



# Ministerial Document Release

Quarter 4 2020

Canberra Health Services



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#### Acknowledgement of Country

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

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**Ministerial Document Release**

## DECISION ON OPEN ACCESS INFORMATION – MINISTERIAL BRIEFINGS

In accordance with section 24 of the *Freedom of Information Act 2016* (FOI Act), an agency or Minister must make open access information of the agency or Minister publicly available unless the information is contrary of the public interest information.

### **Section 23 of the FOI Act**

Section 23(1)(i) states open access information includes any of the following ministerial briefs prepared by the agency that are five or more years old:

- (i) Incoming ministerial briefs;
- (ii) Parliamentary estimates briefs;
- (iii) Annual report briefs;
- (iv) Question time briefs.

I am an Information Officer within Canberra Health Services under section 18 of the FOI Act to ensure that the agency meets its obligations to publish open access information under part 4 of the FOI Act.

I identified 28 documents holding the information within scope of section 23(1)(i).

### **Decision**

I grant full access to 22 of the documents and a partial release of six documents, one document will be fully redacted due to ongoing legal proceedings.

Section 12 of the FOI Act specifies that the Act does not apply to information in a health record as defined by the *Health Records (Privacy and Access) Act 1997*.

The HR Act defines a health record as any record containing personal health information. The HR Act defines personal health information as 'any personal information (a) relating to the health, an illness or a disability of the consumer; or (b) collected by a health service provider in relation to the health, an illness, or a disability of the consumer.' A 'consumer' is defined broadly and includes any individual who uses, or has used, a health service.

The information within these seven documents on balance, favoured non-disclosure as it prejudices the protection of an individual's right to privacy.

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

- The FOI Act;
- The contents of the documents that fall within the open access information scheme;
- The *Health Records (Privacy and Access) Act 1997*; and
- The views of relevant subject matter experts.

## **Ombudsman Review**

My decision on open access information is a reviewable decision as identified in schedule 3 of the FOI Act. You have the right to see Ombudsman review of this outcome under section 73 of the FOI Act within 20 working days from the day that my decision is published on the Canberra Health Services website, 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](mailto:ACTFOI@ombudsman.gov.au)

Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

Liz Lopa

Canberra Health Services

23 February 2026



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# Question Time Briefs

**Minister for Mental Health and Justice Health**

2-3 December 2020



GBCHS20/301

**Portfolio:** Mental Health**ISSUE: COVID-19 PREPAREDNESS****Talking points:**

- A Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) COVID-19 Response Plan is in operation.
- The current operating environment is complex and changing and the plan is dynamic and flexible, to allow for change as the situation evolves.
- The MHJHADS COVID-19 Response Plan details proposed strategies and actions for MHJHADS as a whole and for each individual program area.
- The workforce plan is in place and includes detailed information in relation to all staff attached to each service area, including whether they fit into a vulnerable group criterion and/or have childcare responsibilities in case circumstances with schools and childcare change.
- The workforce plan aims to align the workforce to highest priority areas.
- MHJHADS has identified the minimum staffing levels in the inpatient units if the health system becomes overloaded.

**Key Information:**

- All services have been prioritised on a scale from 1-3. Priority 1 services will continue to be supported through redeployment of staff from Priority 3 services, and dependent on need, ultimately from Priority 2 services.
- The Priority 1 services include all Mental Health inpatient units, the Consultation Liaison teams supporting the Emergency Department (ED) and the wards at Canberra Hospital and the Access Triage service.
- Priority 2 services continue and may be scaled down as required. These services include Police, Ambulance and Clinician Early Response and all assertive outreach services including Home Assessment and Acute Response Team.
- Priority 3 services are all other services including our community-based services.
- Group programs have been re-established with social distancing requirements in place. Non-face-to-face options have been made available, including consultation-based services, and tele and video conferencing for suitable participants.
- All clinically managed clients have been assessed by their clinical managers to determine their current care requirements.

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- Face-to-face services are now back to business as usual. During the period of wider restrictions, some face-to-face services such as medication clinics, services provided within the community sector, and via NDIS providers were changed or reduced. There was an impact on discharge planning for some patients during that period, and available resources were maximised to manage this. For example, a plan was developed to close the five-bed villa at the Extended Care Unit (ECU) and transfer those patients to Adult Mental Health Rehabilitation Unit (AMHRU).
- If necessary, consideration can be given to repurposing the Villa at the ECU, once decanted, for temporary accommodation under a different workforce model to provide short term accommodation options for patients at discharge.
- Visiting restrictions are in place in our inpatient units, in line with the restrictions in place across CHS. The Official Visitors have been advised.
- Leave procedures for patients have also been reviewed. Currently, consumers at Adult Mental Health Unit can access leave for essential purposes or for the purpose for discharge planning. As per previous measures, if the COVID-19 risk increases, leave measures will be restricted to include no further on campus leave (short term) and overnight leave limited to patients where it is seen as an essential component of transition home.
- Leave procedures at Dhulwa Mental health Unit (Dhulwa) were reviewed and changed, reducing the availability of external therapeutic leave. However, therapeutic leave recommenced for Dhulwa and ECU patients on 22 October 2020.
- Justice Health Services were provided as usual in the Alexander Maconochie Centre and Bimberi Youth Justice Centre during COVID-19 restrictions. Telehealth was implemented to facilitate access to Canberra Hospital specialist outpatient appointments.
- Leave procedures for the unlocked Adult Mental Health Rehabilitation Unit (AMHRU) at the University of Canberra Hospital (UCH) were reviewed and COVID-19 precautions implemented for persons accessing leave in the community. Persons were able to access leave for rehabilitation purposes and for discharge planning.
- AMHRU Rehabilitation services (such as the self-catering model) were ceased due to infection control guidelines and the beds were redirected to support a subacute stream. AMHRU has transitioned back to offer the 10 bed Rehabilitation program as of 6 July 2020.

**Background Information:**

- AMHRU is a 20-bed residential rehabilitation unit (made up of four x five-bedroom pods) for people with a mental illness at UCH. The inpatient rehabilitation programs are individually tailored to meet the specific needs of the person with a length of admission from 3 to 12 months.

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- In August 2019, AMHRU piloted one five bed subacute stream for persons who are no longer requiring acute mental health care but are currently occupying an acute bed with significant barriers to discharge to support bed pressure demand at AMHU due to the ligature works. Due to COVID-19 restrictions, increase in bed pressure for mental health beds, and a reduced ability to provide rehabilitation services, AMHRU expanded its subacute stream.

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GBCHS20/301

**Portfolio:** Mental Health**ISSUE: CURRENT IMPACTS AND PRESSURES ON MENTAL HEALTH SYSTEMS****Talking points:**

- Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) has seen impacts and increased pressures to services in 2020 with demonstrated increased demand across the services.

**Adult Acute Mental Health Services**

- There has been continued increasing demand for beds in the adult acute mental health services in 2020, with a 10 per cent increase in acute mental health occupancy overall and a 14 per cent increase in high dependency occupancy during the period from 1 July 2020 to 1 November 2020 compared with the same period last year.
- To manage this, an additional five mental health beds at Calvary Health Care campus have been opened, and a four bed pod has been established on a general ward at Canberra Hospital to increase capacity.
- In addition to the 24 hour 7 day per week Mental Health Consultation Liaison Service in the Emergency Department (ED), the service has expanded to the general wards from five days per week, business hours to include weekends and three evenings.
- As of 4 December 2020, the Territory Wide Flow Coordination role introduced in 2019 will be expanded to include weekends. This will assist in supporting timely admission to mental health inpatient units over the weekend.
- Infrastructure work is under way which will deliver an additional 10 beds by July 2021. This is through the refurbishment of Ward 12B at Canberra Hospital to create a purpose built 10 bed Mental Health Low Dependency Unit (LDU). In addition, the existing Adult Mental Health Unit will undergo some internal works to create the capacity for the existing 10 High Dependency Unit (HDU) beds to flex up to 18 beds as required.

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- The infrastructure work will mean there will be a total of 56 acute mental health beds on the Canberra Hospital site. In addition, the unit will have flexibility to match bed availability to patient need through the ability to increase HDU beds by 80 per cent as required.
- Through the Mental Health Support Package, Canberra Health Services (CHS) has established an innovative partnership with the Mental Health Foundation, to provide a supported discharge option to avoid people being discharged into homelessness. As at 17 November 2020, the Mental Health Foundation Discharge Support Program has offset 157 acute adult inpatient bed days.

### Adult Community Mental Health Services

- There has been increased demand for adult community mental health services which is most likely attributable to the impacts of COVID-19. Despite an initial reduction in the average daily calls received by the Access Mental Health Team's public phonenumber from March to April 2020 in September 2020, there was a 24 per cent increase in average call volumes per day, compared with the average for the immediate pre COVID-19 period of January and February 2020.
- Over the same period, the total number of monthly General Practitioner (GP) referrals received by the Access Mental Health Team followed the same pattern of initial reduction, then gradual increase. In September 2020, there were 29 per cent more GP referrals received than the monthly average for the immediate pre COVID-19 period of January and February 2020.
- The previously announced ACT Government funding for Police, Ambulance, clinician Emergency Response (PACER) and Home Assessment and Acute Response Team (HAART), as part of a broader Mental Health Support Package, has provided ongoing support for hospital diversion and community-based care. The ongoing funding of PACER for seven days per week is assisting in reducing Emergency Department presentations, as 80 per cent of cases resolve with the person remaining and receiving care in the community.

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

### Child and Adolescent Mental Health Services

- Data from October 2020, shows that Child and Adolescent Mental Health Services (CAMHS) has experienced increased demand compared to the same period last year, with a 12 per cent increase in the number of clinically managed clients and a 26 per cent increase in occasions of service provided.
- The current wait time for a CAMHS CHOICE service appointment is 24 days, a small increase since the same period last year.
- For October 2020, CAMHS experienced a 27 per cent increase in adolescent presentations to the ED compared with the same period last year.
- In addition, ED presentations have become more complex, with adolescents with mental health issues also presenting with autism spectrum disorder, intellectual disability, and substance abuse disorders.

### Adult Mental Health Rehabilitation Unit

- The Adult Mental Health Rehabilitation Unit (AMHRU) implemented a change in service delivery and increased its capacity of the subacute stream from five to ten beds to support the COVID-19 response. AMHRU had 70 admissions in the period 1 April to 30 October 2020, up from 36 admissions in the previous seven months. This represents an increase of 94 per cent.

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**Background Information****Adult Acute Mental Health Services**

- Canberra Hospital has 46 acute inpatient mental health beds. This includes Adult Mental Health Unit (AMHU) with 40 beds. Of these:
  - 30 beds are Low Dependency Unit beds; and
  - 10 beds are High Dependency Unit beds.
- The AMHU provides care for patients with acute and enduring mental health conditions. Length of stay for these patients is greater than 72 hours with a patient's average length of stay equating to approximately eight days. Mental health inpatient episodes of care should generally be at 14 days length of stay. The longest length of stay on the unit is 418 days.
- The Mental Health Short Stay Unit (MHSSU) has six beds. MHSSU provides care for patients experiencing acute mental health crisis. This unit provides care for patients less than 72 hours with an average length of stay just over three days.

**Adult Mental Health Rehabilitation**

- The Adult Mental Health Rehabilitation Unit (AMHRU) is a 20-bed residential rehabilitation unit (made up of four x five-bedroom pods) for people with a mental illness at the University of Canberra Hospital (UCH). The inpatient rehabilitation programs are individually tailored to meet the specific needs of the person with a length of admission from 3 to 12 months.
- In August 2019, AMHRU piloted one, five bed subacute stream for persons who are no longer requiring acute mental health care but are currently occupying an acute bed with significant barriers to discharge to support bed pressure demand at AMHU due to the ligature works. Due to COVID-19 restrictions, increase in bed pressure for mental health beds, and a reduced ability to provide rehabilitation services due to COVID-19 restrictions, AMHRU expanded its subacute stream.

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## Adult Community Mental Health

- Adult Community Mental Health calls and GP referrals have increased month on month as per detail below:

• AMHT Triage	General Access 1800 number		Priority Line		GP Line	
	Total	Average per day	Total	Average per day	Total	Average per day
January	2771	89.39	699	22.55	68	2.19
February	2753	94.93	721	24.86	89	3.07
March	2938	94.77	832	26.84	82	2.65
April	2379	79.30	711	23.70	58	1.93
May	2826	91.16	771	24.87	91	2.94
June	2912	97.07	670	22.33	46	1.53
July	3092	99.74	655	21.13	120	3.87
August	3181	102.61	726	23.42	98	3.16
September	3395	113.17	675	22.50	115	3.83

AMHT Access Comprehensive	GP Referrals	
	Total	Average per day
January	178	5.75
February	183	6.31
March	136	4.39
April	111	3.70
May	173	5.58
June	185	6.17
July	190	6.33
August	205	6.61
September	233	7.77

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## CAMHS

- For October 2020, CAMHS had 1142 open clients and 9387 occasions of service over the month. This is in comparison to October 2019, which had 1011 open clients and 7224 occasions of service.
- In October 2020, CAMHS experienced 118 adolescent presentations to the ED in comparison to 90 presentations in October 2019.
- CAMHS CHOICE (initial) appointments have increased with October 2020 offering 70 appointments, in comparison to 59 appointments in October 2019. The wait time for a CHOICE appointment is currently 24 days and an appointment with a psychiatrist is currently seven weeks. Case management currently has a wait time of two months.

## PACER

- The PACER service provides an integrated model that brings together police, paramedics and mental health clinicians to support the safe assessment and treatment of people experiencing acute mental health crises in the community.
- ACT Policing, ACT Ambulance Service (ACTAS) and Canberra Health Services (CHS) were funded to design this mental health co-response service. The PACER 'Proof of Concept' commenced on 12 December 2019 to pilot the service, initially at 10 hours per day, four days per week.
- The ACT Government provided further funding for PACER in the COVID-19 Mental Health Stimulus Support Package. This enabled the expansion of operations from four days to seven days a week.
- Preliminary data on the PACER Proof of Concept provides strong evidence that this co-response model has to date delivered upon its objectives. Most notably:
  - PACER is having between four to five contacts per shift regarding people experiencing an acute mental health concern;
  - four out of every five people assessed by PACER can remain in the community without requiring further assessment and/or admission to hospital;
  - PACER was only required to enact Emergency Apprehension provisions of the Mental Health Act 2015 for one out of 10 people it assessed;
  - Of those who are transported to a hospital emergency department by PACER, over 60 percent are admitted to an inpatient unit; and
  - Less than one in 10 people assessed by PACER who remained in the community, were subsequently admitted to hospital in a two-week period subsequent to the PACER contact.

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When considered together, these results suggest PACER is:

- reducing demand on police, ambulance, emergency departments and acute mental health inpatient units by forgoing the need to transport people to hospital emergency departments for further assessment and/or admission;
- exercising clinically appropriate judgments and decision-making in terms of who is transferred to hospital and who can safely remain in the community following PACER contact; and
- limiting the use of restrictive practices for people experiencing acute mental health concerns.

### HAART

- HAART is a community-based, mental health crisis response service that operates 24/7 (including the use of an oncall service). This service was introduced in November 2019 as part of the implementation of the ACMHS Model of Care (MoC).
- HAART encompasses two distinct, but interrelated, primary functions:
  - a Rapid Response service for urgent mental health assessments and interventions within the community; and
  - an Intensive Home Treatment (IHT) service which is focused on reducing admissions to hospital and/or the length of a hospital admissions, wherever safe and appropriate to do so. IHT supports people to remain in the community safely as well as providing in-reach into hospital settings to facilitate early discharge.
- From May 2020, HAART has been expanded to provide similar discharge support from the Calvary adult mental health inpatient unit 'Acacia'.

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**Portfolio:** Mental Health

**ISSUE: SECLUSION RATES IN ACUTE MENTAL HEALTH INPATIENT UNITS**

## Talking points

- Seclusion refers to confining a person (who is being provided with treatment, care or support at the facility) by leaving them alone in a room where they cannot physically leave for some period of time.
- A person is secluded in the least restrictive manner, only when necessary, and in a way that prevents the person from causing harm to themselves or someone else.
- Seclusion can only occur under the provisions of the Mental Health Act 2015. All seclusions are documented in a register, including the reason for the seclusion, the Public Advocate is notified and the person is kept under constant observation during seclusion. The person is examined by a medical officer at the conclusion of the seclusion period.
- The preliminary rate of seclusion in acute mental health inpatient units for 2019-20 is 10.8 events per 1,000 bed days.
- The target for 2019-20 is less than seven seclusion events per 1,000 bed days.
- The clinical reasons for the increase in the use of seclusion are complex, as people who require an acute inpatient admission are presenting with a higher acuity and may be volatile when acutely mentally unwell.
- During a person's admission to an acute mental health inpatient unit, they will be provided care, treatment, and support. In rare circumstances, a person may be secluded.
- Episodes of seclusion in inpatient units are reviewed to ensure compliance with the principles of least restrictive practice.

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## Key Information

- At any point in time there were a small number of complex patients with significantly high acuity that require them to be subject to multiple events of seclusion.
- In 2019-20, Canberra Health Services (CHS) adopted the national standard and counting methodology for this indicator with it reported as a rate per 1000 bed days. This allows a nationally consistent approach which can be benchmarked against other jurisdictions. However, in small jurisdictions such as the ACT, the small numbers mean that individuals subject to multiple episodes of seclusion can artificially inflate the rate.
- The Adult Acute Mental Health Services have implemented multiple strategies to reduce seclusion and restraint rates in Adult inpatient units. These include:
  - Implementation of the Broset Violence Checklist (BVC) in the Acute Mental Health Unit High Dependency Unit, with further rollout to occur to the Low Dependency Unit and Mental Health Short Stay Unit in December 2020 and January 2021. BVC is an indicator of the level of aggression expressed by a person and helps the team to rapidly identify acuity on the unit;
  - Increase of security and ward persons on the unit to support the treating teams in the early identification of deterioration and the management of escalating behaviours within the unit;
  - Modifiable sensory lighting and addition of AV equipment;
  - Implementation of the Concierge Assistant in Nursing role. The Concierge plays a critical role in the support and de-escalating of consumers;
  - Increased focus on Workforce Strategies to reduce vacancies and increase capability and competency of staff;
  - Permanent appointment of the senior leadership team to provide clear visions and goals for the unit as well as an increased leadership presence on the unit to support staff by leading by example; and
  - Improvements to the Therapeutic Group Program and increasing availability of activities on the ward.
- The Dhulwa Mental Health Unit (Dhulwa) have implemented several strategies to reduce seclusion and restraint in the unit. These include:
  - The Dynamic Assessment of Situational Aggression tool which is an indicator of the level of aggression expressed by a person and helps the team to rapidly identify acuity on the unit;
  - The Clinical Revised Risk Assessment Manual tool is utilised on assessment and routinely on ward rounds which guides clinical decisions regarding levels of consumer observations and risk profile;

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- Monthly seclusion and restraint review meeting attended by unit leadership team, Official Visitors and Public Advocate to review incidents of seclusion and restraint to gain learnings from each event;
- The implementation of Safewards principals to the unit which reduce aggression and violence on the ward through an increased awareness of relation security;
- Information is provided to consumers on admission in their welcome pack which provides information on the mutual expectations of their care whilst in Dhulwa;
- Increase in the availability of ward activities such as access to daily bush walks, cooking groups, sports groups and use of the gymnasium;
- Participating in the CHS Violence strategy activities; and
- Ongoing education of staff in de-escalation techniques.

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**Portfolio:** Mental Health

**ISSUE:           DISTURBANCE AT THE ALEXANDER MACONOCHIE CENTRE**

**Talking points:**

- On the evening of 10 November 2020, several fires were lit by detainees at the Alexander Maconochie Centre (AMC).
- During the management of the incident, four Justice Health Services (JHS) nursing staff and a medical officer remained onsite until 03:45 hours the following morning.
- There were 27 detainees requiring clinical assessment.
- There were no serious injuries. Some detainees required medication for respiratory symptoms and one detainee sustained minor burns, however, there was no requirement for any detainee to attend the Emergency Department.
- On the following day after the incident, the AMC was in full centre lock-in with no detainee movements.
- Most detainees have weekly medication packs and could access their own medications as per usual.
- For those detainees who have daily supervised medications, only methadone and essential medications were provided.
- All external medical appointments were cancelled and re-booked.
- On 12 November 2020, all medications were provided as per usual.
- Due to ongoing changed security arrangements following the incident, clients were able to attend urgent medical appointments only on 12 and 13 November 2020.
- As of 14 November 2020, all nursing and medical clinics resumed.

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## Key Information

- Essential medications include cardiac medications, psychiatric medications, diabetic medications and any other medications that the clinical team assess as being essential.
- All medication services resumed on 12 November 2020, and all health appointments resumed on 14 November 2020.
- All external medical appointments for 11 November 2020 were re-booked. JHS administration staff have ensured that the detainees affected have not lost their place on any waiting lists as a result of the cancellations.
- Security incidents such as the fires on 10 November 2020, require temporary changes to health operations so that Justice Health staff can be safe while also supporting ACT Corrective Services in the management of the prison.
- Clients requiring access to health services are triaged and all those requiring urgent health services, receive healthcare.
- Impacts to health services were temporary and clients requiring critical health care were able to access health care during the changed security arrangements.

## Background Information

- On 10 November 2020, at approximately 18:50 hours, several detainees refused to return to their cells in Accommodation Unit (AU) North at the AMC.
- Fires were lit in the AU North external yard and in a few cells.
- All detainees were contained within AU North and the attached yard.
- ACT Fire and Rescue, ACT Ambulance Service and ACT Policing attended the AMC.
- At 02:55 hours, the incident concluded and a debrief was facilitated by ACTCS staff.

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**Portfolio:** Mental Health

**ISSUE: CANBERRA HEALTH SERVICES EMERGENCY DEPARTMENT  
INCREASED DEMANDS/PRESSURE**

**Talking points:**

- Canberra Health Services (CHS) Emergency Department (ED) is the only gazetted ED in the ACT and therefore must accept and assess all consumers who present to the ED under the Mental Health Act 2015 either under an Emergency Action (EA) or a S309 referred from the Courts.
- CHS has seen an increase in the number of EA's transported to the CHS ED. In 2019-20 there were 2,479 patient brought to the ED under an EA compared to 2,059 in 2018-2019, an increase of 20 per cent. All people subject to an EA are to be assessed within four hours of arrival in accordance with the provisions of the *Mental Health Act 2015*.
- Additionally, CHS has experienced considerable pressure in providing acute mental health services since the COVID-19 pandemic.
- There has been continued increasing demand for beds in adult acute mental health services in 2020 with a 18 per cent increase in acute mental health occupancy in the last two years.
- There has been a 14 per cent increase in high dependency occupancy during the period from 1 July 2020 to 1 November 2020 compared with the same period last year.

## Key Information:

	<b>2020-21</b> <b>(to 29-02-2020)</b>	<b>2019-20</b> <b>(to 29-02-2020)</b>	<b>2018-19</b> <b>(to 28-02-2019)</b>
Patients presenting to Canberra Health Services (CHS) Emergency Department (ED) with a mental health issue.	<b>2030</b>	<b>1935</b>	<b>1715</b>
Percentage increase on previous year of patients presenting to Canberra Health Services (CHS) Emergency Department (ED) with a mental health issue.	<b>+ 5%</b>	<b>+ 13%</b>	
Number of mental health patients whose CHS ED Length of Stay was more than 24 hours	<b>119</b>	<b>59</b>	<b>119</b>
Percentage of of mental health patients whose CHS ED Length of Stay was more than 24 hours	<b>8.6%</b>	<b>3.0%</b>	<b>6.9%</b>
Number of mental health presentations to ED subsequently admitted under specialty Psychiatry	<b>577</b>	<b>629</b>	<b>618</b>
Percentage of mental health presentations to ED subsequently admitted under specialty Psychiatry	<b>28.4%</b>	<b>32.5%</b>	<b>36%</b>

\*\*\* Mental Health Patients as per CHS definition –does not adequately capture patients with self-harm injuries that are coded as such and not admitted to a Mental Health stream initially.

## Background Information :

- Mental Health, Justice Health and Alcohol and Drug Services are responsible for a number of acute Mental Health Services across the Territory in addition to those on the Canberra Health Campus.
- These include Adult Mental Health Rehabilitation Unit at University of Canberra Hospital which supports both consumers requiring sub-acute and rehabilitation services, Dhulwa Secure Mental Health Unit and the Extended Care Unit at the site of the old Brian Hennessy Rehabilitation Centre.

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**Portfolio:** Mental Health

## **AMHU Overview**

### **Talking points:**

Adult Acute Mental Health Services comprises of the following services/facilities:

#### Adult Mental Health Unit – High and Low Dependency Units

- Adult Mental Health Unit (AMHU) (40 funded beds) providing voluntary and involuntary psychiatric care and treatment for people with a mental health illness who require hospitalisation. The unit currently has capacity for 10 High Dependence Unit (HDU) beds and 30 Low Dependency Unit (LDU) beds.

#### Mental Health Short Stay Unit

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

#### Mental Health Consultant Liaison Team

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

#### Ward 12B – Low Dependency - currently being refurbished

- A new mental health Low Dependency Unit (LDU) will be delivered at Canberra Hospital, to provide an additional 10 beds to address 68 per cent growth in ED mental health presentations admitted to the AMHU since 2014/15. The existing Ward12B is being redeveloped for this purpose. The Ward will increase timely access to adult acute mental health services, and improve access to specialised and individual interventions within a recovery-focused model. Demolition has commenced with the Ward planned to be operational by mid-2021.

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### Southside Step Up Step Down (SUSD) Project – Gaunt Place, Garran

- This is an adult service for people aged between 18-65 years of age with the same model of care operated in the North of Canberra. It is a new six bed unit based in Garran to provide specialist care for people who require additional support that cannot be provided safely in their usual home environment.

### Demands on the Adult Mental Health Unit

- The AMHU opened in April 2012 with 35 commissioned beds. In July 2016, the commissioned beds increased to 37 and in 2019 increased again to 40. The AMHU is a 40-bed acute inpatient mental health unit which operates almost constantly at capacity with the utilisation of leave beds in response to bed pressure.
- Canberra Health Services (CHS) has experienced considerable pressure in providing acute mental health services since the COVID-19 pandemic.
- In the 2019-20 financial year, the percentage of mental health patients with a length of stay in the ED longer than 24 hours had reduced to 3 per cent from 8 per cent in 2018-19. In the same financial year, the average number of patients admitted each day to AMHU was 5.5, compared to 2.4 in 2018-19, an increase of 129 per cent.
- There has been continued increasing demand for beds in the adult acute mental health services in 2020 with a 10 per cent increase in acute mental health occupancy overall and a 14 per cent increase in high dependency occupancy during the period from 1 July 2020 to 1 November 2020 compared with the same period last year.
- CHS ED is the only gazetted ED in the ACT and therefore must accept and assess all consumers who present to the ED under the *Mental Health Act 2015* (the Act), either under an Emergency Action (EA) or a S309 referred from the Courts. CHS has seen an increase in the number of EA's transported to the CH ED. In 2019-20 there was 2479, compared to 2059 in 2018-2019, an increase of 20 per cent. All people subject to an EA are to be assessed within four hours of arrival in accordance with the provisions of the Act.

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### HDU Wall – New Infrastructure Project

- The repurposing of eight LDU beds to increase HDU in the AMHU will include the construction of a wall and supporting infrastructure to separate the Vulnerable Persons Suite and eight LDU beds from the rest of the unit.
- This will create an additional eight HDU beds in the AMHU to support increasing demand for high acute care services.
- This will not change the AMHU bed base as LDU beds will decrease to 22 beds. However, these eight HDU beds will be utilised flexibly based on clinical acuity, risk, demand, and consumer needs on the unit.
- The additional LDU capacity will be created via the Ward 12B project, increasing overall capacity for adult acute inpatient beds across the territory.
- This work is anticipated to be completed by mid 2021.

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**Portfolio:** Mental Health

**ISSUE: KEY ACCESS STATISTICS – AMHU, MHSSU (CHS) AND ACACIA (CALVARY)**

**Talking points:**

- Mental Health presentations to Emergency Departments (ED) have continued to increase year on year. So too has the demand for inpatient mental health services.
- Occupancy rates for adult inpatient mental health unit beds are continuously high, which has resulted in prolonged patient stays in both the Canberra Hospital and Calvary Hospital EDs.
- To create capacity in the system, an additional five beds at Calvary Public Hospital Bruce (CPHB) have been opened to support this increasing need. In addition, based on demand and appropriate patient selection, general hospital beds at Canberra Hospital are used to create capacity and reduce risk in the ED when required.
- Additionally, the Adult Acute Mental Health Services team and the ED are working collaboratively to create Behavioural Assessment Unit in the ED footprint. This unit will increase timely access to acute Mental Health Care in the ED environment. This is an early adoption of the Model of Care that will be implemented in the Canberra Hospital Expansion and aligns to contemporary models of care in other health jurisdictions.

**Key Information**

- In the 2020-21 financial year to 23 November 2020 the key access statistics are:

	<b>01/07/2020 - 23/11/2020</b>	<b>01/07/2019 - 23/11/2019</b>
Readmissions within 28 days	13.24%	14.63%
Average Bed Block Minutes	508	287
<b><u>Adult Mental Health Unit (AMHU)</u></b>	-	-
Average number of patients admitted per day	2.86	3.1
Average length of stay	13.50 days	11 days
Discharges	414	454

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Average monthly occupancy (40 bed base)	96.70%	88.37%
Percentage ACT residents	98%	89%
<b><u>Mental Health Short Stay Unit (MHSSU)</u></b>	-	-
Average number of patients admitted per day	1.21	1.6
Average length of stay	4.63 days	3.5 days
Discharges	166	208
Average monthly occupancy (6 bed base)	88.40%	84.85%
Percentage ACT residents	94%	89%
<b>(Acacia Ward Calvary)</b>	-	-
Average length of stay	14.4 days	-
Average number of patients admitted per day	2.09	-
Percentage ACT residents	99%	
Discharges	191	-

\*\*\* The outlier psychiatry beds at Canberra Hospital on ward 7B and 4A, total of eight beds are not included in the above figures, which would push the occupancy rates above 100 per cent.

### Background Information

- Canberra Health Services provides access to 46 Adult Acute inpatient mental Health beds on the Canberra Hospital campus:
  - The Adult Mental Health Unit (AMHU); 40 beds, and Mental Health Short Stay Unit (MHSSU); six beds, provide voluntary and involuntary psychiatric care and treatment for people with a mental health illness who require hospitalisation or a short term admission.
- At CPHB, there are 21 Adult Acute inpatient mental health beds in the Acacia Ward, 15 Older Persons mental health beds in the OPMHU and the government has funded an additional 5 mental health “surge” beds at CPHB in 2020-21. In 2020-21, this takes the total number of mental health beds at CPHB to 41.
- The Territory Wide Mental Health Patient Access Coordinator supports the timely coordination and access of inpatient mental health beds to consumers. This role supports patient access Monday to Friday with a view to expand the role to seven days per week in mid December 2020.
- Mental Health, Justice Health and Alcohol and Drug Services is due to begin a review of all inpatient mental health beds as an element of future service planning. This review

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will consider AMHU and MHSSU in the context of inpatient services more broadly and will inform the future operational commissioning of beds when complete.

- Ligature minimisation works were completed in the AMHU and the MHSSU with the final stage completed in November 2019. This work involved opening a five-bed subacute pod at the Adult Mental Health Rehabilitation Unit, utilisation of a four-bed bay on Ward 7B and the conversion of four non-bedroom spaces in AMHU into temporary bedrooms.

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**Portfolio:** Mental Health

**ISSUE: ADULT COMMUNITY MENTAL HEALTH SERVICES IN ACT**

**Talking points:**

- There have been fluctuations in demand in the Adult Community Mental Health Services which is most likely attributed to the impacts of COVID-19.
- There was an initial reduction in the daily average calls received by the Access Mental Health Team's public phonenumber from March to April 2020 which is consistent with the impact of COVID-19 on other health services.
- It should also be noted that a part of the Mental Health COVID-19 response included proactively contacting all current clients which is not reflected in these incoming call numbers.
- Since April 2020 there has been a significant increase in demand with a 20 per cent increase in calls from January 2020 to September 2020. Over the same period there has also been a significant increase of 24 per cent in GP referrals.

**Key Information**

Access Mental Health Team/ Triage	General Access 1800 number		Priority Line		GP Line	
	Total	Average per day	Total	Average per day	Total	Average per day
January	2771	89.39	699	22.55	68	2.19
February	2753	94.93	721	24.86	89	3.07
March	2938	94.77	832	26.84	82	2.65
April	2379	79.30	711	23.70	58	1.93
May	2826	91.16	771	24.87	91	2.94
June	2912	97.07	670	22.33	46	1.53
July	3092	99.74	655	21.13	120	3.87
August	3181	102.61	726	23.42	98	3.16
September	3395	113.17	675	22.50	115	3.83

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AMHT Access Comprehensive	GP Referrals	
	Total	Average per day
January	178	5.75
February	183	6.31
March	136	4.39
April	111	3.70
May	173	5.58
June	185	6.17
July	190	6.33
August	205	6.61
September	233	7.77

- The Adult Community Mental Health Services (ACMHS) Model of Care (MoC) was endorsed on 17 October 2017. ACMHS are specialist community-based mental health assessment and treatment services for adults in the ACT experiencing moderate to severe functional impairment due to serious mental illness with associated complex needs and risk.
- The Minister for Mental Health formally launched the ACMHS MoC on 10 December 2018 at the Belconnen Community Health Centre.
- A staged approach was used to transition to the new model, with many new services under the new MoC commencing in 2018, including the:
  - Assertive Community Outreach Service;
  - Therapies Team;
  - Access Mental Health Team; and
  - Home Assessment, Acute Response Team.
- Due to COVID-19 response and resourcing issues the roll-out of the final component of the MoC, the Community Recovery Services has been delayed. However, the current five regional adult community mental health teams continue to operate as normal in the interim.

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## Background Information

- Workforce planning, policy and procedure development, communication and training for the implementation of the model occurred throughout 2018, with the majority of the new services operating by November 2018. Throughout 2019, significant work was done to embed these new services whilst working towards those components which are yet to be implemented.
- Some preliminary evaluation of these new services occurred but it is proposed that an external independent evaluation be conducted
- The work on the new MoC was undertaken under the governance of the ACMHS MoC Project Steering Committee, comprised of representatives from Canberra Health Services and relevant peak bodies including the Mental Health Community Coalition ACT, ACT Mental Health Consumer Network, Capital Health Network and Carers ACT. There have also been a number of targeted and focused community consultations with other key stakeholders in preparation of the proposed ACMHS MoC.
- The Model of Care encompasses:

### Service Principles:

- Recovery-oriented and person-centred;
- Integrated, multidisciplinary and evidence-based;
- Embracing of diversity and complexity;
- Timely, accessible and responsive;
- Committed to Supported Decision Making; and
- Committed to safety, quality and harm reduction.

### Service Provision:

- Access Assessment and Triage: 24 hours a day, seven days a week, centralised intake;
- Acute response and Intensive Home Treatment: brief crisis intervention in a person's home or community setting as an alternative to inpatient admission and to facilitate earlier hospital discharge;
- Community Recovery Service: clinical case management (short or longer-term) using a strengths-based approach;
- Assertive Community Outreach Service: clinical case management for people with longer term complex service engagement needs; and
- Individual therapies: structured therapy programs as an adjunct to clinical case management.

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**Portfolio:** Mental Health

**ISSUE: ADOLESCENT MENTAL HEALTH INPATIENT UNIT**

**Talking points:**

- The Government is committed to developing youth-focused mental health services. This includes:
  - the expansion of the size and range of services at the Centenary Hospital for Women and Children;
  - a dedicated Inpatient Adolescent Mental Health Unit (AdMHU);
  - a Mental Health Day Service; and
  - the expansion of the Child and Adolescent Mental Health Services (CAMHS) Hospital Liaison Team (HLT) and Adolescent Mobile Outreach Service (AMOS).
- Canberra Health Services (CHS) is expanding the size and range of services at the Centenary Hospital for Women and Children, including the planning of a dedicated six bed ward with an additional two flex beds AdMHU and Day Service. CHS has commenced planning work on the new unit, which has an estimated completion in 2022.
- The aim of admission to the AdMHU, is acute stabilisation of psychiatric risk, supporting the family at a time of distress, and facilitating transfer back to the family home/unit as soon as is practicable, so as to minimise the disruption to education, peer connections, interpersonal relationships, social/recreational activities, and other adolescent developmental milestones.
- The AdMHU will be incorporated in the existing Adolescent Ward. The Model of Care for the unit will incorporate both physical health and mental health needs for this population group. This will support a unit that provides flexibility for adolescents with diverse medical, surgical and mental health needs. It will also support the efficient use of therapy, social and utility spaces within the foot print of the ward.

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- The Day Service will provide a therapeutic program for the continued recovery of adolescents and members of their support system who have been discharged from the AdMHU or who have presented to the Emergency Department and would benefit from Day Service programs to avoid a possible admission. Activities will range from individual therapy, to larger group programs involving adolescents and members of their support system.
- The expansion of the CAMHS HLT will increase operational hours to provide cover from 07:00 – 21:30 hours, and will continue to provide triage and assessment of children, and adolescents who present to Canberra Hospital Emergency Department (ED) with mental health vulnerabilities.

The development of the Adolescent Intensive Home Treatment Team (AIHTT) as an extension of the current AMOS model will provide support to adolescents and their families in the home post-hospital discharge, or to those adolescents who have presented to ED, were not admitted, however require further support.

#### **Key Information**

- An Adolescent Inpatient Unit Working Group, which includes consumer and carer representation, has been convened and an integrated Model of Care for the new unit at Centenary Hospital for Women and Children has been established.
- Currently, dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the AMHU Vulnerable Persons Suite or Mental Health Short Stay Unit (MHSSU). Clinical care is provided in close consultation with CAMHS to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.
- From January to October 2020 there has been 42 young people aged between 16 – 18 years that have been admitted to the MHSSU and 11 young people admitted to the AMHU.
- If a young person requires longer or more intensive inpatient treatment, transfer to a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services. [REDACTED]

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**Background Information**

- The clinical preference for adolescents is community based care. The AMOS, established through the 2018/2019 budget, is a recovery-focused community-based outreach service which supports adolescents and children aged 12 to 18 years who are experiencing severe, high prevalence mental illness. It specifically targets vulnerable groups who, due to a range of complex issues, face barriers in accessing community-based mental health services. Early release of funding for the expansion of this service to include provision of services in the home post hospital presentation and/or discharge was granted in September 2020.
- CAMHS HLT currently operates seven days per week, 08:30 – 17:00. This team was funded in the 2016/2017 budget and was developed to provide children and adolescents with mental health vulnerabilities presenting to the ED with access to a specialist Child and Adolescent Mental Health Team. This Team provide triage and assessment for this cohort of children and adolescents and work between the ED and the Paediatric ward. Early release of funding for the expansion of this service to expand operational hours and increase FTE was granted in September 2020.
- CAMHS AIHTT aims to provide intensive case coordination during a period of high risk, high stress, and high vulnerability through the facilitation of care planning and coordination of services to support ongoing recovery. The program aims to act as a bridge between acute and community mental health services to provide seamless service provision during a period of high mental health acuity. The AIHTT will be available seven days a week between the hours of 08:30 until 17:00.

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**Portfolio:** Mental Health**ISSUE: EXTENDED CARE UNIT****Talking points:**

- In the 2018-19 budget, \$22.8 million was allocated for supported accommodation to expand the mental health system to provide more community-based alternatives for people with mental health care needs.
- Included in this initiative was an investment to refurbish the 10-bed Extended Care Unit (ECU) at the decommissioned Brian Hennessy Rehabilitation Centre (BHRC) site, into an upgraded facility where people can gradually transition from secure inpatient clinical settings into supported accommodation. Construction on the refurbishment of the 10-bed ECU was completed on 23 October 2020.
- Further investment is proposed to support consumers with a mental illness by creating an additional 10-bed transitional and rehabilitation accommodation unit on the site. Initial preliminary site investigations are expected to commence in 2021.
- [REDACTED]
- The Adult Mental Health Rehabilitation Unit (AMHRU) has continued a pilot subacute stream, with one pod of five beds allocated to the subacute stream. People within the subacute stream are encouraged to, but not expected to, participate in the rehabilitation program.

**Key Information**

- [REDACTED]
- They have been temporarily accommodated in a Villa, adjacent to the ECU. The Villa has received minor modifications and upgrades to ensure that it is fit for this purpose.
- All residents in the ECU are eligible for the National Disability Insurance Scheme (NDIS) and will be assisted to access individual NDIS packages for the necessary psychosocial support required to enable them to transition to living in the community.

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**Background Information**

- The ECU is a 10-bed unit on the grounds of BHRC in Bruce. Governance of this unit was transferred to Justice Health Services (JHS) on 14 July 2018, to provide community focused rehabilitation services for people transitioning from secure inpatient clinical settings to the community.
- The AMHRU aims to deliver effective, interdisciplinary and recovery-based treatment and rehabilitation to people whose needs cannot be met by less intensive community-based adult mental health services. The focus is on people with moderate to severe and enduring complex mental illness who face challenges living in the community and are likely to experience difficulties with living safely and successfully in the community.
- The ACT Labor and ACT Greens Parliamentary and Governing Agreement has committed to investment in a number of adolescent and adult mental health infrastructure initiatives that include:
  - Refurbishing 10 beds at the BHRC for transitional and rehabilitation accommodation for consumers with enduring mental illness; and
  - Construction of five additional support accommodation houses.

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**Portfolio:** Mental Health

**ISSUE: SUPPORTED ACCOMMODATION**

**Talking points:**

- In the 2018-19 budget, \$22.8 million was allocated for supported accommodation to expand the mental health system to provide more community-based alternatives for mental health care.
- \$3 million of this funding was allocated for the design and construction of four community houses to provide supported mental health accommodation.
- Further investment is proposed to support consumers with a mental illness by constructing an additional five supported accommodation houses over the next four years.
- Housing ACT has completed construction of four houses to provide supported mental health accommodation facilities in the Belconnen area. With two of the houses now a home to four residents each.
- The homes provide people with mental illness, a place to live independently in the community with additional supports in place to assist their personal recovery journey.
- The supported accommodation initiative also provided for the establishment of a Southside Community Step-Up Step-Down (SCSUSD). The SCSUSD will provide short-term residential support for people with the aim of providing a safe alternative to hospital admission and will be run in partnership with a community organisation.
- Construction of the new facility is complete with it expected to be handed over to Canberra Health Services (CHS) before the end of 2020,
- The tender to secure a community-based organisation to operate it is currently being finalised with services anticipated to be operational in early 2021.
- CHS will work with the provider on the establishment of the service over the next few months.

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## Key Information

- Housing ACT is working with CHS to deliver this initiative.
- Housing ACT provide the land and take the lead on the construction of the dwellings which are funded by CHS. Community organisations are engaged to provide disability support to the residents which is funded via the residents' pooled National Disability Insurance Scheme (NDIS) funding. A community housing provider (Havelock Housing Association) headleases the properties, managing the property and tenancy arrangements for the residents. CHS provides the clinical management for the mental health needs of the residents.
- CHS will provide clinical support into the SCSUSD, including a range of therapeutic interventions, and a non-government organisation community agency with 24/7 onsite presence will provide practical and psychosocial support for people in the program.

## Background Information

- A Tender Evaluation Panel was recently facilitated by the ACT Health Directorate to identify a suitable community agency provider to provide the 24/7 onsite support at SCSUSD.
- The successful applicant will be identified following the conclusion of contract negotiations.
- The ACT Labor and ACT Greens Parliamentary and Governing Agreement has committed to investment in a number of adolescent and adult mental health infrastructure initiatives that include:
  - Refurbishing 10 beds at the old Brian Hennessy Rehabilitation Centre for transitional and rehabilitation accommodation for consumers with enduring mental illness; and
  - Construction of five additional support accommodation houses.

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**Portfolio:** Mental Health

**ISSUE:           WORKFORCE SHORTAGES**

**Talking points:**

- Speciality Mental Health, Justice Health and Alcohol and Drug Services internationally, nationally, and locally in the ACT continue to face shortages of clinical staff whilst in an environment where service demand has increased.
- Locally Canberra Health Services (CHS) has convened a Mental Health Workforce Development Committee to focus on discipline specific workforce attraction, retention and development plans. The Committee has aligned priority actions against the program specific and CHS wide Business Plan deliverables. The aim is to support a sustainable workforce for the future with initiatives including workforce redesign, capacity building, stronger education and professional development, strategic recruitment, and retention of staff across the service areas.

**Key Information**

- As of 28 October 2020, budgeted Full Time Equivalent (FTE) vacancies in Mental Health, Justice Health and Alcohol and Drug Services at CHS are:
  - Allied Health –23.60 FTE (9.38 per cent of budgeted FTE)
  - Nursing –27.53 FTE (7.69 per cent of budgeted FTE)
  - Medical (Consultants)–12.30 FTE (12.50 per cent of budgeted FTE).
- In the short term to support these vacancies, premium labour options are deployed. These include:
  - Utilisation of the nursing resource pool and short-term agency staff are used to maintain safe clinical care and nursing ratios; and
  - Visiting Medical Officers (VMOs) and temporary recruitment of Senior Career Medical Officers to assist in the cover of the medical short fall.

Medical Workforce Specific Information:

- There is a nation-wide shortage of consultant psychiatrists which is projected to continue past 2030, continuing an ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan areas.

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Cleared by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Karen Grace	Ext: 41577
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Karen Grace	
TRIM Number	GBCHS20/301	

- The Office of the Director of Clinical Services within Mental Health, Justice Health, Alcohol and Drug Services is actively working with a number of recruitment agencies, with the aim of achieving sustainable staffing levels that allow continued safe clinical care and reasonable staff access to leave.
- A Group Attraction and Retention Incentive (ARIn) is in place and has been implemented for CHS Addiction specialist and Primary Health specialists as well as Consultant Psychiatrists. The ARIn brings the ACT in line with public pay rates for medical officers in other jurisdictions.
- Within the psychiatric workforce at present, many psychiatrists are preferring locum work which is more lucrative financially. CHS is managing current services with existing staff and locums, while undertaking a recruitment strategy, actively recruiting to vacant medical positions and working hard to encourage clinicians to make the ACT a location of choice.
- All vacant medical positions are advertised through the ACTPS jobs website, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) website, Linked In and other relevant websites. Rolling specialist and senior specialist Adult General Psychiatrist roles have been advertised on these websites and in the RANZCP journal.
- An ongoing campaign to recruit Psychiatrists is now advertised on the ACTPS jobs website. Where there are no suitable Australian qualified applicants, the Area of Need program allows suitably qualified overseas trained consultants to be employed under particular supervisory and contractual arrangements. The public mental health service has been reliant on this program to meet workforce requirements.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from. Prior to COVID-19, overseas applicants could take 12-18 months to place, and interstate applicants take three to six months to place. Local applicants can often commence employment within six to eight weeks. These timeframes are now unknown, dependent on flights, if hotel quarantine is required and state/territory border closures.

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GBCHS20/301

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

- As of 16 November 2020, 73 detainees have had their health care transferred to Winnunga. 47 clients transferred to Winnunga are no longer in custody, with 18 clients currently receiving Winnunga Health Care.

[REDACTED]

- Shared care between JHS and Winnunga has commenced for detainees who are at risk of suicide or self-harm. This has been working well and provides a positive way forward for other areas of shared care.
- Other changes are being considered with proposed changes being significant and complex and hence taking time to work through in partnership with Winnunga.
- There has been a new administration building built for health services and JHS and Winnunga are both using this new facility, freeing up space in the Hume Health Centre for the upcoming refurbishment.

**Key Information**

- Winnunga is providing nursing and General Practitioner services to all Alexander Maconochie Centre (AMC) detainees. Justice Health Service are providing all other services such as induction, Forensic Mental Health Services, Alcohol and Other Drugs Service (including Opioid Replacement Therapy prescription and administration), and dental care for Aboriginal and Torres Strait Islander detainees.
- Winnunga have indicated that they would also like to provide care to patients who are on Opioid Replacement Therapy (ORT).
- A Winnunga Healthcare Service at AMC Memorandum of Understanding (MoU) workshop was held at the end on November 2019. The report from this workshop will inform the review of the MoU and the expansions of the health care provided by Winnunga. The updated MoU is still in development.

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- The AMC Steering Committee, which is made up of Senior Executive from ACTCS, CHS and Winnunga, meets quarterly to discuss the integration of the Winnunga Model of Health Care and implementation of recommendations.

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Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Karen Grace	
TRIM Number	GBCHS20/301	

**ISSUE:           MEDICATION DISTRIBUTION IN THE ALEXANDER MACONOCHIE CENTRE (AMC)**

**Talking points:**

- It is not possible to directly comment on a particular person's health information as this would be a breach of confidentiality. However, it is possible to speak in general terms about detainee access to health care, including medications in the Alexander Maconochie Centre.
- All detainees receive a health and mental health assessment from Justice Health Service clinicians within 24 hours of induction.
- Health summaries including medications are requested from a person's community GP, pharmacy and medical specialist to ensure continuity of care.

**Key Information**

- Justice Health Services GPs and psychiatrists prescribe in accordance with clinical guidelines and this is also informed by clinical assessment and relevant community medical history.
- Detainees with complex health needs - for example, epilepsy, or chronic illnesses are cared for by the Justice Health Services Complex Care team.
- The Complex Care team is a multidisciplinary team of clinicians who provide follow up, observations and liaise with speciality health services.
- Justice Health Services use an electronic medication system and medical officers can access the system remotely and prescribe or review medications safely and promptly.
- The electronic medication system facilitates quick access to treatment, as Canberra Health Services Pharmacy receives instant notification of a new prescription or changes in medication.
- The court or a person's solicitor can ask Justice Health Services for personal health information about a detainee through various avenues. However, in this case, no request was received.
- These avenues for requesting health information include the Justice Health Court Liaison, Release of Information, a health report or a subpoena.

GBCHS20/301

**Portfolio:** Justice Health

**ISSUE: SMOKING AT ALEXANDER MACONOCHIE CENTRE**

**Talking points:**

- There has been an increase in Work Health and Safety notifications from Justice Health Services staff regarding exposure to cigarette smoking at the Alexander Maconochie Centre (AMC).
- The Alexander Maconochie Centre is currently not a smoke-free facility.
- Justice Health Services and ACT Corrective Services have been meeting since August 2020 to resolve the issues regarding repeated health staff exposure to cigarette smoke.
- Health and Safety Representatives have sought advice from Canberra Health Services Workplace Safety and Worksafe ACT regarding how Justice Health staff can work safely at the centre.
- Justice Health Services continues to provide a full health service to detainees despite the regular exposure to passive smoking.

**Key Information**

- The health and safety of staff and detainees remains paramount in the delivery of services at the AMC.
- Justice Health Services offer Nicotine Replacement Therapy and support for detainees who wish to quit smoking.
- Justice Health Services has been formally raising with ACT Corrective Services issues regarding exposure to cigarette smoke since the Alexander Maconochie Centre was commissioned in 2008.

**Background Information**

- In May 2018, the Canberra Health Services (CHS) Work Health Safety (WHS) team, completed two risk assessments relating to passive smoke exposure at the AMC, Justice and Community Services:
  - Passive Smoke Exposure During Provision of Health Services within the Hume Health Centre; and
  - Passive Smoke Exposure During Provision of Satellite Health Services within Accommodation Units.

Cleared as complete and accurate:	01/12/2020		
Cleared for public release by:	Chief Executive Officer	Ext:	44700
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TRIM Ref:	GBCHS20/301		

- These risk assessments were completed following consultation with Justice and Community Safety (JACS) management and staff. Two key recommendations were:
  - **Implement a smoke free campus for all of AMC** - It is acknowledged that a long lead time and significant planning is required to implement this recommendation; and
  - **Review designated smoking areas** - To ensure staff are not positioned in a location that leads to passive smoking exposure in the delivery of health services (e.g. smoking is not allowed in all accommodation blocks).
- Following the recommendations, CHS has worked with ACT Corrective Services on strategies to reduce the risk to staff and detainees. Since the completion of the risk assessments, CHS staff have reported a significant reduction in smoke exposure at the Hume Health Centre.
- However, CHS staff have reported ongoing concerns relating to their smoke exposure in the provision of satellite services. This is evident in the fact that 46 staff incidents have been reported in Riskman by CHS staff that specifically relate to smoke exposure at AMC during the period of 1 January to 30 November 2020.
- Since 14 September 2020, regular meetings have been held to discuss and progress the resolution of passive smoking risks. The membership of these meetings includes the Deputy Commissioner, Custodial Operations, CHS Senior Management at AMC, CHS Director WHS, and CHS Health Safety Representatives (HSRs) at AMC.
- These meetings have not been successful in determining an agreed way forward and the CHS HSRs are now proposing to place a Provisional Improvement Notice (PIN) on JACS under the *Work Health and Safety Act 2011*. The implications of a PIN are that the Health and Safety Representatives may specify conditions on how CHS provides health services to reduce the passive smoking risk (e.g. provide services from the HHC only), or potentially withdraw services. WorkSafe may need to intervene to determine what is reasonable under the circumstances.
- CHS is committed to ensuring the health and safety of staff and others who are involved in the delivery of health services. Due to the known health impacts of smoking and passive smoking, CHS is of the firm view that the only way to appropriately manage these risks is for the AMC to transition to a smoke-free campus. It is recognised that this requires significant lead time and planning, however a commitment to a specified timeframe to become a smoke-free campus has not been put forward to date.
- CHS and JACS continue to work together to reach agreement on a timeframe to implement a smoke-free campus at AMC and appropriate risk measures that are strictly controlled and enforced until such time as the AMC campus is smoke-free.

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Cleared for public release by:	Chief Executive Officer	Ext:	44700
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TRIM Ref:	GBCHS20/301		



# Question Time Briefs

Minister for Health

2-3 December 2020



GBCHS20/300

**Portfolio:** Health

**ISSUE: COVID-19: HEALTH SYSTEM PREPAREDNESS**

**Talking points:**

- The ACT Government acted early to boost the Territory's frontline health services and ensure we are prepared for any increase in patients requiring life-saving treatment as a result of COVID-19.
- Additional funding of \$126 million has been allocated (ACT proportion \$63 million) to ensure our health services are well resourced and prepared to respond to the pandemic.

This funding delivered:

- Health facility infrastructure, providing flex and surge capacity across public and private facilities;
- A temporary COVID-19 Surge Centre, in partnership with Aspen Medical, which is now capable of full operations when activated by the Clinical Health Emergency Coordination Centre (CHECC);
- Personal protective equipment and other medical supplies for our doctors, nurses and other frontline workers;
- Ongoing sampling and testing through respiratory clinics and additional equipment;
- The Emergency Operations Centre; and
- Enhanced operational capacity for health protection services, including contact tracing and COVID-19 testing.

System capacity – ICU, ventilators, and flex capacity

- The ACT can currently operate 28 ventilated ICU beds at Public Health Facilities on a day to day basis.
- The ACT can flex to 49 ventilated ICU beds at Public Health Facilities should this be required.
- We have plans in place to be able to surge this capacity up to double in the event of a cluster or outbreak, generating significant demand.

Cleared as complete and accurate:	30/11/2020	
Cleared by:	Chief Executive Officer	Ext: 42138
Contact Officer name:	Dave Pepper	Ext: 42138
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Dave Pepper	
TRIM Ref:	GBCHS20/300	

Flexing occurs largely within or adjacent to existing ICU footprints across facilities.

### Supply chains update

- The ACT has on-hand a minimum of four weeks' supply of all items of PPE, under current use rates. For some PPE, supply on hand is many months.
- We also have secured adequate supply of critical ICU medicines.
- NSW has also offered Canberra Health Services (CHS) access to its medical stockpile through its central medication supplier, NSW HealthShare. CHS will effectively be treated as another NSW local health district.

### Tele-health

- CHS has embraced the enhanced use of technology to deliver its services. This includes the establishment of a collaborative telehealth service across its outpatient services such as cancer, sexual health, community nursing and allied health, mental health, diabetes and endocrinology.
- CHS is working on supporting the use of interpreters during telehealth video appointments. We are also working to support the Carers ACT – telehealth project which is aimed at supporting patients who may not have a computer or internet or just not confident in using technology.

### Private Hospitals

- The Australian Government provides states and territories a financial viability guarantee under the *National Partnership on COVID-19 Response* (the Partnership) until 31 March 2021 to those private hospitals identified as critical to COVID-19 response planning.
- The ACT Government currently has agreements for funding and services arrangements covering private health care facilities in Canberra.
- In return, those facilities will maintain their staff and facilities and make them available to support ACT's response to the COVID-19 pandemic.
- ACT Health Directorate will continue to negotiate agreements with advice from CHECC on private hospitals identified as critical to ACT's COVID-19 response planning.

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GBCHS20/300

**Portfolio:** Health

**ISSUE: COVID-19 SURGE CENTRE**

**Talking points:**

- The ACT Government partnered with Aspen Medical to deliver a temporary COVID-19 Surge Centre adjacent to Canberra Hospital on the Garran Oval.
- It is a custom built facility, designed to be flexible in how it is used. But with all potential uses subject to the highest level of protections for the workforce and patients.
- On 11 July 2020 the facility was activated as a COVID-19 testing centre. Activation supports the sustained efforts of the Public Health and Canberra Health Services (CHS) teams to deliver higher levels of testing for the community, at convenient locations.
- Advanced notice of the activation was provided to the Department of Education; Garran Primary School Principal, Board and P&C; Garran Residents' Association; Curtin Residents' Association; and local residents who are members of the SPIRE Community Reference Group.
- Patients are able to park adjacent to the facility within the confines of the oval.
- A temporary traffic management system is in place. It is supported by security guards directing traffic ensuring no queuing in Kitchener Street.
- Since opening, more than 9,846 COVID-19 tests have been conducted at the facility.
- From 23 November 2020, the facility has also been used to fit-test masks for front line health care workers who many need to work in a COVID-19 environment. Fit-testing is used to strengthen the safety of health care workers when using respirator masks. It ensures it fits and protects – different types and sizes are trialled to identify the preferred mask for each health care worker.
- The facility is being staffed by CHS team members. No work order has been issued for additional clinical support from Aspen Medical at this time.

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Cleared by:	Chief Executive Officer	Ext:
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Cleared for release	Yes	
Information Officer name:	Dave Peffer	
TRIM Ref:	GBCHS20/300	

- The centre will be removed, and Garran Oval remediated once I declare the end of the Public Health Emergency.
- On Wednesday 18 November 2020 the Public Health Emergency Declaration was extended for 90 days until 17 February 2021.

### Key Information

- Construction of this facility was enabled through the *Public Health Emergency Act 2020*, which has been enacted during the COVID-19 Pandemic.
- The ACT Government has allocated an initial \$23 million (for the 2019-20 financial year) to build and operate the temporary facility.
- The cost of constructing the facility was about \$10.5 million.
- The cost of medical equipment is less than \$4 million.
- Costs associated with standing up capacity within the centre will only be incurred if it becomes operational.
- The facility will be available as required to provide an emergency medical response for those who need it.
- On 9 April 2020, sod was turned at the site and Major Projects Canberra discussed proposals from Aspen Medical. Before that work commenced all exemptions, from a development approval perspective, had been obtained.
- On 16 April 2020, the Security and Emergency Management Committee of Cabinet agreed to Canberra Health Services entering into contracts and to undertake actions necessary to establish the facility.
- The related contract with Aspen Medical was signed on 24 April 2020.

Cleared as complete and accurate:	20/11/2020	
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Contact Officer name:	Patrick Wells	Ext:
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
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TRIM Ref:	GBCHS20/300	

GBCHS20/300

**Portfolio:** Health

**ISSUE: COVID-19 Pre-operative Testing for Elective Surgery Patients**

**Talking points:**

- The ACT Government is not considering testing all elective surgery patients for COVID-19 at this time.
- Canberra is in a fortunate position where we had very few cases of COVID-19 in the ACT at this time and no known community transmission.
- Given this, it is not necessary to place additional burden on our testing capacity at this time.
- The safety of our frontline healthcare workers is paramount and we are constantly reviewing how we can best keep our health care workers and community safe.
- All decisions in response to the pandemic are being made based on the best-available clinical advice.

**Key Information**

- The guiding principles of the Clinical Health Emergency Coordination Centre (CHECC) is to “Protect our staff, protect our patients and protect our community”.
- CHECC is strongly supportive of the ACT Health facilities protecting their staff and patients but the evidence to date, in the ACT, does not support COVID-19 testing all patients prior to surgery.
- CHECC’s advice at the moment, in the absence of evidence of community transmission is:

**A. Determine Epidemiological Risk**

- Screen all patients to ascertain if they are in quarantine under a current Public Health Direction or have other high-risk exposures (eg contact with a COVID-19 case, international travel) at the time of booking confirmation and again on the day of surgery.
- If the patient is in quarantine under a Public Health Direction or has other high-risk exposures elective surgery will be postponed, where possible.

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Cleared by:	Chief Executive Officer	Ext:44700
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Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
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TRIM Ref:	GBCHS20/300	

## ***B. Determine Symptoms***

- If the patient has any COVID-19 symptoms, the patient's surgery should be postponed, if possible, and the patient must be tested for COVID-19 prior to undertaking surgery.
- If the patient is asymptomatic and, does not have any epidemiological risk factors, the patient can undergo elective surgery without COVID-19 testing.

## **Background Information**

- Victorian Department of Health and Human Services' commenced COVID-19 testing for all elective surgery patients living or working in a stage 3 restriction zone or known hotspot prior to surgery.

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Information Officer name:	Dave Pepper	
TRIM Ref:	GBCHS20/300	

GBCHS20/300

**Portfolio:** Health

**ISSUE:           PHYSICIAN TRAINING PROGRAM**

**Talking points:**

- Canberra Health Services (CHS) is committed to providing its trainee physicians with the best possible opportunity to learn and gain professional experience.
- In late 2019 CHS commissioned a review to examine a drop in the pass rate of CHS trainees in the Royal Australasian College of Physicians Clinical Examination. The review made 54 recommendations in relation to the physician training program and the workplace for physician trainees at CHS.
- CHS has accepted all of the recommendations, and in the context of the COVID-19 pandemic, has moved as quickly as possible to address 38 recommendations since receiving the report in late 2019.
- Actions to address the remaining recommendations are part of a program in place for action as soon as practicable, overseen by the Physician Training Committee. A comprehensive strategy will undergo consultation and be endorsed by January 2021.
- Where recommendations require extra resources, the ACT Network Director of Physician Education will undertake benchmarking with comparably sized hospitals to determine resource requirements.
- More broadly, specialist training programs at CHS are very successful:
  - The pass rates in **emergency medicine and general surgery** are consistently at or very near to 100 per cent and among the highest in Australia;
  - 100 per cent of ACT trainees have passed various components of exams in the Royal College of **Pathologists** of Australasia so far this year. These exams are ongoing and CHS provides continuous support to the trainees. The pass rate is a reflection of the tremendous effort of the trainees, and the commitment of the staff who support them.

Cleared as complete and accurate:	01/12/2020	
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TRIM Ref:	GBCHS20/300	

- **Emergency Medicine** trainees at CHS have significant weekly amounts of protected teaching time, and appropriate access to study leave and reduced working hours, to ensure they are fully prepared for their exams.
- The CHS **radiology** training program has made great strides in turning its culture around after receiving a number of recommendations for improvement from the College of Radiology in 2018. CHS radiology trainees work a standard 40 hour week with no unrostered overtime, and trainees who work a week of nights follow this with a week off.
- The radiology program has expanded to include a regional rotation to Orange, and is currently negotiating rotations to large hospitals in Sydney. 11 CHS radiology trainees sat their exams in October this year, and of these, all junior trainees and all first-time sitting senior trainees were given three to four weeks study leave in the lead-up to their exams.
- The review of physician training came at a time in which workplace cultural issues had come to a head and those issues were being addressed through a system-wide review of culture across ACT Health.
- The Government and our community is proud of the way our healthcare workers have pulled together during this very difficult year, given the impact of the bushfires in our region and the great effort required to keep people safe during the COVID-19 pandemic. We thank them for everything they have done and continue to do, to care for each other, patients and families.

### Key Information

#### Physician Training Program

- CHS has already implemented several initiatives to improve the Physician Training Program including:
  - Ensuring dedicated teaching time during working hours for physician trainees;
  - Restructuring rosters to allow for better work-life balance;
  - Implementing a leave management plan that takes exam preparation into account and ensures trainees are able to take their leave as entitled;
  - Committing to improving and implementing trainee wellbeing programs, modelled on successful interstate examples, that includes individualised pastoral care, mentoring, and career development;

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- Establishing a junior trainee mentoring program, rolling out in December 2020 to coincide with the new intake of employees in February 2021;
  - One on one meetings with each trainee to explore professional development support, identify individual stressors and reflect on systems improvements;
  - Increased participation across the network by senior medical practitioners in medical handover meetings and other physician training activities (where teaching and fostering of workplace relationships occur);
  - Increasing accessibility to teaching activities for junior and senior medical staff by offering multi-modal technology options;
  - Revision of the clinical exam preparation structure to be in line with comparable successful training networks.
- CHS is also recruiting additional medical registrars for 2021, which will help to reduce overtime and contribute to covering annual and study leave.
  - Several appointments have been made to address structural issues identified in the report.
  - A Senior Medical Registrar was appointed in mid-2019 and has proven a valuable resource assisting with pastoral care to trainees and examination preparation support.
  - The recent appointment of the ACT Network Director of Physician Education to the role of Clinical Director of the Division of Medicine at CHS creates a valuable link between physician trainees and the senior physician staff and has been well received by both groups.
  - The appointment of a Director of Physician Education at CHS, provides support to Division of Medicine and renews focus on the training issues specific to Canberra Health Services. The Director of Physician Education has a proven track record of implementing quality and safety programs nationally.
  - The new Clinical Director of the Division of Medicine will work with CHS's new Executive Director of Medical Services (Dr Nick Coatsworth.)
  - Dr Coatsworth is himself a physician, and an RACP education supervisor and examiner. Dr Coatsworth is keen to support an ambitious program of quality training for ACT physician trainees to ensure the organisation's reputation is enhanced as a training centre for its future medical workforce.
  - The team are working towards real change in the physician training program and are actively nurturing an improved relationship between CHS's trainee physicians and their senior clinical colleagues.
  - Despite these difficulties, the number of trainees in the ACT Physician Training Network has grown year on year, with 58 trainees in the 2020 intake.

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- The drop in local Clinical Exam pass rates likely reflects a combination of factors as outlined in the report. The ACT Network's written exam pass rates, the precursor to the clinical exams, remain commensurate with the national average.

YEAR	2016	2017	2018	2019	2020
<b>Written Examination</b>					
ACT pass rate:	12 of 19 (64%)	7 of 11 (63%)	11 of 12 (92%)	11 of 15 (73%)	11 of 16 (69%)
National pass rate:	71%	74%	87%	71 %	78%
<b>Clinical Examination</b>					
ACT pass rate:	15 of 22 (68%)	9 of 9 (100%)	5 of 14 (36%)	7 of 17 (37%)	Delayed due to COVID-19
National pass rate:	73%	70%	71%	70%	

## Background

Regarding a deferment in the clinical exam in 2020:

- ACT physician trainees are currently sitting their RACP exams, in November and December 2020.
- Earlier this year during the upswing of the COVID-19 pandemic, the College deferred the exam to 2021.
- In June-July 2020, the College surveyed trainees, many of whom indicated an interest in seeing the exam brought forward or at least the option of sitting in 2020.
- In around August 2020 the RACP announced that there would be a staggered exam schedule starting in November 2020 for all states except Victoria. The decision to bring the exams forward was dissatisfying to some trainees, who by that time had made plans (for example, for leave) based on the deferral to 2021.

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GBCHS20/300

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

- On Tuesday 17 November 2020, Canberra Hospital exceeded capacity.
- To ease pressure across the hospital, Canberra Health Services (CHS) created internal capacity, discharged appropriate patients and transferred patients to private hospitals where appropriate and agreed.
- CHS worked closely with ACT Ambulance Service (ACTAS) to manage transfers of patients across the health system.
- There was no obvious cause for the surge in admissions other than usual seasonal fluctuations.
- CHS had a period of partial ambulance bypass from 11am to 1pm on Tuesday 17 November 2020 and the Hospital Emergency Operations Centre was stood up from 10:47am to 3:24pm to assist with the unexpected increase in demand.
- A bypass provides a period of reduced inflow into the Emergency Department to ensure the emergency department stays safe.
- During a bypass, where possible, ambulances are diverted to an alternative hospital to manage the period of peak demand.
- Only stable patients who meet clinically appropriate criteria are diverted. ACTAS would never bypass a hospital during a life-threatening emergency.
- Paediatrics patients, those with life threatening emergencies and trauma patients would always be taken directly to Canberra Hospital.
- During the bypass, five patients were taken by ACTAS to Calvary Hospital rather than Canberra Hospital for treatment.
- The community should only attend Emergency Departments (ED) in a genuine emergency. There are several options for people who require non-urgent medical attention. These include the Walk-in Centres located in Tuggeranong, Dickson, Belconnen and Gungahlin. People can also speak to their GP or other primary care provider.

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Cleared for release	Yes	
Information Officer name:	Denise Patterson	
TRIM Ref:	GBCHS20/300	

- Canberra Health Services continues to work on its Timely Care Strategy to improve systems and processes, improve patient flow to manage surges in demand and maximise capacity within Canberra Hospital.
- A Timely Care Diagnostic was recently conducted to better understand the barriers to delivering timely care, and more initiatives will be implemented in the coming weeks to reset CHS's approach to timely care.
- In addition, from Monday 16 November 2020, a new process for referring and admitting patients from the ED to the wards was implemented.
- The new process is designed to ensure patients are admitted in a timely manner and cared for by the most appropriate clinical team in the most appropriate ward.

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Cleared by:	Chief Executive Officer	Ext: 44701
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Information Officer name:	Denise Patterson	
TRIM Ref:	GBCHS20/300	

GBCHS20/300

**Portfolio:** Health

## PAEDIATRIC WAITING LISTS

### Talking points:

- The ACT Government committed additional funding for back-log activities to address extended wait time for outpatients including paediatrics.
- Up to 14,000 additional specialist outpatient appointments across Canberra Health Services (CHS), of which paediatrics is a subset, will be delivered over the next twelve months.
- This is on top of 10,000 monthly outpatient appointments already being delivered.
- The target is to see 100 per cent of Category 1 patients in 30 days, 90 per cent of Category 2 in 90 days and reduce long wait Category 3 referrals by 40 per cent.
- The funding will also see up to 200 long wait paediatric surgeries undertaken.
- CHS focus is providing exceptional health care and Category 1 patients are a priority.
- As at 17 November 2020, Category 1 paediatric (under 16 years of age) patients waiting longer than 30 days for an appointment are:

Urgency Category 1 Non_Admitted Patients Awaiting an Initial Appointment at 17 November 2020	
Specialty	Number Overdue Category 1 Patients Non-Admitted at 17 November 2020
Paediatric Surgery	24
Dermatology	21
Paediatrics	34

Cleared as complete and accurate:	01/12/2020	
Cleared by:	Chief Executive Officer	Ext:44700
Contact Officer name:	Boon Lim	Ext: 47389
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Samantha Lang	
TRIM Ref:	GBCHS20/300	

- As at 17 November 2020, there are no paediatric patients as Urgency Category 1 waiting for elective surgery.
- The Paediatric and Endocrinology Service has recently undergone a redesign of the Model of Care and clinical guidelines. The new team will include the use of Advanced Practice Nurses to help manage the demand of this service.
- We anticipate a gradual improvement in waiting times in the months ahead.
- The Paediatric Department within CHS is not a tertiary paediatric service and relies upon the Sydney Children's Hospital Network to provide a range of subspecialist paediatric services.
- The population of the ACT and immediate surrounds is too small to provide the number of patients required to establish some sub-speciality services within the ACT.
- In disciplines where the ACT sees patient volumes that are too small, it is safer for patients to be referred to specialist centres interstate where specialists have necessary skills and experience to treat these patients safely.
- The Division of Women Youth and Children is currently in discussion with Sydney Children's Hospital Network to establish a Memorandum of Understanding regarding all sub-specialty services required through the Sydney Children's Health Network.
- A clinical services plan is being developed to provide direction to future development of clinical services for children and adolescents in the ACT.
- The plan will assist in identifying opportunities to safely and sustainably develop local services to provide care closer to home and to improve arrangements for support services and care coordination for children who will need to travel interstate for treatment.
- The Division of Women Youth and Children are currently in the process of recruiting a Clinical Director for Paediatrics.
- In the interim, a Unit Medical Lead has been appointed until March 2021.

Cleared as complete and accurate:	01/12/2020	
Cleared by:	Chief Executive Officer	Ext:44700
Contact Officer name:	Boon Lim	Ext: 47389
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Samantha Lang	
TRIM Ref:	GBCHS20/300	

- In addition, Unit Medical Leads have been appointed in the Child at Risk Health Unit, and being recruited to in the Community Paediatrics and Child Health Services and Paediatric Surgery.
- The positions of the Unit Medical Leads have been established to ensure clinical leadership at unit level in order to improve performance.

### **Background Information**

- The ACT Government is spending an additional \$30 million in the public health system on the recovery of services impacted by the COVID-19 shutdown.
- The additional investment includes funding for:
  - 2600 child development checks through Maternal and Child Health (MACH).
  - Up to 1900 dental appointments, targeting people with special needs, children and vulnerable community groups.
  - 14,000 additional specialist outpatient appointments.
- The ACT has responded strongly to the threat of COVID-19 and while the pandemic is certainly not over, the ACT is now in a good position to resume many services and procedures that were postponed due to COVID-19 and fast track recovery in the public health system.

Cleared as complete and accurate:	01/12/2020	
Cleared by:	Chief Executive Officer	Ext:44700
Contact Officer name:	Boon Lim	Ext: 47389
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Samantha Lang	
TRIM Ref:	GBCHS20/300	

GBCHS20/300

**Portfolio:** Health

## **CANBERRA HEALTH SERVICES SUMMER PREPAREDNESS**

### **Talking points:**

- Throughout the summer of 2019-20, high levels of bushfire smoke engulfed Canberra and impacted internal areas of many public and private buildings, including Canberra Hospital.
- Since then, Canberra Health Services (CHS) has completed a number of measures to reduce the likelihood of experiencing the same impact should such an extreme event occur again.
- CHS has undertaken significant work and invested approximately \$9.5 million in its air-conditioning systems to ensure its facilities are well prepared for the possible impacts of bush fires and high temperatures. Examples of these investments include:
  - Completion of main chiller system upgrades serving four critical buildings at Canberra Hospital – Buildings 1,2,3 and 10; and
  - Provision of a facility to rapidly roll out back up power to the Heating Ventilation and Air Conditioning (HVAC) systems in Buildings 11 and 12 at Canberra Hospital in the event of a total electrical power outage being advised by EVOEnergy.
- As a result of these works and its learnings from the smoke events in late 2019 and early 2020, CHS is now well prepared for external influences on buildings at Canberra Hospital campus and off-site health facilities.

### **Key Information**

- All building chiller systems are in good condition and maintained on a monthly basis.
- CHS undertake HEPA maintenance twice as frequently as required by Australian Standards in critical spaces (such as operating theatres and the paediatric high care ward) to ensure a very high standard of clean air.
- All air conditioning systems are scheduled for monthly maintenance, and filtration systems are inspected, managed and cleaned in line with current Australian Standards and Health Facility Guidelines. During smoke conditions maintenance regimes will be monitored and increased to weekly if necessary.

Cleared as complete and accurate:	01/12/2020	
Cleared by:	Chief Executive Officer	Ext:44700
Contact Officer name:	Colm Mooney	Ext:49796
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Colm Mooney	
TRIM Ref:	GBCHS20/300	

- Optimum air exchange rates are managed in accordance with these same guidelines and are closely monitored. Air change rates are in accordance with Australian standards. Air change rates vary from 1.5 air changes per hour in general areas through to 20 air changes per hour in operating theatres.
- CHS has multiple planned strategies and systems to prepare, respond to, build resilience to, and recover from natural disasters and emergencies, including the impacts of high temperatures, bush fire smoke, pollen spores, dust storms, floods, power loss, and pandemic outbreaks. These include:
  - Facilities Management Business continuity plans;
  - Business continuity contracts with specialised support contractors (such as electrical and air conditioning support contracts);
  - Emergency Code management systems;
  - After hours on-call staff;
  - Maintenance plans and procedures;
  - Asset management plans;
  - Emergency operations plans and committees; and
  - Inter-government support from other agencies such as ACT Property Group.

### Background Information

- At the time of the smoke event in the summer of 2019-20, CHS responded with a range of measures to reduce the impact of smoke to its facilities, including:
  - Reducing smoke entering buildings by moderating entry points;
  - Installation of large industrial fans across entry points;
  - Replacement of air conditioning filters and increased monitoring to air conditioning systems;
  - Regular monitoring of indoor air quality across health facilities;
  - Provision of portable air purifying devices for use in critical health care wards e.g. Intensive Care Unit (ICU) and Neonatal ICU;
  - Using HEPA filtration in high acute areas and for patients that required isolation and special care; and
  - During the worst of the outside air conditions, significantly reducing outdoor air exchange rates when and where possible.

Cleared as complete and accurate:	01/12/2020	
Cleared by:	Chief Executive Officer	Ext:44700
Contact Officer name:	Colm Mooney	Ext:49796
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Colm Mooney	
TRIM Ref:	GBCHS20/300	

GBCHS20/300

**Portfolio:** Health

## **PROCESSES IN PLACE AT CANBERRA HOSPITAL EMERGENCY DEPARTMENT TO MANAGE RISK OF HARM TO MENTAL HEALTH PATIENTS**

### **Talking points:**

- Canberra Health Services (CHS) does not comment on specific cases.
- CHS has reviewed the circumstances around this incident.
- A broad review into its policies on searching patients is underway.
- CHS has apologised to the family and medical consultants from the Emergency and Mental Health, Justice Health Alcohol and Drug Service are available to meet with the individuals involved to discuss the episode.

### **Key Information**

- In July 2020, CHS instituted the placement of security guards in Canberra Hospital (CH) Emergency Department (ED). This includes guards inside as well as staff overseeing COVID-19 screening at the entrance.
- While security do not play a clinical role, their visibility of patients ensures they are an important support to the ED team.
- To date, there has not been a clear delineation around when patients can be searched, with staff making assessments based on individual circumstances. This year, a CHS policy has been drafted, and currently under review, to provide detailed guidance to staff, titled "Searching of a Consumer's Person or Property".
- Work has progressed on a proposal to establish an assessment unit for mental health patients to allow for privacy, decreased stimulation especially for those experiencing acute behavioural disturbance. This space would have controlled access, improved staff security and ward persons.

### **Background Information**

- On 13 November 2020 a story ran on a number of media outlets regarding a man at risk of self harm left alone with enough medication to overdose.

Cleared as complete and accurate:	23/11/2020	
Cleared by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Karen Grace	Ext: 41577
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Karen Grace	
TRIM Ref:	GBCHS20/300	

GBCHS20/300

**Portfolio:** Health

## **Additional Investment**

### **Elective Surgery and Specialty Clinics and Outpatient Services**

#### **Talking points:**

- The ACT Government has allocated \$30 million in the public health system on the recovery of services impacted by the COVID-19 shutdown.
- The recovery program will reach into various services, including speciality clinics and outpatient services.
- The outpatient waiting list is separate to the surgical waiting list. People need to be seen by a specialist to determine if they need surgery or other types of care. Many outpatient referrals are for non-surgical specialties such as cardiology, rheumatology and cancer.
- Up to 14,000 appointments will allow patients who have been waiting longer than clinically recommended to be seen. This investment will be spread across both medical and surgical specialties.
- Coupled with the work Canberra Health Services (CHS) has been doing on improving appointment capacity and referral management, this investment will see referrals seen in a much more timely manner into the future and reduce the cumulation of people on the wait list.
- CHS currently provides approximately 10,000 medical specialist appointments a month, although only 20 per cent of these are for new patients. Specialties are working closely with General Practitioners and other services to reduce the number of times they see any one patient to make available more appointments to see new patients.
- The additional appointments will be provided through a range of mechanisms including additional clinics provided by our own doctors, engaging locums, contracting private specialists and using telehealth.
- The additional appointments will be provided within the financial year.
- People who are referred to CHS are contacted directly when an appointment is available for them.

Cleared as complete and accurate:	20/07/2020	
Cleared by:	Chief Executive Officer	Ext:44700
Contact Officer name:	Dave Pepper	Ext:42138
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Patrick Wells	
TRIM Ref:	GBCHS20/300	

- Prioritisation of those referrals will be based on the urgency of the triage category and those waiting the longest.
- Up to 14,000 additional appointments will be held within the financial year covering all medical specialties.
- Specialties will include:
  - Rheumatology;
  - Paediatric;
  - Haematology;
  - Immunology;
  - Ears, nose and throat;
  - Orthopaedics;
  - Gastroenterology;
  - Dermatology;
  - Respiratory; and
  - Plastics.

### **Elective Surgery**

- The Territory has seen a positive impact on the reduction of the long wait list for elective surgery since 9 June 2020, when normal activity was resumed.
- The number of overdue patients has fallen from 1,480 on the 9 June 2020, when normal activity resumed for elective surgery in the Territory to 1,045 on 29 November 2020.
- Of the 1,338 patients overdue on 1 July 2020, at the commencement of the additional surgical activity, 881 had been removed from the list by 30 November 2020.

Cleared as complete and accurate:	20/07/2020	
Cleared by:	Chief Executive Officer	Ext:44700
Contact Officer name:	Dave Pepper	Ext:42138
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
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TRIM Ref:	GBCHS20/300	

- CHS has partnered with private hospitals to provide extra elective services as part of the recovery program:-
  - Paediatric endoscopy lists
  - Extra Adult Endoscopy
  - Extra Indigenous children ENT surgery
  - Extra paediatric surgery
  - Extra joint replacement surgery, and orthopaedic surgery
  - Extra Head and Neck surgery
  - Extra Vascular Surgery, and varicose vein surgery
  - Extra General Surgery
  - Extra Plastic Surgery
- Calvary Public hospital has also agreed to do a record number of elective surgery procedures in 2020-21.
- There is an Elective Surgery Information Hotline available for patients wanting to know their status on the waitlist. The hotline number is (02) 5124 9889.

## Key Information

### Elective Surgery

Indicator	2018-19 Result	2019-20 Target	2019-20 Result	2019-20 Q1 Result	2019-20 Q2 Result	2019-20 Q3 Result	2019-20 Q4 Result
Number of elective surgery procedures performed	14,015	14,250	12,852	3,840	3,477	3,087	2448
Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes	96%	100%	97.4%	97%	98%	97%	98.3%
Category 2 elective surgery patients admitted for surgery within clinically recommended timeframes	75%	80%	64.1%	71%	71%	62%	48.6%
Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes	78%	93%	75.9%	76%	76%	76%	77.0%

Cleared as complete and accurate: 20/07/2020  
 Cleared by: Chief Executive Officer Ext:44700  
 Contact Officer name: Dave Pepper Ext:42138  
 Lead Directorate: Canberra Health Services  
 Cleared for release: Yes  
 Information Officer name: Patrick Wells  
 TRIM Ref: GBCHS20/300

- The \$30 million additional investment includes funding for:
  - Up to 2000 additional elective surgeries.
  - Up to 679 additional endoscopy procedures.
  - Up to 1900 dental appointments, targeting people with special needs, children and vulnerable community groups.
  - 14,000 additional specialist outpatient appointments.

### Background Information

- The ACT Government is continuing efforts to recover from the impacts of COVID-19, by increasing investment in Canberra's public health system reboot impacted health services.
- The \$30 million funding will include funding to deliver more elective surgeries, more outpatient appointments, and more medical procedures to meet increase demand following the suspension of many Category 2 and 3 services in March 2020.
- The ACT has responded strongly to the threat of COVID-19 and, while the pandemic is not over, CHS have resumed many services and procedures that were postponed due to COVID-19 and fast track recovery in our public health system.

Cleared as complete and accurate:	20/07/2020	
Cleared by:	Chief Executive Officer	Ext:44700
Contact Officer name:	Dave Pepper	Ext:42138
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Patrick Wells	
TRIM Ref:	GBCHS20/300	

GBCHS20/300

**Portfolio:** Health

**ISSUE: Fair Work Commission Decision not to Approve the new Medical Practitioners Enterprise Agreement**

**Talking points:**

- On Friday 29 May 2020, the Fair Work (FWC) advised that, on procedural grounds, it was not going to approve the ACTPS Medical Practitioners Enterprise Agreement 2017-2021.
- The Government moved to address the Commission's concerns and finalise the new Medical Practitioners Agreement as soon as possible.
- Negotiations recommenced on 23 July 2020 and were concluded in early October 2020.
- The Medical Practitioners Enterprise Agreement 2017-2021 was again put out for vote on 15 October 2020 and was again voted up, this time by a majority of 90.6 per cent of staff who voted.
- The Agreement was lodged with the FWC for approval on 30 October 2020.
- An objection to the agreement being approved has again been lodged by Mr John Wilson on behalf of two doctors. The Government is opposing Mr Wilson's claims.
- All new or amended provisions will only take effect after the approval of the FWC. At the Government's initiative, the pay rises set out in the agreement have already been applied administratively.

**Key Information**

- The agreement had been negotiated over an extended period (over two years) and was supported by both the Australian Salaried Medical Officer's Federation (ASMOF) and the Australian Medical Association (AMA).
- The latest objection to the approval of the agreement was lodged with the FWC on behalf of [REDACTED]

Cleared as complete and accurate:	19/11/2020	
Cleared by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Steven Linton	Ext:49500
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Janine Hammat	
TRIM Ref:	GBCHS20/300	

## Background Information

- The Commission's May decision focused on two things:
  - Concerns regarding the explanatory information provided in respect to changes to the agreement; and
  - A lack of information available to the FWC on the involvement of Calvary in the negotiation process.
- It was necessary to formally recommence the negotiation process to ensure that we did not encounter further technical issues.
- CHS, in conjunction with Chief Minister, Treasury and Economic Development Directorate, has ensured that all of the issues raised in the May decision were addressed prior to the agreement being resubmitted for consideration by staff.



Cleared as complete and accurate:	19/11/2020	
Cleared by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Steven Linton	Ext:49500
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Janine Hammat	
TRIM Ref:	GBCHS20/300	

GBCHS20/300

**Portfolio:** Health

**ISSUE: OCCUPATIONAL VIOLENCE STRATEGY**

**Talking points:**

- Canberra Health Services (CHS) launched the Occupational Violence (OV) Strategy on 1 April 2020.
- The supporting policy and procedure have been developed and are available for staff.
- CHS “Respect our staff” posters have been developed and were distributed across CHS during April 2020.
- CHS had an OV Strategy Working Group in 2018 and 2019. The Working Group was chaired by the Chief Executive Officer, CHS, met regularly and included more than 80 managers and staff, Worksafe ACT, consumer and union representatives.
- The governance of OV has been enhanced with the introduction of the OV Prevention and Management Committee in February 2020. This Committee has broad representation including ACT Policing, ACT Ambulance Service, Corrections ACT, Worksafe ACT, Carers ACT, Health Care Consumers Association and Mental Health Consumer Network as well as managers and staff from CHS.
- CHS has updated procedures relating to the classification of incidents to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.
- External Consultants (Aspex Consulting) were engaged to assist CHS in the development of an OV Strategy and associated tools based on international best practice including:
  - OV Strategy;
  - OV policy and procedure; and
  - Implementation plan and associated tools.
- The documents were received in mid-July 2019 and consultation has been conducted with staff, unions and consumers prior to endorsement.

Cleared as complete and accurate:	19/11/2020	
Cleared by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Daniel Guthrie	Ext: 49544
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Janine Hammat	
TRIM Ref:	GBCHS20/300	

- The Strategy includes the following areas of focus:
  - Governance;
  - Prevention;
  - Training;
  - Response;
  - Reporting;
  - Support;
  - Investigation; and
  - Staff/Consumer Awareness
- CHS have progressed the following actions from the OV Strategy:
  - Development of Power BI OV staff incident reports;
  - OV Risk Assessment Tool finalised and assessments in progress; and
  - Community Duress Device procurement

#### **Background Information:**

- In November 2018, the CHS OV Working Group, chaired by the Chief Executive Officer, was formed to develop a strategic approach to address OV towards staff in CHS.
- An action from the OV Working Group was to progress an organisational OV Strategy that details a planned and structured approach to better identify, assess and manage OV.
- The pace of implementation of the strategy may be slower due to COVID-19 response.

Cleared as complete and accurate:	19/11/2020	
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Contact Officer name:	Daniel Guthrie	Ext: 49544
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Janine Hammat	
TRIM Ref:	GBCHS20/300	



# Information Prepared for Question Time

Minister for Health

December 2020



## Notice of Motion

2 December 2020

### CHS Dot Points

- Canberra Health Services (CHS) is committed to providing its trainee physicians with the best possible opportunity to learn and gain professional experience.
- In late 2019 CHS commissioned a review to examine a drop in the pass rate of CHS trainees in the Royal Australasian College of Physicians Clinical Examination. The review made 54 recommendations in relation to the physician training program and the workplace for physician trainees at CHS.
- CHS has accepted all of the recommendations, and in the context of the COVID-19 pandemic, has moved as quickly as possible to address 38 recommendations since receiving the report in late 2019.
- Actions to address the remaining recommendations are part of a program in place for action as soon as practicable, overseen by the Physician Training Committee. A comprehensive strategy will undergo consultation and be endorsed by January 2021.
- Where recommendations require extra resources, the ACT Network Director of Physician Education will undertake benchmarking with comparably sized hospitals to determine resource requirements.
- More broadly, specialist training programs at CHS are very successful:
  - The pass rates in **emergency medicine and general surgery** are consistently at or very near to 100 per cent and among the highest in Australia;
  - 100 per cent of ACT trainees have passed various components of exams in the Royal College of **Pathologists** of Australasia so far this year. These exams are ongoing and CHS provides continuous support to the trainees. The pass rate is a reflection of the tremendous effort of the trainees, and the commitment of the staff who support them.
- **Emergency Medicine** trainees at CHS have significant weekly amounts of protected teaching time, and appropriate access to study leave and reduced working hours, to ensure they are fully prepared for their exams.
- The CHS **radiology** training program has made great strides in turning its culture around after receiving a number of recommendations for

improvement from the College of Radiology in 2018. CHS radiology trainees work a standard 40 hour week with no unrostered overtime, and trainees who work a week of nights follow this with a week off.

- The Radiology program has expanded to include a regional rotation to Orange, and is currently negotiating rotations to large hospitals in Sydney. 11 CHS radiology trainees sat their exams in October this year, and of these, all junior trainees and all first-time sitting senior trainees were given three to four weeks study leave in the lead-up to their exams.
- The review of physician training came at a time in which workplace cultural issues had come to a head and those issues were being addressed through a system-wide review of culture across ACT Health.
- The Government and our community is proud of the way our healthcare workers have pulled together during this very difficult year, given the impact of the bushfires in our region and the great effort required to keep people safe during the COVID-19 pandemic. We thank them for everything they have done and continue to do, to care for each other, patients and families.

### **Key Information**

#### Physician Training Program

- CHS has already implemented several initiatives to improve the Physician Training Program including:
  - Ensuring dedicated teaching time during working hours for physician trainees;
  - Restructuring rosters to allow for better work-life balance;
  - Implementing a leave management plan that takes exam preparation into account and ensures trainees are able to take their leave as entitled;
  - Committing to improving and implementing trainee wellbeing programs, modelled on successful interstate examples, that includes individualised pastoral care, mentoring, and career development;
  - Establishing a junior trainee mentoring program, rolling out in December 2020 to coincide with the new intake of employees in February 2021;
  - One on one meetings with each trainee to explore professional development support, identify individual stressors and reflect on systems improvements;
  - Increased participation across the network by senior medical practitioners in medical handover meetings and other physician training activities (where teaching and fostering of workplace relationships occur);
  - Increasing accessibility to teaching activities for junior and senior medical staff by offering multi-modal technology options;

- Revision of the clinical exam preparation structure to be in line with comparable successful training networks.
- CHS is also recruiting additional medical registrars for 2021, which will help to reduce overtime and contribute to covering annual and study leave.
- Several appointments have been made to address structural issues identified in the report.
- A Senior Medical Registrar was appointed in mid-2019 and has proven a valuable resource assisting with pastoral care to trainees and examination preparation support.
- The recent appointment of the ACT Network Director of Physician Education, Dr Ashwin Swaminathan, to the role of Clinical Director of the Division of Medicine at CHS creates a valuable link between physician trainees and the senior physician staff and has been well received by both groups.
- The appointment of Dr Kathryn Daveson, to the position of Director of Physician Education at CHS, provides support to Dr Swaminathan and renewed focus on the training issues specific to Canberra Health Services. Dr Daveson has a proven track record of implementing quality and safety programs nationally.
- Dr Swaminathan will work with CHS's new Executive Director of Medical Services, Dr Nick Coatsworth.
- Dr Coatsworth is himself a physician, and an RACP education supervisor and examiner. Dr Coatsworth is keen to support an ambitious program of quality training for ACT physician trainees to ensure the organisation's reputation is enhanced as a training centre for its future medical workforce.
- Drs Coatsworth, Swaminathan and Daveson are working towards real change in the physician training program and are actively nurturing an improved relationship between CHS's trainee physicians and their senior clinical colleagues.
- Despite these difficulties, the number of trainees in the ACT Physician Training Network has grown year on year, with 58 trainees in the 2020 intake.
- The drop in local Clinical Exam pass rates likely reflects a combination of factors as outlined in the report. The ACT Network's written exam pass rates, the precursor to the clinical exams, remain commensurate with the national average.

YEAR	2018	2019	2020
<b>Written Examination</b>			
ACT pass rate:	11 of 12 (92%)	11 of 15 (73%)	11 of 16 (69%)
National pass rate:	87%	71 %	78%
<b>Clinical Examination</b>			
ACT pass rate:	5 of 14 (36%)	7 of 17 (37%)	Delayed due to COVID-19
National pass rate:	71%	70%	

### Junior Doctor Pay

- CHS and Payroll Services is adapting a new process for the calculation of doctors' fortnightly overtime and penalty payments which will significantly reduce the manual work involved in calculating JMO entitlements and apply the conditions that relate to overtime and penalties specified in the Medical Practitioner's Enterprise Agreement.
- Work is continuing on developing and implementing a direct interface between the rostering and payroll systems.

### Other EBA matters

- CHS is committed to ensuring all of our staff including physician trainees' work hours are compliant with their EBA.
- Rosters are being reviewed to ensure that Basic Physician Trainees at CHS are not rostered for more than seven consecutive days.
- New arrangements are being introduced at CHS for payment of work undertaken remotely for junior doctors on-call, with guidelines currently being finalised.
- Changes to the enterprise agreement, which is currently awaiting approval by the Fair Work Commission, will be implemented once approval is provided.

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

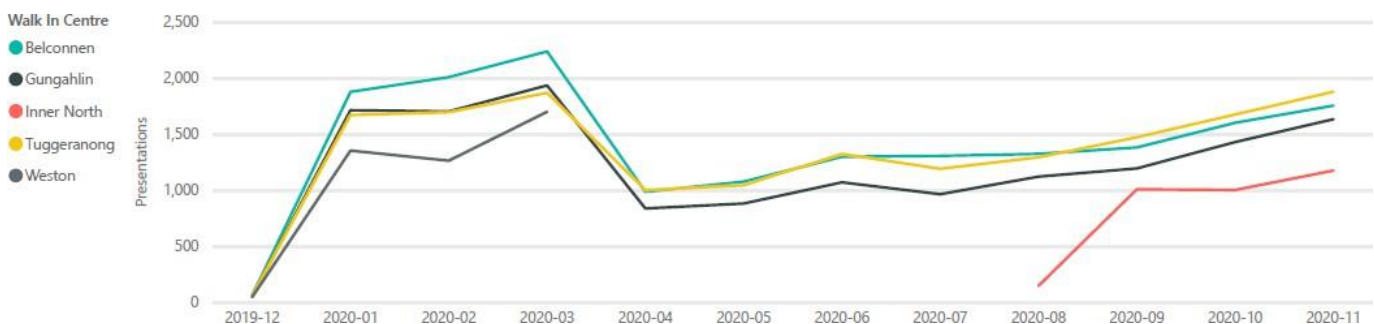
- There are currently five Walk-in Centres (WiCs) across the ACT; located in Belconnen, Gungahlin, Tuggeranong, Inner North and Weston Creek.
- The Weston Creek WIC is currently being used as a COVID-19 Respiratory Assessment Centre.
- For the period 1 January 2020 to 30 November 2020 the WICs have seen a total of 55,308 presentations. This can be broken down to:

Location	Presentations
Belconnen	16,911
Gungahlin	14,534
Tuggeranong	16,169
Inner North*	3,332
Weston**	4,362

\*The Inner North WIC opened in the Dickson Community Health Centre on Tuesday, 25 August 2020.

\*\*The Weston WIC transitioned to a COVID Respiratory Assessment Centre on Tuesday, 11 March 2020.

- The number of presentations to WICs continues to increase and is trending towards presentation numbers seen prior to the COVID-19 Pandemic.



Cleared as complete and accurate:	02/12/2020	
Cleared by:	Chief Executive Officer	Ext: 47700
Contact Officer name:	Cathie O'Neill	
Lead Directorate:	Canberra Health Services	
Cleared for release:	Yes	
Information Officer name:	Cathie O'Neill	

## Background Information

- The WiCs offer the community another option to access quality health care services.
- The WiCs offer fast and efficient access to treatment for one-off, episodic care for non-life threatening injury and illnesses as well as health advice and information. Services are free and provided on a walk-in, no appointment basis from 7:30am – 10pm seven days a week including public holidays.
- The top five presentations to WiCs are:
  - Wound dressings
  - Musculoskeletal conditions
  - Common cold
  - Wounds such as simple lacerations
  - Ear conditions.

Cleared as complete and accurate:	02/12/2020	
Cleared by:	Chief Executive Officer	Ext: 47700
Contact Officer name:	Cathie O'Neill	
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Cathie O'Neill	



# Incoming Ministerial Briefs

October 2020





**ACT**  
Government

**OCTOBER 2020**

**BRIEF FOR INCOMING MINISTERS**

**CANBERRA HEALTH SERVICES DIRECTORATE**



**Covering portfolios:**




- Health**
- Mental Health**






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## SENIOR EXECUTIVE STAFF AND CONTACT DETAILS

NAME	DIVISION	PHONE	MOBILE	EMAIL	FACEPLACE
<b>Director-General</b>					
Bernadette McDonald Chief Executive Officer		5124 4700	██████████	<a href="mailto:Bernadette.McDonald@act.gov.au">Bernadette.McDonald@act.gov.au</a>	
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## DIRECTORATE OVERVIEW

### Background

Canberra Health Services (CHS) is focused on delivering exceptional care that is safe, effective, personal, well-led, accessible, and connected.

We provide services to the Australian Capital Territory (ACT)—a catchment of approximately 400,000 people. We also service the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

CHS works in partnership with the ACT Health Directorate, which has a stewardship role for the whole health system. This includes driving collaboration across the system with responsibility for outcomes, including the health of the ACT population. On the interaction of policy advice and operation of the publicly owned clinical service system, both the ACT Health Directorate and Canberra Health Services work together to provide sound advice to Ministers.

### Services Provided

We provide a range of publicly funded acute, sub-acute, primary and community-based health services to people in the ACT and surrounding New South Wales region. These services are provided through:

- Canberra Hospital – a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services
- University of Canberra Hospital – a specialist centre for rehabilitation, recovery, and research with 140 inpatient beds, 75 day-bed places and additional outpatient services
- Community health centres – six centres providing a range of general and specialist health services to people of all ages
- Walk-in Centres – five centres providing free treatment for minor illness and injury
- Community based health services – ranging from early childhood services, youth and women’s health to dental health, mental health and alcohol and drug services.

### Our Vision, Role and Values

Our vision and role reflect what we want our health service to stand for, to be known for and to deliver every day. They are more than just words, they are our promise to each other, to our patients and their families and to the community. Our team members all have a role to play in delivering on this promise.

#### **Our Vision: Creating exceptional health care together**

Together we are a caring team.

**Our Role: To be a health service that is trusted by our community**

We build trust with our community at all stages of their health journey.

**Our values, together with our vision and role, tell the world what we stand for as an organisation**

**Reliable**—means we will always do what we say.

**Progressive**—means we will embrace innovation.

**Respectful**—means we value everyone.

**Kind**—means we make everyone feel welcome and safe.

**CHS Strategic Plan 2020-2023**

CHS Strategic Plan 2020-2023 sets a clear path forward for the organisation to deliver against our vision of creating exceptional health care together for our consumers, their families and carers. To ensure the plan generates meaningful change within our organisation, we use our Exceptional Care Framework, Clinical Governance Framework and annual Corporate and Division Business Plans to translate our vision into every-day actions.

In addition, we are currently developing our Clinical Services Plan 2020-2030, aligned to the Territory Wide Clinical Services Plan, which articulates a series of strategic directions to optimise service delivery and improve access to care.

Our strategic priorities for 2020-2023 are:

1. Personal health services: we will improve the experience of our consumers by listening, engaging, and designing models of care that deliver the highest standards of safety and quality in a timely way.
2. A great place to work: we will create the environment to attract, recruit, develop and retain the highest calibre talent. A culture of open and honest communication, in a supportive environment, will support our people to be their best and grow professionally.
3. A leading specialist provider: we will assume our role as a specialist provider of tertiary health services that are appropriate for our catchment population across ACT and NSW. We will be leaders in key areas of research, education, and clinical excellence.
4. A partner to improve people's health: we will work in partnerships to tackle barriers to health care, providing inclusive, culturally appropriate, psychologically safe, and respectful services.

**Organisational structure**

**Chief Executive Officer**

Leads the delivery of our vision and strategic goals and is supported by a team of executives to lead each Division of the organisation. The Chief Executive Officer has overall accountability for both clinical and corporate governance and is responsible for overseeing progress against strategic objectives.

## **Clinical Services**

Led by the Chief Operating Officer, our clinical service divisions oversee the delivery of a comprehensive range of health services for the population of the ACT and surrounds.

### **Division of Cancer and Ambulatory Support**

Provides a comprehensive range of cancer screening, assessment, diagnostic, treatment, and support services. The Division also provides palliative care, immunology, Walk-in Centres, and support to ambulatory (outpatient) services across our organisation. These services are provided through inpatient and outpatient community settings.

### **Women, Youth and Children Services**

Provides a broad range of primary, secondary, and tertiary health care services. Service provision is based on a family-centred, interdisciplinary approach to care, in partnership with consumers and other service providers.

### **Division of Surgery**

Responsible for delivering emergency and elective surgery and a range of surgical management services. The division also manages the chronic and acute pain management services to inpatients and outpatients at CHS, the Intensive Care Unit, Medical Emergency Team, Trauma Service, Capital Regional Retrieval Service, as well as ophthalmology services through the CHS Eye Clinic.

### **Division of Medicine**

Provides adult and emergency medicine services in inpatient, outpatient, and community settings. It includes the Canberra Hospital Emergency Department, ACT Diabetes Service, Canberra Clinical Genomics Service, Canberra Sexual Health Clinic and Clinical Forensic Medicine as well as renal, dermatology and infectious diseases sections.

### **Rehabilitation, Aged and Community Services**

Provides integrated services for rehabilitation, aged care, and a range of community-based supports for people with acute, post-acute and long-term illnesses. A range of subacute inpatient rehabilitation services for adults are provided at the University of Canberra Hospital, including aged care inpatients in the older persons rehabilitation ward, general rehabilitation ward and the neurological rehabilitation ward.

A range of dental services are provided to eligible ACT residents including diagnostic, preventative, restorative, oral surgery, and dentures.

### **Mental Health, Justice Health and Alcohol and Drug Services**

Provides a range of health care directly, and through partnerships with community organisations, including prevention and treatment to recovery and maintenance and harm minimisation.

### **Medical Services Group**

Provides professional oversight of CHS medical staff with operational oversight of the services ordered by medical staff in the diagnosis and treatment of patients. The division provides high level insight and guidance on the operation of patient care systems and processes to improve access,

performance, and links across CHS and other ACT services. This division includes Pathology, Medical Imaging, Junior Medical Officer Support and Pharmacy.

### **Nursing and Midwifery and Patient Support Services**

Plays a key role in developing a collaborative and strategic approach to nursing and midwifery and patient support services for CHS, including setting the strategic, professional, and workforce-oriented agenda.

### **Allied Health**

The Division of Allied Health brings together Acute Allied Health Services and the Allied Health Clinical Education Unit. These departments include health professionals, allied health assistants, administration, and support staff.

## **Corporate Services**

### **Strategy, Policy and Planning**

Led by the Deputy Chief Executive Officer, this division includes the Policy, Risk, Insurance and Legal Liaison, Government Relations, Communications and Engagement, Recovery and Reform, and Territory Wide Surgical Services teams.

Leads and supports the development and implementation of organisation-wide strategy and related projects. We are the key interface between Cabinet, Ministers, other ACT Public Service Directorates and CHS.

The Territory Wide Surgical Services team oversees all ACT elective surgery delivery across public and private facilities. It monitors elective surgery waitlist performance and develops strategies to handle increasing demand, including commissioning additional surgeries, growing partnerships with private hospitals, and reviewing current infrastructure.

### **Quality, Safety, Innovation and Improvement**

Promotes, facilitates, and enables patient safety, quality improvement and innovation. This is achieved by safeguarding high standards of care through developing supporting policies, procedures, consumer engagement strategies, reporting and investigating reported incidents, and communicating themed patient safety issues and risks to the organisation. We are continually improving the quality of the services through active teaching, coaching, facilitating improvement and quality assurance programs, and providing information for service improvement.

### **Infrastructure and Health Support Services**

Responsible for Facilities Management and Maintenance, Capital Project Delivery, Operational Support Services, Logistics Support Services, Accommodation and Leasing, Contract Management and Campus Modernisation activities associated with the Canberra Hospital Expansion project. Included within its remit are food services, sterilising services, security, fire safety and emergency response, vehicle fleet management, cleaning services, parking, and volunteer management.

### **People and Culture**

Responsible for providing strategic leadership, advice, and operational implementation of Human Resource (HR) strategies relating to a diverse range of HR and industrial relations functions across CHS.

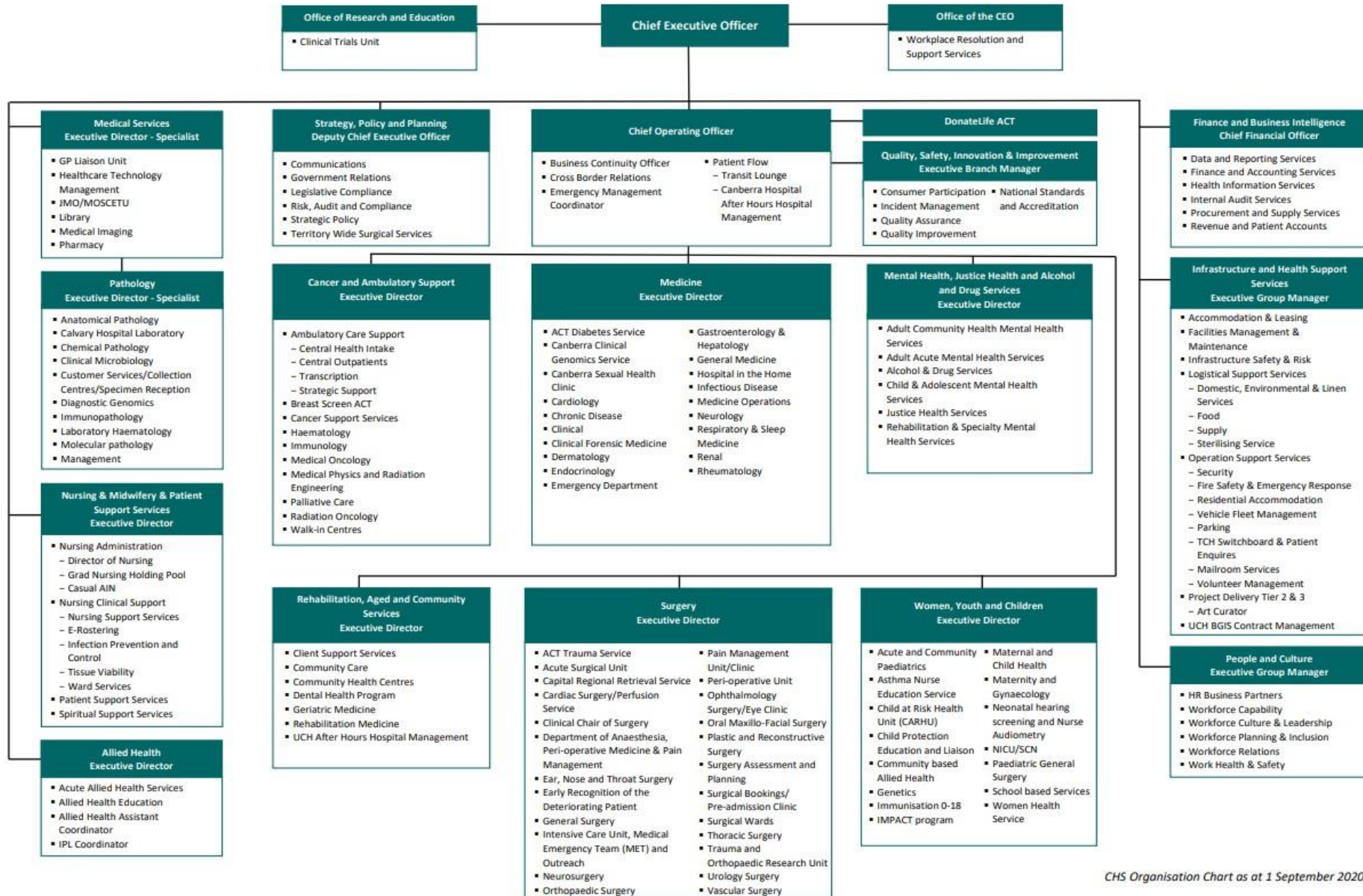
### **Finance and Business Intelligence**

Led by the Chief Financial Officer, this division is responsible for developing and maintaining budgets, financial management, and providing strong operational finance and performance reporting analysis across the health service.

### **Office of Research and Education**

Provides leadership and strategic direction ensuring targeted research and education programs for our organisation and academic partners. CHS is committed to providing the ACT and region with the best possible health care through continuous improvements and evidence-based innovations.

# ORGANISATION CHART



## DIRECTORATE FINANCIAL OVERVIEW

	2020-21 \$m	2021-22 \$m	2022-23 \$m	2023-24 \$m
<b>Controlled – expenses</b>	1,397,650	1,373,820	1,397,780	1,416,942
<b>Controlled – capital injection</b>	78,941	45,672	28,687	4,434
<b>Territorial – expenses</b>	0	0	0	0
<b>Territorial – capital injection</b>	0	0	0	0

Further financial information is included in the Health Portfolio brief.

CABINET



**ACT**  
Government

**OCTOBER 2020**

**INCOMING GOVERNMENT BRIEFING TO THE  
MINISTER FOR MENTAL HEALTH  
MINISTER FOR JUSTICE HEALTH**

CABINET



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## HEALTH OVERVIEW

The ACT public health system aims to provide the ACT community and the surrounding region access to the right health care where and when it's needed, with safety and quality as driving forces.

### **Mental Health Portfolio**

The ACT Health Directorate (ACTHD) is the steward of the ACT health system and the primary source of policy advice to Government regarding the whole mental health system, including Territory-wide mental health planning, mental health policy, Commonwealth and State Government relations and technology services including information management and security.

The Office for Mental Health and Wellbeing was established in 2018 to oversee the coordination and integration of mental health services in the ACT. The Office sits within ACTHD and is led by the Coordinator-General for Mental Health and Wellbeing.

Public hospital mental health services for the ACT and surrounding region are provided through Canberra Health Services (CHS) at the Canberra Hospital and the University of Canberra Hospital (UCH) and through Calvary Health Care ACT Ltd at the Calvary Public Hospital Bruce (CPHB). CHS provides the medical workforce for mental health services at Calvary Public Hospital Bruce.

CHS also delivers mental health services in the community through the Adult Community Mental Health Teams, Child and Adolescent Mental Health Services Community Teams, and the Older Persons Mental Health Community Team.

ACTHD and CHS work in partnership and with consumers, private providers and other stakeholders, to improve patient outcomes and provide advice to you as Minister.

### **Mental health services in the ACT - summary**

Mental health services in the ACT are funded by ACTHD and delivered by CHS and CPHB. ACTHD also funds Capital Health Network (as the Primary Health Network) to commission some services on behalf of the Territory and the Commonwealth Government also funds the Capital Health Network to deliver priority programs. The Commonwealth Government funds some programs and services including digital health and the Medicare Benefits Scheme.

Current public mental health services in the ACT are:

- inpatient units based at Canberra Hospital and CPHB;
- outpatient services at Canberra Hospital;
- inpatient and outpatient rehabilitation services at UCH;
- a range of community mental health teams;
- central intake through the mental health access team; and
- community based step up step down, supported accommodation and rehabilitation and recovery services provided through non-government organisations.



Primary and secondary preventive mental health programs are being led by ACTHD including input from the Office of Mental Health and Wellbeing and the Mental Health policy unit. In addition, there are numerous other providers in the ACT offering promotion and prevention programs and activities.

Hospital acute services for young people and adults provided by CHS include short stay, low and high dependency inpatient beds and mental health liaison. Low dependency adult and older persons' mental health inpatient beds and mental health liaison are provided at CPHB. Mental health rehabilitation and day programs are delivered at UCH.

CHS, through the Canberra Hospital, is the only emergency hospital facility that can accept patients compelled to be clinically examined by the justice system, or brought to hospital under an Order.

Other bed-based services include subacute beds in step up step down facilities, and forensic and secure extended care beds. Supported accommodation is linked with community based clinical services. A range of general and specialised community treatment services are provided by CHS in community locations, and other support services are provided by Non-Government Organisations (NGOs).

Primary care is mostly delivered in general practice and private practices.

Further information on the ACT mental health system and services is at [Attachment A](#).

## **Health system challenges**

Similar to other health systems around Australia and the world, the ACT's public healthcare system faces various challenges now and into the future. These include rising demand for mental healthcare as a result of population growth, coupled with greater complexity of conditions and greater patient expectations resulting from technological advances. Added to this complexity are the challenges presented by the COVID-19 pandemic – including the mental health impacts of the pandemic, particularly on young people.

## **COVID-19 Impact on Mental Health and Wellbeing**

The COVID-19 pandemic has had a significant impact on mental health in the ACT. The restrictions on gatherings and movement, as well as the economic impact of the pandemic have created challenges for people in Canberra and wider Australia. Those mental health challenges are likely to last longer than the pandemic.

COVID-19 is significantly impacting young people in Canberra. More than half of the young Canberrans that participated in a recent ACT Government survey described their mental health as either 'fair' or 'poor'.

Monitoring of the ongoing mental health impacts will continue and further whole-of-government responses to meet the demand are expected to be required including across community resilience building, early intervention, and acute mental health services. Research from previous pandemics and natural disasters, current research, and demand for supports all identify that a wider



proportion of people are expected to require mental health support and in greater numbers than before the pandemic.

The ACT Government contributed to the development of the National Mental Health Pandemic Response Plan (NMHPRP) which was undertaken by the National Mental Health Commission. This plan provides for collective national action as well by state and territory governments. The Community Recovery Roadmap includes ACT Government actions addressing NMHPRP priorities.

At the time of writing, the Commonwealth Government is expected to release the Productivity Commission's inquiry into Mental Health very soon and the inquiry is likely to emphasise the wider economic impact that poor mental health has for society. A further briefing will be provided to you outlining the findings of the inquiry.

### **A Plan for Mental Health Services**

ACTHD is developing a Mental Health Services Plan. Consultation sessions have been undertaken with Government funded stakeholders. Further consultation activities are planned for the end of 2020. A brief containing an early draft of the Plan will be provided to you to ensure it aligns with your priorities and expectations. It is expected the Plan will be complete in early 2021.

### **Capacity Under Development**

There are currently many projects underway to increase capacity in the mental health system. These include:

- An Electro Convulsive Therapy (ECT) suite in the Adult Acute Mental Health Unit (AMHU) at CHS is under construction and expected to be operational in mid-2021.
- Canberra Hospital Expansion, due for completion in 2024, will include an additional 4 short stay mental health beds, taking the total to 10.
- The redevelopment of the Centenary Hospital for Women and Children, due for completion in March 2021, will include 8 adolescent mental health beds and adolescent day services.
- Redevelopment of the Brian Hennessey House site will see 10 beds refurbished by the end of 2020.

You will be briefed separately on work underway to increase capacity in the mental health system and the interim solutions currently in place to provide additional capacity.

### **Justice Health Portfolio**

The Minister for Justice Health is responsible for overseeing the management and provision of justice health services in all adult and youth correctional facilities in the ACT.

Justice health care is provided directly by CHS and through partnerships with community organisations. Care ranges from prevention and treatment to recovery and maintenance, and harm minimisation. Consumer and carer participation is encouraged in all aspects of service planning and delivery.



## **Detainee Health and Wellbeing**

### **Forensic Mental Health Service**

The Forensic Mental Health Service is a specialist service based in the court, custodial, youth detention and community settings. It provides assessment and intervention for people with a mental illness who have or are at risk of committing a criminal offence.

Specific forensic services include the Forensic Community Outreach Service, Court Assessment and Liaison Service and Mental Health Services at the Alexander Maconochie Centre and Bimberi Youth Detention Centre.

### **Primary Health Service**

The Primary Health Service provided by Justice Health Services, provides a range of general and specialised health management. This includes assessment, primary health care treatment, opioid therapy, dental services, emergency and referral services for detainees and young people at the Alexander Maconochie Centre and Bimberi Youth Justice Centre.

### **Winnunga Model of Care**

On 7 January 2018, Winnunga Nimmityjah Aboriginal Health and Community Service began delivering the Winnunga Model of Care to assist in maintaining and improving the overall health and wellbeing of Aboriginal and Torres Strait Islander detainees, by providing a culturally safe service within the AMC.

A significant outcome of the “So Much Sadness in Our Lives”: Independent Inquiry into the Treatment in Custody of Steven Freeman (the Moss Review) was the recommendation to introduce a holistic Aboriginal and Torres Strait Islander model of care and health service into the AMC. On 15 October 2018, ACT Corrective Services together with CHS and Winnunga officially launched the Model of Care at the AMC. The service is delivering enhanced health care for Aboriginal and Torres Strait Islander detainees when they enter custody through to their release to the community.

This is a ground-breaking initiative as it is the first time in Australia that a holistic Aboriginal and Torres Strait Islander primary health provider is being integrated into a correctional environment. Holistic health care refers to the physical, emotional, social and cultural wellbeing of an individual.



## DELIVERING ON YOUR PRIORITIES

Government commitments delivered through the ACT health system have a material impact on the everyday lives of Canberrans as patients, parents, carers and families.

Identifying, understanding and responding to the diverse needs of the Canberra community will be key in delivering your priorities.

### **Mental Health Portfolio**

We know COVID-19 is having a significant impact on young people in Canberra. Your commitment to increasing total mental health funding to support the mental health of Canberra's young people during COVID-19 acknowledges the toll the pandemic and the associated economic downturn and social isolation has had on Canberra's young people.

Empowering young people in the management of their own mental health and wellbeing through easy to access digital platforms will ensure young people can engage with their mental health through a relevant platform, complementing face to face clinical support.

Acknowledging the difficulties in needing to move more social interaction online, while at the same time helping young people cope with the pressures of social media use and the associated anxiety and isolation, a strategy will be developed to better support young people and their families in social media use.

In recognising that young people are often experiencing mental health issues alongside drug or alcohol abuse or other co-occurrences, greater supports will also be provided to young people who have experienced trauma, neglect or abuse as well as disability or drug or alcohol abuse.

It is about building resilience in young Canberrans and giving them more tools in their toolkit and more support to get through this challenging time.

A continuation of the PACER and AMOS Programs will provide more care in the community and help prevent acute mental health cases in the Emergency Department or the hospital – providing care to people when and where they need it.

### **Justice Health Portfolio**

We will provide you with sound policy and service delivery advice to support you working to improve Justice Health services in the ACT.

With the justice and justice health systems under sustained pressure, we will support you in reviewing and reforming the drug diversion scheme to include more options for police to divert people from court, with input from the Ministerial Advisory Council for Drug Law Reform



We will also pilot a new Youth Justice and Throughcare program for young offenders, working closely with you and your office to ensure the design of the pilot and program hit the mark.



## MINISTERIAL FUNCTIONS

### Legislative Responsibilities

Under the current [Administrative Arrangements 2020 \(No 2\)](#), the Minister for Mental Health is responsible for the Territory enactments of the following legislation.

- *Mental Health Act 2015* (except pt 7.2, chapters 10 and 11 and sections 267, 268 and 269)
- *Mental Health (Secure Facilities) Act 2016*

The Minister for Justice Health although not responsible for Territory enactment of the *Corrections Management Act 2007*, should be aware that the Chief Executive Officer, Canberra Health Services appoints the section 21 doctor under the Act. This doctor, who is employed at the Senior Staff Specialist level attends at least once a week to provide services at the correctional centre.

### Overview of Key Legislation

#### Mental Health Act 2015

The Minister for Mental Health has a number of responsibilities under the Act, including:

- Make and end appointments: Chief Psychiatrist, Care Coordinator, Mental Health Officer (In practice this function is delegated to the Chief Psychiatrist) and Official Visitors.
- Establish a Mental Health Advisory Council and appoint members to the Council. The functions of the Council are to advise the Minister about:
  - emerging or urgent mental health issues;
  - mental health service reform;
  - mental health policy;
  - mental health legislative changes; and
  - anything else in relation to mental health requested by the Minister (chapter 14).
- Make guidelines about the operation of information sharing protocols for the sharing of information between information sharing entities such as ACT Government Directorates and agencies and inter jurisdictional agencies.
- Issue a license to an eligible person to operate a private psychiatric facility. A license is issued for up to 3 years and may be renewed, on written application to the Minister, if the applicant continues to meet the requirements of the Act. The Minister may also transfer, amend or cancel a license issued to operate a private psychiatric facility on various grounds.
- Enter into agreements with the Minister of another state about any matter relating to the operation of interstate applications of mental health laws.
- Approve facilities as a mental health facility or a community care facility.



- Determine fees and approve forms for the Act.

## Upcoming Government Business

The following government business is currently in development:

Proposed Date	Title
December 2020	<p><b>Government Response to the Standing Committee on Education, Employment and Youth Affairs – Report 9 – Youth Mental Health in the ACT</b></p> <ul style="list-style-type: none"> <li>• The Standing Committee on Education, Employment and Youth Affairs tabled Report No. 9 in the Legislative Assembly on 13 August 2020. The report makes 66 Recommendations.</li> <li>• The government response to recommendations 19 and 48 were tabled on 27 August 2020. The response to the other recommendations will be led by ACTHD with input across government.</li> <li>• The government response along with the Assembly Business Paper and Ministerial Statement will be scheduled for Cabinet in December 2020.</li> </ul>
2021	<p><b>Review of the Mental Health (Secure Facilities) Act 2016</b></p> <ul style="list-style-type: none"> <li>• Section 79 of the Act requires the Minister for Mental Health to review the operation of the Act as soon as practicable after the end of its 3rd year of operation and present a report of the review to the Assembly within 3 months after the review is started.</li> <li>• The review is anticipated to commence in November 2020 with a report to be tabled in the Assembly in early 2021.</li> </ul>

## Ministerial Councils and Consultative Bodies

### ACT Mental Health Advisory Council

The ACT Mental Health Advisory Council is established under the *Mental Health Act 2015*. The Council provides considered advice to the Minister for Mental Health.

The Council has seven members appointed for a period of up to three years. Current members are:

- Ms Sue-Ann Polden (Chair);
- Ms Judy Bentley;
- Ms Matilda Emberson;



- Mr David Lovegrove;
- Ms Samia Goudie;
- Associate Professor Jeffery Looi;
- Dr Nadeem Siddiqui.

The Council meets approximately bimonthly and each meeting has a specific topic for consideration. The remaining meetings for 2020 are scheduled for 2 November and 3 December 2020.

### **Culture Review Oversight Group**

The Culture Review Oversight Group provides the highest level of governance and oversees the implementation of the recommendations outlined in the [Final Report: Independent Review into Workplace Culture within ACT Public Health Services](#).

The membership of the Oversight Group includes:

- Minister for Health as Chair
- Minister for Mental Health as Deputy Chair
- Director-General of the ACT Health Directorate
- Chief Executive Officer of Canberra Health Services
- Regional Chief Executive of Calvary ACT
- Branch Secretary of the ANMF ACT
- President of the AMA ACT
- Regional Secretary of the CPSU
- President of ASMOF ACT
- President of the VMOA ACT
- Dean of the College of Health and Medicine at ANU
- Executive Dean of the Faculty of Health at the University of Canberra

The inaugural Culture Review Oversight Group meeting was held on 28 March 2019. Meetings were initially held on a quarterly basis, with frequency increased to bi-monthly from September 2019.



## KEY ISSUES AND CONSIDERATIONS

### Mental Health NGO service delivery/stimulus during COVID-19

#### Summary

- The ACT Government announced the COVID-19 Mental Health Support Package totalling \$4.086 million. This included \$2.571 million funding for NGO initiatives.
- A COVID-19 Youth Support Package was announced on 12 August 2020 which included \$275,000 for targeted mental health support for young people and builds on the Mental Health Support Package.

#### Key issues

- The allocation of funding for health NGOs followed extensive engagement with the NGOs in relation to support required.
- Funding has supported NGOs to continue to deliver vital mental health services to the community during the COVID-19 public health emergency. This has included funding to increase capacity of existing services and enable new and innovative services.

Table 1: COVID-19 Mental Health Support Package Funding allocated to NGO service delivery (already executed)

Amount	Organisation
\$300,000	Detention Exit Community Outreach (DECO): additional investment
\$250,000	Lifeline Canberra: additional support to meet call-in demand (includes \$100,000 announced on 20 March)
\$55,000	Menslink: increased counselling for boys and young men
\$500,000	Mental Health Foundation (MHF): additional accommodation for people exiting acute inpatient units
\$80,000	MIEACT: increased community mental health education and awareness
\$100,000	OzHelp: additional support for people who have lost or may lose employment and livelihood
\$45,000	Perinatal Wellbeing Centre: addressing increased demand for post and antenatal depression support
\$200,000	The Way Back Support Service: additional investment for people who have attempted suicide or are experiencing suicidal crisis



<b>\$1,530,000</b>	<b>TOTAL</b>
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**Table 2: COVID-19 Mental Health Support Package Funding for new and innovative services in the NGO sector, which are in the process of being implemented**

<b>Amount allocated</b>	<b>Program</b>
\$450,000	Funding for Mental Health and Wellbeing Innovation Grants Program (supporting selected organisations, local communities, and individuals to develop innovative and creative projects that address the mental health and wellbeing impacts of COVID-19). Successful grants recipients have been announced and Deeds of Grant are in the process of being developed. An amount of \$44,019 funding remains to support further initiatives in the mental health sector as required
\$341,843	Canberra Safe Haven Cafés: supporting Social Connection
\$250,000	Commissioning an Aboriginal and Torres Strait Islander targeted mental health program
<b>\$1,041,843</b>	<b>TOTAL</b>

- ACTHD administered an additional \$275,000 for targeted mental health support for young people, as part of the Youth Support Package, to further build on the Mental Health Support Package. Table 3 below shows an overview of this funding.

**Table 3: COVID-19 Youth Support Package Funding for NGO service delivery**

<b>Amount</b>	<b>Organisation</b>
\$125,000	CatholicCare: to support unmet need resulting in waitlists for services, and in response to the profound effects of the COVID-19 pandemic on vulnerable youth populations. To support the organisation to assist in addressing the identified service gap for early intervention mental health support for middle years youth; improve access to existing services; and help to meet the needs of this complex client group
\$75,000	Lifeline Canberra: to meet the continued increased demand for call-in crisis counselling support
\$75,000	Menslink: to meet increasing demand due to COVID-19 environment; and to continue to explore options for similar service offerings for girls and young women
<b>\$275,000</b>	<b>TOTAL</b>



### Decision points/timeframes

- The mental health impacts of COVID-19 will remain for some time after the pandemic has ended. It is therefore anticipated that additional support for mental health NGO service delivery will be required beyond the initial funded period.

### Financial implications

- A total of \$2.846 million was allocated to mental health NGO service delivery under the COVID-19 Mental Health Support Package (\$2.571 million) and the COVID-19 Youth Support Package (\$275,000).
- The grants were cash managed from within the ACT Health Directorate budget in 2019-20.

### Background

- On 6 May 2020, as part of the Community Support Package, ACT Government announced the COVID-19 Mental Health Support Package, and this included funding for NGO initiatives totalling \$2.571 million.
- The COVID-19 Youth Support Package that was announced on 12 August 2020 included an additional \$275,000 for targeted mental health support for young people was announced as part of the Youth Support Package, to further build on the Mental Health Support Package.

### Responsible Portfolios

- ACT Health Directorate

### Justice Reinvestment - Reducing Recidivism

Similar to all Australian states and territories, the ACT is experiencing an increased rate of incarceration, overcrowding and rising over-representation of Aboriginal and Torres Strait Islander people in our justice system. Experience elsewhere in the world has shown that recidivism reduction targets are unlikely to be met within existing programs or through business-as-usual activities.

Developing a plan to achieve recidivism reduction requires a new package of work to effectively change the life trajectories of some of Canberra's most vulnerable citizens who have complex needs. It requires a shared responsibility across the service system and continued close work with government stakeholders, the community sector, academia and those with lived experience.

The Reducing Recidivism Plan (RR25by25) is based on recidivist-based Building Communities, Not Prison (BCNP) initiatives. The key pillars related to justice health are:

- Supporting people with substance use disorders in the justice system
- Supporting people living with a mental illness or disability in the justice system.



A key component of the RR25by25 Plan is developing a Reducing Recidivism Research Collaboration (Research Collaboration) and corresponding research program to examine the impact of initiatives and how the ACT is tracking against targets related to RR25by25. The Research Collaboration with the ANU was signed in August 2020.

### **Refurbishment of Hume Health Centre**

ACT Corrections Services was allocated a \$4 million capital funding over three years (2017-18 to 2019-20) to provide an accommodation solution to expand health services to detainees and enable Winnunga and Justice Health to deliver a holistic Aboriginal and Torres Strait Islander model of care and health service into the AMC.

The construction of a modular health services building to rehouse Winnunga and ACT Health Centre staff has been completed to allow for the refurbishment of the current Health Centre to better meet the needs of detainees.

### **Reviews by Oversight bodies**

#### **Inspector of Correctional Services – Healthy Prison Review of the AMC**

The Inspector of Correctional Services undertook his first Healthy Prison Review of the Alexander Maconochie Centre in 2019. The Review examined whether the AMC meets the “healthy prison” test, which was devised by the World Health Organisation and contains four pillars: Safety; Respect and dignity; Purposeful activity; Rehabilitation and preparation for release.

The final version of the report was tabled in the ACT Legislative Assembly on 26 November 2019. The Healthy Prison Review contains 51 findings and 73 recommendations. The previous Government agreed to 61 recommendations; agreed in principle to six recommendations; noted four recommendations; and did not agree to two recommendations. The next review will take place in 2021.

## MAJOR UPCOMING DECISIONS AND EVENTS

TOPIC AND TIMING	DETAILS	ACTION REQUIRED
<p><b>Final Report of the Productivity Commission's Inquiry into Mental Health</b></p> <p>The Commonwealth Government is expected to release the report in December 2020 (25 sitting days since receipt of report on 30 June 2020).</p>	<p>The Productivity Commission provided their final report from their Inquiry into Mental Health to the Commonwealth Government on 30 June 2020. The release of the report will occur when the Commonwealth Government tables it in each House of the Parliament within 25 sitting days of receipt.</p> <p>The report is likely to make a range of recommendations for mental health services across the country, as well as placing a strong focus on the social and economic determinants of health outcomes. While it will depend on the content of these recommendations, and whether the Federal Government accepts them, the findings of this report could have significant impacts on mental health services locally and nationally.</p> <p>The publication of the report is likely to drive significant media interest. This is particularly so, given the amount of commentary that there has been on the mental health implications of COVID-19 for the community. ACTHD will review and brief the incoming Minister on the report when published.</p>	<p>ACTHD will review and brief you on the report when published.</p>
<p><b>Safe Haven Cafes</b></p> <p>The project is currently in the model design phase for the cafes, this process is expected to be completed in November 2020 with implementation of</p>	<p>EDs are often the 'front door' to the health system, playing a unique role in the provision of high quality acute medical care to everyone in the community. The ACT Government has been investing in a range of strategies to address the growing demands on ED and to improve the treatment and recovery outcomes of people presenting to the ED with mental health issues. One</p>	<p>You may wish to announce the opening of a Safe Haven Café in the ACT.</p>



<p>one cafe anticipated in early 2021.</p>	<p>investment has been the commitment to deliver a pilot program of two Safe Haven Cafés (Cafes) in the ACT.</p> <p>A Safe Haven Café is a non-clinical, safe space that people can go to if they are experiencing personal difficulties, mental health concerns, loneliness or simply seeking social connection and support. It offers an alternative for people who might otherwise present to the emergency department and mental health crisis services when no other options are available.</p>	
<p><b>Mental Health Services Plan</b></p> <p>Expected to be completed by early 2021.</p>	<p>A Mental Health Services Plan is currently under development and will establish the medium to long term directions for public mental health services in the ACT.</p> <p>The Mental Health Services Plan will identify how priorities for mental health service development in the Territory-wide Health Service Plan and the ACT Regional Mental Health and Suicide Prevention Plan will be implemented for publicly funded or provided services.</p>	<p>ACTHD will provide you an early draft of the Plan for your consideration.</p>



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## Colleges

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## FINANCIAL CONSIDERATIONS

### Appropriation for the Territory's mental health services

Funding for mental health services is not formally separated from other health funding through the ACT Local Hospital Network, CHS or ACTHD. The below figures are based on actual expenditure for 2019-20 (including overheads) and indexed by 2% in the absence of a 2020-21 Budget.

Appropriation	2020-21 \$m	2021-22 \$m	2022-23 \$m	2023-24 \$m
Controlled Recurrent Payments	206.4	210.5	214.7	219.0
Capital Injection	14.5	0.1	-	-
Territorial	-	-	-	-




*Controlled Recurrent Payments* – the estimate for 2020-21 above comprises of mental health services at Canberra Health Services of \$173 million, ACT Health Directorate (including funding for the non-government sector) of \$20 million and Calvary Public Hospital of \$13 million.

*Capital Injection* – capital funding relates to the 2018-19 *More mental health accommodation* new initiative to commission a Southside Community Step-Up Step-Down facility and the Dhulwa Transitional Unit and *Commonwealth Community Health and Hospitals* funding which will be used to fund expansion works at Canberra Hospital ward 12B.

*Territorial* – nil.

Financial information in relation to Justice Health Services delivered by CHS is being prepared in light of the creation of this portfolio and will be provided in partnership with ACTHD before the end of the week.

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## Underpayment of Junior Medical Officers (JMOs)

### Summary (2-3 lines)

- There is an issue with the overtime payments that have been made to Junior Medical Officers (JMO). This issue was raised initially by a JMO through a report she provided to Canberra Health Services (CHS) and now a firm of solicitors representing 63 JMO's has written with a set of demands.

### Key issues/Current status

- Initially concerns were raised by a Junior Medical Officer who canvassed a range of remuneration issues, with her colleagues, and based on the issues identified concluded that there were systemic issues with the way the JMO staff are being paid.
- A report was provided to CHS containing several recommendations and CHS is currently evaluating those recommendations and will provide a response to the JMO concerned.
- The nature of the concerns that have been raised about the payroll system relate to a lack of consistency on how pay entitlements are processed by Shared Services Payroll, concern that there is not enough information on payslips to enable JMOs to understand if they have been paid correctly and how the JMO views that the situation can be rectified.
- CHS has acknowledged that these issues may be impacting some JMO's.
- The current payroll system is being phased out and its replacement (Whole of Government HRIMS) is being implemented following extensive consultation across Directorates to ensure issues are addressed, such as interfaces with other systems and the ability to produce simple, easy to read payslips.
- Further representation was expected to be received from the AMA who represent the interests of the JMOs with details of those who believe they have been impacted. Instead a letter was received from Hall-Payne Lawyers who are now representing 63 JMO staff who believe they have been paid incorrectly.
- The matter is currently being evaluated and CHS has sought the assistance of the ACT Government Solicitors office to help in responding to the matters raised and provide advice to CHS.
- This matter cannot be finalised until an audit is conducted to determine exactly what the issues are, the extent of any overpayments and/or underpayments and how the matters may be settled to all the party's satisfaction.



### **Decision points/timeframes**

Payroll and CHS have acknowledged there may be issues and are now working through the details together. Meetings are scheduled with Payroll, CHS People and Culture (P&C) and the Medical Officer Support Credentialing Employment and Training Unit (MOSCETU) to work on the most effective way to undertake a sample of cases initially to determine the extent of the issues and decide if a settlement offer should be made or if a full audit of JMO payments should be undertaken.

### **Financial implications**

The full extent of the financial implication cannot be made at this stage until an audit of representative samples of individual JMOs is undertaken and this can then be extrapolated across the number of JMOs involved.

### **Background**

A JMO has raised an issue that they believe mistakes may have been made in respect to the appropriate rate of pay while on overtime whilst working on public holidays through the provision of a report canvassing the pay outcomes of their colleagues. Payroll, P&C and MOSCETU are currently evaluating how a representative sample can be undertaken to determine the full extent of the issue. If a full audit were to be undertaken of all JMO payments this would be a time intensive and resource intensive exercise as the JMOs are paid off manual timesheets. It is not easy to shorten the amount of time that such an audit would require as it would need to be undertaken by staff who have a Payroll background and understand the nature of these payments and can read and interpret the timesheets accurately.

### **Responsible Portfolio and Function**

- Canberra Health Services/People and Culture/Janine Hammat