers, 35 Health Professionals and 30 Technical Officers. This increase in staff is primarily to support the ACT COVID-19 response.

	FTE	Headcount
C	379.37	699
P	5348.13	6007
T	1367.45	1507
Total	7094.95	8213

- To support the COVID-19 response CHS has employed an additional 607 permanent staff and 253 casual staff. Temporary employment has decreased in line with this.

Minister for Mental Health

Executive Briefing Pack

20 October 2021, 11:45 am – 1:30 pm

Item	Title
1.	Budget Day Question Time Briefs
2.	Question Time Briefs from 6-8 October 2021 sitting
3.	Strategic and Accountability Indicators
4.	CHS Staffing breakdown

**MINISTER FOR HEALTH
EMMA DAVIDSON MLA
2021-22 Budget Day Briefs
6 - 8 October 2021**

SUBJECT		Lead Team
1.	CHS MH E01 - Addressing Critical Mental Health Service Demands (HDU and LDU)	CHS
2.	CHS MH E03 - Addressing Critical Mental Health Service Demands (HDU and LDU)	CHS
3.	CHS MH E04 - Mental Health supported accommodation houses - Model of Care	CHS

GBCHS21/199

Portfolio: Mental Health

Budget Day – Continuing to support the Home Assessment and Acute Response Team (CH MH E01)

Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,223	0	0	0	1,223
Offset – Health	-1,223	0	0	0	-1,223
Funding Envelope					
Net Cost of Services	0	0	0	0	0

- The Government will continue support for the Home Assessment and Acute Response Team (HAART) program, which provides urgent mental health assessment and intervention, helping to reduce hospital admissions.
- This initiative builds on funding initially provided through the COVID-19 Mental Health Support Package.
- This initiative contributes to the wellbeing domain of Health.
- HAART provide a rapid response in the form of community-based assessment and interventions for urgent referrals for adult who resided in the ACT. HAART also provides:
 - Intensive Home Treatment for adults referred from the Inpatient Mental Health Unit to facilitate early discharge.
 - Intensive Home Treatment for adults who are referred from the community.

Key Information

- One year of funding for the HAART program.

FTE Impact

	2021-22	2022-23	2023-24	2024-25
Doctors	0	0	0	0
Nurses	4.00	0	0	0
Allied Health	3.00	0	0	0

Cleared as complete and accurate: XX/XX/2021
 Cleared for public release by: Chief Finance Officer Ext: 49683
 Contact Officer name: Kate Schorsch Ext: 42728
 Lead Directorate: Canberra Health Services
 TRIM Ref: GBCHS21/199

Total Health Professionals	7.00	0	0	0
Administration	0.50	0	0	0
Total FTE	7.50	0	0	0

GBCHS21/199

Portfolio: Mental Health

Budget Day – Improving our Public Health System – Expanding Acute Mental Health Services (CHS MH E03CB)
Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	9,266	10,578	10,735	10,898	41,477
Offset – Health Funding Envelope	-9,266	-10,578	-10,735	-10,898	-41,477
Net Cost of Services	0	0	0	0	0

- The Government has funded 10 additional acute mental health inpatient beds at Canberra Hospital in refurbished Ward 12B. The measure will also fund additional High Dependency capacity at the Adult Mental Health Unit to meet increased demand for mental health treatment.
- This initiative contributes to the wellbeing domain of Health.
- 12B will address:
 - The immediate needs for acute mental health inpatient beds in the ACT. The acute service is a critical area of investment to ensure timely care can be accessed by the most unwell in the community;
 - Increase capacity for acute mental health inpatient beds, thereby reducing bed block in the Emergency Department due to increased bed availability;
 - Reduces pressure on the mental health system and resources to supports the stepped approach to care and therefore alleviates pressures across the system;
 - Improved staff experience and reduction in fatigue due to increased resources in line with service demand; and
 - Increased systems capacity allowing increased opportunity for focus on strategic clinical service improvement opposed to reactive operational management.

Key Information

- Funding sought allows for the expansion of Ward 12B at Canberra Hospital and the realignment of Low Dependency to High Dependency beds. The phasing profile is as follows:
 - Three months of Calvary surge beds in anticipation of CHS Ward 12B opening on 20 September 2021.
 - Ward 12B funding is for 10 months commencing 1 September 2021 to allow capacity for staff handover and training in order for patient acceptance from 20 September 2021.
 - Clozapine Coordinator – Nine months.

FTE Impact

	2021-22	2022-23	2023-24	2024-25
Doctors	2.70	3.20	3.20	3.20
Nurses	31.40	37.50	37.50	37.50
Allied Health	16.40	19.40	19.40	19.40
Total Health Professionals	50.50	60.10	60.10	60.10
Administration	4.20	5.00	5.00	5.00
Total FTE	54.70	65.10	65.10	65.10

GBCHS21/199

Portfolio: Mental Health

Budget Day – Model of Care for additional supported accommodation houses – Model of Care (CHS MH E04)
Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	184	0	0	0	184
Offset – Health	-184	0	0	0	-184
Funding Envelope					
Net Cost of Services	0	0	0	0	0

- The Government will undertake development of model of care to assist in the future development of supported accommodation for people living with mental health challenges.
- This initiative contributes to the wellbeing domain of Health.

Key Information

- This investment includes labour costs for one year only for a:
 - Clinical Liaison Officer (Senior Officer Grade B) required to coordinate the analysis of health data and prepare a contemporary model of care and Health Planning Unit Brief to inform future concepts, design, and services redesign requirements.
- The initiative reflects the ACT Government's commitments in the Parliamentary and Governing Agreement, specifically to:
 - Build five additional supported accommodation houses over the next four years (Appendix 4: ACT Greens Policy Platform for the 10th Assembly).

Background Information

- Supported accommodation models provide safe and secure housing with regular support from mental health clinicians and support workers to improve the lives of people with a mental illness and prevent a relapse into serious illness.
- Canberra Health Services (CHS) is required to progress this work due to the increasing need for supported accommodation as well as due to the ACT Government commitments in the Parliamentary and Governing Agreement in 2020, specifically to build five additional supported accommodation houses over the next four years.

Cleared as complete and accurate: XX/XX/2021
 Cleared for public release by: Chief Finance Officer Ext: 49683
 Contact Officer name: Kate Schorsch Ext: 42728
 Lead Directorate: Canberra Health Services
 TRIM Ref: GBCHS21/199

QUESTION TIME BRIEF

- Investment in this model of care will support timely delivery of services and will enable appropriate time to deliver on the infrastructure and commissioning aspect of this work, post the model of care delivery.
- CHS does and will work closely with Housing ACT on matters of supported accommodation for consumers.
- The proposed dedicated CHS resource will maximise value from this investment by developing the supported accommodation model of care in the context of the existing Mental Health model of care.
- Accordingly, the model of care work will ensure system integration across all levels of Mental Health service delivery to optimise capacity, efficiency and patient support across the mental health stepped care model.

FTE Impact

	2021-22	2022-23	2023-24	2024-25
Doctors	0	0	0	0
Nurses	0	0	0	0
Allied Health	0	0	0	0
Total Health Professionals	0	0	0	0
Administration	1.00	0	0	0
Total FTE	1.00	0	0	0

**Minister for Mental Health
Minister for Justice Health
Emma Davidson MLA
Canberra Health Services
Question Time Briefs
Index
6-8 October 2021**

Hot Issues	
A.	Child and Adolescent Mental Health Services in ACT
B.	Adult Community Mental Health Services
C.	Adult Acute Mental Health Unit
D.	Community Support Options in Place for Patient Discharge
E.	Health and Mental Health Service Delivery (including Dental) to Detainees at Alexander Maconochie Centre
F.	Human Services Commission Review - Dhulwa
G.	Infrastructure Update
H.	Seclusion Rates in Acute Mental Health Inpatient Units
I.	Smoking at Alexander Maconochie Centre
J.	COVID-19 Safety at Alexander Maconochie Centre
K.	Winnunga Delivering healthcare at Alexander Maconochie Centre
L.	Workforce Update
M.	COVID Safety in Mental Health Facilities
N.	COVID-19 Mental Health Justice Health Remote Support for Patients, Families and Friends
O.	Death of Consumer at Dhulwa

GBCHS21/236

Portfolio: Mental Health**CHILD AND ADOLESCENT MENTAL HEALTH SERVICE
MENTAL HEALTH SUPPORT FOR YOUNG PEOPLE INVOLVED WITH BIMBERI
YOUTH JUSTICE CENTRE****Talking points:**Acute

- For the period January to August 2021, there has been 37 admissions to the Mental Health Short Stay Unit (MHSSU) and 23 to the Adult Mental Health Unit (AMHU) between 16 and 18 years of age. This is a total of 60 admissions for the first eight months of 2021 compared with 66 for the previous 12 months of 2020.
- The Government is committed to developing youth-focused mental health services including:
 - a dedicated inpatient Adolescent Mental Health Unit (AdMHU);
 - a Mental Health Day Service; and
 - an Adolescent Intensive Home Treatment Team.
- Canberra Health Services has commenced design work on the new unit, which has an estimated completion in 2023.
- From 1 February 2021, the CAMHS Hospital Liaison Team increased operational hours to provide cover from 07:00 – 21:30 hours, continuing to provide triage and assessment of children, and adolescents who present to Canberra Hospital Emergency Department with mental health vulnerabilities.
- In the months of July and August 2021, there were 190 hospital presentations requiring assessments compared to 212 for the same period in 2020. Although this represents a decrease in presentations, the acuity and number of young people admitted has increased.
- On 1 March 2021, the Adolescent Intensive Home Treatment Team (AIHTT) was operationalised to provide intensive outreach support for children and adolescents discharged from the hospital, or to those who have presented to the Emergency Department with an aim to avoid a possible admission.

- In the month of August 2021, the AIHTT team received and accepted 39 referrals. The team continue to provide post hospital support which is a combination of face to face contact and telehealth based on consumer preference and clinical risk.
- An Adolescent Day Program will commence, once recruitment is finalised to provide a series of tailored therapeutic programs aimed at promoting continued recovery and support of adolescents and members of their support system, following discharge from the mental health inpatient setting. The program will accommodate 16 participants at one time once the AdMHU has been completed. Temporary accommodation to run an interim day program for eight participants will be located at Woden. A service description and care pathways have been developed, but the program is currently on hold due to COVID-19 pandemic.

Community

- Child and Adolescent Mental Health Services (CAMHS) data from August 2021, shows that CAMHS has experienced increased demand compared to the same period last year; this includes an increase in the number of clinically managed clients and an increase in occasions of service provided.
- CAMHS offer daily emergency appointments to prevent hospital admissions and provide timely access to support in the community to prevent hospital admissions and deterioration.
- CAMHS community teams offer two different type of appointment – CHOICE and PARTNERSHIP appointment.
- A CHOICE appointment is a face-to-face meeting to discuss mental health concerns that are moderate to severe in nature, and to collectively decide on the most appropriate service and whether the consumer should progress to CAMHS PARTNERSHIP (case management). At the CHOICE appointment, external referrals and alternate pathways of care are provided to those who are assessed as not requiring CAMHS PARTNERSHIP. CHOICE appointments have moved to an online platform, and face-to-face appointments will be offered based on clinical risk and assessment.
- Partnership appointments are a combination of face-to-face contact and telehealth based on consumer preference and clinical risk. This will ensure ongoing support whilst monitoring risk.

- As of the end of August 2021, the current wait time for a CAMHS CHOICE appointment is 28 days South CAMHS, and 27 days North CAMHS. CAMHS duty officer is available to provide phone support until the CHOICE appointment is attended. The Hospital Liaison Team is available in the Emergency Department should a young person find themselves in crisis.
- CAMHS PARTNERSHIP wait times were 76 days for CAMHS South (compared to 42 days in August 2020) and 16 days for CAMHS North (compared to 14 days in August 2020). This is a significant increase in wait time at CAMHS South when compared to same period in 2020 due to staff vacancy.
- CAMHS has seen a 20 per cent decrease in referrals compared to the same period last year. CAMHS saw a similar decline during the 2020 lockdown, followed by a significant increase in new referrals post lockdown. It is anticipated that CAMHS will see a similar trend with referrals increasing significantly post the 2021 lockdown.

Bimberi

- On 20 April 2021, Magistrate Cook raised concerns regarding CAMHS in relation to a matter that is before the Children's Court.
- Magistrate Cook voiced frustration at CAMHS intake criteria. There must be a mental health presenting issue to meet CAMHS criteria; not behavioural or D&A issues. The young person in question was assessed by a CAMHS Psychiatrist.
- On induction into Bimberi Youth Justice Centre (Bimberi) each young person is assessed by Justice Health medical staff and Forensic Mental Health specialists to determine their medical and mental health needs and to assist in assessing safety and risks.
- Bimberi works in partnership with Justice Health Services, including Primary Health and Forensic Mental Health to provide a range of services and programs to support young people on site.

Key Information

- An Adolescent Inpatient Unit Working Group, which includes consumer and carer representation, has been convened and an integrated Model of Care for the new unit at Centenary Hospital for Women and Children has been established
- Currently, dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the Adult Mental Health Unit Vulnerable Persons Suite or Mental Health Short Stay Unit. Clinical care is provided in close consultation with

Child and Adolescent Mental Health Service to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.

- If a young person requires longer or more intensive inpatient treatment, transfer to a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services. Two young people have been transferred interstate to receive inpatient treatment for the period January–December 2020 and for the period January-June 2021, there have been no interstate transfers.

Bimberi Youth Justice Centre to CAMHS Community Team Process

- CAMHS works closely with the Forensic Mental Health team when there a young person is detained in the Bimberi Youth Detention Centre.
- Whilst detained the Forensic Mental Health team assess the young person and if mental health issues are identified the Forensic Mental Health Team send a referral to CAMHS community team intake requesting follow up.
- As a team that provides services for moderate to severe mental health issues, the CAMHS Duty Officer will then make contact with the young person/Carer/Legal Guardian to discuss the current needs, to arrange an appointment with a CAMHS community team, to complete a Mental Health assessment, and to ascertain current presenting MH concerns and discuss appropriate services. When CAMHS assess a young person as having mental health issues that limit their capacity to attend office-based appointments, CAMHS provides an adolescent outreach service.

GBCHS21/236

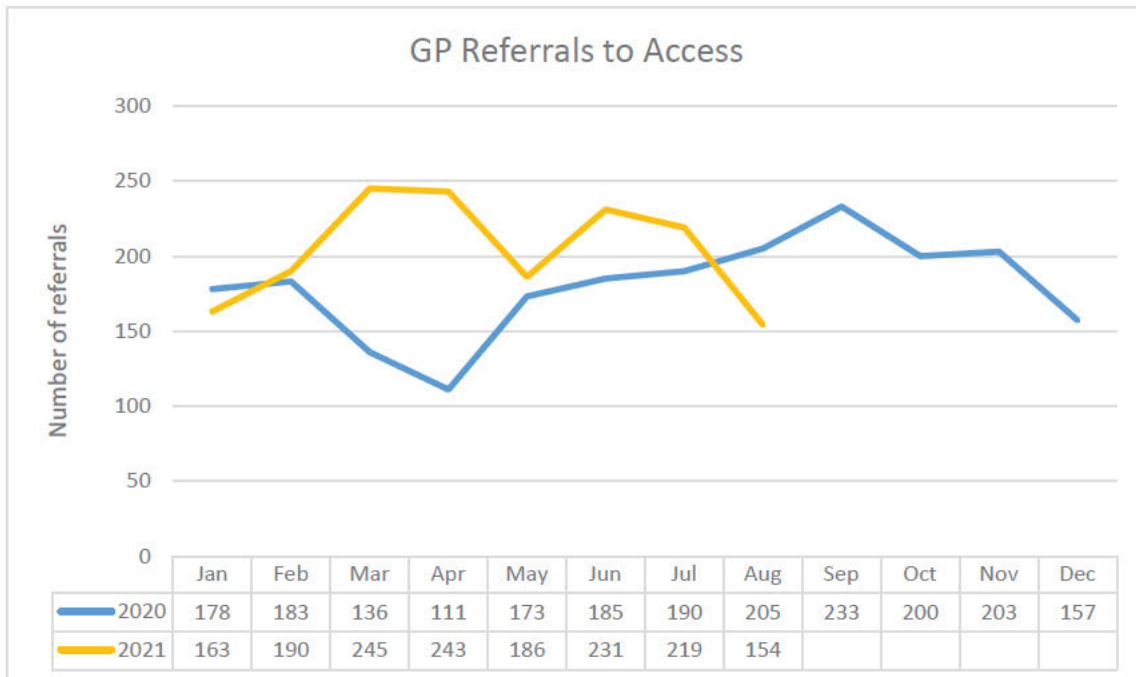
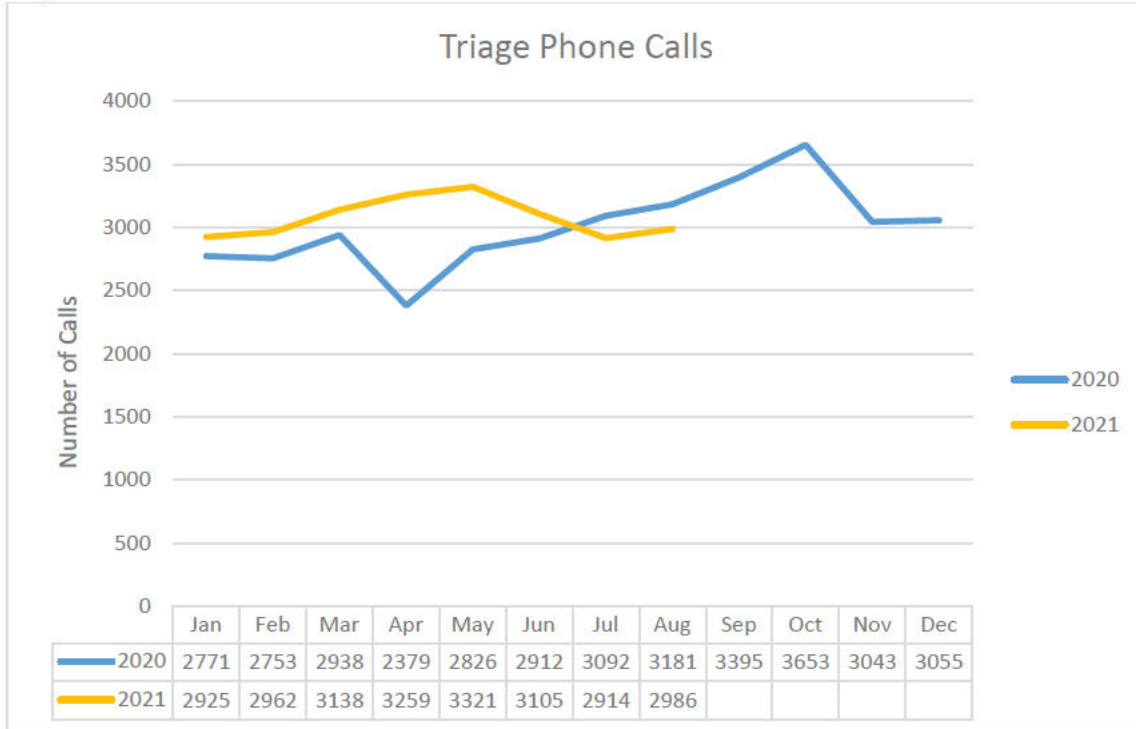
Portfolio: Mental Health**ADULT COMMUNITY MENTAL HEALTH SERVICES IN ACT****Talking points:**

- From April 2020, demand via the public phonenumber increased steadily, peaking in October 2020, before decreasing again in November and December 2020. However, despite this reduction, in 2021 there were higher numbers of daily average calls in the first eight months than at the start of 2020.
- The first eight months of 2021 saw an increase of 9 per cent in demand in calls to the public access phonenumber, compared with the first eight months of 2020.
- Police, Ambulance, Clinician Emergency Response (PACER) and Home Assessment and Acute Response Team (HAART), as part of a broader Mental Health Support Package, has provided ongoing support for hospital diversion and community-based care. The ongoing funding of PACER for seven days per week is assisting in reducing Emergency Department presentations, as 80 per cent of cases are resolved with the person remaining and receiving care in the community.
- Building on previous funding commitments the ACT Government has recently announced additional funding to expand the PACER program with an additional team for six months to support the community
- Canberra Health Services continues to observe a decrease in the number of Emergency Action's transported to the Emergency Department, demonstrating the successful impact of the PACER initiative so far and changes made to the *Mental Health Act 2015*.
- There was a 25 per cent decrease in the number people brought to the Emergency Department (ED) under an Emergency Action (EA) in the financial year of 2020-21 compared to the same period in 2019-2020.
- For July and August 2021 there was 199 people brought to ED under an EA compared to 391 for the same period in 2020 that is a decrease of 50 per cent.
- All people subject to an Emergency Action are to be assessed within four hours of arrival in accordance with the provisions of the Act.

- The HAART Intensive Home Treatment service has been expanded to the Calvary Adult Mental Health Inpatient Unit ('Acacia'). The Intensive Home Treatment service provides intensive and high frequency contact with consumers in the community to support transition and earlier discharge from hospital. This service has previously only been resourced to support Canberra Hospital inpatient units and the community teams.

Current Waiting Times

- As of 28 September 2021, current waiting times for appointments with the Access Mental Health Team are as follows:
 - Consultant Psychiatrist/Senior Specialist appointment: eight weeks
 - Psychiatry Registrar: five weeks
 - Other Mental Health Clinicians (Psychologist, Social Worker, Occupational Therapist, or Nurse): two weeks
 - Post Discharge appointments occur within two weeks
 - GP referrals are processed within 48 hours with phone assessment follow up.
- Consumers may utilise their General Practitioner (GP), the Access Mental Health line, private counselling or psychology services for other supports while awaiting specialist psychiatric input.
- Non-Government Organisations (NGOs) such as Lifeline and Beyond Blue are also available for phone support.

Key Information


QUESTION TIME BRIEF

Access Mental Health Team/ Triage	General Access 1800 number		Priority Line		GP Line	
	Total	Average per day	Total	Average per day	Total	Average per day
Jan-20	2771	89.39	699	22.55	68	2.19
Feb-20	2753	94.93	721	24.86	89	3.07
Mar-20	2938	94.77	832	26.84	82	2.65
Apr-20	2379	79.3	711	23.7	58	1.93
May-20	2826	91.16	771	24.87	91	2.94
Jun-20	2912	97.07	670	22.33	46	1.53
Jul-20	3092	99.74	655	21.13	120	3.87
Aug-20	3181	102.61	726	23.42	98	3.16
Sep-20	3395	113.17	675	22.5	115	3.83
Oct-20	3653	117.83	790	25.48	80	2.58
Nov-20	3043	101.43	643	21.43	79	2.63
Dec-20	3055	98.55	732	23.61	67	2.16
Jan-21	2925	94.36	676	21.81	46	1.48
Feb-21	2962	105.79	631	22.54	95	3.39
Mar-21	3138	101.23	688	22.19	97	3.12
Apr-21	3259	108.63	705	23.5	82	2.73
May-21	3321	107.13	794	25.61	100	3.23
Jun-21	3105	103.5	703	23.43	122	4.07
July 21	2914	94	702	22.64	114	3.67
Aug-21	2986	96.32	605	19.5	121	3.9

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Portfolio: Mental Health**ADULT ACUTE MENTAL HEALTH SERVICES OVERVIEW****Talking points:**

- From 1 July 2021 to 28 September 2021, the percentage of mental health patients with a length of stay in the Emergency Department longer than 24 hours were two per cent, a decrease from the same period in 2019-20, where the rate was eight per cent.
- There has been a reduction in demand for beds in Adult Acute Mental Health Services in the period 1 July 2021 to 28 September 2021, with a seven per cent increase in acute mental health occupancy overall and a ten per cent decrease in high dependency occupancy during the period from 1 July 2021 to 28 September 2021, compared with the same period last year.
- Mental health bed days activity has increased seven per cent year on year for the period 1 July 2021 to 28 September 2021. There are an average of 85 patients per day for all CHS mental health inpatient units in 2020-21. This is five more per day than in 2019-20.

****Note the reason for the decrease in occupancy and an increase in overall mental health bed days is the increase in bed availability via additional capacity at Gawanggal, Mental Health Pod and Ward 12B.**

- The Average Length of Stay (ALOS) has increased to 15.87 days for the period 1 July 2021 to 28 September 2021, compared with 14.3 days for the same period in 2019-20.
- Ward 12B became fully operational and accepted its first patients on 21 September 2021. With these 10 beds coming online the Mental Health Pod has closed with the governance of these beds returning to the Emergency Department.
- At Canberra Hospital, a pod of four beds has been ligature minimised on a general medicine ward. These are utilised if they are not required by medical services.
- All mental health patients cared for in general hospital beds are clinically assessed for suitability under the authority of a Consultant Psychiatrist. In addition to the 24/7 Mental Health Consultation Liaison Service in the

Emergency Department, has expanded to the general wards from five days per week, business hours to include weekends and three evenings.

- From 4 December 2020, the Territory Wide Mental Health Bed Access Coordinator role was expanded to include weekends. This assists in supporting timely admission to mental health inpatient units over the weekend.
- Infrastructure work is underway which will deliver additional acute beds in the second half of 2021.
- Through the Mental Health Support Package, Canberra Health Services has established an innovative partnership with the Mental Health Foundation, to provide a supported discharge option to avoid people being discharged into homelessness. As of 30 August 2021, the Mental Health Foundation Discharge Support Program has offset 607 acute adult inpatient bed days.

Key Information

Adult Mental Health Unit – High and Low Dependency Units

- Adult Mental Health Unit (40 funded beds) providing voluntary and involuntary psychiatric care and treatment for people with a mental health illness who require hospitalisation. The unit currently has capacity for 10 High Dependence Unit beds and 30 Low Dependency Unit beds. The unit operates almost constantly at capacity with the utilisation of leave beds in response to bed pressure.

Mental Health Short Stay Unit

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

Mental Health Consultant Liaison Team

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

Ward 12B – Low Dependency

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

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Portfolio: Mental Health**COMMUNITY SUPPORT OPTIONS IN PLACE FOR PATIENT DISCHARGE****Talking points:**

- ACT Mental Health Services recognise that some people require time to secure stable housing once they are well enough to be discharged from an acute setting. In July 2020, ACT Health established a Mental Health Discharge Support Program (MHDSP) delivered by the ACT Mental Health Foundation.
- The MHDSP initiative has been established to enable people who experience moderate to severe mental illness, whose barrier to discharge is accommodation, to move back into the community following discharge from the ACT Public mental health inpatient units. The initiative provides short term, transitional accommodation, and recovery-focused support for people for up to 14 days.
- As of 30 August 2021, the MHDSP has offset 607 acute adult inpatient bed days. The interim evaluation of this program identified that approximately 59 per cent of participants went on to secure suitable accommodation
- The Government has also invested \$3 million in the 2018-19 ACT Budget to build four Supported Accommodation Houses, which house up to 16 people. These houses form the long-term home for those residents.
- The Parliamentary Agreement has provisioned for an additional five Supported Accommodation Houses to be delivered over this term of Government.
- The ACT Government recently announced funding for a one-year initiative for a Clinical Liaison Officer to undertake the development of a model of care to assist in the future development of supported accommodation.
- The initiative is part of a broader stepped care approach to service development, to meet the needs of the community and reflects the ACT Government's commitment to build five additional supported accommodation houses over the next four years
- In addition, the ACT Government has completed the refurbishment Gawanggal; of a 10-bed sub-acute extended care unit on the site of Brian Hennessy House. Gawanggal opened on 29 March 2021, it provides

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transitional and rehabilitation accommodation for consumers with enduring mental illness.

- The City Community Recovery Service (City CRS) mental health team is currently operating a pilot program to meet the needs of people experiencing mental illness and homelessness in the City catchment area.
- People who are experiencing both mental illness and homelessness require significant care coordination with the aim of providing holistic support services and interventions that will assist them to find secure accommodation longer-term.
- The Pilot Homelessness Outreach Team aims to provide people with an assertive, mobile response from a designated sub-team to meet their short-term needs and then step them down to City CRS standard clinical management for ongoing and more longitudinal care.

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Portfolio: Justice Health**HEALTH AND MENTAL HEALTH SERVICE DELIVERY TO DETAINEES AT
ALEXANDER MACONOCHIE CENTRE****Talking points:**

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

Key Information

- Justice Health Services at the Alexander Maconochie Centre provides the following services; mental health crisis assessment and clinical management, General Practitioner (GP) clinics, nursing clinics, alcohol and other drug assessment and management and population health clinics.

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- Custodial Mental Health is available seven days per week, Monday to Sunday. Operating hours are Monday to Friday, 8:30am to 6:00pm and Saturday and Sunday, 8:30am to 4:00pm.
- All detainees referred to Custodial Mental Health for follow up are triaged and clinically assessed within their triage timeframes. The triage scale aligns with the mental health triage scale used by community mental health teams and is based on international standards. The triage scale has seven categories including emergency, crisis, priority, semi-urgent, non-urgent, referral and advice.
- Triage is an important process which guides the assessment of a detainee to determine their priority for health care based on the clinical urgency of their presenting condition. Triage enables the allocation of resources to obtain the maximum clinical service for all detainees within the Alexander Maconochie Centre.
- Detainees within the Alexander Maconochie Centre complete a *Health Appointment Request Form* when they want to request a health centre appointment. This form is given to Custodial Health nursing staff, and the client is assessed by the nurse to ensure a thorough understanding is gained regarding the *Health Appointment Request*. The nurse then clinically triages the request and informs the client regarding the expected wait time.

Key Information

- Custodial Mental Health provides specialist mental health services to detainees at the AMC who require mental health assessment and or specialised treatment for a mental illness or disorder.
- Custodial Mental Health is made up of the Assertive Response Team and the Clinical Management Team. The Assertive Response Team completes mental health screening assessments for all detainees who enter custody and triage/follow up 'At Risk' referrals. The Clinical Management Team is responsible for providing recovery oriented, trauma informed care to people in custody who are experiencing an enduring mental illness and or disorder which is associated with significant psychosocial functional impairment
- The Custodial Health GP service provides community equivalent level of care and refers to Canberra Health Services outpatients for specialist services.
- The Custodial Health GP service is available five days per week 8:30am to 5:30pm with a phone on-call service for after hours and on weekends. All detainees requiring a GP appointment are triaged and are clinically assessed within their triage category. The triage scale aligns with community standard primary health triage scales.
- The Custodial Health Nursing service responds to all medical emergencies within the Alexander Maconochie Centre, and provides twice daily medication rounds, and nursing clinics. Custodial Health Nursing is available at the Alexander Maconochie Centre seven days per week, Monday to Sunday 6:30am to 8:30pm.

- The Alcohol and Other Drug team provide drug and alcohol assessments, suitability and assessments for Opiate Maintenance Treatment, referrals to Alcohol and Drug Counselling, discharge planning, facilitates community dosing, relapse prevention, harm minimisation, withdrawal management, and liaises with custodial and community stakeholders.
- The Alcohol and Other Drug service is available five days per week, Monday to Friday 8:30am to 4:30pm.
- Population Health provides Blood Borne Virus screening, immunisations, Sexually Transmitted Infection testing, management, treatment and follow up and chronic illness management.
- The Population Health service is available five days per week, Monday to Friday 8:30am to 4:30pm.

Table: Gender Breakdown of AMC Services

As of 27 September 2021	AMC Total Muster	Male	Female	Other
Muster	409	374 (91.4%)	35 (8.5%)	0
As of 27 September 2021	Total Number of Winnunga Current Clients	Male	Female	Other
Winnunga	16 (3.9% of AMC total Muster)	12 (75%)	4 (25%)	0
1 July 2020 – 27 September 2021	Occasions of Service	Male	Female	Other
Primary Health	55,997	48,310 (86.2%)	7,677 (13.7%)	10 (0.01%)
Mental Health	15,345	12,255 (79.8%)	2,946 (19.1%)	2 (0.01%)

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Portfolio: Justice Health**HUMAN RIGHTS COMMISSION REVIEW - DHULWA****Talking points:**

- Canberra Health Services (CHS) Chief Executive Officer received a letter from the Health Services Commissioner dated 25 February 2021, outlining concerns relating to Dhulwa Mental Health Unit (Dhulwa).
- This letter provided notification of a Commission-initiated Consideration (CIC) into these concerns.
- The Commission has requested information relating to:
 - Staffing profiles.
 - Recruitment processes, including relevant qualifications required;
 - Decision making processes, including panels and appeals process;
 - Support and transition planning with patients; and
 - Implementation and monitoring of National Standards.

This information has been provided to the Health Service Commission.

- The Commission has met with the staff at Dhulwa in a group forum as part of a consultation process. Staff were also provided an opportunity to discuss this in individual settings.
- Consumers at Dhulwa were also offered the opportunity to meet with the HRC either in group forums or individually.
- CHS has not been provided with a timeline regarding the completion of the report.

Background Information

- The Commission has the power to require production of documents and information, pursuant to section 73 of the *Human Rights Commission Act 2005*.
- The HRC committed to providing ongoing feedback to the staff at Dhulwa.

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INFRASTRUCTURE UPDATE**Talking points:****Adult Mental Health Inpatient Ward**

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

Adolescent Mental Health Unit

- The Government is committed to developing youth-focused mental health services including:
 - a dedicated Inpatient Adolescent Mental Health Unit;
 - a Mental Health Day Service; and
 - an Adolescent Intensive Home Treatment Team.
- Planning for the dedicated Inpatient Adolescent Mental Health Unit includes a proposal for a six bed ward with an additional two flex beds and an Adolescent Mental Health Day Service.
- Canberra Health Services has completed the design for the new unit and the revised completion date is Q1 2023 subject to clinical operational constraints.

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

Key Information

HDU Wall – New Infrastructure Project

- The repurposing of eight Low Dependency Unit beds to increase High Dependence Unit in the Adult Mental Health Unit will include the construction of a wall and supporting infrastructure to separate the Vulnerable Persons Suite and eight Low Dependency Unit beds from the rest of the unit.
- This will create an additional eight High Dependence Unit beds in the Adult Mental Health Unit to support increasing demand for high acute care services.
- This will not change the Adult Mental Health Unit bed base as Low Dependency Unit beds will decrease to 22 beds. However, these eight High Dependence Unit beds will be utilised flexibly based on clinical acuity, risk, demand, and consumer needs on the unit.
- The additional Low Dependency Unit capacity will be created via the Ward 12B project, increasing overall capacity for adult acute inpatient beds across the territory.

Background Information

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

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Portfolio: Mental Health**SECLUSION RATES IN ACUTE MENTAL HEALTH INPATIENT UNITS****Talking points**

- The seclusion performance indicator was 4.7 per 1000 bed days for the month of August 2021; which is below the Strategic Indicator (SI) of less than 7 per 1000 bed days.
- The success of the implementation of various strategies has resulted in the sustained reduction in seclusion events across the territory. Particular improvements have been seen in AMHU where in recent months the seclusion rate has remained below the target which is a great achievement and a strong indicator of quality care in acute mental health settings.
- Multiple strategies have been embedded to reduce seclusion rates across public mental health services in the ACT. Some of these initiatives include:
 - Implementation of the Broset Violence Checklist (BVC) in the Adult Mental Health Unit (AMHU) and Mental Health Short Stay Unit as an evidence-based tool to improve identification of acuity in inpatient units;
 - Increased focus on Workforce Strategies to reduce vacancies and increase capability and competency of staff;
 - Ongoing improvements to the Therapeutic Group Programs and sensory spaces within inpatient units;
 - The rollout of Safewards in the AMHU to support a patient centred approach to improving the patient experience and the early recognition and response to mental state deterioration; and
 - The Dhulwa and AMHU Seclusion and Restraint Committees have also been combined to provide increased opportunities for sharing of information, strategies, education and learnings.

Background

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

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- A person is secluded in the least restrictive manner, only when necessary, and in a way that prevents the person from causing harm to themselves or someone else.
- Seclusion can only occur under the provisions of the *Mental Health Act 2015*. All seclusions are documented in a register, including the reason for the seclusion, the Public Advocate is notified, and the person is kept under constant observation during seclusion. The person is examined by a medical officer at the end of the seclusion period.
- In 2019-20, Canberra Health Services (CHS) adopted the national standard and counting methodology for this indicator with it reported as a rate per 1000 bed days. This allows a nationally consistent approach which can be benchmarked against other jurisdictions. However, in small jurisdictions such as the ACT, the small numbers mean that individuals subject to multiple episodes of seclusion can inflate the rate.
- A small number of complex patients with significantly high acuity had multiple events of seclusion. As this indicator is currently configured, with patient separations as the denominator, this scenario significantly impacts the rate.

Key Information

The current seclusion data for 1 September 2020 to 31 August 2021

	Bed Days	Seclusion Events	Rate per 1,000 bed days
Seclusion rate for ACT *	36312	171	4.7
AMHU #	14175	35	2.47
Dhulwa +	5982	135	22.55

* Includes all acute inpatient bed days at Canberra Hospital and Calvary Healthcare Bruce

Only includes bed days at AMHU

+ Only includes bed days at Dhulwa

- There has been significant improvement in the seclusion rate at Dhulwa, but as this is a rolling annual rate, the metric lags the actual events.
- In Dhulwa, the high rate reflects a small number of consumers who have required extended periods of seclusion.

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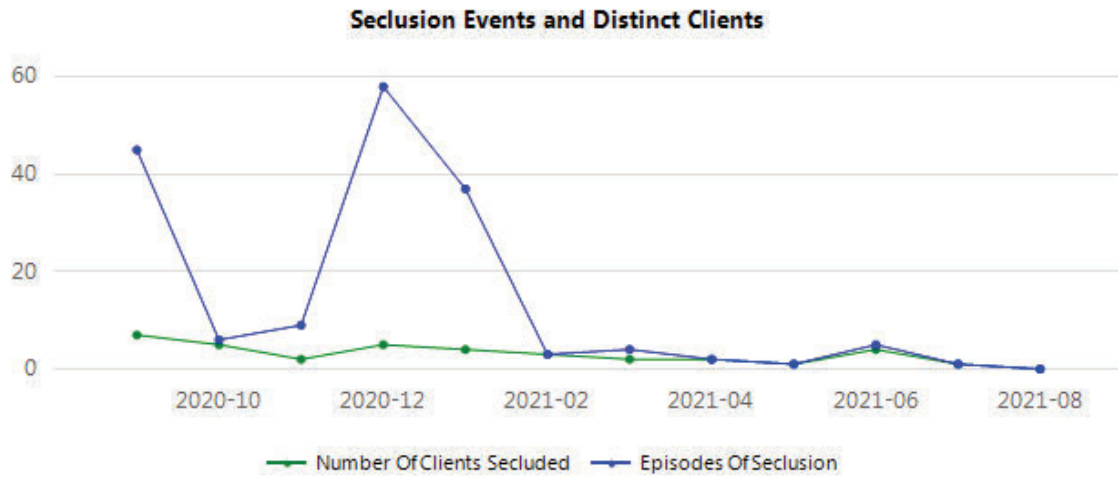
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Portfolio: Justice Health**SMOKING AT ALEXANDER MACONOCHIE CENTRE****Talking points:**

- There has been an increase in Work Health and Safety notifications by Justice Health Services (JHS) staff regarding exposure to cigarette smoking at the Alexander Maconochie Centre (AMC).
- The AMC is not currently a smoke-free facility.
- JHS supports progression of the AMC to a smoke free facility.
- JHS are piloting a smoking cessation program within the Therapeutic community and the women's area in conjunction with Alcohol and Drug Services and ACT Corrective Services (ACTCS).
 - The 12 week JHS smoking cessation pilot program was completed on 30 August 2021 with 15 participants, 11 male and 4 female;
 - Clinics in weeks 10-12 were unable to be facilitated due to operational reasons; and
 - Post evaluation interviews are pending due to COVID-19 restrictions and redeployment of nursing staff.
- The issue of passive smoke exposure at the AMC continues to be monitored. Regular meetings between ACTCS Senior Management and Canberra Health Services Health and Safety Representatives have been established.
- Strategies implemented to reduce passive smoke exposure at the AMC to date:
 - Smoking within the Crisis Support Unit (CSU) is not permitted one hour prior to Custodial Health staff visiting the area for scheduled medication rounds;

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- Custodial Mental Health (MH) limit the clients they see within the CSU and hold their face to face reviews in the Hume Health Centre.
- Custodial MH send their client schedule for the following day to ACTCS to ensure appropriate staff can be provided by ACTCS for escorts to Hume Health Centre. Custodial MH will review clients in the CSU when security considerations of the client or clinician outweighs the client being moved out of CSU and taken to the Hume Health Centre;
- Fans have been provided in the CSU ACTCS officers station, where medications are provided by Custodial Health staff to detainees to ensure better circulation of air; and
- ACTCS have implemented a schedule for when detainees can access tobacco within the Management Unit to help reduce passive smoke exposure to Custodial Health staff on scheduled medication rounds.

Key Information

- The health and safety of staff and detainees remains paramount in the delivery of services at the AMC.
- Justice Health Services offer Nicotine Replacement Therapy and support for detainees who wish to quit smoking.
- Justice Health Services have formally raised with ACT Corrective Services issues regarding exposure to cigarette smoke ever since the AMC was commissioned in 2008.
- Since 14 September 2020, regular meetings have been held to discuss and resolve passive smoking risks.
- Formal consultation has been underway since November 2020, with meetings held on 9 December 2020 and 21 January 2021 to design and review specific changes to practices within the AMC to limit the exposure of Justice Health Services staff to environmental tobacco smoke.
- At the most recent meeting, the Health and Safety Representatives reported an improvement in certain areas and all parties agreed to further meetings to continue to monitor the situation while a strategic plan is developed for the transition to a smoke free campus.
- Detainees are provided with Nicotene Replacement Therapy and can also access a smoking cessation program run by Justice Health Services.
- Work is being lead by JACS to scope the work required for progression to a smoke free facility

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Portfolio: Justice Health**COVID-19 SAFETY AT ALEXANDER MACONOCHIE CENTRE****Talking points:**

- As of 27 September 2021, 650 vaccines have been administered.
- 63 per cent of the current Alexander Maconochie Centre (AMC) population are fully vaccinated against COVID-19 and 77 per cent have received their first dose.
- Vaccination clinics have been increased from fortnightly to weekly from 8 September 2021 and are available to vaccinate new admissions and any other detainees who wish to be vaccinated whilst in the AMC.
- Justice Health Services has been working closely with the Canberra Health Services vaccination coordination team and ACT Corrective Services to facilitate the roll out.
- All detainees are offered the Pfizer vaccination.
- Detainees who have received their first dose of AstraZenica in the community are offered this as their second dose whilst in the AMC.
- Detainees who are released prior to receiving the second dose, are provided with information where they can receive their second dose of the vaccination.
- Detainees are able to choose not to have the vaccine. Should a detainee decline the vaccination initially, additional opportunities to access a vaccine are offered whilst in custody through the weekly clinic.
- Detainees who access primary health services through Winnunga Nimmityjah Aboriginal Health Service (Winnunga) are included in the vaccination roll out and are able to access their vaccine through Winnunga.
- Epidemiological screening is undertaken on all new admissions/inductions to the AMC.
- Surveillance testing is being conducted on all new admissions/inductions to the AMC.
- Detainees are tested at day 0 and day 5 regardless of symptomatic or exposure risks.
- Detainees are isolated until the day 5 test results are returned.

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- If the detainee develops symptoms they will be isolated for a longer period and repeat testing will occur. The period of isolation depends on epidemiological risk and symptomology and is managed in consultation with Public Health.
- Through the screening process, the first COVID positive case was identified on 11 September 2021.
- JHS are monitoring and managing all positive cases within the AMC.
- Clearance from isolation of positive cases within the AMC is managed in consultation with the ACT Health Directorate.

Key Information

- All COVID-19 vaccinations are recorded on the Australian Immunisation Register.
- Winnunga are vaccinating their own patients as such, Justice Health Services have no visibility to this data.
- COVID-19 vaccinations have commenced at Bimberi Youth Justice Centre (Bimberi). This information has not been included due to the small number of young people at Bimberi and the possibility of them being able to be identified.

Table: Breakdown of COVID-19 Vaccinations at AMC (detainee population)

As of 16 September 2021	Total	Male	Female	ATSI
AMC Population	405	374	32	102
	Number of Vaccines Administered	Male	Female	ATSI
First Doses Pfizer (cumulative total)	368	343	24	82
Second Doses Pfizer (cumulative total)	282	265	18	65
Total Vaccines Administered Pfizer (cumulative)	650	608	42	147
Percentage vaccinated with first dose currently in custody	74%	74%	65%	64%
Percentage vaccinated with second dose currently in custody	60%	60%	53%	54%

QUESTION TIME BRIEF

As of 16 September 2021	Total	Male	Female	ATSI
Astra Zeneca second doses given (client received first dose in community) Not included in percentages above	1	1	0	0

As of 16 September 2021	Total	Male	Female	ATSI
Total population currently in custody vaccinated first dose (JHS clients – Pfizer and AstraZeneca and Winnunga combined)	77%	77%	75%	77%
Total population currently in custody vaccinated second dose (JHS clients – Pfizer and AstraZeneca and Winnunga combined)	63%	58%	66%	66%

** AMC Population includes Winnunga clients

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Portfolio: Justice Health**WINNUNGA DELIVERING HEALTHCARE AT ALEXANDER MACONOCHIE CENTRE****Talking points:**

- From January 2019 to 27 September 2021:
 - 90 clients have had their health care transferred to Winnunga Health Care (Winnunga), including clients no longer in custody;
 - 66 clients transferred to Winnunga are no longer in custody;
 - Eight clients have had their health care transferred back to Justice Health Services; and
 - 21 clients are currently being reviewed by Winnunga to have their care transferred to them
- As of 27 September 2021, 16 clients (3.9 per cent) are currently receiving care via Winnunga. Shared care between Justice Health Services and Winnunga has commenced for detainees who are at risk of suicide or self-harm. This has been working well and provides a positive way forward for other areas of shared care. Justice Health Services and Winnunga are currently working in partnership to consider other proposed changes for shared care.
- There has been a new administration building built for health services. Justice Health Services and Winnunga are both using this new facility, freeing up space in the Hume Health Centre for the upcoming refurbishment.
- As of Friday 16 April 2021, Winnunga started providing care to clients who are stable on Opiate Maintenance Therapy. Clinical governance and policy arrangements are being finalised between the two health services.

Key information:

- Since January 2019, Winnunga has been providing health services within the Alexander Maconochie Centre.
- In November 2019, the Memorandum of Understanding between Winnunga and JHS was reviewed, with the aim of reducing the exclusion criteria and moving towards a model of shared care.

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Lead Directorate: Canberra Health Services
TRIM Number GBCHS21/236

GBCHS21/236

Portfolio: Mental Health**WORKFORCE UPDATE****Talking points:**

- Speciality Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) internationally, nationally, and locally in the ACT face shortages of clinical staff in an environment where service demand has increased.
- Locally Canberra Health Services (CHS) has convened a Mental Health Workforce Development Committee to focus on discipline specific workforce attraction, retention and development plans.
- The Committee has aligned priority actions against the program specific and CHS-wide Business Plan deliverables. 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.

Key Information

- As of 31 May 2021, staffing profile in MHJHADS at CHS are:
 - 261.80 FTE Allied Health – 37.6 FTE vacant (14.3 per cent of budgeted FTE) (Alcohol and Drug variance not available)
 - 355.81 Nursing – 3.2 vacant FTE (.9 per cent of budgeted FTE) (Alcohol and Drug variance not available)
 - 56.55 Medical (Consultants) – 12 vacant FTE (21 per cent of budgeted FTE).
- In the short term to support these vacancies, premium labour options are deployed. These include:
 - Visiting Medical Officers (VMOs) and temporary recruitment of Senior Career Medical Officers to assist in the cover of the medical short fall.
- MHJHADS is encountering challenges in recruiting experienced allied health officers (psychologists, social workers, and occupational therapists). Recruitment for the allied health graduate program has completed and eight Social Workers and one Occupational Therapist graduates commenced with the division from 8 February 2021.

Medical Workforce Specific Information:

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- There is a nation-wide shortage of consultant psychiatrists, projected to continue past 2030, continuing an ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan areas.
- Within the psychiatric workforce at present, many psychiatrists are preferring locum work which is more lucrative financially. CHS is managing current services with existing staff and locums, while rolling out a recruitment strategy, recruiting to vacant medical positions and working hard to encourage clinicians to make the ACT a location of choice.
- All vacant medical positions are advertised through the ACTPS jobs website, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) website, LinkedIn, Government Jobs Active, and other relevant websites. Rolling specialist and senior specialist Adult General Psychiatrist roles have been advertised on these websites and in the RANZCP journal.
- An ongoing campaign to recruit psychiatrists is now advertised on the ACTPS jobs website. 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.
- MHJHADS clinicians attended the RANZCP Congress in Hobart in May 2021 to promote employment opportunities within Canberra Health Services for medical officers, nurses, and allied health professionals.
- MHJHADS has also invested in a recruitment campaign including a video that showcases “a day in the life” of a psychiatrist and two senior registered nurses. This video is being used across multiple social media platforms, and has reached over 6600 people via LinkedIn alone.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from. Prior to COVID-19, overseas applicants could 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. These timeframes are now uncertain because of COVID-19 and are dependent on flights, hotel quarantine and state/territory border closures.

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Portfolio: Mental Health**COVID-19 SAFETY IN MENTAL HEALTH INPATIENT FACILITIES****VACCINE ROLLOUT**

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

STAFFING SAFETY

- Staff safety measures include:
 - ready access to Personal Protective Equipment (PPE);
 - targeted communication with daily COVID-19 updates from the Interim Chief Executive Officer;
 - regular updates from the Executive Director, Mental Health, Justice Health and Alcohol and Drug Services;
 - regular COVID-19 huddles at the unit level to keep staff informed;
 - dedicated COVID-19 information page on the Intranet;
 - access to priority appointment for COVID-19 vaccinations;

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- emotional safety is provided with support from Employee Assistance Program providers and daily check-ins with staff by clinical leaders; and
- staff can access COVID-19 leave that is additional to their leave entitlement. Staff are given COVID-19 leave to attend vaccination and testing.
- Staff can opt into the 'STOP' staff COVID-19 surveillance testing program. Staff have priority access to COVID-19 testing at EPIC.

GENERAL PATIENT/VISITOR SAFETY

- Visitors are restricted from visiting all inpatient units as per current Clinical Health Emergency Coordination Centre (CHECC) policy. Exemptions are considered in extenuating circumstances where visits are required to facilitate discharge or mitigate risk of aggression.
- Staff and visitor screening at entry points, with surgical masks provided.

INITIATIVE IN FACILITIES

- The Mental Health Inpatient Units are running a Keeping Connected Program. The program was developed to support consumers to maintain contact with their family while visits to CHS facilities have been restricted as per the Public Health advice.
- CHS has provided Mental Health and Alcohol and Drug clinicians as well as a Primary Health Nurse to assist with the Public Health response at the public housing exposure locations.

Key Information

- The COVID-19 Outreach Clinic is attending AMHRU, Dhulwa and Gawanggal every three weeks to offer vaccinations to new consumers and provide second doses where required.
- The COVID-19 Outreach Clinic is attending AMHU weekly.
- 111 consumers have been offered the vaccine across all CHS mental health inpatient sites.
 - 140 consumers have accepted vaccination.
 - 29 consumers have declined vaccination.

- Number of vaccinations (1st and/or 2nd dose) provided at:
 - AMHU - 41 vaccinations;
 - Dhulwa - 23 vaccinations;
 - Gawanggal - 17 vaccinations;
 - AMHRU - 30 vaccinations.

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Portfolio: Mental Health**COVID-19: MENTAL HEALTH AND JUSTICE HEALTH REMOTE SUPPORT FOR PATIENTS, FAMILIES AND FRIENDS****Talking points:**Keeping Connected Program

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

Community Mental Health Services

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

Family and Carer Clinicians

- Families and carers of people with mental illness commonly experience significant distress managing their family member's symptoms, engaging with, and navigating mental health services, dealing with the stigma of having a mentally unwell friend or family member and having their own carer safety and wellbeing needs met.
- Two social workers are employed by Canberra Health Services as Family and Carer Clinicians (FCCs) as part of a 12-month pilot in partnership with Carers ACT.
- This service is currently being delivered via telehealth.
- This service supports carers of patients in the Adult Mental Health Unit and also takes referrals via Access Mental Health Team, Child and Adolescent Mental Health Services, Adult Community Mental Health Teams and the Adult Mental Health Rehabilitation Unit.
- Many families and carers remain very appreciative of this service.

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Portfolio: Mental Health**DEATH OF CONSUMER AT DHULWA**

- Sadly, a consumer at Dhulwa Mental Health Unit (Dhulwa) passed away unexpectedly, in the early hours of Saturday 25 September 2021.
- There are no suspicious circumstances surrounding the death.
- Dhulwa nursing staff and ACT Ambulance Service performed Cardio-Pulmonary Resuscitation for almost an hour, however the consumer could not be revived.
- ACT Policing were notified of the death immediately and attended Dhulwa to commence their investigation and prepare a report for the Coroner.
- The consumer's family has been contacted and are being offered support and information moving forward.
- The Public Trustee and Guardian has been informed.

Supports for Consumers and Staff

- A debrief occurred with all consumers after the incident. The Assistant Director of Nursing has been working on an individual basis with consumers to provide support.
- The consumers have been advised and encouraged to speak to staff about any distress in relation to the incident for assistance.
- Staff who worked with the consumer in other teams have been informed, and a range of supports have been offered in line with the Canberra Health Services' (CHS) Guideline Psychological Support for Staff - A Manager's Guide. This includes.
 - A 'hot' debrief with staff on shift soon after the incident, and a face-to-face delivery of the news to other staff who have been involved in the care of the consumer.
 - Staff have been invited to access confidential counselling and support through CHS's Employee Assistance Program if they wish.
 - Staff have been encouraged to support each other, to be kind, and to recognise that an event like this will impact each person differently.
 - Managers remain available to support staff as required.

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- The Senior Director, Workplace Resolution and Support has been advised and is on hand to offer support to staff as required.



ACT
Government

**Canberra Health
Services**

Mental Health and Justice Health

Strategic Indicators

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

Strategic Indicator 1.1 – The rate of clients with a mental health seclusion episode

Strategic Indicator	2020-21 Target	2020-21 Interim Outcome	2021-22 Target ¹
The rate of mental health clients who are subject to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days	<7 per 1,000 bed days	9.6 per 1,000 bed day	N/A

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

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

Strategic Indicator 2.1 – Acute psychiatric unit patient 28 day readmission rate

Strategic Indicator	2020-21 Target	2020-21 Interim Outcome	2021-22 Target ¹
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<17%	15%	N/A

- This indicator reflects the quality of care provided to acute mental health patients.
- As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this strategic indicator has been moved to an Accountability Indicator from 2021-22.
- This was transferred from Strategic to Accountability indicator and brought in line to match the national standard of reporting for this indicator.
- Our desired target (<17%) was met during 2020-21 (14%). We decided to keep the same desired target during the transition to an accountability indicator to monitor and ensure the positive changes (and associated administrative processes) that have been put in place to support clients being discharged from an acute psychiatric mental health inpatient unit to receive the right care in the right care location (the community) at the right time are working effectively.
- Methodology changed to match national standard of reporting of all mental health inpatient readmission as opposed to unplanned readmissions

Strategic Objective 6 – Timely access to inpatient beds for mental health consumers

Strategic Indicator 6.1 – Proportion of mental health patients whose emergency department length of stay is greater than 24 hours

Strategic Indicator	2020-21 Target	2020-21 Interim Outcome	2021-22 Target
Proportion of mental health patients whose emergency department length of stay is greater than 24 hours ¹	N/A	N/A	0%

- This indicator measures timely access to inpatient beds for mental health consumers.
- As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this is a new measure in 2021-22.
- A number of previously reported accountability indicators related to Mental Health treatment and care have been removed in the 2021-22 budget papers.
- This Strategic Indicator reflects that the Emergency Department is often not a conducive environment for this patient cohort to receive the care they need. This indicator was introduced as a Strategic Indicator to demonstrate CHS commitment to making the transfer of patients diagnosed with a mental health illness from the Emergency Department a priority although there are external factors that can influence our ability to achieve our specified target. For a patient to be transferred to an inpatient location, it often means that another patient has to be transferred out and the appropriate care has to be in place for a safe transfer/discharge. Sometimes this care is provided in collaboration with other government Directorates or non-Government organisations.
- The Australasian College for Emergency Medicine - Position Statement - ED overcrowding - March 2021 suggested recommended a target of 12 hours but we opted to go for a more conservative 24 hours given this is a new indicator. We still have some work to do to achieve the 24-hour target but believe this is achievable.

Accountability Indicators

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

	2020-21 Targets	2020-21 Interim Outcome	2021-22 Targets
a. Adult mental health program community service contacts ¹	198,000	213,771	N/A
b. Children and youth mental health program community service contacts ²	72,000	109,356	N/A
c. Mental health rehabilitation and specialty services ³	26,250	35,496	N/A
d. Alcohol and drug services community contacts ⁴	70,000	53,048	N/A
e. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	100%
f. Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%	99%	100%
g. Justice health services community contacts ⁵	150,000	114,717	N/A
h. Proportion of current clients on opioid treatment with management plans	98%	97%	98%
i. Proportion of mental health clients contacted by a Canberra Health Services community facility within 7 days post discharge from inpatient services	75%	70%	75%
j. The rate of mental health clients who are subjected to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days ⁶	N/A	N/A	<7 per 1,000 bed days
k. Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit ⁷	N/A	N/A	<17%
National Weighted Activity Units			
l. Acute admitted mental health services {NWAU 21} ⁸	N/A	N/A	7,300

Adult mental health program community service contacts

- The number of adult mental health program community service contract completed in the period. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
- This indicator is not informative. It does not provide the community with information about the efficiency, effectiveness or quality of care and services available or provided.

Children and youth mental health program community service contact

- The number of children and youth mental health program community service contacts completed in the period. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
- This indicator is not informative. It does not provide the community with information about the efficiency, effectiveness or quality of care and services available or provided.

Mental health rehabilitation and specialty services

- The number of community contacts for Mental Health Rehabilitation and Specialty Services completed in the period. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
- This indicator is not informative. It does not provide the community with information about the efficiency, effectiveness or quality of care and services available or provided.

Alcohol and drug services community contacts

- The number of patient service events completed by Alcohol and Drug Services. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
- This indicator is not informative. It does not provide the community with information about the efficiency, effectiveness or quality of care and services available or provided.

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

- The proportion of detainees at the Alexander Maconochie Centre with a completed health assessment by Justice Health Services within 24 hours of detention. As a result of review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been kept for 2021-22.

- This indicator is aligned to our strategic priority area of 'A partner to improve people's health'. CHS is committed to inclusive health for underserved groups including detainees at the AMC. Detainees often present with mental health challenges and are of Aboriginal and/or Torres Strait Islander background. CHS is committed to working in partnership with other organisations to ensure that there is an integrated approach to receiving culturally appropriate care and appropriate mental health care while detainees are incarcerated and post release from prison.

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

- The proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment by Justice Health Services within 24 hours of detention. As a result of review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been kept for 2021-22.
- This indicator is aligned to our strategic priority area of 'A partner to improve people's health'. CHS is committed to inclusive health for underserved groups including detainees at the Bimberi Youth Justice Centre. Detainees often present with mental health challenges and are of Aboriginal and/or Torres Strait Islander background. CHS is committed to working in partnership with other organisations to ensure that there is an integrated approach to receiving culturally appropriate care and appropriate mental health care while detainees are incarcerated and post release from prison. Timely health assessment of detainees in the Bimberi Youth Justice Centre also provides opportunity for detection and early intervention for potentially chronic health care concerns.

Justice Health Services community contacts

- The number of community contacts completed in the period by Justice Health Services. As a result of review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
- This indicator is not informative. It does not provide the community with information about the efficiency, effectiveness or quality of care and services available or provided.

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

- The proportion of mental health clients contacted by a Canberra Health CHS community facility within 7 days post discharge from inpatient services. As a result of review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been kept for 2021-22. This indicator is informative for the community, relevant to the services CHS provides and significant for achieving safe and high quality people-centred care. That is, ensuring care needs are met during transition from inpatient services and that the dependence on inpatient services is minimised.

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

- The number of seclusion events of mental health patients whilst being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator was previously reported as a Strategic indicator in 2019-20. See notes under Strategic Indicators

Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit

- The proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator was previously reported as a Strategic indicator in 2019-20. See notes under Strategic Indicators.

National Weighted Activity Units – Acute Admitted Mental Health Services

- Number of national weighted activity units for acute admitted mental health services undertaken by Canberra Health Services. This indicator has not been previously reported at Canberra Health Service level.
- The use of National Weighted Activity Units provides a common and comparable measure among health care services.
- This will provide opportunity for engagement with exemplar services in like facilities to identify, redevelop or adopt innovative health care improvements that will benefit the Canberra community.



Canberra Health Services Staffing Breakdown – Mental Health and Justice Health

Staff profile 29th September 2021

	FTE	Headcount
Administrative Officers	55.25	62
General Service Officers & Equivalent	8.00	8
Health Assistants	23.79	28
Health Professional Officers	182.56	207
Medical Officers	79.05	92
Nursing Staff	337.72	356
Senior Officers	16.37	17
Grand Total	702.74	770

- This is an increased headcount of 87 this financial year (based on annual report) this includes 54 Nursing Staff, 11 Medical Officers and 16 Health Professionals.

	FTE	Headcount
C	5.78	11
P	591.59	644
T	105.37	115
Total	702.74	770

- This is an increase in 102 permanent staff with a slight decrease in casuals and temporary staff respectively.

Estimates Brief - Strategic Communication and Engagement

Brand Audit

CHS has recognised a need to take a more strategic approach to the management of its brand and to ensure its brand management approach reflects industry best practice. CHS has engaged a creative services agency specialising in brand management to develop a roadmap detailing how they might do so now and into the future.

In the absence of a robust brand management strategy, CHS carries legacy branding from previous incarnations of the organisation and several program/service/project brands and identifiers that have been created in isolation of the corporate brand and the overarching ACT Government brand.

In addition, the organisation's current graphic standards manual was developed before CHS became a stand-alone agency. As a result, the graphic standards manual does not consider CHS' vision and values, the full scope of the work that the organisation does and the additional services and projects that have been established since CHS was established in 2018. The manual needs to be updated to reflect all of this and to be more prescriptive in terms of how the brand should be applied.

The recent commissioning of a new piece of Aboriginal and Torres Strait Islander artwork that CHS intends to embed into its corporate brand and the extensive capital works projects currently underway on the Canberra Hospital campus necessitates the brand project taking place this year to ensure any decisions regarding branding are considered, informed by research and align with best practice.

The contract was signed on behalf of the Australian Capital Territory by the Executive Branch Manager, Strategic Communication and Engagement, Canberra Health Services.

COVID-19 (including new intranet)

The CHS communication and engagement team has played a key role in keeping the community and health care workers well informed about the ACT's clinical response to COVID-19.

Internally the team has supported interim CEO Dave Pepper to keep Team CHS informed through daily all staff emails throughout the lockdown, as well as regular forums, which have been conducted online.

The team also launched a new more contemporary intranet page with greater functionality at the beginning of the outbreak. This has served as the primary tool for CHS staff to access information about how to keep safe during the pandemic. The COVID-19 page on the new intranet has been visited more than 20,000 times in the two months since it was launched (mid-August).

The team has also fully resourced the communication function for the Clinical Health Emergency Coordination Centre (CHECC), working with the Public Information Coordination Centre (PICC) to inform the community about changes to health services as a result of COVID-19 and to keep it abreast of hospital capacity planning. The team has also played a key role, along with the PICC, in communicating about the ACT Government's vaccination program and COVID-19 testing.

Exceptional Health Care Report

The first CHS Exceptional Health Care Report was published in December 2020. The report describes how CHS works with the community to improve the quality and safety of our services, as well as how we improve the care we provide. The 2021 report is scheduled for release in early December this

year at the same time as the release of this year's Annual Report. The report will be available on the health website and shared with our partner consumer organisations, our staff, and the community. A limited number of copies will also be printed.

Social media

Canberra Health Services has five social media accounts: Facebook, Twitter, YouTube, Instagram and LinkedIn. The team is implementing a new social media strategy, which aims to bring our vision and values to life.

So far this financial year (to 13 October 2021) we have seen:

- A 12.1% increase in audience across the five channels
- Over 2.1 million impressions (meaning our content has appeared on screens 2.1 million times)
- Nearly 160 thousand engagements (likes, shares, comments etc)
- Nearly 70 thousand video views
- Over 3.6 thousand incoming messages

Facebook continues to be our top performing channel. We monitor our performance in relation to that of other public hospitals and health services. So far this financial year, we are one of the top performing health services in terms of both Facebook engagements per post (2nd place) and fan growth (1st place).

CHS Governance Frameworks

CHS has a suite of governance Frameworks which outline how we deliver on our vision of 'Creating Exceptional Health Care Together'. These frameworks include:

1. Our Exceptional Care Framework – Creating Exceptional Health Care Together

This is our framework for operational excellence and ensures we deliver on our strategic plan. It builds confidence we are managing risk, meeting our legislative obligations, and governing the organisation well. Launched

2. Our Clinical Governance Framework - The Foundation for Exceptional Care

This framework describes how we ensure our consumers receive safe and high-quality health care. It supports us to deliver on our community responsibility to continuously improve the safety and quality of our services. It ensures that our services are personal, safe, and effective. Launched

3. Our Partnering with Consumers Framework - Partnering for Exceptional Care

This Framework describes how we deliver exceptional care in partnership. It describes how we develop, implement, and maintain our systems to partner with consumers and carers. These partnerships are critically important in the planning, design, delivery, measurement, and evaluation of our care. The framework also clearly defines our team members' roles and responsibilities for partnering with consumers, every day, and every time. It describes our approach to individual partnerships when consumers and carers are accessing our health services, as well as our service and system partnerships. Launched

4. Our Planning Framework - Planning for Exceptional Care

The way we align our strategy, corporate goals and operational improvement is critical to creating exceptional care. Our tiered approach to planning across the organisation is described in the CHS Planning Framework; from our CHS Strategic Plan, which sets a clear path forward to deliver our vision to individual performance agreements outlining our team members' individual contribution. This framework ensures that our planning processes are effective. It helps us to coordinate and implement systems of care and analyse and improve our services to establish and maintain performance and accountability at all levels of the organisation. Endorsed, awaiting printing prior to launch.

5. Our Risk Management Framework – Managing Risk for Exceptional Care

This Framework describes how we engage with risk to prevent harm and identify opportunities for improvement across CHS. It articulates how risk is managed effectively and efficiently and understood by all team members. The framework includes how the process for managing risk is integrated into the overall CHS governance, strategy and planning, management, reporting processes, policies, values, and culture. Launched

6. Our Performance Reporting and Monitoring Framework – Measuring Exceptional Care

This Framework describes how CHS measures, monitors, and manages performance across the organisation, and the delivery of exceptional care, with a focus on the safety of our care. It recognises that high performing organisations utilise high quality, timely information to set strategic direction, oversee progress towards strategic goals, monitor and improve operational performance. This framework supports continuous improvement in the services we provide, so that we understand our progress towards achieving exceptional care every day, every time. Endorsed, awaiting design and printing.

7. Our People Framework – Capability for Exceptional Care

This Framework describes our approach to managing and leading our people. It aims to ensure that expectations of staff and managers are clear and that they are supported, engaged, and enabled to perform their roles effectively and efficiently. The framework uses

the employment lifecycle as the model that identifies the different stages a worker advances through in an organisation, and the supports required to optimise that progress. Launched

8. Our Improvement and Innovation Framework – Innovating for Exceptional Care

This Framework describes our approach to our organisation-wide quality improvement systems. It articulates how we use a systems approach to improvement, improving the capability of our people and create an environment for research and innovation to thrive. Most importantly the framework describes how we identify areas for improvement in safety and quality, implement and monitor safety and quality improvement systems, and involve consumers and our workforce in the review of safety and quality performance systems. Drafted.

9. Our Resource Management Framework – Supporting Exceptional Care

The purpose of this framework is to describe the approach across CHS to the efficient and effective management of our human, financial, environmental, and other non-financial resources to deliver exceptional care. It supports team members at all levels of the service to meet the challenge and accountability to our community for ensuring resources are managed effectively and efficiently to deliver high quality services. Drafted.

We have also developed a suite of maturity self-assessments, aligned to each Framework which will allow us to track our progress against each Framework on an annual basis.

Legislative Compliance

Canberra Health Services (CHS) is required, under legislation and under action 1.7 of the National Safety and Quality Health Service Standards, to demonstrate compliance with legislation.

To support legislative compliance across the organisation, CHS purchased an online platform, Health Legal Victoria (HLV). The platform allows organisations to assess their compliance against a range of legislative topics, and generates reports based on these assessments. CHS reports to our Audit and Risk Management Committee (ARMC) quarterly on our legislative compliance.

A working group formed in 2019 identified 219 legislative topics which may apply to CHS. Between October-November 2020, Strategy, Policy and Planning met with each division to discuss topic allocation and assist with completion of the Self-Assessment Questionnaires (SAQs) for each topic.

Topics can be assessed as not applicable, compliant, partially compliant, or non-compliant. Compliant topics require annual review. As agreed by ARMC, partially or non-compliant topics require review in line with their risk rating:

- High – Three months
- Medium and Low – Six months

As of 14 October 2021:

- 66 topics have been assessed as not applicable, leaving 164 topics we need to comply with
- 108 topics have been assessed as compliant uploaded to HLV platform, requiring annual review
- 24 topics have been assessed as partially compliant and require further review in line with their risk rating, of these 12 are now due for review in line with their risk rating
- 32 topics are currently being reviewed.

Additional topics are added for review as ACT and national legislation is amended and reviewed.

Aboriginal and Torres Strait Islander Steering Committee

In consultation with the CHS Aboriginal and Torres Strait Islander Consumer Reference Group, CHS has developed a Statement of Commitment in place of a Reconciliation Action Plan. This has been endorsed by our CHS Aboriginal and Torres Strait Islander Steering Committee and our Consumer Reference Group. The Statement was to be launched in the first quarter of 2021/22 but now is anticipated to be launched by first quarter 2022.

The Statement of Commitment documents the actions CHS will take to work with the ACT Aboriginal and Torres Strait Islander Community and a commitment to culturally safe practices which value Aboriginal and Torres Strait Islander knowledges and cultures.

A Cultural Responsiveness Framework is being developed to plan how the Statement of Commitment will be practically implemented at CHS.

CHS has developed an Aboriginal and Torres Strait Islander Needs Assessment and Action Plan titled Together, Forward. This document incorporates available data, community feedback, and commitments from:

- National Closing the Gap agenda
- ACT Aboriginal and Torres Strait Islander Agreement 2019-2028
- Aboriginal and Torres Strait Islander Elected Body Hearing Recommendations
- National Safety and Quality Health Service Standards (second edition)
- CHS Corporate Plan 2020-2021.

CHS worked with the CHS Aboriginal and Torres Strait Islander Consumer Reference Group to develop and launch a public facing summary of Together, Forward to outline our actions to improve Aboriginal and Torres Strait Islander people's access to services and health outcomes. CHS engaged a local Aboriginal and Torres Strait Islander creative agency to develop the summary of Together, Forward.

Some key achievements in 2020-2021 financial year of the Together, Forward action plan are:

- Specific Ear, Nose and Throat (ENT) surgical lists were held in November and December 2020 and January and February 2021. In September 2020, there were 55 Aboriginal and Torres Strait Islander patients on the ENT surgical wait list, including 18 long waits. As at 31 May 2021, there were 27 Aboriginal and Torres Strait Islander patients on the ENT surgical wait list, including 6 long waits. It should be noted, as people are removed from the waitlist more are added so this is an ongoing priority program of work.
- In October 2020 a pilot wrap around care outpatient clinic was held in GP rooms with a GP, CHS ENT surgeon, cardiology, paediatric and oral maxillofacial specialists in attendance. Scheduled for 16 Aboriginal and Torres Strait Islander children on the long outpatient wait list; 14 children attended and reviewed. Nine children require Adenotonsillectomy and placed on surgical wait list. Dr De Dio and Visiting Medical Officers (VMO's) from CHS have formed a Charitable Trust which will focus on seeing Aboriginal and Torres Strait Islander children on outpatient wait lists identified as Category 2. Review of data indicated that performance in this category for Aboriginal and Torres Strait Islander children requires improvement compared to Category 1 and 3's.
- Women, Youth and Children Division are working in collaboration with Aboriginal and Torres Strait Islander Liaison Officers to develop a new model of care for antenatal care of Aboriginal

and Torres Strait Islander families. CHS are now able to record when an infant has an Aboriginal and Torres Strait Islander father to ensure culturally appropriate care to the family.

- CHS has commissioned a new Aboriginal and Torres Strait Islander artwork by Natalie Bateman that will be embedded into the fabric of our community through its use across CHS corporate documents and consumer resources. The original artwork will hang in one of our facilities.
- As part of comfort care support at end-of-life program Aboriginal and Torres Strait Islander people are gifted a dreaming quilt. The quilts are designed and sewn by Aboriginal and Torres Strait Islander and Non- Aboriginal and Torres Strait Islander women using fabric sourced from Alice Springs. Each Dreaming Quilt is unique; created for a man, woman, child, or baby that is at end of life and approaching the dreaming. They are intended to improve Aboriginal and Torres Strait Islander peoples' death literacy and experience of death in hospitals.
- CHS Consumer Reference Group have completed a first impressions walkaround of Canberra Hospital and a report with recommendations is being presented to the Safe Environment Committee for actioning.
- BreastScreen held a Beautiful Shawls Day where Aboriginal and Torres Strait Islander women were invited to come together to have free mammograms and were given a beautiful bamboo shawl with a local Aboriginal design. The intention of the shawls was to connect Aboriginal and Torres Strait Islander women with country and community and make them feel safe at BreastScreen. The day was well received, and Aboriginal and Torres Strait Islander women are now offered a shawl as they attend appointments at Breastscreen. Another Beautiful Shawl Day will be held later in the year.

Disability Access and Inclusion Plan

1. In 2020 Canberra Health Services (CHS) completed a Disability Needs Assessment to inform development of a specific and measurable Disability Action and Inclusion Plan (DAIP) for the organisation reflective of the needs of the community. The Needs Assessment reviewed local and national reports and available CHS data, including consumer feedback, to identify the key issues and themes relevant to people with disability, their families, and carers. The Needs Assessment was shared with the ACT Disability Reference Group in early 2021.
2. CHS accepted an offer from Office for Disability, Community Services Directorate to fund a consultancy package with Australian Network on Disability (AND) to support development of the DAIP.
3. AND is undertaking consultation with patients and carers who access CHS, CHS staff, community members and other external stakeholders, for example community groups as identified by the ACT Disability Reference Group. Interim findings of consultation have been discussed with the ACT Disability Reference Group, who requested that consultation was extended to allow for further community input. Consultation closed on Sunday 17 October 2021.
4. Once consultation analysis has been finalised it will be used, along with the Needs Assessment to develop the DAIP. During consultation, AND have identified a number of individuals and groups who are interested in reviewing an early draft of the DAIP.
5. CHS is scheduled to present the draft DAIP to the ACT Disability Reference Group in December 2021.
6. It is proposed that the draft DAIP will be shared with the ACT Community for their feedback via the Your Say platform after the Disability Reference Group meeting.
7. It is anticipated that the CHS DAIP will be finalised in first quarter 2021.2 .
8. CHS is working with Office for Disability to ensure that the Disability Reference Group and community more broadly are aware of the linkages between:
 - a. Australia's Disability Strategy – released late 2021
 - b. ACT Disability Strategy - released late 2022
 - c. ACT Operational and management plan
 - d. ACT Disability Health Strategy
 - e. Canberra Health Services Disability Action and Inclusion Plan
 - f. ACT COVID-19 Disability Strategy
 - g. ACT Sector Preparedness Plan

Canberra Health Services Clinical Services Plan

1. Canberra Health Services (CHS) engaged Deloitte to develop and deliver the CHS Clinical Services Plan (CSP) 2021-31.
2. Our CSP is a technical document which supports our suite of frameworks and outlines our clinical service directions for the next 10 years. The CSP informs what services we offer, where we invest our resources and how we grow.
3. The CHS CSP incorporates available demographic and service data as well as consideration of relevant CHS and Territory-wide Strategic and Planning documents. The CHS CSP is designed to support the Territory-wide Health Services Plan (TwHSP) under development by the ACT Health Directorate (ACTHD).
4. Consultation is now complete on CHS CSP. Feedback was received by internal stakeholders, including Minister for Health, CHS executive, clinicians and administrative staff, and external stakeholders including peak consumer groups and Unions. Feedback from ACTHD was also received and incorporated.
5. CHS CSP has been endorsed by CHS Governance Committee.
6. CHS was intending to support the technical CHS CSP with a shorter, public facing document. As ACTHD has prepared a public facing TwHSP, which CHS CSP is aligned to, CHS CSP will be an internal planning document only, with no public facing version.