

Our reference: **CHSFOI21-22.37**

Dear [REDACTED]

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Tuesday 24 May 2022**. The application was rescoped on **Wednesday 22 June 2022**.

The request was rescoped to:

‘I request all documents/correspondence since the 1/2/2022 between the Ministers office and the Ministerial and Governance Services relating to Questions On Notice’

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 with a decision on access to documents within 20 working days of receipt of the rescoped request, this being on **Wednesday 20 July 2022**.

I have identified 67 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

Decisions

I have decided to:

- grant full access to 30 documents: and
- grant partial access to 37 documents

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

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

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

Full Access

I have decided to grant full access to 30 documents at references 2, 4, 6, 7, 9, 11, 14, 16, 18, 20, 22, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 48, 51, 53, 56, 58, 60, 62 and 66.

Partial Access

I have decided to grant partial access to 37 documents at references 1, 3, 5, 8, 10, 12, 13, 15, 17, 19, 21, 23, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 47, 49, 50, 52, 54, 55, 57, 59, 61, 63, 64, 65 and 67 have been identified containing information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act. The information contained in these documents are partially comprised of personal information being mobile numbers for ACT Government staff.

Public Interest Factors Favouring Disclosure

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

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure of the redacted information as the information requested would not provide any government information pertinent to your request. Therefore, I have determined this information identified is contrary to the public interest and would not advantage the public in disclosing this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

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

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

Ombudsman review

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

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

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

ACT Civil and Administrative Tribunal (ACAT) review

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

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

Further assistance

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

Yours sincerely

A handwritten signature in black ink, appearing to be 'JS' or similar initials, written in a cursive style.

Josephine Smith
Executive Branch Manager
Strategy & Governance
Canberra Health Services

20 July 2022

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>'I request all documents/correspondence since the 1/2/2022 between the Ministers office and the Ministerial and Governance Services relating to Questions On Notice'</i>	CHSFOI21-22.37

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
Minister for Health						
1.	1 – 2	Email - Outstanding QoN 2021	2 February 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
2.	3 – 6	Response to Question On Notice (QON) 523 - Drug and Alcohol Rehabilitation - unsigned	12 November 2021	Full Release		YES
3.	7	Email - GBCHS22/20: Assembly Sitting 9-11 November 2022 Question on Notice (QoN) No. 525 - Mobile Health Clinic Garran	10 February 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
4.	8 – 9	GBCHS22/20 Health Response to QON 525 - Mobile Health Clinic Garran - signed	16 February 2022	Full Release		YES

5.	10	Email – RE: GBCHS22/81: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 38 Oral Health Services	29 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
6.	11	Email - GBCHS22/81: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 38 Oral Health Services	30 March 2022	Full Release		YES
7.	12 – 16	HCW QON 38 - Response - Oral Health Services - Castley - signed	11 April 2022	Full Release		YES
8.	17	Email - GBCHS22/80: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 25 Tenders Awarded by CHS	31 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
9.	18 – 19	HCW QON 25 - Response - Tenders Awarded by CHS - signed	11 April 2022	Full Release		YES
10.	20	Email – RE: OVERDUE - GBCHS22/33: Assembly Sitting 8-10 February 2022 Question on Notice (QoN) No. 625 Nurses Furloughed due to COVID	26 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
11.	21 – 23	GBCHS22/33 Stephen-Smith QoN 625 Response - signed	28 April 2022	Full Release		YES
12.	24 – 25	Email – RE: GBCHS22/115: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for Health - Assembly Sitting 5-7 April - Question On Notice (QoN) 741 Health Complaints	11 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
13.	26 – 27	Email - Assembly Sitting 5-7 April - Question On Notice (QoN) 741 Health Complaints (GBCHS22/115)	20 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
14.	28 – 31	GBCHS22/115 Stephen-Smith QoN 741 Health Complaints - signed	9 June 2022	Full Release		YES
15.	32	Email - GBCHS22/141: Assembly Sitting Notice Paper 17 - Question on Notice (QoN) 774 - Update of the Five New Walk-in Health Centres	16 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
16.	33 – 34	GBCHS22/141 - 774 - QON - Walk-in health centres - signed	19 May 2022	Full Release		YES
17.	35	Email - GBCHS22/143: Question on Notice (QoN) 780 - Elective Surgeries Postponements - CASTLEY	19 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
18.	36 – 37	GBCHS22/143 - 780 QON Surgery Postponement - signed	7 June 2022	Full Release		YES
19.	38	Email - GBCHS22/142: Question on Notice (QoN) 775 - Nursing and Midwifery Workforce Plan 2022-2023 - CASTLEY	20 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

20.	39 – 40	GBCHS22/142 - QoN 775 Nursing and Midwifery Workforce Plan 2022-2023 - signed	25 May 2022	Full Release		YES
21.	41	Email - GBCHS22/144: Assembly Sitting May 2022 - Question on Notice (QoN) 771 - Elective Surgery (Due to Chamber Support 5 June 2022)	25 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
22.	42 – 46	GBCHS22/144 - 771 - QON - Rachel Stephen-Smith - elective surgery - Draft	6 May 2022	Full Release		YES
23.	47	GBCHS22/144 – Question on Notice (QoN) 771 - Elective Surgery - CASTLEY	6 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
24.	48	Email – RE: QoN Paeds Waiting Times	1 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
25.	49 – 52	GBCHS22/101 QoN 675 - Wait List children health services - Signed	7 June 2022	Full Release		YES
26.	53	Email - GBCHS22/164: Assembly Sitting 1-2 June 2022 - Question on Notice (QoN) 797 - Leave Provisions	8 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
27.	54 – 80	GBCHS22/164 QoN 797 – Leave Provisions - Draft	3 June 2022	Full Release		YES
Minister for Mental Health						
28.	81	Email – URGENT - GBCHS22/61: Annual Report Hearings 2021-2022 - Question on Notice (QoN) Acute Mental Health, Adolescent Mental Health, and Eating Disorders	11 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
29.	82 – 86	HCW QoN 04 - Signed Response	16 March 2022	Full Release		YES
30.	87	Email - GBCHS22/63: Question on Notice (QoN) Complaints about Justice Health, Official Visitor Scheme Annual Report	18 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
31.	88	HCW QoN 19 – Signed Response	21 March 2022	Full Release		YES
32.	89	Email - GBCHS22/62: Annual Report Hearings 2021-2022 - Question on Notice (QoN) Workforce profile - average length of service	21 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
33.	90 – 91	HCW QON 06 – Signed response	21 March 2022	Full Release		YES

34.	92	Email - GBCHS22/68: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 20 - Healthy Prison Review - Naloxone - Kikkert	22 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
35.	93 – 94	HCW QoN 20 – Response - unsigned	23 March 2022	Full Release		YES
36.	95	Email - GBCHS22/66: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 17 - Aboriginal and Torres Strait Islander overrepresentation - Kikkert	23 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
37.	96	HCW QON 17 – Signed Response	4 April 2022	Full Release		YES
38.	97	Email - GBCHS22/34: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for Mental Health - Assembly Sitting 8-10 February 2022 Question on Notice (QoN) No.647 Patient and Staff Dhulwa	23 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
39.	98 – 102	Email and attachment - GBCHS2234 Davidson QoN 647 Response	28 March 2022	Full Release		YES
40.	103	Email - RE: Outstanding QoN from previous sittings	4 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
41.	104 – 107	Response to QoN 647 - signed	11 February 2022	Full Release		YES
42.	108	Email - GBCHS22/35: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for Mental Health - Assembly Sitting 8-10 February 2022 Question on Notice (QoN) No.648 Staff and Patients at the Adult Mental Health Unit	23 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
43.	109 – 112	GBCHS22-35 QoN 648 Pt and Staff at AMHU - signed	24 March 2022	Full Release		YES
44.	113	Email - GBCHS22/70: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for Mental Health - Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 22 – Smoking Cessation Pilot Program - Kikkert	23 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
45.	114 – 115	GBCHS22-70 Smoking Pilot QoN 22 - signed	23 March 2022	Full Release		YES
46.	116	Email - GBCHS22/60: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for	24 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

		Mental Health - Annual Report Hearings 2021-2022 - Question on Notice (QoN) CHS Capital Works				
47.	117 – 119	Email and attachment - RE: HCW QON 03 - Response - CHS Capital Works - Castley	28 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
48.	102 – 121	QoN Capital Works QoN No 03 - signed	4 April 2022	Full Release		YES
49.	122	Email - GBCHS22/69: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 21 - Overdoses at the AMC - Kikkert	1 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
50.	123 – 125	Email and attachment - HCW QON 21 - Response - Overdoses at the AMC - Kikkert(2)	6 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
51.	126 – 127	QON 21 - signed	6 April 2022	Full Release		YES
52.	128	Email - GBCHS21/246: Assembly 6-8 October 2021 - Minister for Mental Health Question on Notice (QoN) 506) Deaths in Custody	6 Apr 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
53.	129 – 130	GBCHS21-246 QoN 506 Deaths in Care - signed	6 April 2022	Full Release		YES
54.	131 – 133	Email - FW: QoN March Sitting	2 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
55.	134 – 136	Email - RE: GBCHS22/67: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 18 - Board of Inquiry into ATSI overrepresentation - Kikkert	9 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
56.	137	QoN 18 - signed	9 May 2022	Full Release		YES
57.	138	Email - URGENT - GBCHS22/137: Assembly Sitting 22-24 March 2022 - Question on Notice (QoN) 687 - Updated arrangement between the Justice and Community Safety Directorate and Canberra Health Services	27 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
58.	139 – 140	QoN 647 - signed	31 May 2022	Full Release		YES
59.	141	Email - GBCHS22/117: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for Mental Health - Assembly Sitting 5-7 April - Question On Notice (QoN) 699 Occupational Violence at Dhulwa	1 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
60.	142 – 149	GBCHS22-117 QoN 699 OV Dhulwa - signed	1 June 2022	Full Release		YES

61.	150	Email - GBCHS22/140: Question on Notice (QoN) 761 - 761 - Federal Police (AFP) Visiting Dhulwa - CASTLEY	1 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
62.	151 -156	20220506 QoN 761 ACTP at Dhulwa - signed	1 June 2022	Full Release		YES
63.	157	Email - Overdue QoN"s/QToNs	6 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
64.	158 – 174	Email and attachments - RE: QoN 686 Corrective Services ACT Performance Indicators for Detainee Mental Health	9 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
65.	175	Email - GBCHS22/166: Assembly Sitting 1-2 June 2022 - Question on Notice (QoN) 824 - AMC Detainees with Schizophrenia	21 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
66.	176	GBCHS22-166 QoN Detainees with Schizophrenia -QoN 824 - unsigned	3 June 2022	Full Release		YES
67.	177 – 178	Email - RE: Outstanding QoN 2021	2 February 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
Total Number of Documents						
67						

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Bransgrove, Meagen](#)
Subject: RE: Outstanding QoN 2021
Date: Wednesday, 2 February 2022 9:10:00 AM

OFFICIAL

Thanks Meg, now in your folder for review:

<I:\Stephen-Smith\DLO\01. RSS - digital signing\00. Meg documents for review\20211210 GBCHS21-318 QoN Drug Rehab>

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>

Sent: Wednesday, 2 February 2022 8:47 AM

To: CHS DLO <CHSDLO@act.gov.au>

Subject: RE: Outstanding QoN 2021

Hi Kerryn,

Yes, this is Min RSS, happy for it to be re-badged.

Thanks,

Meg

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO

Sent: Wednesday, 2 February 2022 8:18 AM

To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>

Subject: FW: Outstanding QoN 2021

OFFICIAL

Hi Meg

Can you have a look at the attached, this one was originally allocated to Health but for some reason was redirected to Mental Health. Minister Davidson's office has reviewed and feel that, as the topic does not sit within Minister Davidson's portfolio, that it should be signed off by RSS. Can you let me know what you think and if you agree I will rebadge for Minister Stephen-Smith.

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Ord, Jon <Jon.Ord@act.gov.au>

Sent: Monday, 31 January 2022 2:30 PM

To: CHS DLO <CHSDLO@act.gov.au>

Subject: RE: Outstanding QoN 2021

Ok – its just that Min has no oversight of any of this, nor is any in her portfolio.

We cant really approve this.

Happy to discuss.

Jon

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Monday, 31 January 2022 2:28 PM
To: Ord, Jon <Jon.Ord@act.gov.au>
Subject: RE: Outstanding QoN 2021

OFFICIAL

It was originally listed as health but redirected to Mental health, not sure why though
 K

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Ord, Jon <Jon.Ord@act.gov.au>

Sent: Monday, 31 January 2022 2:10 PM

To: CHS DLO <CHSDLO@act.gov.au>

Subject: RE: Outstanding QoN 2021

Hi – that GBCHS21/318 – isn't that Min RSS responsibility?

Jon

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Monday, 31 January 2022 1:49 PM
To: Ord, Jon <Jon.Ord@act.gov.au>; Moloney, Eliza <Eliza.Moloney@act.gov.au>
Cc: Sullivan, Clare <Clare.Sullivan@act.gov.au>
Subject: Outstanding QoN 2021

OFFICIAL

Hi Jon and Eliza

I am just following up on outstanding QoN's for Mental Health and the following are still listed as outstanding:

- GBCHS21/318: Assembly 9-11 November 2021 - Question on Notice (QON) 523 Drug and Alcohol Rehabilitation Beds – I can see that this one went to you for review on 2 December 2021 but I can't see that it ever came out with Minister Davidson's signature on it. The original response is sitting in the folder below:
I:\Davidson\DLO\MO_for_review\Jon_to_Review\Completed Papers\20211210 GBCHS21-318 QoN Drug Rehab
- GBCHS21/246: Assembly 6-8 October 2021 - Minister for Mental Health Question on Notice (QoN) 506) Deaths in Custody – I sent this one to you on 7 December 2021 as the JACS input CHS requires is apparently stuck in the Gentleman office and you were going to follow up with your counterpart in the Gentleman office. Did you have any luck

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Emma Davidson MLA
 Minister for Disability
 Minister for Justice Health
 Minister for Mental Health
 Assistant Minister for Seniors, Veterans, Families and Community Services
 Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 11
Friday, 12 November 2021
Question No. 523

Asked by **MRS JONES MLA** –

- (1) How many residential drug and alcohol rehabilitation beds were operated by the ACT Health Directorate on 31 October 2021.
- (2) How many drug and alcohol rehabilitation day program days were provided by the ACT Health Directorate in the week ending 31 October 2021.
- (3) How many drug and alcohol rehabilitation beds were operated by the Canberra Health Service on 31 October 2021.
- (4) How many drug and alcohol rehabilitation day program days were provided by the Canberra Health Service in the week ending 31 October 2021.
- (5) How many drug and alcohol rehabilitation beds were operated by organisations that are contracted to the ACT Health Directorate and the Canberra Health Service on 31 October 2021.
- (6) How many drug and alcohol rehabilitation day program days were provided by organisations that are contracted to the ACT Health Directorate and the Canberra Health Service in the week ending 31 October 2021.
- (7) How much did the ACT spend on drug and alcohol rehabilitation in (a) 2010-11, (b) 2011-12, (c) 2012-13, (d) 2013-14, (e) 2014-15, (f) 2015-16, (g) 2016-17, (h) 2017-18, (i) 2018-19, (j) 2019-20 and (k) 2020-21.
- (8) How much is the ACT budgeted to spend on drug and alcohol rehabilitation in (a) 2021-22, (b) 2022-23, (c) 2023-24 and (d) 2024-25.

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601

+61 2 6205 2661

stephen-smith@act.gov.au

@RachelSS_MLA

rachelSSMLA

rachelss_mla

MS DAVIDSON MLA - The answer to the Member's question is as follows:

- (1) Nil. ACT Health Directorate (ACTHD) does not directly operate drug and alcohol residential services or other drug and alcohol treatment.
- (2) Nil. See answer to Question 1.
- (3) Canberra Health Services (CHS) do not have any drug and alcohol rehabilitation beds. The Alcohol and Drug Services (ADS) works closely with Non-Government Organisations drug and alcohol rehabilitation services across the ACT. This includes Karralika, Canberra Recovery Services (Salvation Army) and Arcadia House (Directions Health Service).
- (4) The ADS supports referrals to rehabilitation services via the ADS Intake Line and offers drug and alcohol withdrawal management prior to a person's admission to rehabilitation facility.
- (5) There are 115 Alcohol and Other Drugs (AOD) residential rehabilitation beds in the ACT provided by service providers who have service funding agreements with the ACTHD, as outlined in the table below. However, as organisations are allocated an annual budget to use flexibly to operate a range of treatment programs, the number of beds funded by ACTHD is not able to be itemised. These treatment providers also have funding sources outside the ACT Government.

Community Partner	AOD Residential Beds	Bed Types
Karralika Programs Inc	44 beds ¹	
Directions Health Services	11 beds ²	combined AOD rehabilitation and withdrawal beds
Ted Noffs Foundation ACT	10 beds ³	combined AOD rehabilitation and withdrawal beds, targeting 12 to 17 year-olds
The Salvation Army	50 beds ⁴	

¹ACT Health Directorate Karralika Service Funding Agreement

²Directions Health Services Annual Report 2019-20

³ACT Health Directorate Ted Noffs Service Funding Agreement

⁴ACT Health Directorate provides a financial contribution to the Salvation Army towards an unspecified number of rehabilitation beds (with the exception of the Drug and Alcohol Sentencing List Program). Note the difference from previous information provided relates to capacity reduction during COVID-19 response, and no longer applies, with all beds now open.

The Alexander Maconochie Centre also delivers an 'on site' alcohol and other drug residential rehabilitation program.

- (6) Non-residential (day) rehabilitation treatment places being delivered in the ACT by Directions Health Services and Toora Women Inc are funded primarily by the Capital Health Network, with some ACTHD funding for Toora Women Inc. ACTHD is unable to provide advice on the number of places provided by these services. However, service information can be found here: <https://www.chnact.org.au/for-consumers/alcohol-and-other-drug-programs/>

Day rehabilitation treatment places have been dedicated to ACT Drug and Alcohol Sentencing List participants:

- a. Directions Health Services – 8 to 10 treatment places across combined day rehabilitation and counselling package (12 week program)
- b. Toora Women Inc –2 treatment places across combined day rehabilitation and counselling package (12 week program overall with 8 weeks in day rehabilitation).

- (7) The figures provided in the table below represent the total funds allocated annually by ACTHD to the non-government organisations delivering rehabilitation treatment in addition to other alcohol and other drug treatment types. The annual figures provided are not exclusively for rehabilitation treatment. Some organisations are allocated an annual budget to use flexibly to operate a range of treatment programs. Further, some of the programs delivered provide a mix of treatments, for example, residential withdrawal and rehabilitation. It should also be noted that there are other sources of funding for these programs, including client contributions and philanthropic contributions.

2010-11	\$6,029,308.76
2011-12	\$6,227,943.36
2012-13	\$6,407,047.10
2013-14	\$7,459,548.92
2014-15	\$7,701,180.68
2015-16	\$8,355,735.16
2016-17	\$8,620,362.62
2017-18	\$8,781,945.28
2018-19	\$9,037,468.36
2019-20	\$9,755,756.27
2020-21	\$10,375,185.03

The 2021-22 budget allocation for rehabilitation services via the ACT Government's Service Funding Agreements with the non-government organisations is \$10,402,444.04.

The Budget allocation for rehabilitation services for future years will be subject to commissioning of services and future Budget processes. Over the 2022-23 financial year, ACTHD in collaboration with the ACT AOD sector will undertake co-design and commissioning of all non-government delivered alcohol and other drug treatment and support services. A needs assessment regarding all AOD treatment types is being undertaken, which will inform the design and commissioning process and future ACT Budget considerations.

It should also be noted that in the 2021-22 Budget, the ACT Government provided \$503,000 to commence design work to deliver a new community-led alcohol and other drug and mental health treatment precinct. This includes design work for a new Aboriginal and Torres Strait Islander residential alcohol and other drug rehabilitation facility in partnership with Winnunga Nimmityjah and for the redevelopment of the Ted Noffs Foundation and CatholicCare facilities in Watson.

Approved for circulation to the Member and incorporation into Hansard.

**Emma Davidson MLA
Minister for Mental Health**

Date:.....

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Bransgrove, Meagen](#)
Subject: GBCHS22/20: Assembly Sitting 9-11 November 2022 Question on Notice (QoN) No. 525 - Mobile Health Clinic Garran
Date: Thursday, 10 February 2022 4:40:00 PM

OFFICIAL

Hi Meg

CHS have now prepared the response to Question on Notice (QoN) No. 525 - Mobile Health Clinic Garran:

[I:\Stephen-Smith\DLO\01. RSS - digital signing\00. Meg documents for review\GBCHS22-20 QoN Mobile Health Clinic](#)

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 11
Friday, 12 November 2021
Question No. 525

Asked by **MRS JONES MLA** –

- (1) In relation to the mobile health clinic at the Garran Surge Centre site that is used to administer Sotrovimab:
- (a) who owns the mobile health clinic,
 - (b) what is the cost to the ACT Government of using the mobile health clinic,
 - (c) on what day did the mobile health clinic become operational for Sotrovimab infusions,
 - (d) how many Sotrovimab infusions have been administered in the mobile health clinic,
 - (e) how many days since the mobile health clinic has become operational has it not been used for Sotrovimab infusions,
 - (f) is the mobile health clinic waterproof,
 - (g) is the mobile health clinic able to be used when it rains, and,
 - (h) what make and model of air purifier is used to filter the air in the mobile health clinic.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (a) The mobile health van is leased by Canberra Health Services from University of Canberra.
- (b) The lease of the van is \$1 for the term of the contract.
- (c) 9 November 2021.
- (d) The location of the Sotrovimab infusion is not captured and could have been administered in either the mobile health clinic or on the dedicated COVID ward.
- (e) The service ceased on 24 December 2021.

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601

 +61 2 6205 2661
  stephen-smith@act.gov.au

 [@RachelSS_MLA](https://twitter.com/RachelSS_MLA)

 [rachelSSMLA](https://www.facebook.com/rachelSSMLA)

 [rachelss_mla](https://www.instagram.com/rachelss_mla)

- (f) Yes.
- (g) Yes.
- (h) The mobile clinic utilises four mobile air purifiers. They are all Samsung AX90T708WD and the same model used throughout CHS.

Approved for circulation to the Member and incorporation into Hansard.



**Rachel Stephen-Smith MLA
Minister for Health**

Date: 16/2/22

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Bransgrove, Meagen](#)
Subject: RE: GBCHS22/81: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 38 Oral Health Services
Date: Tuesday, 29 March 2022 1:32:00 PM

OFFICIAL

Thanks Meg

I think there was some confusion with the team around the next steps. I have now gone back to RACS and asked them to try and finalise prior to sitting next week.

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>

Sent: Tuesday, 29 March 2022 11:48 AM

To: CHS DLO <CHSDLO@act.gov.au>

Subject: RE: GBCHS22/81: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 38 Oral Health Services

I believe the area where providing answers to my requests to check and where information was needed, I only spoke through one aspect of the QON and it was coming back to me with updated information.

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO

Sent: Tuesday, 29 March 2022 11:46 AM

To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>

Subject: GBCHS22/81: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 38 Oral Health Services

OFFICIAL

Hi Meg

Are you able to tell me where this one is up to, I understand from the area that you discussed this with Jo last week, am I meant to be doing something with this one post that conversation? <I:\Stephen-Smith\DLO\01. RSS - digital signing\00. Meg documents for review\Waiting for updates\URGENT GBCHS22-81 QoN 38 Oral Health>

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Bransgrove, Meagen](#)
Subject: GBCHS22/81: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 38 Oral Health Services
Date: Wednesday, 30 March 2022 10:08:00 AM

OFFICIAL

Hi Meg

This one has now been amended as per your comments and tracked changes, ready for review and progression:

<I:\Stephen-Smith\DLO\01. RSS - digital signing\00. Meg documents for review\Waiting for updates\URGENT GBCHS22-81 QoN 38 Oral Health>

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QoN No. 38

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair), Mr Michael Pettersson MLA

Inquiry into Annual and Financial Reports 2020-2021
QUESTION ON NOTICE

LEANNE CASTLEY MLA: To ask the Minister for Health

Canberra Health Services Annual Report 2020-21, Rehabilitation, aged and community services

Topic: Rehabilitation, Aged and Community Services, p25

On page 25 of the CHS annual report 2020-21, you state that “Oral Health Services is a multi-disciplinary program within the division, which offers a range of dental services to eligible ACT residents including diagnostic, preventative, restorative, oral surgery and dentures.”. Your outlook also states that you will, “Commence the implementation of work from the Oral Health Services Governance Framework and Model of Care Review. This reform will aim to optimise and achieve a contemporary clinical service and business model for Oral Health Services.”

Questions:

1. How many recommendations were in the “Oral Health Services Governance Framework and Model Care Review”?
2. Is this review publicly available? If so, please provide a link or attachment to the document. If not, why?
3. Who conducted the review and how much did it cost?
4. Why did the government request a review into “Oral Health Services Governance Framework and Model of Care”?
5. How many recommendations has your government implemented? Provide a breakdown of recommendations completed and time frames for all other recommendations.
6. How many staff make up the Oral Health Services (the service) under RACS? Provide a breakdown of staff and their roles in the service e.g. admin, surgeons etc... Since the service began.
7. How many requests are made each year to this service by consumers? Provide a breakdown of what services consumers have requested from OHS, how many have been completed since the service began.
 - a. Provide a breakdown of the wait times for each service provided by OHS

- b. How many of these services are outsourced? Does this cost the directorate more? If so, how much more does each outsourced cost and what is the total cost of outsourcing services from OHS?
8. What funding has this service received since it began?
 9. Have there been any complaints from staff about the way that the service is run? If so, provide a breakdown of complaints since the service began.
 10. Have there been complaints from consumers about this service? If so, provide a breakdown of complaints since the service began.
 11. Is the government going to increase funding and staffing for this service? If not, why?

RACHEL STEPHEN-SMITH MLA: The answer to the Member's question is as follows:–

1. 12
2. The review report is not publicly available as it is subject to commercial in confidence arrangements.
3. Canberra Health Services (CHS) engaged KPMG through an approach to market procurement process. The total contract amount was approximately \$185,818.05 (including GST).
4. The review was undertaken in response to a recommendation from an internal workplace culture review.
5. An Oral Health Services Steering Committee has been established and includes members from within CHS and key external stakeholders. CHS has developed a new governance structure, a key recommendation of the review and the committee will oversight the implementation of the structure and other key activities from the review. It is expected that the implementation of the new model of care will address all the recommendations from the Oral Health Services Governance Framework and Model of Care Review. It is anticipated this work will be completed in the 2022-23 financial year.
6. The full-time equivalent (FTE) staff numbers for Oral Health Services for the previous two financial years is below. It is not feasible to provide information about staffing numbers since the service began in 1970.

FTE for Oral Health Services

	(2019-2020)	(2020-2021)
Dental Assistants	37.1	36.0
Dentists	14.0	11.2
Admin	16.5	17.7
Dental/Oral Health Therapists	19.3	17.9

7. It is not feasible to provide data on how many services have been requested or completed since the service began in 1970.

Requests for services

- 1669 clients were added to the client list for restorative dental services in the 2020-21 financial year.
- 60 clients were added to the client list for denture services in the 2020-21 financial year.

Clients can require multiple procedures (occasions of service) in each attendance, and the client may require multiple attendances in their course of care once they are referred for treatment. As such, it is not feasible to provide data on how many clients were referred and how many were treated or no longer required care.

Attendances

Dental attendances*	2019-20 FY volume of attendances	2020-21 FY volume of attendances**
Adult dental health	13,306	9,408
External prostheses and external restorative services	721	598
Child and youth dental health	15,379	11,019
Hume Health Centre	501	770
Mobile Dental Clinic	1007	505

*An attendance is defined as one visit or appointment.

**2020-21 FY attendances were impacted by the COVID-19 pandemic

Procedures provided

Dental procedures* provided by CHS	2019-20 FY volume of procedures	2020-21 FY volume of procedures**
Adult dental health	31,877	28,485
External prostheses and external restorative services	1,191	1,513
Child and youth dental health	46,160	44,519
Hume Health Centre	2,163	3,732
Mobile Dental Clinic	4,125	1,671

*Procedures (occasions of care) are individual activities undertaken (such as one filling or one extraction). Multiple procedures can be provided in one visit, and one client can have multiple visits in their course of care.

**2020-21 FY attendances were impacted by the COVID-19 pandemic

- It is not feasible to provide a breakdown of the wait times for each type of service.
- It is not feasible to provide a breakdown of the cost of each service provided by an external provider as it will be different for each client depending on their care needs, however:

- 2621 patients were seen by external providers in the 2020-21 Financial Year, which is an established part of the OHS model of care and consistent with service delivery models in other jurisdictions.
- The total business as usual cost for the 2020-21 financial year for outsourced services was \$1.672 million, which includes dental prosthetic referrals, dental lab referrals, the Restorative Referral Scheme, the Emergency Restorative Referral Scheme, and general anaesthetic sessions.

External Dental Lab Costs

In the 2020-21 financial year, Canberra Health Services (CHS) accrued invoices for a total of \$257,000 in costs to external providers for prosthetic lab services. This includes the creation of dentures and other protheses. This is in addition to the \$1.672 million business as usual costs listed above.

8. The funding provided to the service for the previous two financial years is below. It is not feasible to provide information about funding since the service began in 1970.

Funding for Oral Health Services

(2019-2020)	(2020-2021)
Budget \$'000	Budget \$'000
\$12,308	\$12,681

CHS also received an additional \$2 million in funding from the Commonwealth in 2020-21 to reduce the wait times that were significantly impacted by COVID-19 restrictions.

9. There have been no formal complaints from staff about how the service is run, however staff have had the opportunity to provide regular feedback through staff surveys. All OHS staff and relevant internal and external stakeholders were invited to engage directly with KPMG to provide feedback on the operations of the service. This was offered in a range of different formats (including forums, interviews and written feedback).
10. There have been complaints from consumers about the service. A breakdown of the complaints received through the Consumer Feedback and Engagement Team in the 2020-21 Financial Year is below.

Complaints in 2020-21 Financial Year

Category	Count
Access and appointment availability	34
Conduct of staff	4
Access to and suitability of dentures	6
Administration and program management	2

Costs for consumers and vouchers	4
Clinical care and appropriateness of treatment	15
Total	65

11. Additional funding may be considered should it be identified as needed to fully implement the future model of care.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:



Date: 11 / 4 / 22

By the Minister for Health, Rachel Stephen-Smith

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Bransgrove, Meagen](#)
Subject: GBCHS22/80: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 25 Tenders Awarded by CHS
Date: Thursday, 31 March 2022 4:26:00 PM

OFFICIAL

Hi Meg

The response to the Tenders QoN is now ready for your review:

<I:\Stephen-Smith\DLO\01. RSS - digital signing\00. Meg documents for review\URGENT GBCHS22-80 QoN Tenders>

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. 25

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair), Mr Michael Pettersson MLA

Inquiry into Annual and Financial Reports 2020-21
QUESTION ON NOTICE

Asked by **ELIZABETH LEE MLA**: To the Minister for Health:

1. How many tenders were awarded by Canberra Health Services in the financial years:
 - a. 2021-22
 - b. 2020-21
 - c. 2019-20
 - d. 2018-19
 - e. 2017-18

2. Of those, how many were awarded to an entity that was not the preferred tenderer for each financial year
 - a. 2021-22
 - b. 2020-21
 - c. 2019-20
 - d. 2018-19

3. Please provide the tender evaluation reports and delegate's recommendations for each of the cases identified in the answers to question 2.

4. For all procurements entered into with an exemption in financial year 2020-21, please provide:
 - a. The vendor
 - b. The contract title
 - c. The estimated value
 - d. The final value

RACHEL STEPHEN-SMITH MLA: The answer to the Member's question is as follows:—

1.
 - a. 236 (FYTD)
 - b. 352
 - c. 325
 - d. 79
 - e. Refer to ACT Health Directorate data as CHS Directorate did not exist for this financial year

2. Based on the available records, no tenders have been awarded by Canberra Health Services to an entity that was not the preferred tenderer
3. N/A
4.
 - a. Refer to the public contracts register online.
 - b. Refer to the public contracts register online.
 - c. Commercial in confidence, disclosure of such information outside of the Canberra Health Services Directorate may compromise the position of Canberra Health Services to negotiate the best value for money outcomes in current and future tenders.
 - d. Refer to the public contracts register online.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:



Date:

11 / 4 / 22

By the Minister for Health, Rachel Stephen-Smith

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Bransgrove, Meagen](#)
Subject: RE: OVERDUE - GBCHS22/33: Assembly Sitting 8-10 February 2022 Question on Notice (QoN) No. 625 Nurses Furloughed due to COVID
Date: Tuesday, 26 April 2022 2:56:00 PM

OFFICIAL

Hi Meg

This one has now been updated, over to you:

[I:\Stephen-Smith\DLO\01. RSS - digital signing\00. Meg documents for review\Waiting for updates\OVERDUE GBCHS22-33 Nurses Furloughed](#)

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>

Sent: Wednesday, 20 April 2022 12:03 PM

To: CHS DLO <CHSDLO@act.gov.au>

Subject: RE: OVERDUE - GBCHS22/33: Assembly Sitting 8-10 February 2022 Question on Notice (QoN) No. 625 Nurses Furloughed due to COVID

Sorry now located [here](#).

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO

Sent: Wednesday, 20 April 2022 9:25 AM

To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>

Subject: OVERDUE - GBCHS22/33: Assembly Sitting 8-10 February 2022 Question on Notice (QoN) No. 625 Nurses Furloughed due to COVID

OFFICIAL

Hi Meg

QoN response is now ready for your review and progression:

[I:\Stephen-Smith\DLO\01. RSS - digital signing\00. Meg documents for review\OVERDUE GBCHS22-33 Nurses Furloughed](#)

Please note I am still chasing the costings (which need to be inserted to the end of the response) but in the interest of time I thought you could review while I am getting that information.

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 14
11 February 2022
Question No. 625

MRS JONES MLA: To ask the Minister for Health—

- (1) In relation to Canberra Health Services, how many instances, since 1 July 2021, have there been of nurses being furloughed because they have been required to quarantine or isolate due to COVID-19.
- (2) For each instance of quarantine or isolation referred to in part (1), did the nurse use (a) COVID-19 leave, (b) personal leave, (c) annual leave, (d) other leave (specify), (e) a combination of the leave types in (a)-(d) (specify) or (f) was the nurse not entitled to leave.
- (3) How many days of (a) COVID-19 leave, (b) personal leave, (c) annual leave and (d) other leave, have been accessed by nurses in each month since 1 July 2021.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) Canberra Health Services (CHS) is unable to answer all elements of this question. When staff apply for COVID leave, CHS internally tracks this request, however once this leave is approved, it cannot be traced. When the COVID Leave type was created for ACTPS employees, no ACTPS leave codes were created to allow directorates to track the amount of leave paid.
- (2) As above.
- (3) (a) As above.
 (b) The breakdown of personal leave days paid by month to Nursing Staff at CHS since 1 July 2021 is detailed below. These days are the total hours of personal leave paid and divided by eight (shift length) to determine days taken per month. There are three types of personal leave included as defined in the table with total per month detailed.



		Personal leave days
2021	Jun	4061.72
	Jul	3845.28
	Aug	4080.5
	Sep	4502.8
	Oct	3057.4
	Nov	4127.58
	Dec	4183.18
2022	Jan	3465.61
	Feb	3576.53
	Mar	4409.31

(c) The breakdown of annual leave days paid by month to Nursing staff at CHS since 1 July 2021 is detailed below. These days are the total paid divided by eight (shift length) to determine days taken per month.

		Annual leave days
2021	Jun	4565.71
	Jul	6220.75
	Aug	4707.59
	Sep	6841.04
	Oct	4733.34
	Nov	5150.09
	Dec	5735.81
2022	Jan	8451.1
	Feb	6650.72
	Mar	5786.34

(d) The breakdown of other leave days paid by month to Nursing staff at CHS since 1 July 2021 is detailed below. These days are the total hours of other leave paid divided by eight (shift length) to determine days taken per month. Please note that within the parameters of 'other leave', are multiple leave codes not assigned to any other code within the ACTPS system.

		Other Leave days
2021	Jun	402.26
	Jul	433.67
	Aug	1134.07
	Sep	2884.86
	Oct	1461.77
	Nov	843.44
	Dec	699.94
2022	Jan	2414.29
	Feb	1867.03
	Mar	1476.25

Approved for circulation to the Member and incorporation into Hansard.



Rachel Stephen-Smith MLA
Minister for Health

Date:.....28/4/22.....

This response required 5hrs to complete, at an approximate cost of \$437.85.

Gamage, Subha (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Wednesday, 11 May 2022 9:38 AM
To: Bransgrove, Meagen
Subject: RE: GBCHS22/115: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for Health - Assembly Sitting 5-7 April - Question On Notice (QoN) 741 Health Complaints

OFFICIAL

Apologies Meg

I missed that, I will follow up on the input and update.

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Wednesday, 11 May 2022 9:32 AM
To: CHS DLO <CHSDLO@act.gov.au>
Subject: RE: GBCHS22/115: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for Health - Assembly Sitting 5-7 April - Question On Notice (QoN) 741 Health Complaints

Hi Kerryn,

Some comments on this one as the current only provides CHS information not ACT Health/Calvary.

Now located [here](#).

Thanks,

Meg

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Monday, 9 May 2022 8:55 AM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: GBCHS22/115: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for Health - Assembly Sitting 5-7 April - Question On Notice (QoN) 741 Health Complaints

OFFICIAL

Hi Meg

Question On Notice (QoN) re 741 Health Complaints response is ready for your review and progression:
<I:\Stephen-Smith\DLO\01. RSS - digital signing\00. Meg documents for review\20220508 QoN 741 Complaints>

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

Gamage, Subha (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Friday, 20 May 2022 3:14 PM
To: Bergin, Catherine
Subject: RE: Assembly Sitting 5-7 April - Question On Notice (QoN) 741 Health Complaints (GBCHS22/115)

OFFICIAL

Will do, thanks

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdllo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Sent: Thursday, 19 May 2022 5:46 PM
To: CHS DLO <CHSDLO@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: RE: Assembly Sitting 5-7 April - Question On Notice (QoN) 741 Health Complaints (GBCHS22/115)

Hi Kerryn,

Let's just hold it for now.

Thanks,
 Cath

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Thursday, 19 May 2022 3:32 PM
To: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: FW: Assembly Sitting 5-7 April - Question On Notice (QoN) 741 Health Complaints (GBCHS22/115)

OFFICIAL

Hi Cath

Following on from the meeting yesterday can you please provide some advice on how you would like CHS to proceed with the response to this QoN.

The CHS response is ready to go we are just waiting on Calvary input. Please see below for the response from ACTHD in relation to the Calvary input.

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdllo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Gstrein, Kylie (Health) <Kylie.Gstrein@act.gov.au> **On Behalf Of** GovernmentBusinessHealth

Sent: Wednesday, 18 May 2022 9:30 AM

To: CHS DLO <CHSDLO@act.gov.au>; Canberra Health Services Ministerial <CHS.Ministerial@act.gov.au>

Cc: GovernmentBusinessHealth <GovernmentBusinessHealth@act.gov.au>

Subject: RE: Assembly Sitting 5-7 April - Question On Notice (QoN) 741 Health Complaints (GBCHS22/115)

Hi Kerryn

Apologies for the delay in responding to you. Advice from yesterday is there is a delay in receiving the input as Calvary is very understaffed at the moment.

We will follow up again this morning and update you on the progress.

Kind regards

Kylie

Kylie Gstrein | A/g Director, Government Business

Email: GovernmentBusinessHealth@act.gov.au

Ministerial and Government Services | ACT Health Directorate

Level 5, 2-6 Bowes Street, Woden ACT 2606

health.act.gov.au





Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
Question No. 741

MS CASTLEY MLA: To ask the Minister for Health—

- 1) How can Canberrans make complaints about staff and/or services at our public hospitals and what mechanisms exist to make complaints (eg, in person at hospital, Access Canberra, a telephone hotline, etc).
- 2) How many complaints have there been to ACT Health and Canberra Health Services since 2016.
- 3) Can the Minister provide a breakdown of the types of complaints and how the complaints were made.
- 4) How many of these complaints (a) were resolved or escalated and (b) remain unresolved or still under investigation.
- 5) How many complaints are yet to be dealt with.
- 6) Can the Minister provide information and numbers about who is making complaints (eg, patients/consumers, carers, health staff, management).
- 7) How many complaints have resulted in legal action since 2016.
- 8) How many of those complaints that have resulted in legal action have involved legal action against the ACT Government and can the Minister provide details and costs incurred to the Government.
- 9) How long does it take to investigate a complaint on average including details by type of complaint.
- 10) What is the procedure for managing, investigating and following up with Canberrans who lodge a health complaint.
- 11) How many staff work/have worked for complaints platforms across the health system since 2016.

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12) How many of the complaints, which have been resolved since 2016, are/have been later reopened or escalated and why.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

1) Feedback can be provided to Canberra Health Services (CHS) in several ways, these include:

- Speaking with a CHS team member.
- Completing a Consumer and Carer Feedback Form and placing the form in one of the feedback blue boxes available across CHS facilities, or place in the Australia Post.
- Sending an email to healthfeedback@act.gov.au.
- Completing the online form on the CHS Internet site: <https://www.canberrahealthservices.act.gov.au/forms/i-want-to-provide-feedback-about-a-public-health-service>.
- Completing the feedback form via the ACT Health App.
- Calling the CHS Consumer Feedback and Engagement Team on 5124 5932.

Feedback about services provided by Calvary Public Hospital Bruce can be provided in several ways, these include:

- In-person to Calvary staff whilst admitted or attending outpatient services.
- Completing a "Patient Feedback" form available throughout the hospital.
- Completing the online form on the Calvary website: <https://www.calvarycare.org.au/contact/feedback/>
- Emailing Calvary's Consumer Feedback team at feedback@calvary-act.com.au
- Calling Calvary's Consumer Feedback team on (02) 6264 7260.

Feedback about all health services can also be provided to the ACT Human Rights Commission on (02) 6205 2222 or by completing their online form at <https://hrc.act.gov.au/complaints/>

Feedback can also be provided by writing to the Minister for Health, the Minister for Mental Health, or another Member of the Legislative Assembly.

2) For the period of 1 January 2016 – 28 February 2022 there have been 10,941 complaints made to CHS and its predecessor services within then ACT Health. This total includes complaints received via the Ministerial and Human Rights Commission processes.

The ACT Health Directorate (ACTHD) provides strategic leadership, policy and planning advice, and oversight of the public health system. ACTHD commissions and manages contracts for the delivery of public hospital services but does not directly provide any public hospital services. All feedback received by ACTHD in relation to the provision of public hospital services is referred to the relevant service provider for response.

- 3) The top 5 themes of complaints received from 1 January 2016 – 28 February 2022 were: conduct (27%), information/communication/education (22%), access (19%), quality and safety (16%), and facilities/resources (7%).

The top 5 modes that complaints were received for the period of 1 January 2016 – 28 February 2022 was via: feedback form (30%), online form (24%), telephone (15%), email (11%) and Ministerial (11%).

- 4) 23 complaints remain open from the period of 1 January 2016 – 28 February 2022. The remainder have been managed and closed.
- 5) All 23 open complaints are currently being investigated by CHS.
- 6) Many complaints are anonymous and CHS systems do not collect data differentiating between types of complainants.
- 7) Since 2016, 47 claims were received that originated as complaints. Ten of the 47 claims relate to incidents occurring prior to 2016.
- 8) The below table provides detail on the costs incurred by the ACT Government on the claims identified in question 7 to the extent possible, whilst maintaining the privacy of personal information relating to the complaints. The Territory is represented in all matters by the ACT Government Solicitor (ACTGS) and the costs of representation and compensation are met from existing ACTGS resourcing and through the Territory's insurance arrangements with the ACT Insurance Authority (ACTIA).

Category of claim	Number of claims	Costs incurred by Government
Medical Negligence	42	\$6,069,045.46
Negligence (other than Medical Negligence)	5	\$828,844.84

- 9) For the period of 1 January 2016 – 28 February 2022, the average number of days to close a complaint was 20.59 days. The National Key Performance Indicator for the closure of complaints is 35 calendar days (excluding Ministerials and Human Rights Commission responses).

- 10) Please refer to the Consumer Feedback Policy and Procedure which is available on the CHS website: <http://www.canberrahealthservices.act.gov.au/about-us/policies-and-guidelines>

Complaints about public hospital services received by ACTHD are currently referred on to the relevant public hospital service provider for management in accordance with their policies and procedures.

- 11) The CHS Consumer Feedback and Engagement Team has 4 Full-time Equivalent team members. Complaints management and responses to complaints is also the responsibility of the executive support team, clinicians and administrative team members across CHS.

Coordination and management of consumer feedback relating to public hospital services (e.g., referring to service provider for response) is managed by the relevant ACTHD business unit as part of the normal course of administrative business.

12) The CHS Feedback Module IT system is unable to report on reopened complaints.

Approved for circulation to the Member and incorporation into Hansard.



**Rachel Stephen-Smith MLA
Minister for Health**

Date: 9/6/22

This response required 21hrs to complete, at an approximate cost of \$160.31.

Gamage, Subha (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Monday, 16 May 2022 2:07 PM
To: Bransgrove, Meagen
Subject: GBCHS22/141: Assembly Sitting Notice Paper 17 - Question on Notice (QoN) 774 - Update of the Five New Walk-in Health Centres

OFFICIAL

Hi Meg

CHS has now drafted a response to QoN 774 regarding and Update of the Five New Walk-in Health Centres:
[!:\Stephen-Smith\DLO\01. RSS - digital signing\00. Meg documents for review\20220601 GBCHS22-141 QoN 774 New WiCs](#)

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 17
6 May 2022
Question No. 774

MS CASTLEY MLA: To ask the Minister for Health—

1. Can the Minister provide an update of the five new walk-in health centres outlined in the parliamentary agreement in (a) South Tuggeranong, (b) West Belconnen, (c) North Gungahlin, (d) Molonglo and (e) Inner South, including details of potential locations, size, staff and budget.
2. When will the roll out of these centres be complete and can the Minister provide details of the timeframe.
3. How much has been spent on planning for these new walk-in health centres so far and can the Minister provide details.
4. How many staff are working in the directorate on these new centres.
5. Will there be public transport available to these centres.
6. Will the new walk-in health centres be different to current centres; if so, can the Minister provide details.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

1. A feasibility study has commenced into the establishment of the Inner South, South Tuggeranong, North Gungahlin and West Belconnen centres.

The Molonglo centre commenced on 28 April 2022 operating as Canberra Health Services at Molonglo (CHS at Molonglo). It is co-located within the Molonglo Valley Medical Centre at 110 Woodberry Avenue, Coombs, with Canberra Health Services (CHS) managing six consultation rooms.

Current services provided at CHS at Molonglo include a range of women's and family health care services led by CHS nurses and midwives.

2. The first new centre is open and operating at Molonglo. The roll-out of the four additional health centres will be subject to consideration of the feasibility study.
3. As of 30 April 2022, capital costs of \$0.7 million (GST exclusive) have been spent on planning and construction activities.

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4. CHS has allocated a multi-disciplinary project team with up to five staff from different areas working on this project.
5. Yes. Public transport is one of the criteria proposed for assessment of preferred sites.
6. The new centres will provide publicly accessible healthcare across Canberra's suburbs. These centres will build on the existing health network including the Walk-In Centres and the Community Health Centres and will be informed by consultation with each community and key stakeholder groups. The objective of these centres will be the delivery of person-centred, integrated care with a multidisciplinary approach.

Approved for circulation to the Member and incorporation into Hansard.



**Rachel Stephen-Smith MLA
Minister for Health**

Date:.....19/5/22.....

This response required 75mins to complete, at an approximate cost of \$140.

Gamage, Subha (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Thursday, 19 May 2022 4:10 PM
To: Bransgrove, Meagen
Subject: GBCHS22/143: Question on Notice (QoN) 780 - Elective Surgeries Postponements - CASTLEY

OFFICIAL

Hi Meg

CHS have now drafted the response to QoN 780 regarding Elective Surgeries Postponements, ready for your review and progression

<I:\Stephen-Smith\DLO\01. RSS - digital signing\00. Meg documents for review\20220605 GBCHS22-143 QoN 780 Surgery Postpone>

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

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Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 17
6 May 2022
Question No. 780

MS CASTLEY MLA: To ask the Minister for Health—

1. How many elective surgeries in our public hospitals booked for a certain day do not happen on that day and can the Minister provide numbers for the last five years for each hospital.
2. When do those elective surgeries happen and can the Minister provide figures about if those surgeries go ahead the next day, after two days, etc.
3. How many elective surgeries, on average, are booked each day and can the Minister provide the figures for each public hospital.
4. Are all patients told to return the next day if elective surgery is cancelled and can the Minister explain the process including who is asked to return the next day and, if not, are the other patients who miss out given another day for their elective surgery.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

1. The level of data granularity required to answer this question is not currently available. Accordingly, to provide a response to this question would be an unreasonable diversion of resources.
2. The level of data granularity required to answer this question is not currently available. Accordingly, to provide a response to this question would be an unreasonable diversion of resources.
3. The average number of elective surgeries booked for completion each day that elective surgery is performed at both Canberra Health Services and Calvary Public Hospital Bruce is approximately 30 each.
4. When a patient is cancelled a note is made of that in their elective surgery listing. The patient is then rescheduled based on normal surgical listing parameters, which include the frequency of these lists, surgeon, anaesthetist, bed availability and competing priority of other patients.

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Approved for circulation to the Member and incorporation into Hansard.



Rachel Stephen-Smith MLA
Minister for Health

Date: 7/6/22

This response required 120mins to complete, at an approximate cost of \$279.92.

Gamage, Subha (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Friday, 20 May 2022 11:27 AM
To: Bransgrove, Meagen
Subject: GBCHS22/142: Question on Notice (QoN) 775 - Nursing and Midwifery Workforce Plan 2022-2023 - CASTLEY

OFFICIAL

Hi Meg

CHS have now drafted the response to QoN 775 regarding the Nursing and Midwifery Workforce Plan 2022-2023, ready for your review and progression:

<I:\Stephen-Smith\DLO\01. RSS - digital signing\00. Meg documents for review\20220605 GBCHS22-142 QoN 775 Nursing Workforce>

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

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Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 17
6 May 2022
Question No. 775

MS CASTLEY MLA: To ask the Minister for Health—

1. In relation to freedom of information documents for the Canberra Health Services Nursing and Midwifery Workforce Plan 2022-2023, Attachment D – Consultation process and contributors, page 34, that stated “focus groups were held throughout the first half of 2021... 7% of the workforce attended these sessions”, (a) how many, (b) when (including time) and (c) where were the focus groups held.
2. What is the breakdown of the job titles and number of staff who attended the focus groups.
3. What was the total cost of the focus groups.
4. Who ran the focus groups and how was that decided, including details of cost (if any) if the job was outsourced.
5. Was an invitation sent to all staff and how much notice was given.
6. What alternatives/solutions were offered to staff who could not attend the focus groups.
7. Was feedback sought by the directorate about the focus groups; if so, what feedback was received about the focus groups.

MS STEPHEN-SMITH MLA - The answer to the Member’s question is as follows:

1. Thirty-six (36) focus groups were conducted at various locations on the Canberra Hospital campus, Alexander Maconochie Centre, Walk in Centres and via WEBEX. These sessions ran from Tuesday 6 April to Tuesday 12 October 2021. Times for sessions included 9am, 10am, 12:30pm, 1:30pm, 2:30pm, 3:30pm and 8:30pm.
2. This information was not collected in the focus groups to ensure staff confidentiality. Staff in attendance covered the entire spectrum of the professions from Assistants in Nursing through to Executive staff.
3. Nil. Focus groups were conducted onsite and facilitated by Workforce Strategy and Planning Staff.

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4. The Executive Director, Nursing and Midwifery and Executive Group Manager, People and Culture approved Workforce Strategy and Planning staff to conduct and facilitate the focus group sessions due to their previous experience and training undertaking such tasks. Development of the plan was not completed by external sources.
5. A communications plan was developed and approved. Communications were delivered through internal communications including the CEO Bulletin, the main Intranet page, DONS and ADONs meetings, flyers in tea rooms and an Eventbrite link. Communications commenced on 31 May 2021 and concluded in October 2021.
6. All nursing staff were sent a link to an online survey they could complete. Workforce Planning staff also undertook individual meetings with staff as requested and conducted online focus group sessions.
7. The ACT Health Directorate was engaged throughout various stages of the workforce plan development. Within CHS, the CEO and Executive Director, Nursing and Midwifery were advised of progress of focus groups throughout the consultation period via regular catchups.

Approved for circulation to the Member and incorporation into Hansard.



**Rachel Stephen-Smith MLA
Minister for Health**

Date:..... 25 / 5 / 22

This response required 14 hrs 30 mins to complete, at an approximate cost of \$1,521.49

Gamage, Subha (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Wednesday, 25 May 2022 12:06 PM
To: Bergin, Catherine
Subject: GBCHS22/144: Assembly Sitting May 2022 - Question on Notice (QoN) 771 - Elective Surgery (Due to Chamber Support 5 June 2022)

OFFICIAL

Hi Cath

CHS have now drafted the response to QoN 771 relating to Elective Surgery and it is now ready for your review and progression:

<I:\Stephen-Smith\DLO\01. RSS - digital signing\02. CoS documents for review\20220605 QoN 771 Elective Surgery>

Please note this one is due to Chamber Support by 5 June 2022.

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

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Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 17
6 May 2022
Question No. 771

MS CASTLEY: To ask the Minister for Health—

1. How many Canberrans are on waiting lists for an initial appointment for elective surgery in the ACT for each service.
2. What is the median wait time for each list, each year since 2016.
3. How many people from other states are on waiting lists for an initial appointment for elective surgery in the ACT for each service and what is the median wait time for each out of Territory patient on the list, each year since 2016.
4. How many Canberrans have been added to wait lists each year for elective surgery in the ACT since 2016.
5. What is the median wait time for Canberrans to be removed from waiting lists in the ACT for each category of elective surgery, each year since 2016.
6. How many people from other states have been added to wait lists each year for elective surgery in the ACT since 2016.
7. What is the median wait time for people from other states to be removed from waiting lists in the ACT for each category of elective surgery, each year since 2016.
8. What policies and actions have Canberra Health Services (CHS) and ACT Health taken since 2016 for (a) Canberrans and (b) people from other states, to improve median wait times and what success have they had.
9. Can the Minister provide a breakdown of the total spending for each policy and action referred to in part (8) and how much is currently being spent on each policy/action.
10. How many surgeons have been employed and/or have worked in hospitals by CHS and ACT Health, each year since 2016.
11. Can the Minister provide information about the shortages of specialists for elective surgery including in what areas the shortages are and the figures.

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MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

1. Not all patients are on a list for an appointment for elective surgery. The conversion rate to surgery from referrals varies across specialties and triage categories and is as low as 25 percent for some groups. Patients are seen for initial appointments across a range of settings including public and private facilities and the ACT Government does not have visibility of settings beyond public health services.

As of 30 April 2022, there were 16,853 appointments for specialties that feed into the service that provides elective surgery at Canberra Health Services (CHS), but as above these will not all be for elective surgery.

The level of data granularity required to provide equivalent details for Calvary Public Hospital Bruce is unavailable. Accordingly, to provide a response to this item will be an unreasonable diversion of resources.

2. Not all patients are on a list for an appointment for elective surgery. The following table outlines the median time in days for patients to be removed for an initial appointment from CHS Ambulatory Care wait list from 1 January 2016 to 30 April 2022.

Year	2016	2017	2018	2019	2020	2021	2022
Median	132	97	105	94	112	107	78

3. As above, not all patients are on a list for an appointment for elective surgery and the ACT Government does not have visibility across the range of settings an initial appointment may occur. As of 30 April 2022, there were 4,220 appointments for an interstate person for specialties that feed into the service that provides elective surgery at CHS, as above these will not all be for elective surgery.

The level of data granularity required to provide equivalent details for Calvary Public Hospital Bruce is unavailable. Accordingly, to provide a response to this item will be an unreasonable diversion of resources.

The following table outlines the median time in days for interstate patients to be removed for an initial appointment from CHS Ambulatory Care wait list up from 1 January 2016 to 30 April 2022.

Year	2016	2017	2018	2019	2020	2021	2022
Median	120	86	90	87	105	104	79

4. The following table outlines the number of Canberran patients added to Elective Surgery Wait List in the ACT from 1 January 2016 to 30 April 2022.

Year	Number of ACT residents added
2016	10,593
2017	11,069
2018	11,303
2019	11,460
2020	10,713

Commented [BM1]: Please check

Can I also please have clarity on whether these are Canberran's only or combined (and whether that would be too much resourcing to pull down that level of information) and given Calvary conducts outpatient appointments and the question asks for ACT, do they need to be included?

Commented [MC(2R1): Update response to reflect Calvary data availability

2021	12,118
2022	3,658

5. The following table outlines the median time wait time for Canberrans to be removed from waiting lists in the ACT from 1 January 2016 to 30 April 2022

ESWL Urgency	2016	2017	2018	2019	2020	2021	2022
1	17	19	19	18	16	15	15
2	64	63	60	61	70	74	90
3	218	182	254	203	250	173	169

Note: Removal for procedure only

6. The following table outlines the number of interstate patients added to Elective Surgery Wait List in the ACT from 1 January 2016 to 30 April 2022

Year	Number of interstate residents added
2016	4,707
2017	4,664
2018	4,866
2019	5,350
2020	4,934
2021	5,542
2022	1,623

7. The following table outlines the median time wait time for interstate patients to be removed from waiting lists in the ACT from 1 January 2016 to 30 April 2022

ESWL Urgency	2016	2017	2018	2019	2020	2021	2022
1	16	18	17	17	15	15	16
2	63	59	58	62	74	76	90
3	237	211	266	209	235	207	210

Note: Removal for procedure only

8. The following table outlines the policies and action taken since 2016 to improve median wait times and results.

Year	Policy	Spend \$000	Median Wait-time
2016-17	Additional Elective Surgery	\$1,300	46
2017-18	Additional Elective Surgery	\$6,372	54
2018-19	New funding to equal demand New Urology Services at Calvary	\$15,818	48
2019-20	New funding to equal demand	\$16,052	48

Commented [BM3]: Can information also please be provided about some of the clinics and programs that are being used to manage wait lists and offer diversions eg. GLAD etc.

Commented [MC(4R3)]: Provided in summary in notes overleaf

Commented [BM5]: What is the reference point for the median wait time results? Is this indicate a decrease or a target?

Commented [MC(6R5)]: Updated to reflect median wait time reference not "wait times"

Year	Policy	Spend \$000	Median Wait-time
	New Urology Services at Calvary	\$2,932	
	New Theatre Services Calvary	\$2,179	
2020-21	New funding to equal demand	\$16,296	49 ¹
	New Urology Services at Calvary	\$962	
	New Theatre Services at Calvary	\$3,302	
	COVID-19 Recovery Elective Surgery	\$22,000	
2021-22	New funding to equal demand	\$16,550	N/A
	New Urology Services at Calvary	\$991	
	New Theatre Services Calvary	\$3,461	
	Rebasing Elective surgery	\$439	
	Additional Surgery towards 60,000 over five years	\$5,385	
	Additional Surgery towards 14,800 surgeries for 2020-21	\$2,426	

1. Post Covid shutdown of non-elective surgery

Through continued investment, Elective Surgery median wait times have improved or stabilised in the past three years in spite of the operational impacts of COVID-19 over the last two years

CHS commenced a Pilot of the Good Life with Arthritis: Denmark (GLA:D) program in June 2021 within existing funding. The GLA:D program is a preventative education and exercise program with hip and knee osteoarthritis helping to reduce pain, analgesic consumption and the need for surgery. Additionally, CHS and ACTHD has been working with Southern NSW Local Health District on reversing flows of residents from NSW living in their region.

9. See above response to question 8.
10. The level of data granularity required to answer this question is not currently available. Accordingly, to provide a response to this question would be an unreasonable diversion of resources.
11. All funded positions within the surgical subspecialties of the Division of Surgery at Canberra Hospital are fully recruited with the exception of the following:
 - a. Cardiothoracic by one medical officer, however the corresponding theatres session are covered by other surgeons within the unit;
 - b. Vascular by one medical officer however the corresponding theatres sessions are covered by other surgeons in the unit; and
 - c. Ophthalmology by one medical officer however a recruitment round is currently underway.

Commented [BM5]: What is the reference point for the median wait time results? le does this indicate a decrease or a target?

Commented [MC(6R5): Updated to reflect median wait time reference not "wait times"

Approved for circulation to the Member and incorporation into Hansard.

Rachel Stephen-Smith MLA

Minister for Health	Date:.....
This response required 10 hrs 30 mins to complete, at an approximate cost of \$1,116.	

Gamage, Subha (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Monday, 6 June 2022 11:10 AM
To: Bransgrove, Meagen
Subject: GBCHS22/144: Question on Notice (QoN) 771 - Elective Surgery - CASTLEY

OFFICIAL

Hi Meg

I understand you have discussed this one with Colm:

[I:\Stephen-Smith\DLO\01. RSS - digital signing\00. Meg documents for review\Waiting for updates\20220605 QoN 771 Elective Surgery](#)

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

Gamage, Subha (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Wednesday, 1 June 2022 10:39 AM
To: Bransgrove, Meagen
Subject: RE: QoN Paeds Waiting Times

OFFICIAL

Hi Meg

CHS have provided the following response in regard to your question below:

Regarding: "The reason that there is 0 for Social Worker Paeds in table 1 is that as at March 2022, there are no children on the waiting list and therefore in table 2, median number of wait days for 2022 it is not applicable because there are currently no children on the wait list for this service."

- We made that change due to the Minister's Office asking for the tables to be aligned
- Yes there are zero for Social Work Paeds – in the first draft it was excluded. I suggest excluding it.

Regarding "However, in 2019/20, (table 3), there was one child and they waited 386 days (table 2) to be seen. They have been seen so therefore removed from wait list."

- Absolutely correct

I think the confusion has come from the initial questions as each question is asked for a different time frames. Question 1 just asks for a current status whereas the subsequent questions time frames go back to 2016 in some cases. If you have any further questions you can speak to Michael Phipps directly (via teams as he is working from home I believe).

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>

Sent: Tuesday, 31 May 2022 5:02 PM

To: CHS DLO <CHSDLO@act.gov.au>

Subject: QoN Paeds Waiting Times

Importance: High

Hi Kerryn,

I am still a confused about some of the numbers provided, for the social worker it says there are 0 paed pts on the list, median wait for an initial appoint is over 300 days but only 1 patient was added to the SW ambulatory care waiting list across all FY's provided?

CARHU has a similar discrepancy...

Am I missing something between all the numbers?

Thanks,

Meg



Rachel Stephen-Smith MLA
Minister for Health
Minister for Families and Community Services
Minister for Aboriginal and Torres Strait Islander Affairs


Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 15
Friday, 25 March 2022
Question No. 675


Asked by **MS CASTLEY MLA** –


1. How many children are on waiting lists for an initial appointment for children's health services in the ACT.
2. For each service referred to in part (1), what is the median wait time for each, for the years (a) 2020-21 and (b) 2021-22, broken down by the children's ages and gender.
3. How many children have been added to wait lists each year for children's health services in the ACT since 2016, broken down by the children's ages and gender.
4. What is the median wait time for children to be removed from waiting lists in the ACT for each service since 2016.
5. What policies and actions have been taken by Canberra Health Services (CHS) and ACT Health since 2020 to improve median wait times and what success have they had?
6. Can the Minister provide a breakdown of the total spending for each policy and action and how much has currently been spent on each policy/action.
7. How many specialists for children's health services have been employed and/or have worked in hospitals by CHS and ACT Health since 2016.
8. Can the Minister provide information about the shortages of specialists for children's health services including in what areas the shortages are and the relevant figures.


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MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

1. In order to answer these questions, an assumption has been made that they refer to dedicated paediatric specialities with an ambulatory care waiting list. At 31 March 2022 there were 1790 paediatric patients aged 16 years or less on waiting lists for an initial appointment for a paediatric specialty.
2. The median wait time in days for the paediatric specialties within the Division of Women, Youth and Children and the paediatric specialty within the Division of Surgery are outlined in Table 1. It is not considered appropriate to break these figures down to individual age /gender groups, given the potential for identification where there are very small numbers of some age and gender combinations and the significant diversion of resources required.

Service	As at 30 June 2021	As at 31 March 2022
CYW	413	244
Paediatrics	246	259
Paediatric Surgery	271	196

3. Table 3 provides information about the number of paediatric patients added to an ambulatory care waiting list by financial year for a dedicated paediatric specialty. Due to the small number of children on some of the waiting lists it would not be appropriate to break these figures down to individual age and gender groups.

Specialty	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22*
Total	1370	1477	1759	1993	2106	1451

* to 31 March 2022

4. Table 4 provides information about the median waiting time in days for paediatric patients to be removed for initial appointment from any ambulatory care waiting list by specialty by financial year.

Specialty	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22*
Audiologist	N/A	49.5	176	N/A	N/A	N/A
Cardiology	N/A	N/A	N/A	N/A	353	128
CYW Child Medical Officer	97	113	138.5	92	N/A	N/A
CYW Paediatric Registrar	N/A	117.5	N/A	N/A	N/A	N/A
CYW Paediatrician	308	199.5	234.5	262.5	385	181
Dermatology	154.5	65	92	79	105.5	93.5
Ear, Nose and Throat	599.5	363	390.5	471	279	172
Endocrinology	214	126.5	63.5	183	29	108.5
Exercise Physiology	N/A	N/A	N/A	N/A	48	N/A
Gastroenterology	77	77	23	123.5	51	83.5
General Surgery	160	83.5	237	137	111	N/A
Gynaecology	111	66.5	115.5	171.5	283	132
Head and Neck Surgery	N/A	97	N/A	N/A	N/A	N/A
Immunology	89	273	111	110.5	214	195
Neurology	220	46	147	173	133	179
Neurosurgery	65.5	14	291	121	82	N/A
Ophthalmology	88	90.5	117.5	319	414.5	1060.5

Specialty	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22*
Oral-Maxillofacial Surgery	202	220	93	48.5	51	36
Orthopaedic Surgery	182	87	87	59	563	72.5
Paediatric Surgery	392	303	157	125.5	62	239
Paediatrics	60	63	83	113	102	146
Physiotherapy	177.5	357	68.5	1322	15	24
Plastic Surgery	71	52	59.5	95.5	81	90
Play Therapist	N/A	N/A	N/A	6	N/A	N/A
Psychology	85	20	N/A	N/A	N/A	N/A
Registered Nurse	301	N/A	N/A	N/A	N/A	N/A
Registrar	N/A	N/A	N/A	159.5	575	N/A
Respiratory	6	N/A	N/A	30	170	N/A
Rheumatology	N/A	102	191.5	216	47	81.5
Urology	131	N/A	133.5	77	N/A	72
Vascular	138.5	127	N/A	28.5	78.5	20

Note: N/A refers to zero patients seen. This may be because a service is new or has become part of another service.
*to 31 March 2022

5. The following actions are being undertaken to improve wait times:
 - Actions to recover services impacted by the COVID-19 shutdown.
 - Scheduling practices have been reviewed to optimise clinic times.
 - Services are undertaking audits on wait lists.
 - Implementation of telehealth appointments, with uptake of these appointments increasing.
 - Health Pathways is being refreshed to support General Practitioners to manage their patient, ensure referrals are made at the appropriate stage and with all the required information.
 - Establishment of nurse-led and allied health clinics to support medical specialist outpatient clinics which enables access to more timely screening to determine whether specialist review is required and for post-specialist follow up.
 - The Digital Health Record which will be implemented later this year and is expected to make significant improvements in the management of services as a result.
 - People and Culture have engaged a Talent Acquisition Specialist to support recruitment.
6. The ACT Government invested \$30 million in the public health system to support the recovery of services impacted by the COVID-19 shutdown, including funding for additional outpatient appointments. Other actions to reduce waitlists have been undertaken within existing resources.
7. To collate the answer for this question, the scope of those reviewed and included was based on skill set of all Specialist, Senior Specialists and Visiting Medical Officers (VMOs) working within the Division of Women, Youth and Children (WYC).

Specialists are engaged at CHS as salaried staff and VMOs details provided in Table 5 below are reflective of staff paid or under contract as of 30 June each year.

	2016	2017	2018	2019	2020	2021
Total	46	58	80	90	100	110

NB: In order to collate the answer for this question, the scope of those reviewed and included was based on skill set of Obstetrician, Paediatrician (including Cardiology, Surgeon, Oncologists), Neonatologist, Geneticists, and Children's Plastic Surgeons. Also included in the collation were General Practitioners contracted and on staff to provide clinical services to children throughout the requested period.

8. All funded positions within paediatric services of WYC at Canberra Hospital are fully recruited with the exception of the following:
- a. General Paediatrics by two senior medical officers. Both positions are being actively recruited to; and
 - b. Paediatric Rheumatology by one part time medical officer. WYC is working with the Division of Medicine to appoint to this position.

Approved for circulation to the Member and incorporation into Hansard.



**Rachel Stephen-Smith MLA
Minister for Health**

Date: 7/6/22

This response required 135 minutes to complete, at an approximate cost of \$251.96.

Gamage, Subha (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Wednesday, 8 June 2022 5:28 PM
To: Bransgrove, Meagen
Subject: GBCHS22/164 : Assembly Sitting 1-2 June 2022 - Question on Notice (QoN) 797 - Leave Provisions
Attachments: GBCHS22164 QoN 797 Leave Provisions.DOCX

OFFICIAL

Hi Meg

We received the attached QoN from last weeks sitting and I just wanted to give you a heads up this one is likely to be late. The team who are working on getting this information have a let me know that they will not be able to get this information together by the due date as it will require work with Shared Services to pull out CHS data and gather everything in all the different categories that have been requested.

I understand Kalena has called a meeting with the team and shared services to discuss the question and the best way to proceed as it is likely to be a mass amount of data.

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

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Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 18
3 June 2022
Question No. 797

MS CASTLEY: To ask the Minister for Health—

- (1) How many different types/categories of leave are there for Canberra Health Services (CHS) staff and can the Minister describe each type/category of leave.
- (2) Are there requests, plans or discussions for new categories of leave.
- (3) How many CHS staff (numbers and percentages) are currently on leave, what type of leave are staff on and for how long.
- (4) Can the Minister provide leave data for CHS staff for the last six years.
- (5) How many CHS nurses and midwives (numbers and percentages) are currently on leave, what type of leave are they on and for how long.
- (6) Can the Minister provide the figures outlined in part (5) for the last six years.
- (7) How much annual leave has been accrued by CHS staff and how does this compare to the last six years.
- (8) What are the leave loadings for each type/category of leave.
- (9) What has been the total bill/cost of leave taken each year for the past six years.
- (10) How many nurses work in Canberra Hospital's intensive care unit (ICU) including a breakdown of the level of nurse/qualification.
- (11) How many nurses have been employed in ICU for the past six years.
- (12) What is the average length of stay/employment for a nurse working in the intensive care unit.
- (13) Further to parts (10) to (12), can the Minister provide the same data for
 - (a) nurses working in the Canberra Hospital emergency department,
 - (b) midwives and
 - (c) nurses working in neonatal intensive care.

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MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) There are 47 different types/categories of leave for Canberra Health Services (CHS) staff. A description of each leave type is provided below, further information can also be found in Enterprise Agreements that can be accessed via the following link: <https://www.cmtedd.act.gov.au/employment-framework/for-employees/agreements>.

General Leave Types (applicable to all staff)

- **Adoption or permanent care leave** is available to employees to enable them to be absent from duty to care for and bond with an adopted child or a child for whom the employee has a permanent caring responsibility, including kinship arrangements, where the child is under 18 years old.
- **Annual leave** is available to employees to enable them to be absent from duty for the purposes of rest and recreation.
- **Birth leave** is available to pregnant employees to enable them to be absent from duty to support their own wellbeing and to care for and bond with a newborn child.
- **Bonding leave** is available to employees to enable them to be absent from duty to bond with their newborn child, adopted child or a child for whom the employee's domestic partner has commenced a primary care giving role under a permanent caring arrangement.
- **Community service leave** is available to employees to allow them to be absent from the workplace to engage in the following 3 distinct types of community service activities: jury duty, voluntary emergency management or other recognised voluntary community service activities. This leave can be paid or unpaid depending on the specific circumstances.
- **Compassionate leave** is available to employees to enable them to be absent from duty when a member of an employee's immediate family or household have a personal illness or injury that poses a serious threat to the person's life or in case of bereavement.
- **COVID leave** is available for every employee who tests positive for COVID, needs to care for a child as a result of a COVID-19 related school or childcare change/closure, are experiencing adverse effects following a COVID-19 vaccination or are required to isolate following a COVID-19 test.
- **Disability leave** is available to employees to enable them to be absent from duty for the purposes of activities associated with an employee's diagnosed permanent or ongoing physical or psychological disability.
- **Foster and short-term care leave** is available to employees to enable them to be absent from duty to care for a child in an emergency or other short-term out of home care placement, including kinship arrangements and respite care, that has not been determined to be permanent.
- **Gender transition leave** is available to employees to enable them to be absent from duty for the purposes of activities associated with affirming an employee's gender. Gender transition leave is available to an employee for the first 52 weeks after commencement of living as a member of another gender.
- **Grandparental leave** is available to employees to enable them to be absent from duty to undertake a primary care giving role to their grandchild during normal business hours.
- **Leave for family violence purposes** is available to employees who are experiencing family violence to allow them to be absent from the workplace-related to attend counselling, appointments, legal proceedings and other activities related to, and as a consequence of, family violence.
- **Long service leave** is available to employees to enable them to be absent from duty in recognition of their length of service in the public sector.

- **Parental leave** is available to an employee or an eligible casual employee who is the primary care giver of a child following the birth or adoption of a child or the commencement of a permanent caring arrangement for a child.
- **Personal leave** is available to employees to enable them to be absent from duty in case of a personal illness, or personal injury, or the employee must provide care or support to a member of the employee's immediate family.
- **Primary care giver leave** is available to employees to enable them to be absent from duty to care for and bond with a newborn child.
- **Recovery Leave Arrangements for Senior Officer Grade A and B and Equivalent Employees** in recognition of extensive hours performed.
- **Special birth leave** is available to employees that are not fit for work due to a pregnancy-related illness or in cases where the pregnancy of the employee ends between 28 weeks and 20 weeks of the estimated date of delivery, other than by the birth of a living child.
- **Study Assistance Scheme** Studies assistance may be provided for work-related courses that lead or contribute to a nationally recognised tertiary or vocational qualification, skillset, Statement of Attainment or Certificate.
- **Surrogacy leave** is available to pregnant employees who have entered into a valid surrogacy arrangement to enable them to be absent from duty to support their own wellbeing.
- **Other leave (available to all staff)**
A broad category of leave types known as "other leave" is provided to staff under the various enterprise agreements. These leave types include:
 - **Leave to accompany a domestic partner on a posting** is available to enable an employee to accompany the employee's domestic partner for the period, or part of the period, of a posting.
 - **Leave to attend Aboriginal or Torres Strait Islander Ceremonies** is available to enable employees to attend a ceremony associated with the death of an immediate or extended family member or for other ceremonial obligations under Aboriginal and Torres Strait Islander law.
 - **Leave to attend Aboriginal and Torres Strait Islander meetings** is available to enable employees to attend representative meetings in the capacity of an elected representative of the Aboriginal and Torres Strait Islander peak body.
 - **Leave to attend sporting events as an accredited competitor or official** is available to enable employees to attend sporting events as an accredited competitor or official.
 - **Leave to attend as a witness** is available to enable an employee to give evidence before a body or person before whom evidence may be taken on oath.
 - **Leave to attend NAIDOC week activities** is available to enable an employee to attend and participate in NAIDOC Week activities.
 - **Leave to attend proceedings at the Fair Work Commission** is available to enable the employee to give evidence on behalf of a staff organisation in proceedings at the Fair Work Commission.
 - **Leave to campaign for election** is available to enable the employee to campaign for election.
 - **Leave to cope with a disaster** is available where an employee is affected by a disaster which has destroyed or significantly damaged the employee's usual place of residence or its contents.
 - **Leave for Defence Reserve** is available to enable an employee to undertake specified defence service and, also, enlistment, training and/or deployment with the Australian Defence Force Reserve (ADFR).
 - **Leave to donate an organ** is available to enable an employee to donate an organ.
 - **Leave to donate blood** is available to enable an employee to donate blood.

- **Leave to engage in employment associated with compensation** is available to enable an employee to engage in employment outside the ACTPS as part of a rehabilitation process under the *Safety, Rehabilitation and Compensation Act 1988*.
- **Leave to engage in employment in the interests of the ACTPS** is available to enable an employee to engage in work or employment outside the ACTPS where the head of service is satisfied that the employment is in the interests of the ACTPS.
- **Leave to hold a full-time office in a staff organisation** is available to enable an employee to hold a full-time office in a staff organisation; council of staff organisations, or credit union, co-operative society, building co-operative or similar body.
- **Leave for local government purposes** is available to enable the employee to attend formal meetings, in the capacity of an elected office holder, of a local government council.
- **Leave for Operational Service Personal Leave** is available to enable officers and employees who have rendered operational service to be absent from duty when they are unfit for work because of war-caused injuries or diseases.
- **Leave for religious purposes** is available to enable an employee to attend a ceremony integral to the practice of the employee's religious faith.
- **Leave for returned soldiers for medical purposes** is available to enable an employee to attend an appointment for treatment or review as a returned soldier under the *Veterans' Entitlement Act 1986 (Commonwealth)*.
- **Leave to take leave where leave cannot be granted under any other provision** is available to enable an employee to be absent from duty where the leave cannot be provided for elsewhere.

Employment Category Specific Leave Types

Health Professional Enterprise Agreement

- **Professional Development Leave** is available to employees to be absent for professional development.

Medical Practitioners Enterprise Agreement

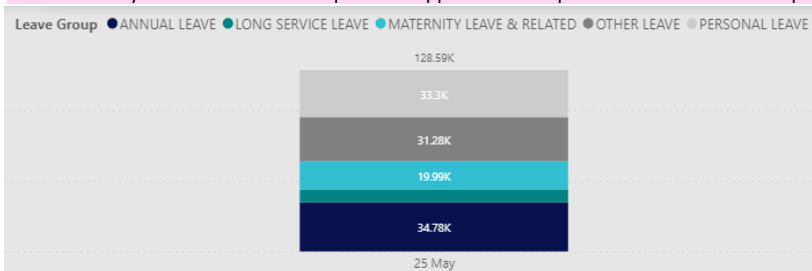
- **Conference leave** is available to enable a Career Medical Officer, Senior Career Medical Officer or Postgraduate Fellow leave with pay for the purpose of attending a medical or related conference.
- **Conference leave - Junior Medical Officers** is available to enable Junior Medical Officers leave with pay to attend medical conference(s), workshops relating to their field of study or approved training programs.
- **Study leave** is available to enable Resident Medical Officers, Registrars and Senior Registrar leave without loss of pay for study purposes.
- **Training, Education and Study Leave (TESL)** is available to enable specialists and senior specialists to leave for the purpose of undertaking training and educational activities, it encompasses leave to attend short courses, seminars and sabbatical leave.

Nursing and Midwifery Enterprise Agreement

- **Professional Development Leave** is available to enable an employee to be absent for professional development.

- **Sabbatical leave** is open to all permanent employees after 2 (two) years of continuous service with the ACTPS who have made substantial progress towards the attainment of a higher-level degree that is relevant to their work area.

- (2) There are currently no requests, plans or discussions for new categories of leave, but it is possible that claims in relation to leave will arise during the current enterprise bargaining round.
- (3) To obtain all information as requested would be an unreasonable diversion of resources, however CHS are able to provide advice for or the last reportable period to 25 May 2022, the chart below shows the type and hours of leave taken. For the pay period 5,767 instances of leave were processed, noting that there are many instances where multiple leave applications are processed for the same employee.



Commented [MB1]: My understanding is that for many of these answers a summary indication is provided due to the level of resourcing that would be required to breakdown the level of data that has been requested. Where the full breakdown of information asked for in question cannot be provided can lines please be provided as why this is case eg. unreasonable diversion of resources.

Commented [MJ(2R1): This is a correct statement, it would be an unreasonable diversion of resources

- (4) Leave data for the last six years is unable to be provided due to the unreasonable diversion of resources, however CHS is able to provide data on the Paid Leave taken from January 2020 through to 8 June 2022 and is detailed in the data table and graph below by pay period and total sum of hours paid grouped into:
- Annual Leave
 - Long Service Leave
 - Maternity Leave and Related
 - Other Leave
 - Personal Leave

PayPeriodEnd	Sum of Total Hours	Leave Group
08/01/2020	68803.52065	ANNUAL LEAVE
08/01/2020	6387.576742	LONG SERVICE LEAVE
08/01/2020	15150.25896	MATERNITY LEAVE & RELATED
08/01/2020	18991.90223	OTHER LEAVE
08/01/2020	17846.51892	PERSONAL LEAVE
22/01/2020	58383.45515	ANNUAL LEAVE
22/01/2020	8650.313782	LONG SERVICE LEAVE
22/01/2020	15443.9329	MATERNITY LEAVE & RELATED
22/01/2020	19943.01723	OTHER LEAVE
22/01/2020	24567.44459	PERSONAL LEAVE
05/02/2020	50737.208	ANNUAL LEAVE
05/02/2020	7787.39781	LONG SERVICE LEAVE
05/02/2020	15050.31072	MATERNITY LEAVE & RELATED
05/02/2020	19023.87841	OTHER LEAVE
05/02/2020	24162.79483	PERSONAL LEAVE

PayPeriodEnd	Sum of Total Hours	Leave Group
19/02/2020	35028.32	ANNUAL LEAVE
19/02/2020	7402.165027	LONG SERVICE LEAVE
19/02/2020	16031.85901	MATERNITY LEAVE & RELATED
19/02/2020	17577.75448	OTHER LEAVE
19/02/2020	26791.5412	PERSONAL LEAVE
04/03/2020	32898.35781	ANNUAL LEAVE
04/03/2020	7635.619189	LONG SERVICE LEAVE
04/03/2020	16537.00551	MATERNITY LEAVE & RELATED
04/03/2020	17508.48335	OTHER LEAVE
04/03/2020	29305.27226	PERSONAL LEAVE
18/03/2020	33131.41223	ANNUAL LEAVE
18/03/2020	7620.222261	LONG SERVICE LEAVE
18/03/2020	16417.10451	MATERNITY LEAVE & RELATED
18/03/2020	17877.65811	OTHER LEAVE
18/03/2020	30110.25249	PERSONAL LEAVE
01/04/2020	28909.55662	ANNUAL LEAVE
01/04/2020	7476.067689	LONG SERVICE LEAVE
01/04/2020	17012.2416	MATERNITY LEAVE & RELATED
01/04/2020	23071.39688	OTHER LEAVE
01/04/2020	27125.66266	PERSONAL LEAVE
15/04/2020	32544.25999	ANNUAL LEAVE
15/04/2020	5679.564901	LONG SERVICE LEAVE
15/04/2020	16481.11203	MATERNITY LEAVE & RELATED
15/04/2020	18252.3713	OTHER LEAVE
15/04/2020	19998.16522	PERSONAL LEAVE
29/04/2020	35592.35091	ANNUAL LEAVE
29/04/2020	8006.668943	LONG SERVICE LEAVE
29/04/2020	16708.99943	MATERNITY LEAVE & RELATED
29/04/2020	18504.66763	OTHER LEAVE
29/04/2020	20993.70211	PERSONAL LEAVE
13/05/2020	25076.71995	ANNUAL LEAVE
13/05/2020	7168.151584	LONG SERVICE LEAVE
13/05/2020	16499.26274	MATERNITY LEAVE & RELATED
13/05/2020	19150.03193	OTHER LEAVE
13/05/2020	24419.2639	PERSONAL LEAVE
27/05/2020	24104.35478	ANNUAL LEAVE
27/05/2020	7321.447788	LONG SERVICE LEAVE
27/05/2020	16545.77297	MATERNITY LEAVE & RELATED
27/05/2020	18893.07446	OTHER LEAVE
27/05/2020	25741.69922	PERSONAL LEAVE
10/06/2020	25397.88202	ANNUAL LEAVE
10/06/2020	6044.77617	LONG SERVICE LEAVE
10/06/2020	16626.48477	MATERNITY LEAVE & RELATED
10/06/2020	17444.23147	OTHER LEAVE
10/06/2020	23217.55582	PERSONAL LEAVE

PayPeriodEnd	Sum of Total Hours	Leave Group
24/06/2020	24122.47533	ANNUAL LEAVE
24/06/2020	6479.526861	LONG SERVICE LEAVE
24/06/2020	17013.69824	MATERNITY LEAVE & RELATED
24/06/2020	18207.78749	OTHER LEAVE
24/06/2020	30603.80271	PERSONAL LEAVE
08/07/2020	33687.93497	ANNUAL LEAVE
08/07/2020	7149.767154	LONG SERVICE LEAVE
08/07/2020	16664.88858	MATERNITY LEAVE & RELATED
08/07/2020	20045.56514	OTHER LEAVE
08/07/2020	29492.32424	PERSONAL LEAVE
22/07/2020	42860.92285	ANNUAL LEAVE
22/07/2020	7483.993849	LONG SERVICE LEAVE
22/07/2020	16777.00395	MATERNITY LEAVE & RELATED
22/07/2020	20791.69507	OTHER LEAVE
22/07/2020	28174.04544	PERSONAL LEAVE
05/08/2020	28729.14249	ANNUAL LEAVE
05/08/2020	7674.471634	LONG SERVICE LEAVE
05/08/2020	16696.07514	MATERNITY LEAVE & RELATED
05/08/2020	20195.92604	OTHER LEAVE
05/08/2020	29570.70361	PERSONAL LEAVE
19/08/2020	29976.98861	ANNUAL LEAVE
19/08/2020	7374.070491	LONG SERVICE LEAVE
19/08/2020	17449.29109	MATERNITY LEAVE & RELATED
19/08/2020	20427.43844	OTHER LEAVE
19/08/2020	28841.03141	PERSONAL LEAVE
02/09/2020	29877.09074	ANNUAL LEAVE
02/09/2020	7568.420868	LONG SERVICE LEAVE
02/09/2020	17468.13463	MATERNITY LEAVE & RELATED
02/09/2020	20184.90754	OTHER LEAVE
02/09/2020	32046.87301	PERSONAL LEAVE
16/09/2020	31719.63391	ANNUAL LEAVE
16/09/2020	7563.457556	LONG SERVICE LEAVE
16/09/2020	17292.72379	MATERNITY LEAVE & RELATED
16/09/2020	18717.78274	OTHER LEAVE
16/09/2020	28990.31814	PERSONAL LEAVE
30/09/2020	38421.65152	ANNUAL LEAVE
30/09/2020	7851.722424	LONG SERVICE LEAVE
30/09/2020	17717.95207	MATERNITY LEAVE & RELATED
30/09/2020	18322.67468	OTHER LEAVE
30/09/2020	29770.68037	PERSONAL LEAVE
14/10/2020	48370.52002	ANNUAL LEAVE
14/10/2020	8153.399767	LONG SERVICE LEAVE
14/10/2020	18070.02934	MATERNITY LEAVE & RELATED
14/10/2020	18492.61056	OTHER LEAVE
14/10/2020	26881.65082	PERSONAL LEAVE

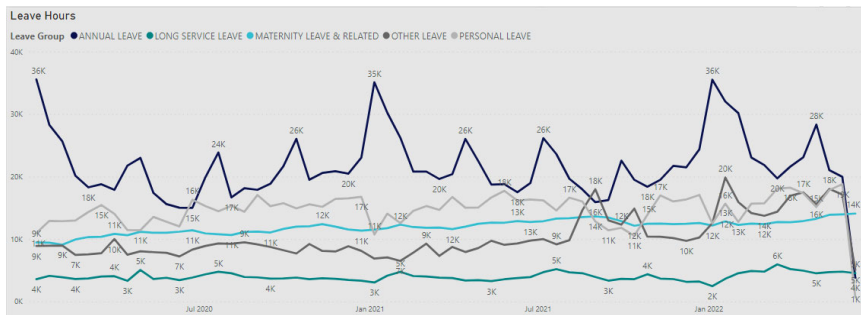
PayPeriodEnd	Sum of Total Hours	Leave Group
28/10/2020	34190.72082	ANNUAL LEAVE
28/10/2020	8224.379986	LONG SERVICE LEAVE
28/10/2020	17784.45569	MATERNITY LEAVE & RELATED
28/10/2020	20629.31542	OTHER LEAVE
28/10/2020	29323.63095	PERSONAL LEAVE
11/11/2020	34514.83778	ANNUAL LEAVE
11/11/2020	8085.080461	LONG SERVICE LEAVE
11/11/2020	18123.59536	MATERNITY LEAVE & RELATED
11/11/2020	19132.90172	OTHER LEAVE
11/11/2020	28797.46229	PERSONAL LEAVE
25/11/2020	35724.634	ANNUAL LEAVE
25/11/2020	7651.896415	LONG SERVICE LEAVE
25/11/2020	17784.19993	MATERNITY LEAVE & RELATED
25/11/2020	19037.56429	OTHER LEAVE
25/11/2020	31314.82616	PERSONAL LEAVE
09/12/2020	34877.84098	ANNUAL LEAVE
09/12/2020	7010.051358	LONG SERVICE LEAVE
09/12/2020	17377.6828	MATERNITY LEAVE & RELATED
09/12/2020	19730.25485	OTHER LEAVE
09/12/2020	30496.3863	PERSONAL LEAVE
23/12/2020	48018.44629	ANNUAL LEAVE
23/12/2020	6472.022185	LONG SERVICE LEAVE
23/12/2020	17354.46255	MATERNITY LEAVE & RELATED
23/12/2020	17678.41098	OTHER LEAVE
23/12/2020	29050.7207	PERSONAL LEAVE
06/01/2021	63374.96877	ANNUAL LEAVE
06/01/2021	5296.624981	LONG SERVICE LEAVE
06/01/2021	17196.9045	MATERNITY LEAVE & RELATED
06/01/2021	15843.11988	OTHER LEAVE
06/01/2021	16182.29547	PERSONAL LEAVE
20/01/2021	63487.49464	ANNUAL LEAVE
20/01/2021	8319.708351	LONG SERVICE LEAVE
20/01/2021	17887.47838	MATERNITY LEAVE & RELATED
20/01/2021	18066.74195	OTHER LEAVE
20/01/2021	25573.20849	PERSONAL LEAVE
03/02/2021	54145.0238	ANNUAL LEAVE
03/02/2021	8881.829694	LONG SERVICE LEAVE
03/02/2021	18211.58733	MATERNITY LEAVE & RELATED
03/02/2021	16511.58214	OTHER LEAVE
03/02/2021	23072.97211	PERSONAL LEAVE
17/02/2021	34811.62754	ANNUAL LEAVE
17/02/2021	8175.740212	LONG SERVICE LEAVE
17/02/2021	17659.84561	MATERNITY LEAVE & RELATED
17/02/2021	17828.5901	OTHER LEAVE
17/02/2021	28319.27305	PERSONAL LEAVE

PayPeriodEnd	Sum of Total Hours	Leave Group
03/03/2021	33941.52917	ANNUAL LEAVE
03/03/2021	7989.324139	LONG SERVICE LEAVE
03/03/2021	18007.58617	MATERNITY LEAVE & RELATED
03/03/2021	19552.36241	OTHER LEAVE
03/03/2021	30423.56766	PERSONAL LEAVE
17/03/2021	32483.52556	ANNUAL LEAVE
17/03/2021	8157.938916	LONG SERVICE LEAVE
17/03/2021	18243.16754	MATERNITY LEAVE & RELATED
17/03/2021	16559.85147	OTHER LEAVE
17/03/2021	28499.42877	PERSONAL LEAVE
31/03/2021	34332.64447	ANNUAL LEAVE
31/03/2021	8013.565094	LONG SERVICE LEAVE
31/03/2021	18071.49324	MATERNITY LEAVE & RELATED
31/03/2021	19046.5199	OTHER LEAVE
31/03/2021	31756.60138	PERSONAL LEAVE
14/04/2021	48074.89525	ANNUAL LEAVE
14/04/2021	6166.416186	LONG SERVICE LEAVE
14/04/2021	18293.37091	MATERNITY LEAVE & RELATED
14/04/2021	17505.35678	OTHER LEAVE
14/04/2021	26486.96359	PERSONAL LEAVE
28/04/2021	37578.94883	ANNUAL LEAVE
28/04/2021	6360.966772	LONG SERVICE LEAVE
28/04/2021	18857.05405	MATERNITY LEAVE & RELATED
28/04/2021	18647.01364	OTHER LEAVE
28/04/2021	28647.10182	PERSONAL LEAVE
12/05/2021	32125.51692	ANNUAL LEAVE
12/05/2021	7071.745863	LONG SERVICE LEAVE
12/05/2021	18982.7749	MATERNITY LEAVE & RELATED
12/05/2021	20285.34722	OTHER LEAVE
12/05/2021	31561.12478	PERSONAL LEAVE
26/05/2021	32304.12855	ANNUAL LEAVE
26/05/2021	6499.600209	LONG SERVICE LEAVE
26/05/2021	18777.36482	MATERNITY LEAVE & RELATED
26/05/2021	19821.1003	OTHER LEAVE
26/05/2021	34477.95855	PERSONAL LEAVE
09/06/2021	30852.73975	ANNUAL LEAVE
09/06/2021	7053.538884	LONG SERVICE LEAVE
09/06/2021	18982.46626	MATERNITY LEAVE & RELATED
09/06/2021	19288.10546	OTHER LEAVE
09/06/2021	30736.71194	PERSONAL LEAVE
23/06/2021	33103.30277	ANNUAL LEAVE
23/06/2021	6836.572666	LONG SERVICE LEAVE
23/06/2021	19134.8322	MATERNITY LEAVE & RELATED
23/06/2021	19913.79707	OTHER LEAVE
23/06/2021	30795.41916	PERSONAL LEAVE

PayPeriodEnd	Sum of Total Hours	Leave Group
07/07/2021	47467.95442	ANNUAL LEAVE
07/07/2021	8672.712024	LONG SERVICE LEAVE
07/07/2021	19390.68604	MATERNITY LEAVE & RELATED
07/07/2021	20605.79068	OTHER LEAVE
07/07/2021	31565.41487	PERSONAL LEAVE
21/07/2021	43221.05727	ANNUAL LEAVE
21/07/2021	9733.635541	LONG SERVICE LEAVE
21/07/2021	19702.51137	MATERNITY LEAVE & RELATED
21/07/2021	18374.51919	OTHER LEAVE
21/07/2021	30349.68049	PERSONAL LEAVE
04/08/2021	33690.35576	ANNUAL LEAVE
04/08/2021	9576.127583	LONG SERVICE LEAVE
04/08/2021	19397.40863	MATERNITY LEAVE & RELATED
04/08/2021	20067.59467	OTHER LEAVE
04/08/2021	32641.15197	PERSONAL LEAVE
18/08/2021	30089.24789	ANNUAL LEAVE
18/08/2021	9651.034349	LONG SERVICE LEAVE
18/08/2021	19466.09279	MATERNITY LEAVE & RELATED
18/08/2021	29030.72546	OTHER LEAVE
18/08/2021	30695.04765	PERSONAL LEAVE
01/09/2021	26097.72966	ANNUAL LEAVE
01/09/2021	8976.965861	LONG SERVICE LEAVE
01/09/2021	19679.20296	MATERNITY LEAVE & RELATED
01/09/2021	34514.14376	OTHER LEAVE
01/09/2021	24520.1645	PERSONAL LEAVE
15/09/2021	25809.28923	ANNUAL LEAVE
15/09/2021	8703.233879	LONG SERVICE LEAVE
15/09/2021	19665.64224	MATERNITY LEAVE & RELATED
15/09/2021	25280.38676	OTHER LEAVE
15/09/2021	23421.7644	PERSONAL LEAVE
29/09/2021	38070.87577	ANNUAL LEAVE
29/09/2021	8715.027119	LONG SERVICE LEAVE
29/09/2021	18587.77785	MATERNITY LEAVE & RELATED
29/09/2021	24422.27168	OTHER LEAVE
29/09/2021	23237.51746	PERSONAL LEAVE
13/10/2021	30556.16768	ANNUAL LEAVE
13/10/2021	8372.741994	LONG SERVICE LEAVE
13/10/2021	18122.45971	MATERNITY LEAVE & RELATED
13/10/2021	29703.21953	OTHER LEAVE
13/10/2021	21197.04691	PERSONAL LEAVE
27/10/2021	27915.84907	ANNUAL LEAVE
27/10/2021	9194.581817	LONG SERVICE LEAVE
27/10/2021	18438.11736	MATERNITY LEAVE & RELATED
27/10/2021	22754.38958	OTHER LEAVE
27/10/2021	26668.06472	PERSONAL LEAVE

PayPeriodEnd	Sum of Total Hours	Leave Group
10/11/2021	31685.39534	ANNUAL LEAVE
10/11/2021	8633.553323	LONG SERVICE LEAVE
10/11/2021	18830.1978	MATERNITY LEAVE & RELATED
10/11/2021	21844.13844	OTHER LEAVE
10/11/2021	31275.47313	PERSONAL LEAVE
24/11/2021	35516.15027	ANNUAL LEAVE
24/11/2021	7848.739364	LONG SERVICE LEAVE
24/11/2021	18887.18924	MATERNITY LEAVE & RELATED
24/11/2021	21577.36141	OTHER LEAVE
24/11/2021	31350.90292	PERSONAL LEAVE
08/12/2021	36909.34114	ANNUAL LEAVE
08/12/2021	7138.198567	LONG SERVICE LEAVE
08/12/2021	18765.64562	MATERNITY LEAVE & RELATED
08/12/2021	20828.87909	OTHER LEAVE
08/12/2021	30433.11327	PERSONAL LEAVE
22/12/2021	46640.47975	ANNUAL LEAVE
22/12/2021	7546.378108	LONG SERVICE LEAVE
22/12/2021	18867.65371	MATERNITY LEAVE & RELATED
22/12/2021	21162.49828	OTHER LEAVE
22/12/2021	30877.6866	PERSONAL LEAVE
05/01/2022	62954.75295	ANNUAL LEAVE
05/01/2022	5277.121219	LONG SERVICE LEAVE
05/01/2022	18317.40308	MATERNITY LEAVE & RELATED
05/01/2022	24243.45889	OTHER LEAVE
05/01/2022	18929.63281	PERSONAL LEAVE
19/01/2022	67451.69894	ANNUAL LEAVE
19/01/2022	8352.597217	LONG SERVICE LEAVE
19/01/2022	19382.89137	MATERNITY LEAVE & RELATED
19/01/2022	39970.71094	OTHER LEAVE
19/01/2022	28798.89363	PERSONAL LEAVE
02/02/2022	59081.04072	ANNUAL LEAVE
02/02/2022	9404.045486	LONG SERVICE LEAVE
02/02/2022	18993.56141	MATERNITY LEAVE & RELATED
02/02/2022	30626.67768	OTHER LEAVE
02/02/2022	23475.44865	PERSONAL LEAVE
16/02/2022	39700.06548	ANNUAL LEAVE
16/02/2022	10089.94339	LONG SERVICE LEAVE
16/02/2022	18756.50815	MATERNITY LEAVE & RELATED
16/02/2022	25461.69025	OTHER LEAVE
16/02/2022	28830.97365	PERSONAL LEAVE
02/03/2022	37466.88863	ANNUAL LEAVE
02/03/2022	10388.32378	LONG SERVICE LEAVE
02/03/2022	18671.35155	MATERNITY LEAVE & RELATED
02/03/2022	26001.1	OTHER LEAVE
02/03/2022	29553.87452	PERSONAL LEAVE

PayPeriodEnd	Sum of Total Hours	Leave Group
16/03/2022	34578.03445	ANNUAL LEAVE
16/03/2022	11456.27229	LONG SERVICE LEAVE
16/03/2022	19116.07613	MATERNITY LEAVE & RELATED
16/03/2022	27290.31923	OTHER LEAVE
16/03/2022	31027.10273	PERSONAL LEAVE
30/03/2022	36456.89484	ANNUAL LEAVE
30/03/2022	10083.90245	LONG SERVICE LEAVE
30/03/2022	19417.5089	MATERNITY LEAVE & RELATED
30/03/2022	32882.7753	OTHER LEAVE
30/03/2022	32886.13555	PERSONAL LEAVE
13/04/2022	42225.45485	ANNUAL LEAVE
13/04/2022	9273.657994	LONG SERVICE LEAVE
13/04/2022	19394.58943	MATERNITY LEAVE & RELATED
13/04/2022	33130.78164	OTHER LEAVE
13/04/2022	31273.98737	PERSONAL LEAVE
27/04/2022	51735.60413	ANNUAL LEAVE
27/04/2022	8662.249486	LONG SERVICE LEAVE
27/04/2022	20025.29462	MATERNITY LEAVE & RELATED
27/04/2022	29689.62425	OTHER LEAVE
27/04/2022	25060.41506	PERSONAL LEAVE
11/05/2022	35959.98023	ANNUAL LEAVE
11/05/2022	9333.043233	LONG SERVICE LEAVE
11/05/2022	20168.73934	MATERNITY LEAVE & RELATED
11/05/2022	33348.80266	OTHER LEAVE
11/05/2022	32523.66039	PERSONAL LEAVE
25/05/2022	34775.15633	ANNUAL LEAVE
25/05/2022	9239.265118	LONG SERVICE LEAVE
25/05/2022	19989.21247	MATERNITY LEAVE & RELATED
25/05/2022	31279.10186	OTHER LEAVE
25/05/2022	33304.62596	PERSONAL LEAVE
08/06/2022	12913.76642	ANNUAL LEAVE
08/06/2022	9260.722366	LONG SERVICE LEAVE
08/06/2022	20277.7726	MATERNITY LEAVE & RELATED
08/06/2022	12117.94606	OTHER LEAVE
08/06/2022	3349.446027	PERSONAL LEAVE



(5) For the last reportable period 25 May 2022, the chart below shows the type and hours of leave taken for Nursing Staff (this includes Registered Nurses, Enrolled Nurses, Midwives, Nurse Practitioners and Assistants in Nursing). For the pay period 3,581 instances of leave were processed, noting that there are many instances where multiple leave applications are processed for the same employee.



(6) Leave data for the last six years is unable to be provided. Paid Leave taken from January 2020 to 8 June 2022 is detailed in the data table and graph below by pay period and total sum of hours paid grouped into:

- a) Annual Leave
- b) Long Service Leave
- c) Maternity Leave and Related
- d) Other Leave
- e) Personal Leave

PayPeriodEnd	Sum of Total Hours	Leave Group
08/01/2020	35555.58552	ANNUAL LEAVE
08/01/2020	3586.808077	LONG SERVICE LEAVE
08/01/2020	9451.266338	MATERNITY LEAVE & RELATED
08/01/2020	8903.31342	OTHER LEAVE
08/01/2020	10978.97112	PERSONAL LEAVE
22/01/2020	28254.94838	ANNUAL LEAVE
22/01/2020	4118.850872	LONG SERVICE LEAVE
22/01/2020	9421.036911	MATERNITY LEAVE & RELATED

PayPeriodEnd	Sum of Total Hours	Leave Group
22/01/2020	8947.062189	OTHER LEAVE
22/01/2020	12924.19317	PERSONAL LEAVE
05/02/2020	25632.30412	ANNUAL LEAVE
05/02/2020	3894.450872	LONG SERVICE LEAVE
05/02/2020	9108.311412	MATERNITY LEAVE & RELATED
05/02/2020	8964.820547	OTHER LEAVE
05/02/2020	12866.60209	PERSONAL LEAVE
19/02/2020	20135.78628	ANNUAL LEAVE
19/02/2020	3624.211984	LONG SERVICE LEAVE
19/02/2020	9943.437967	MATERNITY LEAVE & RELATED
19/02/2020	7478.622793	OTHER LEAVE
19/02/2020	12984.22626	PERSONAL LEAVE
04/03/2020	18278.6717	ANNUAL LEAVE
04/03/2020	3710.973095	LONG SERVICE LEAVE
04/03/2020	10327.00611	MATERNITY LEAVE & RELATED
04/03/2020	7549.680993	OTHER LEAVE
04/03/2020	14335.59531	PERSONAL LEAVE
18/03/2020	18778.63932	ANNUAL LEAVE
18/03/2020	4017.167539	LONG SERVICE LEAVE
18/03/2020	10376.07321	MATERNITY LEAVE & RELATED
18/03/2020	7749.223216	OTHER LEAVE
18/03/2020	15447.86158	PERSONAL LEAVE
01/04/2020	17870.12434	ANNUAL LEAVE
01/04/2020	4069.067539	LONG SERVICE LEAVE
01/04/2020	10840.54907	MATERNITY LEAVE & RELATED
01/04/2020	10008.36783	OTHER LEAVE
01/04/2020	14057.75476	PERSONAL LEAVE
15/04/2020	21752.22171	ANNUAL LEAVE
15/04/2020	3315.52048	LONG SERVICE LEAVE
15/04/2020	10624.16465	MATERNITY LEAVE & RELATED
15/04/2020	7496.928855	OTHER LEAVE
15/04/2020	11451.35473	PERSONAL LEAVE
29/04/2020	22990.186	ANNUAL LEAVE
29/04/2020	5047.749541	LONG SERVICE LEAVE
29/04/2020	11170.45474	MATERNITY LEAVE & RELATED
29/04/2020	8051.045002	OTHER LEAVE
29/04/2020	11426.09031	PERSONAL LEAVE
13/05/2020	17404.26737	ANNUAL LEAVE
13/05/2020	3610.260909	LONG SERVICE LEAVE

PayPeriodEnd	Sum of Total Hours	Leave Group
13/05/2020	11006.33293	MATERNITY LEAVE & RELATED
13/05/2020	7914.131183	OTHER LEAVE
13/05/2020	13553.87558	PERSONAL LEAVE
27/05/2020	15604.31789	ANNUAL LEAVE
27/05/2020	3815.801324	LONG SERVICE LEAVE
27/05/2020	11026.43628	MATERNITY LEAVE & RELATED
27/05/2020	7801.718317	OTHER LEAVE
27/05/2020	12786.25698	PERSONAL LEAVE
10/06/2020	15024.37801	ANNUAL LEAVE
10/06/2020	3426.09048	LONG SERVICE LEAVE
10/06/2020	11184.71499	MATERNITY LEAVE & RELATED
10/06/2020	7220.656912	OTHER LEAVE
10/06/2020	12026.86364	PERSONAL LEAVE
24/06/2020	15003.85292	ANNUAL LEAVE
24/06/2020	3848.944683	LONG SERVICE LEAVE
24/06/2020	11405.49277	MATERNITY LEAVE & RELATED
24/06/2020	8323.449968	OTHER LEAVE
24/06/2020	16292.17541	PERSONAL LEAVE
08/07/2020	19892.89143	ANNUAL LEAVE
08/07/2020	4369.006532	LONG SERVICE LEAVE
08/07/2020	10911.38176	MATERNITY LEAVE & RELATED
08/07/2020	8903.264046	OTHER LEAVE
08/07/2020	15277.34094	PERSONAL LEAVE
22/07/2020	23855.02208	ANNUAL LEAVE
22/07/2020	4780.651449	LONG SERVICE LEAVE
22/07/2020	10771.15145	MATERNITY LEAVE & RELATED
22/07/2020	9311.025982	OTHER LEAVE
22/07/2020	14463.65264	PERSONAL LEAVE
05/08/2020	16669.8496	ANNUAL LEAVE
05/08/2020	4539.843598	LONG SERVICE LEAVE
05/08/2020	10643.26414	MATERNITY LEAVE & RELATED
05/08/2020	9248.942566	OTHER LEAVE
05/08/2020	15318.7482	PERSONAL LEAVE
19/08/2020	18148.3259	ANNUAL LEAVE
19/08/2020	3935.521598	LONG SERVICE LEAVE
19/08/2020	11146.00195	MATERNITY LEAVE & RELATED
19/08/2020	9492.827628	OTHER LEAVE
19/08/2020	14376.13594	PERSONAL LEAVE

PayPeriodEnd	Sum of Total Hours	Leave Group
02/09/2020	17881.29167	ANNUAL LEAVE
02/09/2020	3876.275598	LONG SERVICE LEAVE
02/09/2020	11192.09282	MATERNITY LEAVE & RELATED
02/09/2020	9161.148062	OTHER LEAVE
02/09/2020	17052.95579	PERSONAL LEAVE
16/09/2020	18849.39272	ANNUAL LEAVE
16/09/2020	3677.776556	LONG SERVICE LEAVE
16/09/2020	11059.13036	MATERNITY LEAVE & RELATED
16/09/2020	8742.226244	OTHER LEAVE
16/09/2020	15264.81207	PERSONAL LEAVE
30/09/2020	21656.55223	ANNUAL LEAVE
30/09/2020	3703.562424	LONG SERVICE LEAVE
30/09/2020	11623.47572	MATERNITY LEAVE & RELATED
30/09/2020	8224.24637	OTHER LEAVE
30/09/2020	15738.58378	PERSONAL LEAVE
14/10/2020	26041.55877	ANNUAL LEAVE
14/10/2020	3843.262424	LONG SERVICE LEAVE
14/10/2020	12001.77652	MATERNITY LEAVE & RELATED
14/10/2020	7697.643463	OTHER LEAVE
14/10/2020	14908.58501	PERSONAL LEAVE
28/10/2020	19494.00554	ANNUAL LEAVE
28/10/2020	3580.912424	LONG SERVICE LEAVE
28/10/2020	12056.34801	MATERNITY LEAVE & RELATED
28/10/2020	9211.602193	OTHER LEAVE
28/10/2020	15567.89464	PERSONAL LEAVE
11/11/2020	20577.83725	ANNUAL LEAVE
11/11/2020	3735.512424	LONG SERVICE LEAVE
11/11/2020	12388.30428	MATERNITY LEAVE & RELATED
11/11/2020	8101.977747	OTHER LEAVE
11/11/2020	15163.74137	PERSONAL LEAVE
25/11/2020	20874.89352	ANNUAL LEAVE
25/11/2020	3652.677576	LONG SERVICE LEAVE
25/11/2020	11997.00079	MATERNITY LEAVE & RELATED
25/11/2020	8012.117237	OTHER LEAVE
25/11/2020	16435.55541	PERSONAL LEAVE
09/12/2020	20478.45936	ANNUAL LEAVE
09/12/2020	3460.8	LONG SERVICE LEAVE
09/12/2020	11533.43666	MATERNITY LEAVE & RELATED

PayPeriodEnd	Sum of Total Hours	Leave Group
09/12/2020	8853.988568	OTHER LEAVE
09/12/2020	16531.93827	PERSONAL LEAVE
23/12/2020	23047.50861	ANNUAL LEAVE
23/12/2020	3342.177005	LONG SERVICE LEAVE
23/12/2020	11348.65455	MATERNITY LEAVE & RELATED
23/12/2020	8114.682055	OTHER LEAVE
23/12/2020	16761.57234	PERSONAL LEAVE
06/01/2021	35093.5269	ANNUAL LEAVE
06/01/2021	3052.647936	LONG SERVICE LEAVE
06/01/2021	11517.20445	MATERNITY LEAVE & RELATED
06/01/2021	6875.124766	OTHER LEAVE
06/01/2021	10738.15476	PERSONAL LEAVE
20/01/2021	30209.06938	ANNUAL LEAVE
20/01/2021	4153.309914	LONG SERVICE LEAVE
20/01/2021	11750.36889	MATERNITY LEAVE & RELATED
20/01/2021	7065.931354	OTHER LEAVE
20/01/2021	14078.9091	PERSONAL LEAVE
03/02/2021	26223.46179	ANNUAL LEAVE
03/02/2021	4766.041465	LONG SERVICE LEAVE
03/02/2021	12317.56213	MATERNITY LEAVE & RELATED
03/02/2021	6503.082319	OTHER LEAVE
03/02/2021	12559.24301	PERSONAL LEAVE
17/02/2021	20792.40636	ANNUAL LEAVE
17/02/2021	4088.297615	LONG SERVICE LEAVE
17/02/2021	11921.54502	MATERNITY LEAVE & RELATED
17/02/2021	7846.705701	OTHER LEAVE
17/02/2021	14514.33242	PERSONAL LEAVE
03/03/2021	20800.30462	ANNUAL LEAVE
03/03/2021	4019.94197	LONG SERVICE LEAVE
03/03/2021	11813.1665	MATERNITY LEAVE & RELATED
03/03/2021	9259.981456	OTHER LEAVE
03/03/2021	15294.11667	PERSONAL LEAVE
17/03/2021	19615.40267	ANNUAL LEAVE
17/03/2021	3834.834211	LONG SERVICE LEAVE
17/03/2021	11841.73822	MATERNITY LEAVE & RELATED
17/03/2021	7304.667106	OTHER LEAVE
17/03/2021	14678.30787	PERSONAL LEAVE
31/03/2021	20389.77729	ANNUAL LEAVE
31/03/2021	3778.351094	LONG SERVICE LEAVE

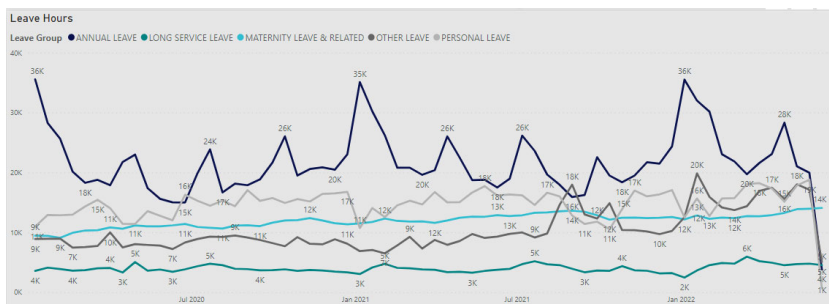
PayPeriodEnd	Sum of Total Hours	Leave Group
31/03/2021	11594.46571	MATERNITY LEAVE & RELATED
31/03/2021	8745.607799	OTHER LEAVE
31/03/2021	16733.08621	PERSONAL LEAVE
14/04/2021	26029.89312	ANNUAL LEAVE
14/04/2021	3367.217255	LONG SERVICE LEAVE
14/04/2021	11993.68695	MATERNITY LEAVE & RELATED
14/04/2021	7934.227265	OTHER LEAVE
14/04/2021	15018.99971	PERSONAL LEAVE
28/04/2021	22455.14484	ANNUAL LEAVE
28/04/2021	3427.859758	LONG SERVICE LEAVE
28/04/2021	12448.96036	MATERNITY LEAVE & RELATED
28/04/2021	8566.724173	OTHER LEAVE
28/04/2021	15066.14353	PERSONAL LEAVE
12/05/2021	18731.69651	ANNUAL LEAVE
12/05/2021	3280.768849	LONG SERVICE LEAVE
12/05/2021	12638.55446	MATERNITY LEAVE & RELATED
12/05/2021	9728.854496	OTHER LEAVE
12/05/2021	16666.31051	PERSONAL LEAVE
26/05/2021	18777.53654	ANNUAL LEAVE
26/05/2021	3572.179862	LONG SERVICE LEAVE
26/05/2021	12621.23487	MATERNITY LEAVE & RELATED
26/05/2021	9083.345421	OTHER LEAVE
26/05/2021	17732.33368	PERSONAL LEAVE
09/06/2021	17504.39889	ANNUAL LEAVE
09/06/2021	3774.923204	LONG SERVICE LEAVE
09/06/2021	12886.94512	MATERNITY LEAVE & RELATED
09/06/2021	9305.999921	OTHER LEAVE
09/06/2021	16153.5008	PERSONAL LEAVE
23/06/2021	18981.25453	ANNUAL LEAVE
23/06/2021	3923.112397	LONG SERVICE LEAVE
23/06/2021	12740.14482	MATERNITY LEAVE & RELATED
23/06/2021	9768.86773	OTHER LEAVE
23/06/2021	16340.25457	PERSONAL LEAVE
07/07/2021	26147.5741	ANNUAL LEAVE
07/07/2021	4709.170356	LONG SERVICE LEAVE
07/07/2021	12863.93113	MATERNITY LEAVE & RELATED
07/07/2021	9998.058555	OTHER LEAVE
07/07/2021	16184.28812	PERSONAL LEAVE

PayPeriodEnd	Sum of Total Hours	Leave Group
21/07/2021	23602.39719	ANNUAL LEAVE
21/07/2021	5193.449421	LONG SERVICE LEAVE
21/07/2021	13271.94763	MATERNITY LEAVE & RELATED
21/07/2021	9155.647141	OTHER LEAVE
21/07/2021	14577.92432	PERSONAL LEAVE
04/08/2021	19657.49903	ANNUAL LEAVE
04/08/2021	4686.347797	LONG SERVICE LEAVE
04/08/2021	13342.49833	MATERNITY LEAVE & RELATED
04/08/2021	9820.151025	OTHER LEAVE
04/08/2021	16631.56033	PERSONAL LEAVE
18/08/2021	17955.18675	ANNUAL LEAVE
18/08/2021	4541.568576	LONG SERVICE LEAVE
18/08/2021	13517.16332	MATERNITY LEAVE & RELATED
18/08/2021	14624.1752	OTHER LEAVE
18/08/2021	16012.41793	PERSONAL LEAVE
01/09/2021	15904.47581	ANNUAL LEAVE
01/09/2021	3941.129615	LONG SERVICE LEAVE
01/09/2021	13632.00671	MATERNITY LEAVE & RELATED
01/09/2021	17968.91023	OTHER LEAVE
01/09/2021	12815.91534	PERSONAL LEAVE
15/09/2021	16248.91581	ANNUAL LEAVE
15/09/2021	3350.487191	LONG SERVICE LEAVE
15/09/2021	13447.78496	MATERNITY LEAVE & RELATED
15/09/2021	12999.50663	OTHER LEAVE
15/09/2021	11410.69963	PERSONAL LEAVE
29/09/2021	22550.9014	ANNUAL LEAVE
29/09/2021	3634.58953	LONG SERVICE LEAVE
29/09/2021	12871.62681	MATERNITY LEAVE & RELATED
29/09/2021	12316.87766	OTHER LEAVE
29/09/2021	11795.82793	PERSONAL LEAVE
13/10/2021	19485.96269	ANNUAL LEAVE
13/10/2021	3597.627247	LONG SERVICE LEAVE
13/10/2021	12136.40821	MATERNITY LEAVE & RELATED
13/10/2021	14883.81828	OTHER LEAVE
13/10/2021	10535.89413	PERSONAL LEAVE
27/10/2021	18380.75224	ANNUAL LEAVE
27/10/2021	4376.008622	LONG SERVICE LEAVE
27/10/2021	12464.36363	MATERNITY LEAVE & RELATED

PayPeriodEnd	Sum of Total Hours	Leave Group
27/10/2021	10399.70459	OTHER LEAVE
27/10/2021	13867.26618	PERSONAL LEAVE
10/11/2021	19484.78243	ANNUAL LEAVE
10/11/2021	3686.055128	LONG SERVICE LEAVE
10/11/2021	12494.57088	MATERNITY LEAVE & RELATED
10/11/2021	10373.49903	OTHER LEAVE
10/11/2021	16992.05187	PERSONAL LEAVE
24/11/2021	21715.94802	ANNUAL LEAVE
24/11/2021	3600.313143	LONG SERVICE LEAVE
24/11/2021	12402.0065	MATERNITY LEAVE & RELATED
24/11/2021	10153.76499	OTHER LEAVE
24/11/2021	16028.52604	PERSONAL LEAVE
08/12/2021	21489.34282	ANNUAL LEAVE
08/12/2021	3169.904	LONG SERVICE LEAVE
08/12/2021	12455.74218	MATERNITY LEAVE & RELATED
08/12/2021	9716.170148	OTHER LEAVE
08/12/2021	16344.08723	PERSONAL LEAVE
22/12/2021	24347.15022	ANNUAL LEAVE
22/12/2021	3210.4	LONG SERVICE LEAVE
22/12/2021	12585.40612	MATERNITY LEAVE & RELATED
22/12/2021	10249.20944	OTHER LEAVE
22/12/2021	17065.29742	PERSONAL LEAVE
05/01/2022	35501.45562	ANNUAL LEAVE
05/01/2022	2470.3	LONG SERVICE LEAVE
05/01/2022	12179.65231	MATERNITY LEAVE & RELATED
05/01/2022	12538.42176	OTHER LEAVE
05/01/2022	12494.00396	PERSONAL LEAVE
19/01/2022	32003.33418	ANNUAL LEAVE
19/01/2022	3646.733333	LONG SERVICE LEAVE
19/01/2022	12831.4828	MATERNITY LEAVE & RELATED
19/01/2022	19853.66012	OTHER LEAVE
19/01/2022	15666.8529	PERSONAL LEAVE
02/02/2022	30161.93441	ANNUAL LEAVE
02/02/2022	4543.933333	LONG SERVICE LEAVE
02/02/2022	12271.77373	MATERNITY LEAVE & RELATED
02/02/2022	15933.78788	OTHER LEAVE
02/02/2022	12753.56236	PERSONAL LEAVE
16/02/2022	23054.02316	ANNUAL LEAVE
16/02/2022	4899.122353	LONG SERVICE LEAVE

PayPeriodEnd	Sum of Total Hours	Leave Group
16/02/2022	12481.92907	MATERNITY LEAVE & RELATED
16/02/2022	14171.18216	OTHER LEAVE
16/02/2022	15670.69857	PERSONAL LEAVE
02/03/2022	21838.65412	ANNUAL LEAVE
02/03/2022	4793.584314	LONG SERVICE LEAVE
02/03/2022	12403.61688	MATERNITY LEAVE & RELATED
02/03/2022	13725.60169	OTHER LEAVE
02/03/2022	15736.75603	PERSONAL LEAVE
16/03/2022	19705.70521	ANNUAL LEAVE
16/03/2022	5954.037041	LONG SERVICE LEAVE
16/03/2022	12719.24825	MATERNITY LEAVE & RELATED
16/03/2022	14377.69899	OTHER LEAVE
16/03/2022	18086.12357	PERSONAL LEAVE
30/03/2022	21599.07412	ANNUAL LEAVE
30/03/2022	5209.666738	LONG SERVICE LEAVE
30/03/2022	12706.03569	MATERNITY LEAVE & RELATED
30/03/2022	16928.8617	OTHER LEAVE
30/03/2022	18231.51832	PERSONAL LEAVE
13/04/2022	23104.01184	ANNUAL LEAVE
13/04/2022	4943.216089	LONG SERVICE LEAVE
13/04/2022	12895.62531	MATERNITY LEAVE & RELATED
13/04/2022	17461.60309	OTHER LEAVE
13/04/2022	17320.84126	PERSONAL LEAVE
27/04/2022	28316.65663	ANNUAL LEAVE
27/04/2022	4520.554472	LONG SERVICE LEAVE
27/04/2022	13259.5737	MATERNITY LEAVE & RELATED
27/04/2022	15585.8415	OTHER LEAVE
27/04/2022	15125.63817	PERSONAL LEAVE
11/05/2022	21032.462	ANNUAL LEAVE
11/05/2022	4725.411432	LONG SERVICE LEAVE
11/05/2022	13878.26368	MATERNITY LEAVE & RELATED
11/05/2022	18021.38536	OTHER LEAVE
11/05/2022	17837.8828	PERSONAL LEAVE
25/05/2022	19955.14424	ANNUAL LEAVE
25/05/2022	4794.255129	LONG SERVICE LEAVE
25/05/2022	13962.66894	MATERNITY LEAVE & RELATED
25/05/2022	17108.35124	OTHER LEAVE
25/05/2022	18795.95501	PERSONAL LEAVE

PayPeriodEnd	Sum of Total Hours	Leave Group
08/06/2022	3821.687991	ANNUAL LEAVE
08/06/2022	4546.54927	LONG SERVICE LEAVE
08/06/2022	14091.043	MATERNITY LEAVE & RELATED
08/06/2022	5078.480685	OTHER LEAVE
08/06/2022	673.2324731	PERSONAL LEAVE



- (7) Annual leave accrued by staff is detailed in Annual reports. Reporting prior to FY2019/20 will include ACTHD as CHS became its own entity on 1 October 2018 and as a result definitive advice is not able to be reported. Annual leave liabilities have increased due to reduced utilisation of annual leave linked to the impacts of the COVID-19 Pandemic. Pay increases for staff that occurred during the year consistent with enterprise agreements will increase this amount and increased headcount also mean more people are accruing leave.

Reported FY	Annual leave Accrual \$'000
FY20/21	142, 631
FY19/20	129, 036

- (8) Leave loading only applies to annual leave and is calculated as the greater of either 17.5 per cent of the employee's ordinary rate of pay for the leave accrued during the previous calendar year (capped at 17.5 per cent for the 2022 year) or the shift penalties that the employee would have received had the employee not been on approved annual leave.
- (9) Annual Leave and Long Service Leave are accrued and recognised as an entitlement on the CHS balance sheet. Data for the last six years is unable to be provided due to the split of directorates into ACT Health Directorate and Canberra Health Services, the cost of these leave types for the last 3 years are:

	2018-19 (\$000)	2019-20 (\$000)	2020-21 (\$000)
Annual Leave	58,001	58,620	63,282
Long Service Leave	10,829	11,347	11,543

Commented [MB3]: I have inserted this, can it please be checked and/or explanation provided as to why only last 3 years can be provided. Assume as per above this reflects the split of ACTHD/CHS.

- (10) The below chart details headcount and FTE paid to Nursing staff within the Intensive Care Unit on pay date 25 May 2022. Formal qualifications beyond entry requirements are not linked to nursing levels.

ClassificationGroup	FTE	Headcount
<input checked="" type="checkbox"/> Nursing Staff	175.24	201
RN1	118.20	134
RN2P	22.97	26
RN2	17.83	21
RN3	3.68	4
AlN	6.09	8
RN2C	2.26	3
RN3.1	2.53	3
RN3G2	1.68	2
Total	175.24	201

Commented [MB4]: I have inserted this line please check it is accurate or should be worded differently.

Commented [MJ(5R4): P and C are unable to comment if there are mandatory requirements beyond registration that are linked to nursing levels.

Commented [VT(6R4): Supply of Qualification allowance reporting is resource intensive and onerous as bespoke Shared Service reports are required. We can therefore not comment on post graduate qualifications of staff within ICU.

- (11) Employment data for Nursing staff over the last six years is unable to be provided. Paid FTE and Headcount from January 2020 to 25 May 2022 for the ICU is detailed in the data table and graph below by month:



Pay Date - Year	Pay Date - Month	Headcount	Sum of FTE
2020	January	175	156.88
2020	February	179	159.51
2020	March	182	162.93
2020	April	187	170.01
2020	May	190	171.7
2020	June	192	173.46
2020	July	182	163.92
2020	August	196	175.36
2020	September	188	167.86
2020	October	186	165.81
2020	November	181	161.55
2020	December	183	163.77
2021	January	184	163.65
2021	February	187	162.21
2021	March	186	163.4
2021	April	189	165.9
2021	May	192	164.41
2021	June	183	161.03
2021	July	182	158.81
2021	July	183	159.93
2021	August	180	157.66
2021	August	186	163.47
2021	September	186	163.89
2021	September	183	161.22
2021	September	182	159.76
2021	October	181	160.51
2021	October	182	160.59
2021	November	186	162.46
2021	November	188	166.54
2021	December	199	172.64
2021	December	196	171.79
2022	January	195	169.4
2022	January	192	165.04
2022	February	190	169.1
2022	February	194	167.97
2022	March	199	173.3
2022	March	194	168.8
2022	March	198	173.85
2022	April	198	171.23
2022	April	201	172.98
2022	May	204	174.3
2022	May	201	175.24

(12) The average tenure for Nurses working within the ICU as at the end of May 2022 is 6.17 years.

(13) The average tenure for Nurses working within ED as at the end of May 2022 is 5.68 years.

a) The below chart details headcount and FTE paid to Nursing staff within the Emergency Department on pay date 25 May 2022

ClassificationGroup	FTE	Headcount
<input checked="" type="checkbox"/> Nursing Staff	232.67	271
RN1	171.68	193
EN1	15.28	20
RN2P	10.67	14
RN2	13.12	16
RN3	4.64	6
RN3.1	8.00	11
EN2P	0.84	1
RN2C	2.11	3
AIN	4.33	5
RN3G2	2.00	2
Total	232.67	271

Commented [MB7]: The tenure for ED needs to be provided as per Q12

Commented [MJ(8R7)]: Statement added 5.68 years

Employment data for Nursing staff over the last six years is unable to be provided. Paid FTE and Headcount from January 2020 to 25 May 2022 for the Emergency Department is detailed in the data table and graph below by month:



Pay Date - Year	Pay Date - Month	Headcount	Sum of FTE
2020	January	185	156.25
2020	February	187	155.3
2020	March	193	163.25
2020	April	193	162.92
2020	May	197	165.79
2020	June	198	165.76
2020	July	196	166.16
2020	August	199	168.55
2020	September	205	170.84
2020	October	200	169.04
2020	November	200	166.49
2020	December	203	167.37
2021	January	200	167.74
2021	February	199	162.96
2021	March	201	167.84
2021	April	203	170.33
2021	May	206	169.45
2021	June	197	163.53

Pay Date - Year	Pay Date - Month	Headcount	Sum of FTE
2021	July	198	164.91
2021	July	196	161.33
2021	August	194	160.45
2021	August	199	165.04
2021	September	200	165.34
2021	September	204	168.23
2021	September	206	171.35
2021	October	205	170.06
2021	October	205	170.8
2021	November	210	174.52
2021	November	210	172.36
2021	December	207	172.82
2021	December	241	203.35
2022	January	245	207.23
2022	January	256	215.96
2022	February	262	221.98
2022	February	264	222.71
2022	March	261	222.74
2022	March	263	225.21
2022	March	267	223.84
2022	April	259	220.16
2022	April	257	218.01
2022	May	262	223.48
2022	May	271	232.67

b)The average tenure for Midwives as at the end of May 2022 is 8.13 years.

The below chart details headcount and FTE paid to Midwives at CHS on pay date 25 May 2022

ClassificationGroup	FTE	Headcount
<input type="checkbox"/> Nursing Staff	169.99	232
RM1	81.43	118
RM2	68.55	89
RM3G2	4.84	5
RM2P	6.07	9
RM2C	5.10	7
RM3	2.00	2
RM4.3	1.00	1
RM5.5	1.00	1
Total	169.99	232

Commented [MB9]: The tenure for midwives needs to be provided as per Q12

Commented [MJ(10R9): Done as requested

Employment data for Midwives over the last six years is unable to be provided. Paid FTE and Headcount from January 2020 to 25 May 2022 for CHS is detailed in the data table below by month:

Commented [MB11]: Only graph provided here and not the data table as per above for ICU and ED. Can this either be consistent with ICU/ED or ICU/ED data tables removed as the question from what I can see is answered by the graph.

Commented [MJ(12R11): Happy for the data table to be removed as its a duplication of FTE by month chart provided



c)The average tenure for Nursing staff in the NICU as at the end of May 2022 is 9.59 years.

The below chart details headcount and FTE paid to Nursing staff in the Neonatal Intensive Care Unit on pay date 25 May 2022

ClassificationGroup	FTE	Headcount
<input checked="" type="checkbox"/> Nursing Staff	89.22	105
RN1	56.61	68
RN2	21.34	24
RN2P	9.27	11
RN3G2	2.00	2
Total	89.22	105

Commented [MB13]: The tenure needs to be provided for NICU as per Q12

Employment data for Nursing staff over the last six years is unable to be provided. Paid FTE and Headcount from January 2020 to 25 May 2022 for NICU is detailed in the data table below by month:



Commented [MB14]: As per comment on midwives above

Commented [MJ(15R14)]: Happy for the data table to be removed as it's a duplication of FTE by month chart provided

Approved for circulation to the Member and incorporation into Hansard.

Rachel Stephen-Smith MLA
Minister for Health

Date:.....

This response required 29hrs 25mins to complete, at an approximate cost of \$3002.46.

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Moloney, Eliza](#)
Subject: URGENT - GBCHS22/61: Annual Report Hearings 2021-2022 - Question on Notice (QoN) Acute Mental Health, Adolescent Mental Health, and Eating Disorders
Date: Friday, 11 March 2022 2:28:00 PM
Importance: High

OFFICIAL

Hi Eliza

This one is ready for review and progression:

I:\Davidson\DLO\MO_for_review\Eliza_to_Review\GBCHS22-61 QoN Eating Disorders

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QoN No. 04

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair), Mr Michael Pettersson MLA

Inquiry into Annual and Financial Reports 2020-2021
QUESTION ON NOTICE

Leanne Castley MLA: To ask the Minister for Mental Health

Mental Health, Canberra Health Services Annual Report 2020-21, Mental Health, Justice Health and Drug and Alcohol Services

In relation to: The Annual Report states that, in 2021-22, MHJHADS will *“increase acute capacity to meet demand for mental health services.”*

1. How will acute capacity be increased?

Topic Two – New Mental Health Unit, 12B

The Report states that MHJHADS will “open the Mental Health Unit, 12B” which will be a 10- bed acute health inpatient facility for people with moderate to severe mental illness.

1. Is 12B open AND fully operational?
2. How much has it cost? What is the difference between this new Mental Health Unit and the Adult Mental Health Unit at the hospital?

Topic Three – Adolescent Mental Health Unit.

I cannot find any reference in the Annual Report to the new Adolescent Mental Health Unit.

1. What is happening with the Adolescent Mental Health Unit?
2. When will it be established?

Topic Four – Eating disorders

The Report refers to introducing “new innovative services for people with eating disorders” (STRIDE program – Short-term Recovery Intervention for Disordered Eating Program and a Parenting Group).

1. What is happening with the residential facility, funded with \$13.5 million by the Federal Government?

NB: A Canberra Times article (November 17, 2021) said a “design tender will open today” and “the design process will scope whether the Coombs site is suitable for the facility.”

2. When will this design and consultation process end?
3. When will the residential facility open?
4. Why are there no inpatient services in the ACT for people living with eating disorders?
5. Why is there only one public specialist outpatient treatment option? What is that?
6. What is the waiting list for specialist services?
7. I have read that people needing treatment go interstate – do we have figures? Why haven't we properly addressed this issue?
8. I have read there is a shortage of psychiatrists in the ACT who specialise in eating disorders and many have closed their books to new patients – is that true?

Emma Davidson: The answer to the Member's question is as follows:–

1. How will acute capacity be increased?
 - In March 2021, Canberra Health Services (CHS) commenced the Adolescent Intensive Home Treatment Team (AIHTT) which provides short term follow up/review post hospital discharge for young people not engaged with another Child and Adolescent Mental Health Service.
 - In April 2022, CHS will launch of the Adolescent Acute Day Program. The program provides an eight-week program for eight young people at a time post hospital discharge.
 - The opening of Ward 12B has provided additional 10 low dependency beds.
 - Internal works to create the capacity for the existing 10 High Dependency Unit (HDU) beds to flex up to 18 beds as required, is nearing completion. Note, this does not increase the actual bed number but creates additional capacity to care for HDU patients if required.
 - 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.
 - 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.
 - The Home Assessment Acute Response Team (HAART) Intensive Home Treatment (IHT) 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.

Topic Two – New Mental Health Unit, 12B

1. Yes, Ward 12B is fully operational and accepted its first patients on 21 September 2021.

The current construction cost is \$7.3 million. The labour and operating costs is \$2.1 million

2. Ward 12B is a 10-bed Low Dependency Mental Health Unit located on the Canberra Hospital site. Ward 12B provides voluntary and involuntary psychiatric care and treatment for people with a mental health illness who require inpatient care with a lower risk of behavioural

disturbance, vulnerability, or other issues than persons requiring the more restrictive environment of AMHU High Dependency Unit.

Topic Three – Adolescent Mental Health Unit.

1. Construction has commenced on the Adolescent Mental Health Unit as part of the Centenary Hospital for Women and Children Expansion project.
2. Construction is targeted to be completed in June 2023.

Topic Four – Eating disorders

1.
 - In June 2020 the Minister for Health, Rachel Stephen-Smith MLA, signed an agreement with the Commonwealth that provides the ACT Government with \$13.5 million in funding over three years to build a residential facility for persons with eating disorders (the Centre). The first funding instalment for the Centre was provided by the Commonwealth to the ACT in the 2021-22 financial year.
 - On 17 November 2021 Major Projects Canberra (MPC) issued a tender to engage a consultant to prepare a concept design for the Centre. This consultancy will produce a high-level overview of the look, feel and overall design of the building.
 - On 20 February 2022 it was announced that Collard Clarke Jackson Canberra Pty Ltd were awarded the design tender, with this work now currently underway.
2.
 - The Centre design will be developed in consultation with the health sector, people with eating disorders, their families, carers and the local community to ensure the needs of those who will be engaging with the service are appropriately supported.
 - The community is expected to be consulted on the designs in the first half of 2022 and will continue to be consulted as work progresses on the Centre.
 - Following the completion of construction at the end of 2023, it is expected the Centre will be operational in 2024.
3.
 - People with an eating disorder can present to the Emergency Department at Canberra Hospital for Calvary Public Hospital Bruce for treatment as required.
 - Inpatient weight stabilisation is available at the Canberra Hospital and Calvary Hospital. For people aged 16 years or under, inpatient management is in the Paediatric ward. For people over 16, inpatient management at the Canberra Hospital is in the Adult General Medicine Ward.
 - If medically stable, patients can be admitted to Calvary Public Hospital Mental Health Acacia or the Adult Mental Health Unit at the Canberra Hospital. This is mainly for treatment of acute psychiatric and suicidality risk, rather than access to an eating disorder specific program.

4.

- The current specialist outpatient treatment option is the Eating Disorders Program (EDP). EDP is a community-based therapy service that provides assessment and treatment for people living in the ACT with an eating disorder such as bulimia nervosa, anorexia nervosa or binge eating disorder. EDP provide evidence based psychological treatment options such as Maudsley Family Based Therapy (FBT) and Cognitive Behavioral Therapy (CBT) as indicated. More information can be found at: [Eating Disorders Program | Health \(act.gov.au\)](https://www.health.act.gov.au/eating-disorders-program)
- The ACT now also has another public specialist option for those with an eating disorder. The Eating Disorders Clinical Hub was launched on 25 January 2022 to improve coordination of resources, services, and expertise across the ACT for people experiencing or impacted by eating disorders. The Clinical Hub ensures better access to care by connecting people with services that best support their individual needs and circumstances. Once a referral is received, the Hub undertakes a detailed intake, triage, and assessment process to determine the best care pathway.
- During its establishment phase in 2021, the Clinical Hub also undertook considerable work to address the significant waiting list experienced by the EDP. This was done via the implementation of two new service initiatives - the STRIDE Program and Parenting Groups. In addition the Clinical Hub dietician also offers nutritional assessments to eligible clients. These new service offerings were initiatives of the Clinical Hub.
- The ACT Government committed \$2.2 million under the 2019-20 Budget to increase the capacity and range of eating disorder services available in the ACT. This commitment includes funding for the Eating Disorders Specialist Clinical Hub, a community-based support early intervention service and the development of the Territory-wide model of care for eating disorders. This is in addition to the Commonwealth's \$13.5 million to establish the Eating Disorders Residential Treatment Centre. All of this work is managed under the Expanding Public Health Services for Eating Disorders (EPHSED) in the Territory project, and once completed will see specialist outpatient treatment options in the Territory further expanded.

5.

- The waiting times for CAMHS Eating Disorders Services are currently as follows:
 - Initial phone assessment is two weeks
 - Single Session Intervention is two weeks
 - STRIDE is 4 to 6 weeks
 - Parent Group for Family based therapy is two to three weeks (
- Access to evidence-based eating disorders therapy is 12 months

6.

- The ACT does not have data on patients who access care interstate for their eating disorder.
- The ACT Government is committed to improving eating disorder services in the ACT across the full spectrum of care, so that we can provide the best treatment and care for people with eating disorders when they need it, where they need it. Eating disorders are complex and multi-causal disorders that necessitate flexible, individualised care solutions that can be provided across a range of settings and in a coordinated way that reflects best available evidence. The EPHSED Project, which includes funding by both the ACT Government and the Commonwealth, will assist in addressing demand and provide additional treatment options for eating disorder services in the ACT.

7.

- Public psychiatrists do not close their books. In most instances, the wait time to see a Child Adolescent Mental Health Services (CAMHS) psychiatrist is much shorter than for a private psychiatrist.
- I am unable to comment on private psychiatrist's books.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature: *Emma Davidson*

Date: 16 March 2022

By the Minister for Mental Health, Emma Davidson

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Friday, 18 March 2022 10:29 AM
To: Ord, Jon
Subject: GBCHS22/63: Question on Notice (QoN) Complaints about Justice Health, Official Visitor Scheme Annual Report

Tracking:	Recipient	Read
	Ord, Jon	Read: 18/03/2022 10:47 AM

OFFICIAL

Hi Jon

Annual Report QoN for your review:

<I:\Davidson\DLO\MO for review\Jon to Review\GBCHS22-63 QoN 19 Complaints>

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QoN No. 19

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair), Mr Michael Pettersson MLA

Inquiry into Annual and Financial Reports 2020-2021
QUESTION ON NOTICE

Elizabeth Kikkert: To ask the Minister for Justice Health

Ref: Justice Health, Official Visitor Scheme Annual Report 2020-2021, p28-29

In relation to: Complaints about Justice Health

1. Why is Justice Health receiving more complaints than any other aspect of the AMC?
2. The Official Visitor Scheme Annual Report states that some of these complaints stem from non-responses to medical requests. How many medical requests have not been responded to?
 - a) Why have they not been responded to?
 - b) If complaints are broken down into categories of complaints, can the minister include that break down in this answer?

Emma Davidson: The answer to the Member's question is as follows:—

1. Justice Health Services (JHS) are not able to quantify this and would need further context to provide a more detailed response.
2. JHS are not able to quantify this and would need further context to provide a more detailed response.
 - a) JHS are not able to quantify this and would need further context to provide a more detailed response.
 - b) JHS Complaints are not broken down into categories of complaints.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature: *Emma Davidson*

Date: 21 March 2022

By the Minister for Justice Health, Emma Davidson

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Ord, Jon](#)
Subject: GBCHS22/62: Annual Report Hearings 2021-2022 - Question on Notice (QoN) Workforce profile - average length of service
Date: Monday, 21 March 2022 1:58:00 PM

OFFICIAL

Hi Jon

This one is now ready for your review:

[I:\Davidson\DLO\MO for review\Jon to Review\GBCHS22-62 Length of Service](#)

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QoN No. 06

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair), Mr Michael Petterson MLA

Inquiry into Annual and Financial Reports 2020-2021
QUESTION ON NOTICE

Leanne Castley MLA: To ask the Minister for Mental Health

Mental Health, Canberra Health Services Annual Report 2020-21, Workplace profile

Topic: Workforce profile 2020-21 – Average length of service

Table 22 (p81) reveals the average years of service for our health workforce.

For women, the average years of service is **7.9 years**.

For men, it is **6.7 years**.

The average years of service for the total health workforce is **7.6 years**.

Questions:

Why are our health staff leaving after just seven years?

What are the average years of service for mental health workers in the ACT? Provide a breakdown of average total Length of service, as well as the average for men and women is detailed in the table below.

Where are they going?

What is the government doing about it?

How do these figures compare with average years of service for the last five years?

Is the situation improving or getting worse?

What impact does this huge loss of talent and experience have on our mental health system?

MINISTER DAVIDSON: The answer to the Member's questions are as follows:

Exit survey data indicates that the main reasons our health staff are leaving their positions within Canberra Health Services is due to promotion/new employment opportunity or that they have had a change in their personal circumstances.

Average Length of Service for staff working within the Division of Mental Health, Justice Health and Alcohol and Drug Services as at 28 February 2022:

2022	Average of Length of Service (years)
Female	6.7
Male	5.9
Average	6.5

Exit survey data indicates that staff that have left were primarily leaving to take up a new employment opportunity within another state agency, private enterprise or commonwealth government agency.

Canberra Health Services are working on implementing focused training programs on clinical leadership and post graduate study to improve attraction and retention rates.

The average Length of Service per year as well as the average for males and females within MHJHADS is detailed in the table below. Data is only listed from 2019 due to the split in services between ACT Health Directorate and CHS in 2018. Exit data prior to the split of organisations is not able to be reported.

	Average of Length of Service (years)		
	2021	2020	2019
Female	6.8	6.5	6.8
Male	6.0	5.8	6.0
Average	6.6	6.3	6.6

From the information provided above, the average length of service for staff in MHJHADS has remained consistent since 2019.

The loss of talented and experienced mental health clinicians is impacting Mental Health Services achieving the right mix and distribution of skills across our mental health services. CHS is working to develop and implement focused training programs on clinical leadership and post graduate study to improve attraction and retention rates.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature: 

Date: 21 MAR 2022

By the Minister for Mental Health, Emma Davidson

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Tuesday, 22 March 2022 12:24 PM
To: Ord, Jon
Subject: GBCHS22/68: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 20 - Healthy Prison Review - Naloxone - Kikkert

Tracking:	Recipient	Read
	Ord, Jon	Read: 22/03/2022 12:37 PM

OFFICIAL

Hi Jon

The response to the QoN related to Naloxone is now ready for your review and progression:
<I:\Davidson\DLO\MO for review\Jon to Review\GBCHS22-68 Naloxone>

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QoN No. 20

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair), Mr Michael Pettersson MLA

Inquiry into Annual and Financial Reports 2020-2021
QUESTION ON NOTICE

Elizabeth Kikkert: To ask the Minister for Justice Health

Ref: Justice Health, JACS Annual Report 2020-2021 p134, implementation of recommendations

In relation to: Recommendations 60-61 of the Healthy Prison Review

1. Has a trial of nasal Naloxone for after-hours use commenced?
2. Can the Minister provide a report of the options for both recommendation 60 and 61?
3. What obstacles or concerns have been identified with making Naloxone available for administration after hours?
4. What obstacles have been identified with making Naloxone available to all detainees with a recent history of opioid use as part of a release pack?

Emma Davidson: The answer to the Member's question is as follows:—

1. Has a trial of nasal Naloxone for after-hours use commenced?
 - The after-hour trial of Naloxone has not commenced at this stage. Justice Health Services (JHS) have provided training packages to ACT Corrective Services (ACTCS) for their consideration.
2. Can the Minister provide a report of the options for both recommendation 60 and 61?
 - 60. That ACTCS and Justice Health examine the feasibility of making Naloxone available for administration after-hours in case of a drug overdose (including a trial of nasal Naloxone if feasible), supported by appropriate training in administration of the drug.
 - Underway - Provision of training packages are currently under review by ACTCS for the administration of Naloxone.
 - Ideally, once ACTCS complete the training, Naloxone would be accessible in all first-aid posts in the accommodation areas within the Alexander Maconochie Centre (AMC) for use by ACTCS in the event of an overdose.
 - 61. That ACTCS and Justice Health examine the feasibility of making Naloxone available to all detainees with a recent history of opioid use as part of a release pack.
 - Complete – JHS currently provide Naloxone to all detainees on Opioid Maintenance Therapy (OMT) on their release from AMC

3. What obstacles or concerns have been identified with making Naloxone available for administration after hours?
 - There are no concerns with providing Naloxone after hours, and it is expected that consultations, training of staff and items required to administer Naloxone as a first-aid response will be in place by the end of April 2022.
4. What obstacles have been identified with making Naloxone available to all detainees with a recent history of opioid use as part of a release pack?
 - JHS currently provide Naloxone to all detainees on Opioid Maintenance Therapy (OMT) on their release from the AMC.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date: 23 March 2022

By the Minister for Justice Health, Emma Davidson

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Ord, Jon](#)
Subject: GBCHS22/66: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 17 - Aboriginal and Torres Strait Islander overrepresentation - Kikkert
Date: Wednesday, 23 March 2022 12:10:00 PM

OFFICIAL

Hi Jon

Another QoN for your review and progression:

[I:\Davidson\DLO\MO for review\Jon to Review\GBCHS22-66 ATSI Overrepresentation](#)

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QoN No. 17

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair), Mr Michael Petterson MLA

Inquiry into Annual and Financial Reports 2020-2021
QUESTION ON NOTICE

Elizabeth Kikkert: To ask the Minister for Justice Health

Ref: Justice Health, JACS Annual Report 2020-2021 p156, Aboriginal and Torres Strait Islander overrepresentation

In relation to: Aboriginal and Torres Strait Islander overrepresentation

1. During the hearing, Minister Davidson stated in relation to Aboriginal and Torres Strait Islander overrepresentation that they have “made some changes over the course of the last year that we think could be helpful”. Specifically, what are those changes and how do you expect they will help?

Emma Davidson: The answer to the Member’s question is as follows:–

As the Minister for Justice Health I am unable to comment on the overrepresentation of Aboriginal and Torres Strait Islanders currently incarcerated within the ACT prison system.

The changes referred to in the above statement were related to Justice Health and included strengthening partnerships with Winnunga Nimmityjah Aboriginal Health and Community Services to provide holistic care to the Aboriginal and Torres Strait Islander cohort within the Alexander Maconochie Centre. All Aboriginal and Torres Strait Islander clients have access to the CHS Aboriginal Liaison Officer for support while incarcerated and where possible are connected to appropriate services upon their release

Further information related to the overrepresentation of Aboriginal and Torres Strait Islander incarcerated in the ACT should be directed to the Minister for Corrections.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature: *Emma Davidson*

Date: 4 April 2022

By the Minister for Justice Health, Emma Davidson

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Wednesday, 23 March 2022 1:20 PM
To: Ord, Jon
Subject: GBCHS22/34: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for Mental Health - Assembly Sitting 8-10 February 2022 Question on Notice (QoN) No. 647 Patient and Staff Dhulwa

Tracking:	Recipient	Read
	Ord, Jon	Read: 23/03/2022 1:28 PM

OFFICIAL

Hi Jon

QoN from Feb Sitting for you:

[I:\Davidson\DLO\MO for review\Jon to Review\GBCHS22-34 QoN 647 Pt and Staff at Dhulwa](#)

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Monday, 28 March 2022 8:59 AM
To: Ord, Jon
Subject: GBCHS2234 Davidson QoN 647 Response
Attachments: GBCHS2234 Davidson QoN 647 Response.DOCX

OFFICIAL

See attached



Emma Davidson MLA
 Minister for Disability
 Minister for Justice Health
 Minister for Mental Health
 Assistant Minister for Seniors, Veterans, Families and Community Services
 Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 14
11 February 2022
Question No. 647

MRS KIKKERT: To ask the Minister for Mental Health—

- (1) Can the Minister provide a breakdown of all staff currently engaged at Dhulwa Mental Health Unit (Dhulwa), including number of staff, job title, work classification, employment type and workload.
- (2) How many patients are currently being treated at Dhulwa.
- (3) How many incidents of assault on a staff member by a patient/s have been reported in each year for the past three years.
- (4) How many staff have taken personal or medical leave due to an incident of assault by a patient, and what has been the total period of leave taken for this reason in each year for the past three years.
- (5) How many staff have left their employment at Dhulwa in each year for the past three years.
- (6) How many staff have left their employment due to have experienced assault or stress from dealing with aggressive patients.
- (7) How are patients managed where there is not enough staff available to keep regular care standards at each of the following units, ie patient lockdown.
- (8) What kind of training is provided to staff so that they can safely and effectively manage aggressive behaviour in patients.
- (9) Which staff receive this training, ie nurses, wardsmen etc.

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emmadavidsonACT



emmadavidson

- (10) Is ongoing and/or higher-level training provided to staff; if so, how often and what kind of training is provided to what staff.
- (11) How are patients who have committed acts of aggression and assault towards staff members managed, ie medicative, punitive, therapeutic, policy measures etc.
- (12) How many patients currently have work or school commitments that are accommodated by their treatment plan.

MS DAVIDSON MLA - The answer to the Member's question is as follows:

- (1) The Full Time Equivalent of staff employed at Dhulwa Mental Health Unit (Dhulwa) is detailed in the table below. Details related to workload are not able to be provided.

Classification	Casual FTE	Temporary FTE	Permanent FTE	Total
Assistant In Nursing (AIN)	0	2	2	4
Enrolled Nurse (EN)	0.6	0	1	1.6
Registered Nurse (RN)	0.7	0	42	42.7
Psychiatrists	0	0	1	1
Psychiatry Registrars	0	0	1.6	1.6
Total	1.3	2	47.6	50.9

In addition to the FTE allocation below Canberra Health Services (CHS) provides support services to Dhulwa including but not limited to, security services, food services, administrative services including reception and cleaning services.

- (2) As of 14 February 2022, 16 consumers are admitted to Dhulwa

(3)

Financial Year	Number of RiskMan classified as Physical OV
2019/20	133
2020/21	99
2021/22 (up to 2 March 2022)	70

- (4) The following table outlines Lost Time Incidents, as entered into RiskMan. Reasons for personal leave are not recorded and therefore this data is not available:

Year	Number of Lost Time Incidents entered as a Staff Incident onto RiskMan
2019	1
2020	15
2021	14
1 January to 3 March 2022	7

Commented [OJ1]: I'm not sure if we are answering the question here? Can we answer it appropriately and with solid data? If we can, great – then lets include it. If we can't lets just say so please.

Commented [EJ(2R1): Advice from EGM People and Culture – The reasons for personal leave are not recorded and this data is not available.

Commented [OJ3R1]: Thank you. Could we please make that point in the text? Thank you very much.

- (5) In the past three years, 20 Dhulwa staff have resigned, one staff member retired and 11 staff left when their contracts ceased.

- (6) This information is not routinely captured and unable to be reported.

- (7) There are no patient lockdowns at health facilities. CHS endeavour to always meet safe staffing levels to ensure care standards are maintained.

- (8) New approved Occupational Violence (OV) Training commenced in 2021.

Components of the training include:

- a) All Staff Mandatory eLearning Modules – provides information about situational awareness and de-escalation. As of March 2021, CHS Education and Training Procedure was endorsed, and new education added to the Mandatory training framework. This requires all CHS staff to complete these modules. Current completion rates for all staff are 79 percent (6524 staff). MHJHADS completion rate is 81 percent. Dhulwa completion rate is 96 percent.
 - b) Face to face training includes practical modules which cover situational awareness, de-escalation, protection strategies and restraint. The training is aimed at inter-professional teams learning and practicing effective de-escalation and protection techniques and effective response to escalating violent behaviours. MHJHADS staff also receive training on restraint techniques.
- (9) All frontline responders from medical, nursing, allied health, administration, ward services, Peer Workers, Aboriginal Liaison Officers (ALO) and consumer consultants and security are receiving face to face training as part of a planned roll-out. The level of training is determined by clinical role. Current staff who have received previous training are being refreshed with new information and techniques in a one-day program. All new staff undertake two full days of training, determined by role.

To date, 30 staff at Dhulwa have completed the refresher program. This number includes Assistants in Nursing, Enrolled Nurses and Registered Nurses (25 nurses) along with a Psychologist, ALO and three administration staff.

- (10) As at 4 March 2022 there are now four dedicated trainers at Dhulwa certified to provide the new OV training program. In addition to face-to-face programs, education is embedded with regular scenario-based training sessions. These sessions allow local area teams to practice scenarios together, improving teamwork, coordination and reducing risk of injury to staff and consumers. This approach is working effectively in Adult Acute Mental Health Unit and is planned to be commenced at Dhulwa once 80 percent of staff have received the new training. Dhulwa is the area of priority for training over March and April 2022.
- (11) Behaviour Support Plans have been developed for individual consumers to support therapeutic engagement and rapport building. As per the *Mental Health Act 2015*, CHS are required to use the least restrictive approach to care. The clinical team administer medication as clinically indicated; they do not punish patients. Staff members are supported by Employee Assistance Program (EAP), OV leave and supported to develop necessary skills.
- (12) All consumers at Dhulwa are supported to undertake distance learning if they wish. Computers are available for consumer use, or they can use their own personal devices under supervision. Currently there is up to three people studying.

Approved for circulation to the Member and incorporation into Hansard.

Emma Davidson MLA
Minister for Mental Health

Date:.....

This response required XXhrs XXmins to complete, at an approximate cost of \$XXX.

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Ord, Jon](#)
Cc: [Smith, Josephine \(Health\)](#); [Macpherson, Katherine](#)
Subject: RE: Outstanding QoN from previous sittings
Date: Monday, 4 April 2022 3:27:00 PM

OFFICIAL

Apologies Jon I just found another one:

GBCHS22/34: Assembly Sitting 8-10 February 2022 Question on Notice (QoN) No. 647 Patient and Staff Dhulwa – reviewed by MO and returned to MHJHADS for further action

Cheers

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Hunter, Kerryn (Health) **On Behalf Of** CHS DLO

Sent: Monday, 4 April 2022 3:17 PM

To: Ord, Jon <Jon.Ord@act.gov.au>

Cc: Smith, Josephine (Health) <Josephine.Smith@act.gov.au>; Macpherson, Katherine (Health) <Katherine.Macpherson@act.gov.au>

Subject: Outstanding QoN from previous sittings

OFFICIAL

Hi Jon

The following are currently outstanding from previous sittings:

GBCHS21/246 Assembly 6-8 October 2021 - Minister for Mental Health Question on Notice (QoN) 506) Deaths in Custody – JACS input received last week and being incorporated into the response, hope to have it with the office this week

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 14
11 February 2022
Question No. 647

MRS KIKKERT: To ask the Minister for Mental Health—

- (1) Can the Minister provide a breakdown of all staff currently engaged at Dhulwa Mental Health Unit (Dhulwa), including number of staff, job title, work classification, employment type and workload.
- (2) How many patients are currently being treated at Dhulwa.
- (3) How many incidents of assault on a staff member by a patient/s have been reported in each year for the past three years.
- (4) How many staff have taken personal or medical leave due to an incident of assault by a patient, and what has been the total period of leave taken for this reason in each year for the past three years.
- (5) How many staff have left their employment at Dhulwa in each year for the past three years.
- (6) How many staff have left their employment due to have experienced assault or stress from dealing with aggressive patients.
- (7) How are patients managed where there is not enough staff available to keep regular care standards at each of the following units, ie patient lockdown.
- (8) What kind of training is provided to staff so that they can safely and effectively manage aggressive behaviour in patients.
- (9) Which staff receive this training, ie nurses, wardsmen etc.

- (10) Is ongoing and/or higher-level training provided to staff; if so, how often and what kind of training is provided to what staff.
- (11) How are patients who have committed acts of aggression and assault towards staff members managed, ie medicative, punitive, therapeutic, policy measures etc.
- (12) How many patients currently have work or school commitments that are accommodated by their treatment plan.

MS DAVIDSON MLA - The answer to the Member's question is as follows:

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Total	1.3	2	47.6	50.9

In addition to the FTE allocation below Canberra Health Services (CHS) provides support services to Dhulwa including but not limited to, security services, food services, administrative services including reception and cleaning services.

- (2) As of 14 February 2022, 16 consumers are admitted to Dhulwa

- (3)

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2019/20	133
2020/21	99
2021/22 (up to 2 March 2022)	70

(4)

Year	Number of Lost Time Incidents entered as a Staff Incident onto RiskMan
2019	1
2020	15
2021	14
1 January to 3 March 2022	7

- (5) In the past three years, 20 Dhulwa staff have resigned, one staff member retired and 11 staff left when their contracts ceased.
- (6) This information is not routinely captured and unable to be reported.
- (7) There are no patient lockdowns at health facilities. CHS endeavour to always meet safe staffing levels to ensure care standards are maintained.
- (8) New approved Occupational Violence (OV) Training commenced in 2021.

Components of the training include:

- a) All Staff Mandatory eLearning Modules – provides information about situational awareness and de-escalation. As of March 2021, CHS Education and Training Procedure was endorsed, and new education added to the Mandatory training framework. This requires all CHS staff to complete these modules. Current completion rates for all staff are 79 percent (6524 staff). MHJHADS completion rate is 81 percent. Dhulwa completion rate is 96 percent.
- b) Face to face training includes practical modules which cover situational awareness, de-escalation, protection strategies and restraint. The training is aimed at inter-professional teams learning and practicing effective de-escalation and protection techniques and effective response to escalating violent behaviours. MHJHADS staff also receive training on restraint techniques.
- (9) All frontline responders from medical, nursing, allied health, administration, ward services, Peer Workers, Aboriginal Liaison Officers (ALO) and consumer consultants and security are receiving face to face training as part of a planned roll-out. The level of training is determined by clinical role. Current staff who have received previous training are being refreshed with new information and techniques in a one-day program. All new staff undertake two full days of training, determined by role.

To date, 30 staff at Dhulwa have completed the refresher program. This number includes Assistants in Nursing, Enrolled Nurses and Registered Nurses (25 nurses) along with a Psychologist, ALO and three administration staff.

- (10) As at 4 March 2022 there are now four dedicated trainers at Dhulwa certified to provide the new OV training program. In addition to face-to-face programs, education is embedded with regular scenario-based training sessions. These sessions allow local area teams to practice scenarios together, improving teamwork, coordination and reducing risk of injury to staff and consumers. This approach is working effectively in Adult Acute Mental Health Unit and is planned to be commenced at Dhulwa once 80 percent of staff have received the new training. Dhulwa is the area of priority for training over March and April 2022.
- (11) Behaviour Support Plans have been developed for individual consumers to support therapeutic engagement and rapport building. As per the *Mental Health Act 2015*, CHS are required to use the least restrictive approach to care. The clinical team administer medication as clinically indicated; they do not punish patients. Staff members are supported by Employee Assistance Program (EAP), OV leave and supported to develop necessary skills.
- (12) All consumers at Dhulwa are supported to undertake distance learning if they wish. Computers are available for consumer use, or they can use their own personal devices under supervision. Currently there is up to three people studying.

Approved for circulation to the Member and incorporation into Hansard.



Emma Davidson MLA

Minister for Mental Health

6 April 2022

Date:.....

This response required XXhrs XXmins to complete, at an approximate cost of \$XXX.

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Wednesday, 23 March 2022 1:22 PM
To: Ord, Jon
Subject: GBCHS22/35: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for Mental Health - Assembly Sitting 8-10 February 2022 Question on Notice (QoN) No. 648 Staff and Patients at the Adult Mental Health Unit

Tracking:	Recipient	Read
	Ord, Jon	Read: 23/03/2022 1:28 PM

OFFICIAL

Hi Jon

This is the last one for now:

[I:\Davidson\DLO\MO for review\Jon to Review\GBCHS22-35 QoN 648 Pt and Staff at AMHU](#)

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government ■

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Emma Davidson MLA
 Minister for Disability
 Minister for Justice Health
 Minister for Mental Health
 Assistant Minister for Seniors, Veterans, Families and Community Services
 Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 14
11 February 2022
Question No. 648

MRS KIKKERT: To ask the Minister for Mental Health—

Can the Minister provide a breakdown of all staff currently engaged at the Adult Mental Health Unit (AMHU) at the Canberra Hospital, including number of staff, job title, work classification, employment type and workload.

How many patients are currently being treated at AMHU.

How many incidents of assault on a staff member by a patient/s have been reported in each year for the past three years.

How many staff have taken personal or medical leave due to an incident of assault by a patient, and what has been the total period of leave taken for this reason in each year for the past three years.

How many staff have left their employment at AHMU in each year for the past three years.

How many staff have left their employment due to have experienced assault or stress from dealing with aggressive patients.

How are patients managed where there is not enough staff available to keep regular care standards at each of the following units, i.e. patient lockdown.

What kind of training is provided to staff so that they can safely and effectively manage aggressive behaviour in patients.

Which staff receive this training, i.e. nurses, wardsmen etc.

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601

+61 2 6205 1941

davidson@act.gov.au

@emmadavidsonACT

emmadavidsonACT

emmadavidson

Is ongoing and/or higher-level training provided to staff; if so, how often and what kind of training is provided to what staff.

How are patients who have committed acts of aggression and assault towards staff members managed, ie medicative, punitive, therapeutic, policy measures etc.

How many patients currently have work or school commitments that are accommodated by their treatment plan.

MS DAVIDSON MLA - The answer to the Member's question is as follows:

The Full Time Equivalent of staff employed and offering services to Adult Mental Health (including Access Mental Health team, Central Management, Adult Mental Health, Adult Acute Mental Health Service, Adult Mental Health Unit, Home Assessment Acute Response Team and Police, Ambulance, Clinician Emergency Response, Mental Health Consultation Liaison team and Mental Health Short Stay Unit) is detailed in the table below. Details related to workload is not able to be provided.

Classification	Casual FTE	Temporary FTE	Permanent FTE	Total
Administration	0	4.2	16.5	20.7
Allied Health Assistant	0	0	2	2
Health Professional Officer	0.8	4.7	14	19.5
Assistant In Nursing	0	1	2.8	3.8
Enrolled Nurse	0	0	1	1
Registered Nurse	0	0	49.5	49.5
Psychiatrists	0	0	2.8	2.8
Psychiatry Registrars/Resident Medical Officer/ Junior Medical Officer	0	0	8	8
General Services Officer	0	1	3	4
Total	0.8	10.9	99.6	111.3

In addition to the FTE allocation below Canberra Health Services (CHS) provides support services to AMHU including but not limited to, security services, food services, administrative services including reception and cleaning services.

(2) As of 14 February 2022, 39 consumers are admitted to Adult Mental Health Unit (AMHU)

(3)

Financial Year	Number of RiskMan classified as Physical OV
2019/20	174
2020/21	143
2021/22 (up to 2 March 2022)	93

(4)

Year	Number of Lost Time Incidents entered as a Staff Incident onto Riskman
2019	6
2020	15
2021	19
1 January to 3 March 2022	6

(5) In the last three years, two AHMU staff have been dismissed, 61 resigned, 10 retired and 16 left when their contracted period ceased.

(6) This information is not routinely captured and unable to be reported.

(7) There are no patient lockdowns at health facilities. CHS endeavour to always meet safe staffing levels to ensure care standards are maintained.

(8) New approved Occupational Violence (OV) Training commenced in 2021.

Components of the training include:

All Staff Mandatory eLearning Modules – provides information about situational awareness and de-escalation. As of March 2021, CHS Education and Training Procedure was endorsed, and new education added to the Mandatory training framework. This requires all CHS staff to complete these modules. Current completion rates for all staff is 79% (6524 staff). MHJHADS completion rate is 81%. AAMHU completion rate is 83%.

Face to face training includes practical modules which cover situational awareness, de-escalation, protection strategies and restraint. The training is aimed at inter-professional teams learning and practicing effective de-escalation and protection techniques and effective response to escalating violent behaviours. MHJHADS staff also receive training on restraint techniques.

- (9) All frontline responders from medical, nursing, allied health, administration, ward services, Peer Workers, Aboriginal Liaison Officers (ALO), ward services staff and security are receiving face to face training as part of a planned roll-out. The level of training is determined by clinical role. Current staff who have received previous training are being refreshed with new information and techniques in a two-day program. All new staff undertake two full days of training, determined by role.

To date, 75 staff at AAMHU have completed the refresher program. This number includes Assistants in Nursing, Enrolled Nurses and Registered Nurses along with a Psychology Registrars and administration staff.

- (10) As of 4 March 2022, there are now five dedicated trainers at AHMU certified to provide the new OV training program. In addition to face-to-face programs, education is embedded with regular scenario-based training sessions. These sessions allow local area teams to practice scenarios together, improving teamwork, coordination and reducing risk of injury to staff and consumers. This approach is working effectively in the AAHMU.
- (11) Behaviour Support Plans have been developed for individual consumers to support therapeutic engagement and rapport building. As per the *Mental Health Act 2015*, CHS are required to use the least restrictive approach to care. The clinical team administer medication as clinically indicated; they do not punish patients. Staff members are supported by Employee Assistance Program (EAP), OV leave and supported to develop necessary skills.
- (12) Consumers admitted to AMHU are generally too unwell to attend to work or school commitments.

Approved for circulation to the Member and incorporation into Hansard.



Emma Davidson MLA
Minister for Mental Health

Date: 24/03/2022

This response required 6hrs 15mins to complete, at an approximate cost of \$642.48.

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Ord, Jon](#)
Subject: GBCHS22/70: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for Mental Health - Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 22 - Smoking Cessation Pilot Program - Kikkert
Date: Wednesday, 23 March 2022 1:18:00 PM

OFFICIAL

Hi Jon

Smoking Cessation Pilot Program QoN is now ready for your review and progression:

<I:\Davidson\DLO\MO for review\Jon to Review\GBCHS22-70 Smoking Pilot>

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QoN No. 22

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair), Mr Michael Pettersson MLA

Inquiry into Annual and Financial Reports 2020-2021
QUESTION ON NOTICE

Elizabeth Kikkert: To ask the Minister for Justice Health

Ref: Justice Health, JACS Annual Report 2020-2021 p170

In relation to: Smoking Cessation Pilot Program

1. Why did all of the women participants in the program decline to complete the questionnaire?
2. Was there a cost to the participating detainees to access the support services such as the phone quit line?
3. Can the Minister attach a copy of the questionnaire to this answer?

Emma Davidson: The answer to the Ministers question is as follows:

1.
 - There were three questionnaires in total (Pre, mid and post evaluation tools)
 - All five women completed the pre-evaluation tool.
 - The women declined to attend the Smoking Cessation Pilot Program clinic in week five, during this clinic the mid evaluation tools would have been discussed with the clients.
 - Justice Health Services are not aware of the reasons behind their refusal to attend.
 - Post evaluation questionnaires for the females were completed on four females as one had been released prior to this occurring on 8 November 2021.
2. There was no cost to access support services such as the quit help line as this is a free service.
3. Pre, mid and post evaluation tools attached.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature: *Emma Davidson*

Date: 23 March 2022

By the Minister for Justice Health, Emma Davidson

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Thursday, 24 March 2022 8:34 AM
To: Ord, Jon
Subject: GBCHS22/60: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for Mental Health - Annual Report Hearings 2021-2022 - Question on Notice (QoN) CHS Capital Works

Tracking:	Recipient	Read
	Ord, Jon	Read: 24/03/2022 12:59 PM

OFFICIAL

Hi Jon

Another QoN from Annual Report Hearings for your review:
[I:\Davidson\DLO\MO for review\Jon to Review\GBCHS22-60 QoN Capital Works](#)

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Ord, Jon](#)
Subject: RE: HCW QON 03 - Response - CHS Capital Works - Castley
Date: Monday, 28 March 2022 8:47:00 AM

OFFICIAL

Hey Jon

I'm in the Health Office today, let me know when you're free and I will pop over.

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdllo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Ord, Jon <Jon.Ord@act.gov.au>

Sent: Friday, 25 March 2022 5:30 PM

To: CHS DLO <CHSDLO@act.gov.au>

Subject: HCW QON 03 - Response - CHS Capital Works - Castley

Please see attached.

Jon



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 ANSWER TO QUESTION ON NOTICE

Leanne Castley MLA: To ask the Minister for Mental Health

Mental Health, Canberra Health Services Annual Report 2020-21, Canberra Health Services 2020-21, Capital Works

In relation to:

CHS Capital Works as at 30 June, 2021, p154. Table 29.

Table 29 lists New Capital Works Projects as well as Works in Progress.

Under “Works in Progress” are the following:

1. More mental health services at Canberra Hospital: These extra services were meant to be completed by September 2021 with a project value of just over \$2.5 million but so far less than half that amount has been spent, at just \$1.14 million.

Question:

Provide a breakdown of what the 1.14 million has been spent on so far and what still needs to be purchased to complete this project?

1. Mental Health Ward 12B redevelopment: This was meant to be completed by August 2021 with a project value of \$8.1 million but to date only \$2.8 million has been spent.

Question:

Provide a breakdown of what the 2.8 million has been spent on so far and what still needs to be purchased to complete this project?

Emma Davidson: The answer to the Member’s question is as follows:–

1. The project was completed in November 2021. There was a delay during construction due to COVID-19 restrictions, including the lockdown that impacted the ACT construction industry. A breakdown of the \$1.14 million is shown below:

Item	Cost \$'000 (Excl. GST)
Design and construction	1,060
Major Projects Canberra – Project management fee	79
TOTAL	1,139

2. The project was completed in September 2021. There was a delay during construction due to COVID-19 restrictions, including the lockdown that impacted the ACT construction industry. A breakdown of the \$2.8 million is shown below:

Item	Cost \$'000 (Excl. GST)
Demolition	784
Design and construction	1,820
Major Projects Canberra – Project management fee	284
TOTAL	2,888

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

Date: 4 April 2022

By the Minister for Mental Health, Emma Davidson



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QoN No. 03

COMMITTEE SUPPORT

Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Leanne Castley MLA: To ask the Minister for Mental Health

Mental Health, Canberra Health Services Annual Report 2020-21, Canberra Health Services 2020-21, Capital Works

In relation to:

CHS Capital Works as at 30 June, 2021, p154. Table 29.
Table 29 lists New Capital Works Projects as well as Works in Progress.

Under “Works in Progress” are the following:

1. More mental health services at Canberra Hospital: These extra services were meant to be completed by September 2021 with a project value of just over \$2.5 million but so far less than half that amount has been spent, at just \$1.14 million.

Question:

Provide a breakdown of what the 1.14 million has been spent on so far and what still needs to be purchased to complete this project?

1. Mental Health Ward 12B redevelopment: This was meant to be completed by August 2021 with a project value of \$8.1 million but to date only \$2.8 million has been spent.

Question:

Provide a breakdown of what the 2.8 million has been spent on so far and what still needs to be purchased to complete this project?

Emma Davidson: The answer to the Member’s question is as follows:–

1. The project was completed in November 2021. There was a delay during construction due to COVID-19 restrictions, including the lockdown that impacted the ACT construction industry. A breakdown of the \$1.14 million is shown below:

Item	Cost \$'000 (Excl. GST)
Design and construction	1,060
Major Projects Canberra – Project management fee	79
TOTAL	1,139

2. The project was completed in September 2021. There was a delay during construction due to COVID-19 restrictions, including the lockdown that impacted the ACT construction industry. A breakdown of the \$2.8 million is shown below:

Item	Cost \$'000 (Excl. GST)
Demolition	784
Design and construction	1,820
Major Projects Canberra – Project management fee	284
TOTAL	2,888

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature: 

Date: 4 April 2022

By the Minister for Mental Health, Emma Davidson

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Friday, 1 April 2022 9:06 AM
To: Ord, Jon
Subject: GBCHS22/69: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 21 - Overdoses at the AMC - Kikkert

Importance: High

Tracking:	Recipient	Read
	Ord, Jon	Read: 01/04/2022 10:14 AM

OFFICIAL

Hi Jon

Another annual report QoN for your review:

<I:\Davidson\DLO\MO for review\Jon to Review\GBCHS22-69 HCW QoN 21 Overdoses AMC>

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Ord, Jon](#)
Subject: HCW QON 21 - Response - Overdoses at the AMC - Kikkert(2)
Date: Wednesday, 6 April 2022 4:11:00 PM
Attachments: [HCW QON 21 - Response - Overdoses at the AMC - Kikkert\(2\).DOCX](#)

OFFICIAL

Here you go, saved in your folder as well

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QoN No. 21

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair), Mr Michael Petterson MLA

Inquiry into Annual and Financial Reports 2020-2021
QUESTION ON NOTICE

Elizabeth Kikkert: To ask the Minister for Justice Health

Ref: Justice Health, JACS Annual Report 2020-2021 p134, overdoses at the AMC

In relation to: Recommendations 60-61 of the Healthy Prison Review

1. How many overdoses were there at the AMC during the reporting period?
2. How many of these occurred after hours?
3. What does the AMC consider “after hours”?

Emma Davidson: The answer to the Minister’s question is as follows:

1. There was one overdose of an illicit substance, and nine incidents of overdose related to medication administration (e.g. more or less than the prescribed dose of medication is given, this can be attributed to instances of patient overdose or the incorrect amount dispensed by staff) recorded during the reporting period.
2. One of the medication administration incidents (paracetamol) occurred after-hours.
3. The AMC operates 24 hours a day; however, ACT Corrective Services considers “after hours” to be 19:30pm to 7:30am, i.e. during nightshift when there are less staff on site. “After-hours” for Justice Health Services is considered from 20:30 – 06:30.

Commented [OJ1]: Could we have a bit more here please? Is this clinical error? Or hoarding of medication?

Commented [HK(2)]: Jon please note this is the same definition we have provided in other QoN responses. I have spoke to MH and added some further information to clarify, let me know what you think.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date:

By the Minister for Justice Health, Emma Davidson



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QoN No. 21

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair), Mr Michael Petterson MLA

Inquiry into Annual and Financial Reports 2020-2021
QUESTION ON NOTICE

Elizabeth Kikkert: To ask the Minister for Justice Health

Ref: Justice Health, JACS Annual Report 2020-2021 p134, overdoses at the AMC

In relation to: Recommendations 60-61 of the Healthy Prison Review

1. How many overdoses were there at the AMC during the reporting period?
2. How many of these occurred after hours?
3. What does the AMC consider “after hours”?

Emma Davidson: The answer to the Minister’s question is as follows:

1. There was one overdose of an illicit substance, and nine incidents of overdose related to medication administration (e.g. more or less than the prescribed dose of medication is given, this can be attributed to instances of patient overdose or the incorrect amount dispensed by staff) recorded during the reporting period.
2. One of the medication administration incidents (paracetamol) occurred after-hours.
3. The AMC operates 24 hours a day; however, ACT Corrective Services considers “after hours” to be 19:30pm to 7:30am, i.e. during nightshift when there are less staff on site. “After-hours” for Justice Health Services is considered from 20:30 – 06:30.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature: *Emma Davidson*

Date: *6/4/22*

By the Minister for Justice Health, Emma Davidson

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Wednesday, 6 April 2022 4:45 PM
To: Ord, Jon
Subject: GBCHS21/246: Assembly 6-8 October 2021 - Minister for Mental Health Question on Notice (QoN) 506) Deaths in Custody

OFFICIAL

Hi Jon

QoN 506 Deaths in Care is now in your folder for review and progression:
[I:\Davidson\DLO\MO for review\Jon to Review\GBCHS21-246 QoN 506 Deaths in Care](#)

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Emma Davidson MLA

Minister for Disability

Minister for Justice Health

Minister for Mental Health

Assistant Minister for Seniors, Veterans, Families and Community Services

Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE

Questions on Notice Paper No 10

Friday, 8 October 2021

Question No. 506

MRS JONES: To ask the Minister for Mental Health—

- (1) How many deaths in care (within the meaning of the section 3BB of the Coroners Act 1997),
- (a) occurred and
- (b) were referred to the coroner,
- (i) in 2018-19,
- (ii) in 2019-20,
- (iii) in 2020-21 and
- (iv) from 1 July 2021 to 30 September 2021.

MS DAVIDSON MLA - The answer to the Member's question is as follows:

ACT Policing reports all deaths in care, as defined in section 3BB of the *Coroners Act 1997*, to the ACT Coroner.

The number of such deaths reported in each year requested is as follows.

(i) in 2018-19	Two deaths of persons subject to mental health orders were reported to the ACT Coroner.
(ii) in 2019-20	Seven deaths of persons subject to mental health orders were reported to the ACT Coroner.
(iii) in 2020-21	Five deaths of persons subject to mental health orders were reported to the ACT Coroner.

(iv) from 1 July 2021 to 30 September 2021

To 30 September 2021, two deaths of persons subject to mental health orders were reported to the ACT Coroner.

(1)

Approved for circulation to the Member and incorporation into Hansard.



Emma Davidson MLA
Minister for Mental Health

Date: 06/04/2022

This response required xx hrs xx mins to complete, at an approximate cost of \$xx

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Monday, 2 May 2022 10:29 AM
To: Ord, Jon
Subject: FW: QoN March Sitting

Tracking:	Recipient	Read
	Ord, Jon	Read: 02/05/2022 10:35 AM

OFFICIAL

Hi Jon

As discussed here is the email trail between myself and JACS to get 2 QoNs redirected, if CHS takes the lead these will be late as JACS only got back to me late last week:

686 MRS KICKERT: To ask the Minister for Justice Health—

1. Why are there no performance indicators for ACT Corrective Services relevant to the delivery of mental health services in the Alexander Maconochie Centre.
2. Are any performance indicators being developed for this.
3. Why are there no performance indicators that relate to detainee access to mental health treatments.
4. Are any performance indicators being developed for this.
5. Why are there no performance indicators that relate to the development of release plans for detainees with mental health conditions.
6. Are any performance indicators being developed for this.
7. Why are there no performance indicators that relate to detainees' access to acute inpatient care.
8. Are any performance indicators being developed for this.
9. Why are there no performance indicators that relate to detainees who have experienced an escalation of psychiatric or suicide risk ratings.
10. Are any performance indicators being developed for this.

687 MRS KICKERT: To ask the Minister for Justice Health—

1. Why has the updated arrangement between the Justice and Community Safety Directorate and ACT Health not been sighted or signed by ACT Corrective Services (ACTCS).
2. If the updated arrangement has now been signed, what was the reason it was not sighted or signed by ACTCS at the time of the Auditor General's 2022 report into mental health services in the Alexander Maconochie Centre.
3. Did ACTCS have any concerns about signing this arrangement; if so, what were those concerns.
4. When did development of the service level agreement (SLA), under the updated arrangement, begin.
5. At what stage is the development of the SLA at now.
6. What has been the cause of the delay in development of the SLA.
7. Is there a draft version or a timeframe for delivery at this time.

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: MPESDLO <MPESDLO@act.gov.au>

Sent: Monday, 2 May 2022 9:28 AM

To: CHS DLO <CHSDLO@act.gov.au>

Subject: RE: QoN March Sitting

OFFICIAL

Hi Kerryn

Apologies for not getting back to you on Friday. Corrections are chasing this up now. It looks like they may not be able to take full carriage, but due to leave at various levels this one slipped thru the cracks so they are chasing down the information again.

Sorry.

Butters

Regards

Andrew Butters | Directorate Liaison Officer - ACT Minister for Police and Emergency Services & Minister for Corrections |

Ministerial Services Unit - Justice and Community Safety Directorate | **ACT Government**

Landline: 02 620 **73060** | Fax: 02 620 78339 | Email: MPESDLO@act.gov.au

Minister Mick Gentleman MLA's Office, ACT Legislative Assembly |

GPO Box 158 Canberra ACT 2601 | www.justice.act.gov.au

No trees were harmed in the production of this e-mail, but a serious number of electrons were terribly inconvenienced.

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO

Sent: Friday, 29 April 2022 12:04 PM

To: MPESDLO <MPESDLO@act.gov.au>

Subject: FW: QoN March Sitting

OFFICIAL

Hi Butters

I am just trying to get a handle on the QoNs related to Justice Health and from the March sitting CHS sought to redirect 2 QoNs to JACS and I have just realised that I didn't get a response from you.

Can you tell me if JACS are drafting a response to:

686	performance indicators for ACT Corrective Services - delivery of mental health services at AMC
687	updated arrangement between the Justice and Community Safety Directorate and ACT Health

Neither of the are questions that CHS can answer as we don't have oversight of performance indicators for ACT Corrective Services and arrangements between JACS and ACT Health we felt should be led by JACS as they are the lead directorate for prisons in the ACT and we just deliver services from those locations.

Can you please let me know by COB today.

Thanks

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdllo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Hunter, Kerryn (Health) **On Behalf Of** CHS DLO
Sent: Monday, 28 March 2022 4:20 PM
To: MPESDLO <MPESDLO@act.gov.au>
Cc: Canberra Health Services Ministerial <CHS.Ministerial@act.gov.au>
Subject: QoN March Sitting

OFFICIAL

Hi Butters

CHS have had 2 QoNs allocated but feel that they should be redirected to JACS for response:

686	performance indicators for ACT Corrective Services - delivery of mental health services at AMC
687	updated arrangement between the Justice and Community Safety Directorate and ACT Health

CHS is happy to provide input into QoN 686 if you require just let us know.

If you could let me know as soon as possible of JACS is happy to accept redirection it would be appreciated and I will let the committee know.

Thanks

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Ord, Jon](#)
Subject: RE: GBCHS22/67: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 18 - Board of Inquiry into ATSI overrepresentation - Kikkert
Date: Monday, 9 May 2022 3:32:00 PM

OFFICIAL

Thanks

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdllo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Ord, Jon <Jon.Ord@act.gov.au>

Sent: Monday, 9 May 2022 3:32 PM

To: CHS DLO <CHSDLO@act.gov.au>

Subject: RE: GBCHS22/67: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 18 - Board of Inquiry into ATSI overrepresentation - Kikkert

OFFICIAL

Hi – with min now.

J

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO

Sent: Monday, 9 May 2022 3:26 PM

To: Ord, Jon <Jon.Ord@act.gov.au>

Subject: GBCHS22/67: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 18 - Board of Inquiry into ATSI overrepresentation - Kikkert

OFFICIAL

Hi Jon

This one is our last QoN to get over the line, do you know where it is up to? Currently it is sitting in the following folder:

<I:\Davidson\DLO\MO for review\Jon to Review\Documents for Keeping\GBCHS22-67 HCW QoN 18 Overrepresentation>

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdllo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

GBCHS22/67: Annual Report Hearings 2021-2022 - Question on Notice (QoN) - HCW QON 18 - Board of Inquiry into ATSI overrepresentation - Kikkert

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Tuesday, 22 March 2022 12:20 PM
To: Ord, Jon
Subject: FW: QoN 18 overrepresentation of Aboriginal and Torres Strait Islanders in the ACT Justice System

OFFICIAL

Hey Jon

We did discuss this one and you were going to discuss with the Minister. Where did that discussion get to?

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdllo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Ord, Jon <Jon.Ord@act.gov.au>
Sent: Monday, 7 March 2022 4:45 PM
To: CHS DLO <CHSDLO@act.gov.au>
Subject: RE: QoN 18 overrepresentation of Aboriginal and Torres Strait Islanders in the ACT Justice System

Hey – can we talk?

Jon

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Monday, 7 March 2022 4:21 PM
To: Ord, Jon <Jon.Ord@act.gov.au>
Subject: QoN 18 overrepresentation of Aboriginal and Torres Strait Islanders in the ACT Justice System

OFFICIAL

Hi Jon

We have received the following QoN:

As Minister for Justice Health, what benefits do you see in having a board of inquiry investigate the overrepresentation of Aboriginal and Torres Strait Islanders involved in the ACT justice system?

We did seek to redirect to JACS but they were not supportive. As a result I am trying to help out MHJHADS and draft the response for them, I don't know Minister Davidson well enough to put her views forward with certainty so I am wondering if you think she would be happy with the response below:

I am happy to support a number of strategies related to addressing the overrepresentation of Aboriginal and Torres Strait Islanders within the Justice Health System with a board of enquiry being one of those strategies.

Let me know what you think.

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

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LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QoN No. 18

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair), Mr Michael Pettersson MLA

Inquiry into Annual and Financial Reports 2020-2021
ANSWER TO QUESTION ON NOTICE

Elizabeth Kikkert: To ask the Minister for Justice Health

Ref: Justice Health, JACS Annual Report 2020-2021 p156, Aboriginal and Torres Strait Islander overrepresentation

In relation to: Board of Inquiry

1. As Minister for Justice Health, what benefits do you see in having a board of inquiry investigate the overrepresentation of Aboriginal and Torres Strait Islanders involved in the ACT justice system?

Emma Davidson: The answer to the Member's question is as follows:—

1. I agree that the overrepresentation of Aboriginal and Torres Strait Islander people in the ACT justice system is a serious problem that requires a serious response. Clearly action is needed, and some community leaders in the ACT have identified a Commission of Inquiry as the beginning to this action. I have some reservations about a Commission of Inquiry. Commissions of Inquiry are lengthy processes with lengthy periods of implementation, and involve great expense on the process, rather than being money going to the communities in need. In addition, many of the solutions have previously been reported on. As such, I am more supportive of an approach to addressing this problem through the fastest and most direct means possible. I am supportive of an audit of prior review recommendations, and implementing other immediate steps to address the overrepresentation of Aboriginal and Torres Strait Islander people in the ACT justice system.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature: *Emma Davidson*

Date: 9 May 2022

By the Minister for Justice Health, Emma Davidson

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Friday, 27 May 2022 9:48 AM
To: Ord, Jon
Subject: URGENT - GBCHS22/137: Assembly Sitting 22-24 March 2022 - Question on Notice (QoN) 687 - Updated arrangement between the Justice and Community Safety Directorate and Canberra Health Services

Importance: High

OFFICIAL

Hi Jon

I have just put an overdue QoN in your folder for review:

<I:\Davidson\DLO\MO for review\Jon to Review\OVERDUE GBCHS22-137 QoN 687 SLA JACS and CHS>

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

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Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

I



Emma Davidson MLA
 Minister for Disability
 Minister for Justice Health
 Minister for Mental Health
 Assistant Minister for Seniors, Veterans, Families and Community Services

Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 15
25 March 2022
Question No. 687

MRS KIKKERT: To ask the Minister for Justice Health—

1. Why has the updated arrangement between the Justice and Community Safety Directorate and ACT Health not been sighted or signed by ACT Corrective Services (ACTCS).
2. If the updated arrangement has now been signed, what was the reason it was not sighted or signed by ACTCS at the time of the Auditor General's 2022 report into mental health services in the Alexander Maconochie Centre.
3. Did ACTCS have any concerns about signing this arrangement; if so, what were those concerns.
4. When did development of the service level agreement (SLA), under the updated arrangement, begin.
5. At what stage is the development of the SLA at now.
6. What has been the cause of the delay in development of the SLA.
7. Is there a draft version or a timeframe for delivery at this time.

MS DAVIDSON MLA - The answer to the Member's question is as follows:

1. The delivery of updated agreements has been impacted by resources being redirected to the management of the COVID-19 pandemic.
2. Work on an updated agreement between the Justice and Community Safety Directorate (JACS) and Canberra Health Services (CHS) is underway, and the new agreement will include a schedule on mental health services for detainees. JACS anticipates that the new agreement will be in place by the second half of 2022.
3. CHS and JACS is of the view that the 2017 *Arrangement between JACS and ACT Health for the delivery of health services for detainees* still provides the guiding principles for the relationship between JACS and CHS.

4. By way of background, the fifth recommendation in the ACT Auditor-General's report titled *Management of detainee mental health services in the Alexander Maconochie Centre (AMC)*, focuses on the development of a service level agreement (SLA) between CHS JACS. Considerations regarding the development of this SLA began during this audit process.
5. Both CHS and JACS, specifically ACT Corrective Services (ACTCS), currently partner to deliver the health services within the Alexander Maconochie Centre (AMC). Initial discussions have commenced on best way to formalise these arrangements, such as through an SLA.
6. There has not been a delay in the development of the SLA. Formalising the current arrangements is underway following recommendations made by the Auditor-General. At present, a draft SLA has not been prepared. As previously stated, the process is in initial stages with discussions between CHS and ACTCS having commenced.

Approved for circulation to the Member and incorporation into Hansard.

Emma Davidson

**Emma Davidson MLA
Minister for Mental Health**

Date: 31 May 2022

This response required XXhrs XXmins to complete, at an approximate cost of \$XXX.

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Wednesday, 1 June 2022 9:54 AM
To: Ord, Jon
Subject: GBCHS22/117: GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Minister for Mental Health - Assembly Sitting 5-7 April - Question On Notice (QoN) 699 Occupational Violence at Dhulwa

Tracking:	Recipient	Read
	Ord, Jon	Read: 01/06/2022 10:14 AM

OFFICIAL

Hi Jon

Uber QoN is now ready for your review and progression

[I:\Davidson\DLO\MO for review\Jon to Review\OVERDUE GBCHS22-117 QoN 699 OV Dhulwa](#)

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Emma Davidson MLA
 Minister for Disability
 Minister for Justice Health
 Minister for Mental Health
 Assistant Minister for Seniors, Veterans, Families and Community Services

Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 14
8 April 2022
Question No. 699

MS CASTLEY: To ask the Minister for Mental Health—

- 1) How many Dhulwa staff have been on WorkCover each year since the unit opened and can the Minister provide detail including staff occupation, reason for WorkCover, the length of leave, etc.
- 2) Further to the answer to a question taken on notice on 21 February 2022 (QToN No 11), can the Minister provide detail about the 'OV physical' incidents since 2019-20 including what happened in each incident, staff occupation, how was the staff member injured and what action was taken (eg, staff taken to hospital, staff treated at the scene, staff took leave).
- 3) How many Dhulwa staff have taken stress/mental health leave each year since the unit opened and in what roles were the staff (eg, mental health nurses, security).
- 4) How many staff complaints have there been each year since the unit opened, and can the Minister provide details of each complaint, staff occupation and what/if any action was taken.
- 5) What training do Dhulwa nurses receive to protect themselves from being physically attacked.
- 6) Can the Minister provide detail, for each year since the unit opened, about (a) how much time each year is allocated to each staff member for training, (b) how much has been spent on training, (c) what training has been offered and by whom and (d) how many staff have attended training programs.
- 7) How many nurses are meant to work each shift and on how many occasions, since 2019, has Dhulwa been short staffed.
- 8) Further to part (7), who is the leader for each shift and is that nurse also required to work with consumers.
- 9) Is there an Assistant Director of Nursing (ADON) or Director of Nursing (DON) on site at all times; if not, who is in charge.
- 10) Have any ADONs or DONs been physically attacked since Dhulwa opened; if so, what are the details of these attacks.
- 11) What extra training are ADONs and DONs required to attend.

- 12) Can the Minister provide details about what training ADONs and DONs have done since Dhulwa opened and what the cost was of that training.
- 13) What mental health support is provided to Dhulwa nurses.
- 14) Can the Minister provide details on how much funding has been allocated and spent on mental health support for nurses since the unit opened.
- 15) What is the accreditation process for Dhulwa and can the Minister provide details on this process.
- 16) Has there been an audit, or any review, of Dhulwa since it opened.
- 17) What safety issues have been raised by staff since Dhulwa opened and what was the response for each.
- 18) What has Dhulwa's budget been each year since it opened.
- 19) How much did it cost to build Dhulwa.
- 20) What has been the Dhulwa staff/nurse turnover since it opened.
- 21) How many Dhulwa nurses have sought and been offered counselling/psychological support each year since it opened, including details of each occasion.
- 22) Have any unfair dismissal claims been lodged by any Dhulwa staff; if so, can the Minister provide details of each claim.
- 23) Have Dhulwa nurses (a) had faeces thrown at them, (b) been sexually harassed or (c) threatened.
- 24) What is the total staff numbers at Dhulwa and can the Minister provide a breakdown of roles and permanent staff versus contract positions.
- 25) What has been the staff budget each year since the unit opened.
- 26) How often have security guards intervened in occupational violence and threatening situations for staff and can the Minister provide details of each situation.
- 27) What is the role of security guards and how many are employed for each shift.
- 28) Is it the job of security guards to protect Dhulwa staff/nurses.
- 29) Does Dhulwa have a resident doctor/psychiatrist; if so, can the Minister provide details.
- 30) What support staff does Dhulwa employ (eg, counsellors, psychologist, psychiatrists, OTs, music therapy, exercise therapy).
- 31) What programs have been offered to Dhulwa consumers since it opened including detail and cost (eg, cooking course, music program).

MS DAVIDSON MLA - The answer to the Member's question is as follows:

- 1) Data is available in relation to workers' compensation claims from 2018 onwards. 21 claims have been lodged by Dhulwa staff since 2018. All staff were Nurses.

Year	No. of workers' compensation claims submitted	Mechanism of injury	Combined total Lost time injury
2018	3	OV related injuries	99 weeks

2019	1	Physical injury	0 weeks
2020	5	Bullying/harassment, Falls OV related injuries	49 weeks
2021	6	Falls OV related injuries	9 weeks
2022 (up until 21/04/2022)	6	OV related injuries	9 weeks

- 2) For the period of 1 July 2019 to 13 April 2022, there has been a total of 312 physical incidents reported. As each incident does not involve an injury the information provided above in question one outlines the injuries because of physical incidents.
- 3) Stress and mental health leave is not a category of leave available to employees. Employees can take personal leave if they are unwell however Canberra Health Services (CHS) does not ask employees the nature of their illness.
- 4) Staff complaints can be raised in many ways, to many people and for a large number of reasons. CHS does not store centrally all types of complaints raised by employees.
- 5) The team at Dhulwa receive Occupational Violence (OV) Education. The new CHS OV Training includes four modules - Awareness, De-escalation, Protect and Restraint. The Protect Module is designed to provide a range of techniques to avoid harm from a physical attack.

A change management process is underway to transition staff from previous Violence Management Prevention (VMP) training which also provided evasion techniques for staff.

Approved Occupational Violence (OV) Training which includes training modules for (1) Situational Awareness (2) De-escalation, (3) Protect, and (4) Restraint.

Since new OV Training has commenced in February 2022, staff previously trained have received a one-day refresher program (including new protect and restraint techniques) and will continue regular team practice sessions using relevant clinical scenarios as part of a daily education plan. New staff commencing in 2022 attend a two-day OV Program with regular team practice sessions scheduled thereafter.

Each team member has been allocated three full days of OV training on commencement at Dhulwa, this is followed up with an annual refresher and practice sessions which forms part of a calendar of daily education.

- 6)
 - a) Within the first year of employment a staff member will complete approximately 40 hours of mandatory training delivered in a combination of e-learning and face to face facilitated training sessions. A number of these sessions require renewal annually to ensure currency of

education. Subsequently Dhulwa staff have protected education hours each week to ensure ongoing mandatory training renewals are completed.

Staff are encouraged to speak to the Secure Mental Health Services (SMHS) education team with any requests for education that interests them so that this can be arranged to continually develop staff skills and to exceed the Australian Health Practitioner Regulation Agency (AHPRA) required 20 hours of continuing professional development.

The Secure Mental Health Services education team provides in-service education to staff on a wide variety of specialist mental health topics in addition to mandatory training and other sessions to meet the National Safety and Quality Health Service Standards.

- b) This data is unavailable.
- c) All CHS staff have access to the training available on HRIMS Learning system. Dhulwa team members have also provided a range of mental health in-services. Staff can also apply for external training and study leave.
- d) The Dhulwa team are required to complete CHS and mental health mandatory training requirements. Training requirements are different dependent on the classification of the team member e.g. administration, allied health, or nursing.

The main training system used at CHS is HRIMS Learning system and only reports on current staff. Training undertaken by staff may not necessarily have been completed while they were working at Dhulwa.

Training data is held in many different locations, dependant on the type of training, for example, mandatory training, in-services, external training and study leave.

- 7) Eight nurses per shift. Due to resourcing and the size of the report, CHS is unable to provide the number of times a shift has short staffed since 2019.
- 8) During business hours the Clinical Nurse Consultant (CNC) RN level 3.2 is responsible for the clinical operations of the unit.

There is a team leader for each ward who carries a patient load. After hours, the nurse in charge is a designated RN2 or senior RN1 who oversees the clinical operations.

Depending on the number of consumers admitted and the level of care required, they may have a small patient load.

- 9) The Assistant Director of Nursing (ADoN) works across both Dhulwa and Gawanggal Mental Health Unit and is located wherever needed (Dhulwa majority of the time).

The Director of Nursing (DoN) is operationally responsible for Dhulwa, Gawanggal, Adult Mental Health Unit, Mental Health Short Stay Unit, Ward 12B and the Adult Mental Health Rehabilitation Unit. The DoN splits their time across the units but will prioritise a unit if there is a clinical need. Typically, the DoN is on site at Dhulwa one day per week.

For further advice regarding who is in charge, please refer to Q8.

10) This data is unavailable.

11) ADONs and DONs complete the same mandatory training as all staff.

12) This data is unavailable.

13) All CHS staff including those working in Dhulwa, have access to mental health support from CHS' Employee Assistance Program (EAP) - Converge International which they can access directly. In March 2022, Converge provided critical incident support to staff in Dhulwa. As EAP is a confidential service, CHS do not receive identifying information, including how many staff accessed EAP support from Converge.

Other mental health support services available to staff include Nursing & Midwifery Support Service; Next Step – Beyond Blue Program; Access Mental Health Team; CHS' Workplace Resolution and Support Service. HOT debriefs are provided immediately following an incident, COLD debriefs within the following days of the incident. In addition, welfare checks may be performed by managers where required. CHS has mandated Family Violence – a Shared Understanding for Managers to support them in identifying possible risk factors in their staff and inform them of the resources available to staff who may be experiencing challenges.

14) CHS do not receive identifying information from services that provide mental health support to team members.

15) As Dhulwa is a CHS health care facility, it is included in the organisation wide accreditation process to ensure the service is meeting the requirements of the Australian Commission on Safety and Quality in Healthcare's National Standards.

During the organisation wide accreditation assessment week (27 June to 1 July 2022), ten assessors from the Australian Council on Healthcare Standards (ACHS) will attend various CHS facilities, including Dhulwa. During the assessment, the assessors will review existing policies and procedures, observe staff and consumer interactions, interact with a range of CHS staff and ask a range of questions related to process, improvement, consumer participation, monitoring, reporting and systems to determine how the National Standards are incorporated into practice. Assessors may also speak to patients/consumers and/or carers about their experience.

16) There have been three reviews since the unit opened:

- Independent External Review of Mental Health Inpatient Services within ACT Health (2018);
- Secure Facility Act 2016 review (2020),;and
- Human Rights Commission, Commission Initiated Consideration (2021).

17) Themes of the safety issues raised by staff are risk of occupational violence, concerns about the admission processes and infrastructure repairs. All safety issues are taken seriously by CHS and are responded to at the time they are raised.

18)

Year	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Net Operating Result	7,302,933.09	9,376,490.81	9,393,624.85	10,080,886.00	10,264,213.07

19) The total cost for the design and construction of the Dhulwa Mental Health Unit was \$45.7 million (GST exclusive).

20) The annual separation rate for nursing and other staff that have been employed at Dhulwa is detailed in the table below. The reported period is from the opening of Dhulwa in 2016, and data is based on all resignation and retirements, this includes permanent, temporary and casual staff each year during this period.

Typically, turnover rates are based on permanent employees only which needs to be taken into consideration when reviewing the annual data for benchmarking purposes. As all resignations and retirements have been included and considering the size of the unit, the average separation rate appears elevated. For transparency, all classifications have been shown to provide full staffing turn over.

The turnover rate for 2016 is not included as there were no separations. Data for the 2022 YTD has also been omitted as it is not a sufficient reporting period for reporting purposes.

Data used to calculate the turnover rate is based on Dhulwa headcount as at the end of each Financial Year.

Year	Nursing	All Staff
2017	23.3%	12.7%
2018	18.9%	12.2%
2019	17.8%	10.1%
2020	13.0%	8.0%
2021	12.5%	8.0%

21) CHS do not receive information from areas across the organisation about who seeks or is referred for counselling or psychological support. All CHS staff including those working in Dhulwa have access to EAP – provided by Converge International. Individual staff access this confidential service directly, without referral, for work or personal related issues, with anonymity. As such statistics for how many Dhulwa nurses have sought or been offered counselling/psychological support are not available.

In additional to EAP, critical incident support was provided by Converge to staff at Dhulwa in March 2022.

- 22) Unable to provide this detail as due to the small number, people may be able to be identified.
- 23) This behavioural is often seen in prison settings as a mark of protest. Mental state of consumers fluctuates along with level of insight into social propriety.
- Yes
 - Yes
 - Yes
- 24) Many of the staff on temporary/ casual contracts are not eligible for permanent positions due to visa requirements.

As of 30 March 2022, the Dhulwa workforce consists of 70 employees with a breakdown of classification groups and employment types listed in the table below. Note, this table *does not* include the management team, medical officers or security staff.

	Headcount				FTE			
	C	P	T	Total	C	P	T	Total
Administrative Officers	0	3	0	3	0	3	0	3
Health Assistants	0	3	2	5	0	3	1.47	4.47
Health Professional Officers	0	6	2	4	0	2.7	0.71	2.41
Nursing Staff	3	45	3	51	3.23	42.81	3	49.04
Senior Officers	0	1	0	1	0	1	0	1
Grand Total	3	58	7	64	3.23	51.51	5.18	59.92

25)

Year	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Labour	6,357,691.63	8,588,728.46	8,666,727.72	9,350,446.94	9,525,923.32
FTE	58.67	76.13	75.23	75.23	75.23

- 26) The team at Dhulwa work as a collegial team to de-escalate a situation before an incident happens. Data is not kept on how many times security guards assist the clinical team.
- 27) The staffing profile for security officers at the Dhulwa Mental Health Unit and their roles are outlined below, seven days a week.

Note: The exact timings of these shifts and the specific duties of these roles is not fully detailed, to protect operational security.

Role	Day Shift (12 hrs)	Night Shift (12 hrs)
Security Supervisor	1	1
Control Room Operator	1	1
Rover/Responder	1	1
Accommodation Officer	1	1
Reception Officer	1	0

28) Security officers are one facet of occupational violence minimisation and response. Security officers support the clinical Emergency Response Team in response to incidents. These are clinically led.

The primary role of a Security Officer is to cordon and contain incidents to allow clinical staff members to deal with a situation without interference by others. Security officers will provide protection for staff by applying control and restraint techniques where there is an unexpected or sudden outburst of violence.

29) Secure Mental Health Services is funded for three Consultant Psychiatrists and two Registrars.

30) Social Worker, Psychologist, Occupational Therapist, Art Therapist, Allied Health Assistants, and an Exercise Therapist.

31) Programs at Dhulwa include and not limited to social work groups, psychology, occupational interventions, art therapy, cooking groups, external community outing including cinema, bush walks, sports event attendance, local community access, music program, therapy dogs, hosting parties, inter-ward activities, speech pathology, self-help groups and mental health recovery groups.

Unable to provide a detailed cost of the programs at Dhulwa. The cost from the programs can vary from free to paying an organisation to provide the program with a charge up to \$500 per session.

Approved for circulation to the Member and incorporation into Hansard.

Emma Davidson

Emma Davidson MLA

Minister for Mental Health

Date: 1 June 2022

This response required 27hrs 40mins to complete, at an approximate cost of \$2645.98.

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Ord, Jon](#)
Subject: GBCHS22/140: Question on Notice (QoN) 761 - 761 - Federal Police (AFP) Visiting Dhulwa - CASTLEY
Date: Wednesday, 1 June 2022 8:40:00 AM

OFFICIAL

Hi Jon

QoN for your review and progression:

[I:\Davidson\DLO\MO_for_review\Jon_to_Review\20220506_QoN_761_ACTP at Dhulwa](I:\Davidson\DLO\MO_for_review\Jon_to_Review\20220506_QoN_761_ACTP_at_Dhulwa)

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Emma Davidson MLA
 Minister for Disability
 Minister for Justice Health
 Minister for Mental Health
 Minister for Veterans and Seniors

Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 17
6 May 2022
Question No. 761

MRS CASTLEY: To ask the Minister for Justice Health—

1. Does Dhulwa Secure Mental Health Unit (Dhulwa) or the Directorate/Canberra Health Services (CHS) keep information about Australian Federal Police (AFP) staff/ACT Policing visiting Dhulwa; if not, why not; if so, how often have AFP staff visited Dhulwa since it opened including details for the reason for each visit and outcome.
2. Does Dhulwa or the Directorate/CHS keep information about staff registering complaints to the AFP; if not, why not; if so, how many complaints have been made to the AFP including the reason for the complaint and the outcome.
3. What action have AFP staff taken in relation to Dhulwa.
4. Have security arrangements/processes changed since Dhulwa opened; if so, how have they changed.
5. Have security arrangements/processes been reviewed since Dhulwa opened; if so, can the Minister provide details on (a) what type of review/s, (b) by whom, (c) what were the results of the review/s and (d) any action arising from the review/s.
6. How many security officers are employed at Dhulwa and how many are rostered for each shift.
7. Do security officers patrol the facility or remain at the front entrance.
8. Have security staff made any complaints about working at Dhulwa since it opened.
9. What is the process for security staff to make complaints including details on the (a) number of complaints, (b) nature of complaints and (c) how it was handled/responded to.
10. Have any security staff been assaulted (physically/verbally) since Dhulwa opened; if so, can the Minister provide relevant details on these assaults.
11. What type of specific training are security staff required to have before they are employed at Dhulwa.
12. How often is training required to be updated/refreshed.

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13. Can the Minister provide details about what training security staff have received and if any training has not been delivered, why not.
14. What is the annual cost of employing Dhulwa security staff for each year that Dhulwa has been open.
15. Can the Minister provide details about any investigation and what/if any subsequent action was taken by Dhulwa/CHS/the Directorate, following the ABC report of 6 April 2022 that several nurses reported being punched in the face and kicked in the head during multiple assaults by a patient and that ACT Policing investigated.

MS DAVIDSON MLA - The answer to the Member's question is as follows:

1. The Mental Health Act 2015 mandates the provision of least restrictive care. Dhulwa is a sub-acute unit, a secure hospital facility and not a correctional facility. While there can be complex and challenging consumers, the model of care within Dhulwa is designed to be recovery focused and therapeutic, not punitive, or disciplinary. Police attendance at Dhulwa is not specifically recorded by Canberra Health Services (CHS), however a visitors' book is maintained by Dhulwa administration team members. To 18 May 2022, ACT Policing attended Dhulwa on 27 occasions since it opened in July 2017. For privacy and operational reasons, ACT Policing is not in a position, to share information regarding specific reasons for attendance in response to incidents at Dhulwa.
2. No. Teams are encouraged to make a complaint to police but are not obligated.
3. ACT Policing advise that when responding to any incident in the community, ACT Policing always takes the appropriate action directly relevant to the nature of that incident. For privacy and operational reasons, ACT Policing is not in a position to share information regarding specific police actions in response to incidents at Dhulwa.
4. Yes. Incidents are reviewed, both formally and informally, and risk mitigations are put in place where appropriate. Security officers are rotated between Dhulwa and other sites as part of a strategy to minimise complacency and mental fatigue, and as a continuity arrangement to provide appropriately skilled team members if there are shortages because of the public health emergency. At the request of the Mental Health, Justice Health and Alcohol & Drug Services Executive Director in October 2018, a security officer was permanently placed in the Lomandra nursing station to accompany clinical team members on the ward if there was a risk of occupational violence. Prior to this arrangement, security officers did not enter clinical areas unless a duress alarm was activated.
5. There has been no external reviews of security arrangements, however internal governance documents continue to be updated where gaps and improvements are identified.
6. A mixed-model approach to staffing was commenced in July 2019 across all of Canberra Health Services. The Security Supervisor and Security Control Room operator are directly employed by CHS. The remainder of guarding at the facility are contracted through a security labour company. There are five security officers during the day, and four security officers during the night, who work 12-hour shifts.

7. Security officers work primarily at the entry to the facility and are responsible for scanning and entry procedures, control room functions, and patrolling the perimeter fence, carparks and non-treatment areas of the facility. The security officer assigned to the Lomandra nursing station may be asked to accompany clinical staff on the ward if there is a risk of occupational violence.
8. Yes.
9. Depending on the nature of the complaint, contracted security officers can make a complaint to their company or, for minor matters, to the site supervisor. Direct employees can make a complaint to their manager or, for more serious matters, through one of the ratified CHS or public service complaint mechanisms.
- Numerous emails from one former contracted security officer;
 - The complaint focused on perceived mistreatment of contracted security officers by management, favouritism towards employed officers, bullying and unfair work practices, response to violence and aggression incidents and several minor operational issues;
 - An internal preliminary assessment was conducted by a senior-grade officer and found that claims made directly against employees personally were unfounded. The complainant was provided with explanations and detail related to many of their grievances, however the complainant had chosen not to accept these, nor to take any initiative to make improvements on their own benefit. The assessment found that appropriate measures had been put in place to many of the complainant's concerns.
10. Yes. There was a total of 32 incidents reported by security members since the opening of the facility. These are summarised in the below table. Details of the eight serious and moderate incidents involving physical assault are outlined below.

Injury category	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Serious injury received	0	0	0	1	1	1
Moderate injury received	0	0	0	3	1	0
Minor injury received	0	0	0	1	6	1
No injury, hazardous situation	0	0	0	4	16	2
Total	0	0	0	9	24	4

- In January 2022, a Security Supervisor fell and struck his head on a concrete retaining wall while trying to restrain two consumers who were assaulting each other. The supervisor momentarily lost consciousness and was taken to Canberra Hospital for assessment.

- b. In December 2019, two Security Officers were attempting to restrain a violent consumer. The Doctor directed them to release the consumer and the consumer immediately continued assaulting team members. Both security officers received punches and kicks to their body and received minor injuries requiring first aid treatment.
 - c. In August 2020, two Security Supervisors were assaulted by the same consumer on separate occasions. During the process of restraining the consumer each time, one supervisor sustained a fractured cheek bone with severe bleeding and one supervisor sustained a black eye.
 - d. During the 2019-20 financial year, two Security Supervisors and one contracted security officer received knee injuries requiring rehabilitation. These occurred from the same consumer, on separate occasions. When they attempted restraint, the consumer used their body weight to drop to the floor each time causing the restraint team to fall to the floor.
11. All security officers must complete their Certificate II in Security Operations, at a minimum, and possess an ACT Security Licence with appropriate sub-classes. CHS provides a training and induction program which consists of:
- a. An initial online induction course;
 - b. A three-day familiarisation and core competency induction at Canberra Hospital with an experienced mentor;
 - c. An e-learning package consisting of topics including: Security officer role and functions, fire and emergency, child protection, hand hygiene, family violence, speaking up for safety, and working with Aboriginal and Torres Strait Islander patients and clients, Work Health and Safety Fundamentals, workplace Behaviours and Personal Safety and conflict Awareness modules;
 - d. A two-day Occupational Violence Training control and restraint program;
 - e. A Dhulwa-specific site orientation and familiarisation of baggage x-ray scanning, metal detection, building management systems, biometric systems and registration, and control room operations;
 - f. Security Supervisors receive additional training in supervisory responsibilities, such as Riskman reporting, managing workplace behaviours, resolving workplace issues, underperformance training, diversity and inclusion principles, conflict handling and personal safety, as well as searching, handcuffing and baton use for escorts of correctional patients outside of the facility;
 - g. At the opening of the facility, all security officers received in-depth training on communication skills, de-escalation techniques, response to incidents, and training on legislation and policies.
12. Security contractors are required to complete fire and emergency training and hand hygiene awareness annually. Directly employed security members are required to complete fire and emergency training, hand hygiene awareness, and e-learning programs for security officer role and functions, handcuff and baton use, and searching each year. Directly employed security members also must complete their Certificate III in Security Operations within the first 12 months of their employment. CHS invested \$150k in training security officers prior to opening

the facility and has continued to invest \$120k since its opening on providing training in occupational violence minimisation to security officers.

13. All security officers are currently scheduled to complete a one-day transition course to train them in the new CHS Occupational Violence Training package. Security supervisors are scheduled to undertake one day of further practical training in baton and handcuffs application in Q4 of 2021-22.
14. A table of costs are outlined below. The figure for 2016-17 financial year reflects \$150k of costs associated with training of security officers prior to opening the facility. An additional 24/7 security officer was added to the staffing complement in October 2018, thus an increase in the 2018-19 financial year. The figure for 2021-22 financial year is inclusive up to end of April 2022.

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Annual staffing cost	\$1.27m	\$1.87m	\$2.47m	\$2.51m	\$2.56m	\$2.01m*

15. CHS has an organisational priority to ensure team members are safe at work and take the safety concerns of teams very seriously. At team meetings in all mental health inpatient units, the Director of Nursing has outlined the OV strategies in place, what opportunities and supports are available, and how these can be utilised.

These include:

- Reinvigorating the Safewards methodology;
- Dynamic ISBAR (Introduction, Situation, Background, Assessment, Recommendations/ Read back) has been introduced. This tool is used to assess risk and develop a plan before approaching or undertaking any planned intervention with a consumer that could trigger agitation or aggression towards team members;
- Safety Huddles– these occurs in collaboration with the multidisciplinary team after every clinical handover (shift change) to briefly discuss any safety incidents that have occurred over the last 24-hours and potential issues that may pose a risk to team members or consumers throughout out the shift and any team members;
- A senior nurse has been appointed to focus on OV across MHJHADS. The clinician has been assigned to Dhulwa for three months to support training, education, reporting, governance, coaching, mentoring and the development and implementation of new strategies to reduce OV;
- The introduction of scenario-based training to provide clinical teams and security the opportunity to practice OV response techniques. This is expected to support and improve team member confidence to lead and coordinate effective response to OV incidents;
- Senior management have been working on weekends to provide leadership, encouragement, and additional support for team members;
- The Clinical Nurse Educator position has recently been appointed to structure and facilitate team education programs and reinvigorate the use of the Safewards model in Dhulwa.

All nursing team members at Dhulwa have been given the opportunity to work across different mental health inpatient units across CHS. Redeployment can be temporary or long-term and remains available to team members. There are several benefits of Dhulwa nursing staff working across different units, these include:

- a break away from a forensic environment;
- teamwork and engagement with colleagues in different work environments and with different skillsets;
- opportunity to further develop skills and experience in delivering mental health services to a broad range of consumers;
- exposure to demonstrated OV training principles and de-escalation techniques in practice in different units; and
- return to their usual work environment and discuss ideas or key learnings.

Approved for circulation to the Member and incorporation into Hansard.

Emma Davidson

Emma Davidson MLA
Minister for Justice Health

Date: 1 June 2022

This response required 10hrs 40mins to complete, at an approximate cost of \$924.80.

From: [Hunter, Kerryn \(Health\)](#) on behalf of [CHS DLO](#)
To: [Ord, Jon](#)
Subject: Overdue QoN's/QToNs
Date: Monday, 6 June 2022 4:13:00 PM

OFFICIAL

Hi Jon

Just wanted to let you know that from my records we have no overdue QoNs or QToNs going into this sitting period

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Thursday, 9 June 2022 1:43 PM
To: CHS DLO; Ord, Jon
Subject: RE: QoN 686 Corrective Services ACT Performance Indicators for Detainee Mental Health

OFFICIAL

Hi Jon

Sorry updated date below in red

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Hunter, Kerryn (Health) **On Behalf Of** CHS DLO
Sent: Thursday, 9 June 2022 1:30 PM
To: Ord, Jon <Jon.Ord@act.gov.au>
Subject: QoN 686 Corrective Services ACT Performance Indicators for Detainee Mental Health

OFFICIAL

Hi Jon

This one may come up at Question Time today and I wanted to make sure you have all the information regarding the run around we have had. To help you out I have attached the Question on Notice Paper (No 15) and the ACTCS input provided.

25 March 2022 – QoN Paper Received

28 March 2022 – Redirection to JACS sought

29 April 2022 – Follow up email sent to JACS regarding redirection

2 May 2022 – Email from JACS noting Corrections were looking into the redirection request

5 May 2022 – Follow up email sent to JACS

5 May 2022 – Response received, ACTCS no happy to take lead

5 May 2022 – email to Josephine Smith expressing my concern that the Minister for Justice Health was being asked to lead a QoN for an area outside of her portfolio's. CHS likely to lead and seek input

24 May 2022 – Follow up email sent to JACS seeking input or response to redirection

7 June 2022 – Follow up email sent to JACS seeking input or response to redirection

9 June 2022 – Response received from JACS noting ACTCS will not take the lead but provide input. Input from ACTCS included in email.

I am still a little uncomfortable with Minister Davidson leading a question on notice for an area outside of her portfolio and as the question only asks about ACTCS performance indicators MHJHADS have not had any input.

I have put the information from ACTCS into the correct template for Minister Davidson but it has not been signed off by anyone as CHS as this is information from outside their purview.

Can you let me know how you would like to proceed.

Thanks

K

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Legislative Assembly for the
Australian Capital Territory

2020-2021-2022

Questions on Notice Paper

No 15

Friday, 25 March 2022

New questions

(30 days expires 24 April 2022)

- 666 **MS CASTLEY:** To ask the Minister for Education and Youth Affairs—
- (1) How many ACT government schools are there.
 - (2) How many school counsellors are employed as full-time equivalent.
 - (3) Does every government school have a full-time school counsellor; if not, how often is the school counsellor at the school (eg, one day a week, 1.5 days).
 - (4) Are there more school counsellors employed in high schools and colleges than primary schools; if so, how many and how often are school counsellors at high schools and colleges.
 - (5) What is the role of the school counsellor.
 - (6) Are school counsellors required to submit reports with the Education Directorate about their work and the nature of the student issues they deal with; if so, can the Minister provide this information/reports for the last two years.
 - (7) Has the number of school counsellors changed over the last five years; if so, can the Minister provide details.

- (8) What is the waiting time for a student to see a counsellor, and is this information kept.
- (9) On average, how many times will a school counsellor see a student/child.
- (10) What are the five most common reasons for students to see a school counsellor.
- (11) What qualifications do school counsellors have and can the Minister provide a breakdown of counsellors and their qualifications, including whether they are psychologists.
- (12) Has there been a review of the school counsellor program over the last six years; if so, can the Minister provide the report and recommendations.

667 **MS CASTLEY:** To ask the Minister for Health—

- (1) How many School Youth Health Nurses are there.
- (2) Does every ACT public (a) secondary school and (b) college have a School Youth Health Nurse; if so, are they full-time at the secondary school from Monday to Friday; if not, how many days are they at the secondary school.
- (3) Are there any School Youth Health Nurses in primary schools; if so, can the Minister provide details.
- (4) Are School Youth Health Nurses required to submit reports to the Health and/or Education Directorate about their work and the student issues they deal with; if so, can the Minister provide this information/reports for the last two years.
- (5) Has the number of School Youth Health Nurses changed over the last five years; if so, can the Minister provide details.
- (6) Is information kept on what the waiting time is for a student to see a School Youth Health Nurse; if so, can the Minister provide that information.
- (7) Can students in Year 7, from the age of 11, make an appointment to see the nurse without their parent/carers' consent.
- (8) Can teachers request an appointment for a student with the nurse without the consent of the parents/carers.
- (9) How many times will a School Youth Health Nurse see a student/child, on average.
- (10) What are the five most common reasons for students to see a School Youth Health Nurse.
- (11) What qualifications do School Youth Health Nurses have.
- (12) Has there been a review of the School Youth Health Nurse program over the last six years; if so, can the Minister provide any report and recommendations.

668 **MS CASTLEY:** To ask the Minister for Water, Energy and Emissions Reduction—

- (1) How many complaints has Transport Canberra and City Services had about water quality at Yerrabi pond since 2016.
- (2) What has the Government done since 2016 to reduce Blue Green Algae blooms at Yerrabi Pond and will the Minister provide a breakdown of money that has been spent so far on these activities.
- (3) What work does the Government plan to do to reduce Blue Green Algae blooms at Yerrabi Pond and will the Minister provide a breakdown of future activities and their estimated cost.
- (4) What testing has the Government conducted for water quality at Yerrabi Pond since 2016.
- (5) What reports has the Government produced about the water quality of Yerrabi Pond since 2016 and can the Minister provide these reports.
- (6) Are these reports or test results publicly available; if not, why not.
- (7) Is the Government planning to build a floating wetland at Yerrabi Pond; if not, why not; if so, what is the process and timeframe and when will the wetland be finished.
- (8) What work has the Government done about establishing a floating wetland at Yerrabi Pond.

669 **DR PATERSON:** To ask the Minister for Gaming—

- (1) What is the Electronic Gambling Machine (EGM) total player losses for the ACT for (a) 2021, (b) 2020, (c) 2019 and (d) 2018, broken down by year and month.
- (2) Has the ACT considered a 'demerit point' system for compliance breaches for licensees (similar to Victoria).
- (3) Does the *Gambling and Racing Control (Code of Practice) Regulation 2002* require licensees to record problem gambling incidents; if so, what was the overall number of problem gambling incidents recorded across venues in the ACT for (a) 2017-18, (b) 2018-19, (c) 2019-20 and (d) 2020-21.
- (4) Can the problem gambling incidents, referred to in part (3), be broken down by number per club, per year, either by identifying venues (or de-identified).
- (5) Can the ACT Gambling and Racing Commission provide a breakdown of the descriptions of the incidents (under Schedule 1 Code of Practice, Division 1.2.2, 1.6A (3b)) for (a) 2017-18, (b) 2018-19, (c) 2019-20 and (d) 2020-21.
- (6) How many incidents on the Problem Gambling Incident Register recorded 'action taken' each year in (a) 2017-18, (b) 2018-19, (c) 2019-20 and (d) 2020-21.
- (7) How many deeds of exclusion were enacted each year in (a) 2017-18, (b) 2018-19, (c) 2019-20 and (d) 2020-21.

- (8) What is the average exclusion period for deeds of exclusion in the ACT.
- (9) What is the gender breakdown of deeds of exclusion, each year, in (a) 2017-18, (b) 2018-19, (c) 2019-20 and (d) 2020-21.
- (10) How many deeds of exclusion were revoked, each year, in (a) 2017-18, (b) 2018-19, (c) 2019-20 and (d) 2020-21.

670 **MR PETTERSSON:** To ask the Minister for Justice Health—

- (1) When did work on the Justice Health Strategy commence.
- (2) Why is the strategy needed and what issues is it seeking to address.
- (3) Why have the issues, referred to in part (2), emerged and what steps will the Minister take through the strategy to ensure these are not repeated.
- (4) What consultations have occurred and if no consultations have occurred, why not.
- (5) What metrics will be used to determine success or failure of the strategy and will these be incorporated into the accountability indicators associated with Output 1.2.
- (6) Why are there currently no specific indicators for the health and wellbeing of detainees at the Alexander Maconochie Centre (AMC).
- (7) When will the strategy be launched and when will it commence.
- (8) How will health outcomes for detainees be improved prior to the commencement of the strategy.
- (9) How will this strategy address current shortages in psychiatrists and psychologists working in justice health at the AMC.

671 **MS LAWDER:** To ask the Minister for Homelessness and Housing Services—

- (1) How many residents are currently living in public housing in the ACT.
- (2) What percentage of these residents, referred to in part (1), identify as female.
- (3) Are public housing residents surveyed about their experiences living in public housing; if so, how often does this take place.
- (4) Can the Minister provide a copy of the most recent survey undertaken by Housing ACT.

672 **MR PARTON:** To ask the Minister for Transport and City Services—What was the pre-COVID hourly maximum capacity of bus services from Woden to Civic of all services while running a full timetable.

673 **MS CASTLEY:** To ask the Treasurer—What were the median commercial rates in (a) Gungahlin, (b) Belconnen, (c) Phillip, (d) Mitchell, (e) Fyshwick, (f) City Centre, (g) Braddon, (h) Ainslie, (i) Mawson, (j) Wanniasa, (k) Kambah and (l) Isabella Plains, for each financial year since 2012 to date.

- 674 **MS CASTLEY:** To ask the Treasurer—What is the breakdown, by suburb, for median (a) residential rates, (b) commercial rates and (c) land tax, in the electorate of Yerrabi since 2012.
- 675 **MS CASTLEY:** To ask the Minister for Health—
- (1) How many children are on waiting lists for an initial appointment for children’s health services in the ACT.
 - (2) For each service referred to in part (1), what is the median wait time for each, for the years (a) 2020-21 and (b) 2021-22, broken down by the children’s ages and gender.
 - (3) How many children have been added to wait lists each year for children’s health services in the ACT since 2016, broken down by the children’s ages and gender.
 - (4) What is the median wait time for children to be removed from waiting lists in the ACT for each service since 2016.
 - (5) What policies and actions have been taken by Canberra Health Services (CHS) and ACT Health since 2020 to improve median wait times and what success have they had?
 - (6) Can the Minister provide a breakdown of the total spending for each policy and action and how much has currently been spent on each policy/action.
 - (7) How many specialists for children’s health services have been employed and/or have worked in hospitals by CHS and ACT Health since 2016.
 - (8) Can the Minister provide information about the shortages of specialists for children’s health services including in what areas the shortages are and the relevant figures.
- 676 **MS CASTLEY:** To ask the Minister for Health—Can the Minister provide a breakdown of all ACT Health and Canberra Health Services (CHS) policies, actions, reports, plans and projects since 2016 including a breakdown (a) of the estimated expenditure for each of the policies, actions, reports, plans and projects, (b) of how much has currently been spent on policies, actions, reports, plans and projects by ACT Health and CHS, (c) of the expected completion date for each policy, action, report, plan and project and (d) on whether the policies, actions, reports, plans and projects are completed, on time, delayed or suspended and explanations why.
- 677 **MRS JONES:** To ask the Chief Minister—
- (1) What grant programs were operated or administered by the Chief Minister’s portfolio in (a) 2016-17, (b) 2017-18, (c) 2018-19, (d) 2019-20, (e) 2020-21, and (f) 2021-22.

- (2) For each grant program referred to in part (1), (a) what was the purpose of the grant program, (b) how much money was budgeted for the grant program in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (c) how much money was expended under the grant program in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (d) was the program accounted for as an expense on behalf of the Territory (“administered” within the meaning of Australian accounting standard AASB 1050), (e) how many applications were received for grants under the program in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (f) who decided, approved or rejected applications for grants, (g) what percentage of applicants were approved in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (h) what percentage of applicants were rejected in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22 and (i) what criteria, policies, guidelines applied to the program.
- (3) For each grant program referred to in part (1), but excluding non-competitive grant programs that provide generalised financial assistance to individuals or businesses, (a) who received a grant in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (b) when did the recipient apply for the grant, (c) when did the recipient receive the grant, (d) how much was the grant and (e) did the conditions that attached to the grant prevent (or have the effect of preventing) the recipient making public comment on any issue; if so, how was the recipient prevented from making public comment.
- (4) Has the portfolio provided a grant that was not provided under one of the programs identified in part (1) in (a) 2016-17, (b) 2017-18, (c) 2018-19, (d) 2019-20, (e) 2020-21, and (f) 2021-22.
- (5) For each grant referred to in part (4), (a) who received the grant, (b) how was the recipient of the grant identified, (c) what was the purpose of the grant, (d) when did the person receive the grant, (e) what conditions attached to the grant, (f) did the conditions that attached to the grant prevent (or have the effect of preventing) the recipient making public comment on any issue; if so, how was the recipient prevented from making public comment and (g) how much was the grant.
- (6) Does the Government report or disclose publicly the recipients of grants and the conditions that attach to those grants.

678 **MRS JONES:** To ask the Treasurer—Further to the answer to question on notice No 520, in 2020-21 (a) how many applications for Act of Grace payments were received, (b) how many applications for Act of Grace payments were agreed and (c) what was the total amount agreed to be paid as an Act of Grace payment, by (i) the Treasurer, (ii) E900, Director-General, Chief Minister, Treasury and Economic Development Directorate (CMTEDD), (iii) E916, Under Treasurer, CMTEDD, (iv) E1014, Deputy Under Treasurer, Economic, Budget and Industrial Relations, CMTEDD, (v) E391, Executive Group Manager, Finance and Budget

Group, CMTEDD and (iv) E529, Executive Group Manager, Revenue Management Group, CMTEDD.

679 **MRS JONES:** To ask the Treasurer—

- (1) Further to the answer to question on notice No 519, what was the amount waived under paragraph 131(1)(a) of the *Financial Management Act 1996* in 2020-21 by (a) E900, Director-General, Chief Minister, Treasury and Economic, Development Directorate (CMTEDD), (b) E916, Under Treasurer, CMTEDD, (c) E1014, Deputy Under Treasurer Economic, Budget and Industrial Relations, CMTEDD, (d) E391, Executive Group Manager, Finance and Budget Group CMTEDD, (e) E1003, Executive Group Manager, Revenue Management Group CMTEDD, (f) E270, Executive Group Manager, Housing ACT, (g) E902, Director-General, Justice and Community Safety Directorate, (h) E812, Deputy Director-General, Workforce Capability and Governance, CMTEDD, (i) E812 Deputy Director-General, Workforce Capability and Governance, CMTEDD, jointly with E916, Under Treasurer, CMTEDD, (j) E518, Executive Branch Manager, Libraries ACT, Transport Canberra and City Services Directorate (TCCS) and (k) P34360, Assistant Director, Operations Manager, Libraries ACT (TCCS).
- (2) How many applications for a waiver under paragraph 131(1)(a) of the *Financial Management Act 1996* did each of the delegates referred to in part (1) receive in 2020-21, and how many were agreed.
- (3) What was the amount waived by the Treasurer under paragraph 131(1)(a) of the *Financial Management Act 1996* in 2020-21.
- (4) How many applications for a waiver under paragraph 131(1)(a) of the *Financial Management Act 1996* did the Treasurer receive in 2020-21 and how many were agreed.

680 **MS CLAY:** To ask the Minister for Transport and City Services—

- (1) Is a report being prepared on the safety of the intersection of La Perouse Street and Carnegie Crescent in Red Hill; if so, will the Minister engage with the community on the contents of this report prior to its finalisation and release.
- (2) Were the outcomes of this report expected in November 2021; if so, can the Minister provide an update as to the status of this report.

681 **MS CLAY:** To ask the Minister for Sport and Recreation—

- (1) Can the Minister provide an update on the progress of consultation with the Florey school community, and broader Florey community on the future of their dryland oval.
- (2) Can the Minister provide a timeline for this consultation.

682 **MS CLAY:** To ask the Minister for Transport and City Services—

- (1) When will the community consultation on the progress of repairs to Umbagog bridge take place.
- (2) What sort of consultation will occur.
- (3) What is the next stage and timeline on this project.

683 **MS CLAY:** To ask the Minister for Transport and City Services—

- (1) Has Giralang Pond recently had a section of its pond filled in, in anticipation of further works on the Gundaroo Drive duplication; if so, can the Minister outline what consultations were done with local residents and community groups, including environment groups, before engaging in works to fill in part of Giralang Pond.
- (2) Can the Minister set out any planned future consultations with local residents and community groups, including environment groups, about these works and remediation of Giralang Pond.

684 **MRS KIKKERT:** To ask the Minister for Consumer Affairs—

- (1) What has the ACT Government done in response to the Productivity Commission “right to repair” inquiry report since its release.
- (2) Is the ACT Government actively working in consultation with the Federal Government to work on amending Australian Consumer Law to introduce “right to repair” type legislation; if so, what work is being done.

685 **MRS KIKKERT:** To ask the Minister for Justice Health—

- (1) Is the replacement of the MAJICeR system on track for completion by 2022; if so, by what month is it expected to be replaced; if not, what is the (a) cause of the delay and (b) expected time of replacement.
- (2) What data interrogation options and information storage options will the new Digital Health Record system have that MAJICeR cannot currently perform.
- (3) When did the process to replace the MAJICeR system begin.
- (4) What has been expended so far in replacing MAJICeR.

686 **MRS KIKKERT:** To ask the Minister for Justice Health—

- (1) Why are there no performance indicators for ACT Corrective Services relevant to the delivery of mental health services in the Alexander Maconochie Centre.
- (2) Are any performance indicators being developed for this.
- (3) Why are there no performance indicators that relate to detainee access to mental health treatments.
- (4) Are any performance indicators being developed for this.

- (5) Why are there no performance indicators that relate to the development of release plans for detainees with mental health conditions.
- (6) Are any performance indicators being developed for this.
- (7) Why are there no performance indicators that relate to detainees' access to acute inpatient care.
- (8) Are any performance indicators being developed for this.
- (9) Why are there no performance indicators that relate to detainees who have experienced an escalation of psychiatric or suicide risk ratings.
- (10) Are any performance indicators being developed for this.

687 **MRS KIKKERT:** To ask the Minister for Justice Health—

- (1) Why has the updated arrangement between the Justice and Community Safety Directorate and ACT Health not been sighted or signed by ACT Corrective Services (ACTCS).
- (2) If the updated arrangement has now been signed, what was the reason it was not sighted or signed by ACTCS at the time of the Auditor General's 2022 report into mental health services in the Alexander Maconochie Centre.
- (3) Did ACTCS have any concerns about signing this arrangement; if so, what were those concerns.
- (4) When did development of the service level agreement (SLA), under the updated arrangement, begin.
- (5) At what stage is the development of the SLA at now.
- (6) What has been the cause of the delay in development of the SLA.
- (7) Is there a draft version or a timeframe for delivery at this time.

688 **MRS KIKKERT:** To ask the Minister for Justice Health—

- (1) Has the ACT Corrective Services (ACTCS) health advisory group been ineffective in establishing high level oversight of the work between ACTCS and ACT Health and ensuring an integrated approach is taken to the development of health-related policies within the Alexander Maconochie Centre (AMC).
- (2) In relation to paragraph 3.65 in the Auditor-General's report on the management of detainee mental health services in the AMC, which key action items failed to progress, remaining incomplete for more than 18 months.
- (3) Which of the key action items, referred to in part (2), remain incomplete and what progress has been made of them.

689 **MRS KIKKERT:** To ask the Minister for Justice Health—

- (1) For how long has custodial health had funding for a total of 16 full-time equivalent (FTE) positions.
- (2) Have the 16 FTE positions ever all been filled at the same time since funding for the positions became available.
- (3) What is the current FTE for custodial mental health.
- (4) How many of these FTE positions are for psychologists.
- (5) What are the job titles of these positions.
- (6) How many psychologist positions are filled and what is their FTE.
- (7) Which psychologist positions are currently unstaffed and how long have these positions been unstaffed.
- (8) Does the team leader of the Specialist Interventions Team receive an allowance or additional pay for being the team leader.
- (9) How many recruitment rounds have taken place to fill unstaffed psychologist positions at the Alexander Maconochie Centre in the last four years.
- (10) Why has Canberra Health Services found it difficult to recruit psychological staff.
- (11) Why was the attempt to develop a separate classification and award structure for psychologists within the 2018-2021 ACT Public Sector Enterprise Agreement unsuccessful.
- (12) What objections were made to this attempt and who/what organisations objected or expressed reservations.

690 **MRS KIKKERT:** To ask the Minister for Transport and City Services—

- (1) How much Federal funding was allocated to the ACT Government this financial year for the purposes of upgrading parks.
- (2) How much of this funding is allocated to the Belconnen area.
- (3) How was Federal funding allocated to the ACT Government this financial year for the purposes of upgrading playgrounds.
- (4) How much of this funding is allocated to the Belconnen area.
- (5) What parks and playgrounds in West Belconnen are slated for upgrades this financial year.
- (6) How many parks and playgrounds in West Belconnen are slated for extensive maintenance and repairs this financial year.
- (7) How are park and playground upgrades prioritised.

- 691 **MRS KIKKERT:** To ask the Minister for the Prevention of Domestic and Family Violence—
- (1) Did the Minister state that the Family Violence Safety Action Pilot provides extensive support to women and children victim-survivors; if so, can the Minister detail what this extensive support entails.
 - (2) What tailored support is available for new migrants and refugees who are escaping domestic violence.
 - (3) Did the Minister also state that the Family Violence Safety Action Pilot is unique in the ACT in how it responds to those who are perpetrating the violence; if so, can the Minister provide details of these responses and how it is unique to this Territory.
 - (4) Can the Minister provide a list of perpetrator-focused agencies and services in the ACT.
 - (5) Can the Minister provide a staffing profile of all staff involved in implementing the Family Violence Safety Action Pilot, including (a) whether they are full-time equivalent, full-time/part-time/casual and other type of staffing and (b) employment classification, job title and description.
- 692 **MS LAWDER:** To ask the Minister for Water, Energy and Emissions Reduction—
- (1) Can the Minister confirm if the MIS08 standard as specified is used by the Directorate.
 - (2) Given that MIS08 uses Bureau of Meteorology data from 1968-1977 and water quality parameters from total suspended solids, total phosphorus (TP) and total nitrates/nitrogen (TN) from Fletcher 2004, based on Melbourne and Sydney data, how does this equate with assurances that local/recent data is included.
 - (3) Can the Minister clarify which is used, MIS08 MUSIC model, or other; if another model is used, what is used.
 - (4) Did Alluvium 2015 carry out research works for Healthy Waterways.
 - (5) Did Alluvium use Fletcher (2004) parameters or the GHD (2015) data.
 - (6) What was the GHD data used for.
 - (7) Was the data collected by Waterwatch baseflow or peak flow.
 - (8) Were water samples collected recently using autosamplers and grab samples tested by a NATA certified lab (ie, measuring to low levels of TN and TP); if so, can the Minister provide provide copies of these.

- 693 **MS LAWDER:** To ask the Minister for Water, Energy and Emissions Reduction—
What evidence is there that the Water Sensitive Urban Design code is achieving its objectives, that is, what testing has been conducted to ensure that the assets are still functioning years after being installed and that pervious areas are maintained and not covered in hard surfaces.
- 694 **MS LAWDER:** To ask the Minister for Water, Energy and Emissions Reduction—
- (1) How is the \$30 million committed to the Healthy Waterways program being spent.
 - (2) What processes and key performance indicators are being put in place to ensure there is a measurable significant reduction in water pollution, rather than relying on computer modelling and theoretical outcomes.
- 695 **MS LAWDER:** To ask the Minister for Water, Energy and Emissions Reduction—Is there any progress on the formation of the Office of Water.
- 696 **MS LAWDER:** To ask the Minister for Water, Energy and Emissions Reduction—
- (1) Can the Minister elaborate on exactly what work is being undertaken from the \$350,000 being spent on the Lower Cotter Catchment Project.
 - (2) What areas specifically are being restored and what are the proposed timeframes for these projects.
 - (3) What evidence or monitoring of native flora and fauna is available or being undertaken to determine the life cycles of the species in this area and hence how they will be affected, assuming controlled burns are still going to be carried out in this area.
- 697 **MS LAWDER:** To ask the Minister for Water, Energy and Emissions Reduction—
Has a new effluent discharge authorisation been agreed to with the Queanbeyan Palerang Regional Council for the proposed new sewage treatment plant to be located in Oaks Estate.
- 698 **MS LAWDER:** To ask the Minister for Transport and City Services—
- (1) How many tonnes went to landfill in the ACT in 2021 of (a) dirt, (b) drillers mud, (c) virgin excavated natural material, (d) stormwater waste/sediment from ponds, (e) dredging spoil and (f) contaminated soil.
 - (2) How much does it cost to dump a tonne of the material in ACT landfill, for each of the items referred to in part (1).

T Duncan
Clerk of the Legislative Assembly



Emma Davidson MLA
 Minister for Disability
 Minister for Justice Health
 Minister for Mental Health
 Assistant Minister for Families and Community Services

Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 15
25 March 2022
Question No. 686

MRS KIKKERT: To ask the Minister for Justice Health—

- 1) Why are there no performance indicators for ACT Corrective Services relevant to the delivery of mental health services in the Alexander Maconochie Centre.
- 2) Are any performance indicators being developed for this.
- 3) Why are there no performance indicators that relate to detainee access to mental health treatments.
- 4) Are any performance indicators being developed for this.
- 5) Why are there no performance indicators that relate to the development of release plans for detainees with mental health conditions.
- 6) Are any performance indicators being developed for this.
- 7) Why are there no performance indicators that relate to detainees' access to acute inpatient care.
- 8) Are any performance indicators being developed for this.
- 9) Why are there no performance indicators that relate to detainees who have experienced an escalation of psychiatric or suicide risk ratings.
- 10) Are any performance indicators being developed for this.

MS DAVIDSON MLA - The answer to the Member's question is as follows:

- 1) Custodial Mental Health Services (CMHS) assess and provide mental health services and clinical management to detainees with severe mental health issues. If a detainee is assessed by CMHS as not requiring clinical management for a severe mental illness ACT Corrective Services (ACTCS) may provide support for detainees who have mild to moderate mental illness. The needs of detainees are highly variable, and measures of performance are subject to individual need.

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ACTCS keep data regarding contact with detainees for mental health support and treatment. A draft Model of Care (MoC) is in development in consultation with CMHS and ACT Health.

Once the MoC is completed, ACTCS will work closely with CMHS to determine appropriate KPIs' that accurately reflect the purpose and intention of the work of the Specialist Intervention Unit (SIU) at the AMC. CMHS currently have clear performance indicators in relation to mental health treatment and care, and ACTCS will be guided by these contemporary measures and will work to ensure services are complementary and avoiding duplication of effort.

- 2) ACTCS will continue to collect data regarding contact with detainees for mental health support and treatment and set key service standards and indicators once the MoC has been completed.
- 3) Detainees are assessed upon their admission to custody and intervention and treatment pathways are identified as required. For detainees with a severe mental illness CMHS will provide clinical management and treatment and ACTCS will provide support and treatment for detainees who have a mild to moderate mental illness. ACTCS and CMHS have established processes in place to ensure appropriate intervention pathways are identified. CMHS have clearly identified performance indicators that meet National Standards. ACTCS will further develop their complementary service standards to reflect current mental health treatment expectations and in line with National Standards in the treatment of mild-moderate mental health.
- 4) Please see answers to questions one, two and three.
- 5) All sentenced detainees have a case plan that includes release planning and reflect any treatment needs. Remandees may also have a remand management plan, noting remand periods are variable and often unpredictable. CMHS also have discharge plans that are developed with detainees and meet their individual mental health treatment needs post release.
- 6) All sentenced detainees have a case plan that includes release planning and reflect any treatment needs. Remandees may also have a remand management plan, noting remand periods are variable and often unpredictable. CMHS also have discharge plans that are developed with detainees and meet their individual mental health treatment needs post release.
- 7) Detainees do not receive acute inpatient care at the Alexander Maconochie Centre. They are referred to the Adult Mental Health Unit by qualified and experienced CMHS professionals as required.
- 8) See above
- 9) CMHS manage all episodes of acute psychiatric escalation or suicide risk. ACTCS would have no performance indicators to reflect this service.
- 10) Please see answer to question nine.

Approved for circulation to the Member and incorporation into Hansard.

**Emma Davidson MLA
Minister for Justice Health**

Date:.....

This response required XXhrs XXmins to complete, at an approximate cost of \$XXX.

Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Tuesday, 21 June 2022 3:56 PM
To: Ord, Jon
Subject: GBCHS22/166: Assembly Sitting 1-2 June 2022 - Question on Notice (QoN) 824 - AMC Detainees with Schizophrenia

Tracking:	Recipient	Read
	Ord, Jon	Read: 22/06/2022 8:55 AM

OFFICIAL

Hi Jon

QoN response for your review and progression:

[I:\Davidson\DLO\MO for review\Jon to Review\GBCHS22-166 QoN Detainees with Schizophrenia](#)

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



Emma Davidson MLA
 Minister for Disability
 Minister for Justice Health
 Minister for Mental Health
 Assistant Minister for Families and Community Services

Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 18
3 June 2022
Question No. 824

MRS KIKKERT: To ask the Minister for Justice Health—

- (1) How many detainees in the Alexander Maconochie Centre are diagnosed with schizophrenia, as of 2 June 2022
- (2) How many of the detainees referred to in part (1) are (a) male and (b) female.

MS DAVIDSON MLA - The answer to the Member's question is as follows:

- (1) We are unable to provide this information as it is personal health information of current detainees.
- (2) See above.

Approved for circulation to the Member and incorporation into Hansard.

Emma Davidson MLA
Minister for Mental Health

Date:.....

This response required 1hrs 25mins to complete, at an approximate cost of \$130.98.



Allen, Jonas (Health)

From: Hunter, Kerryn (Health) on behalf of CHS DLO
Sent: Wednesday, 2 February 2022 9:30 AM
To: Ord, Jon
Subject: RE: Outstanding QoN 2021

Tracking:	Recipient	Read
	Ord, Jon	Read: 02/02/2022 1:02 PM

OFFICIAL

Hi Jon

I have discussed with the health office and they are happy to take it back.

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Ord, Jon <Jon.Ord@act.gov.au>
Sent: Monday, 31 January 2022 2:30 PM
To: CHS DLO <CHSDLO@act.gov.au>
Subject: RE: Outstanding QoN 2021

Ok – its just that Min has no oversight of any of this, nor is any in her portfolio.

We cant really approve this.

Happy to discuss.

Jon

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Monday, 31 January 2022 2:28 PM
To: Ord, Jon <Jon.Ord@act.gov.au>
Subject: RE: Outstanding QoN 2021

OFFICIAL

It was originally listed as health but redirected to Mental health, not sure why though

K

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Ord, Jon <Jon.Ord@act.gov.au>
Sent: Monday, 31 January 2022 2:10 PM
To: CHS DLO <CHSDLO@act.gov.au>
Subject: RE: Outstanding QoN 2021

Hi – that GBCHS21/318 – isn't that Min RSS responsibility?

Jon

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Monday, 31 January 2022 1:49 PM
To: Ord, Jon <Jon.Ord@act.gov.au>; Moloney, Eliza <Eliza.Moloney@act.gov.au>
Cc: Sullivan, Clare <Clare.Sullivan@act.gov.au>
Subject: Outstanding QoN 2021

OFFICIAL

Hi Jon and Eliza

I am just following up on outstanding QoN's for Mental Health and the following are still listed as outstanding:

- GBCHS21/318: Assembly 9-11 November 2021 - Question on Notice (QON) 523 Drug and Alcohol Rehabilitation Beds – I can see that this one went to you for review on 2 December 2021 but I can't see that it ever came out with Minister Davidson's signature on it. The original response is sitting in the folder below:
[I:\Davidson\DLO\MO for review\Jon to Review\Completed Papers\20211210 GBCHS21-318 QoN Drug Rehab](#)
- GBCHS21/246: Assembly 6-8 October 2021 - Minister for Mental Health Question on Notice (QoN) 506) Deaths in Custody – I sent this one to you on 7 December 2021 as the JACS input CHS requires is apparently stuck in the Gentleman office and you were going to follow up with your counterpart in the Gentleman office. Did you have any luck

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government