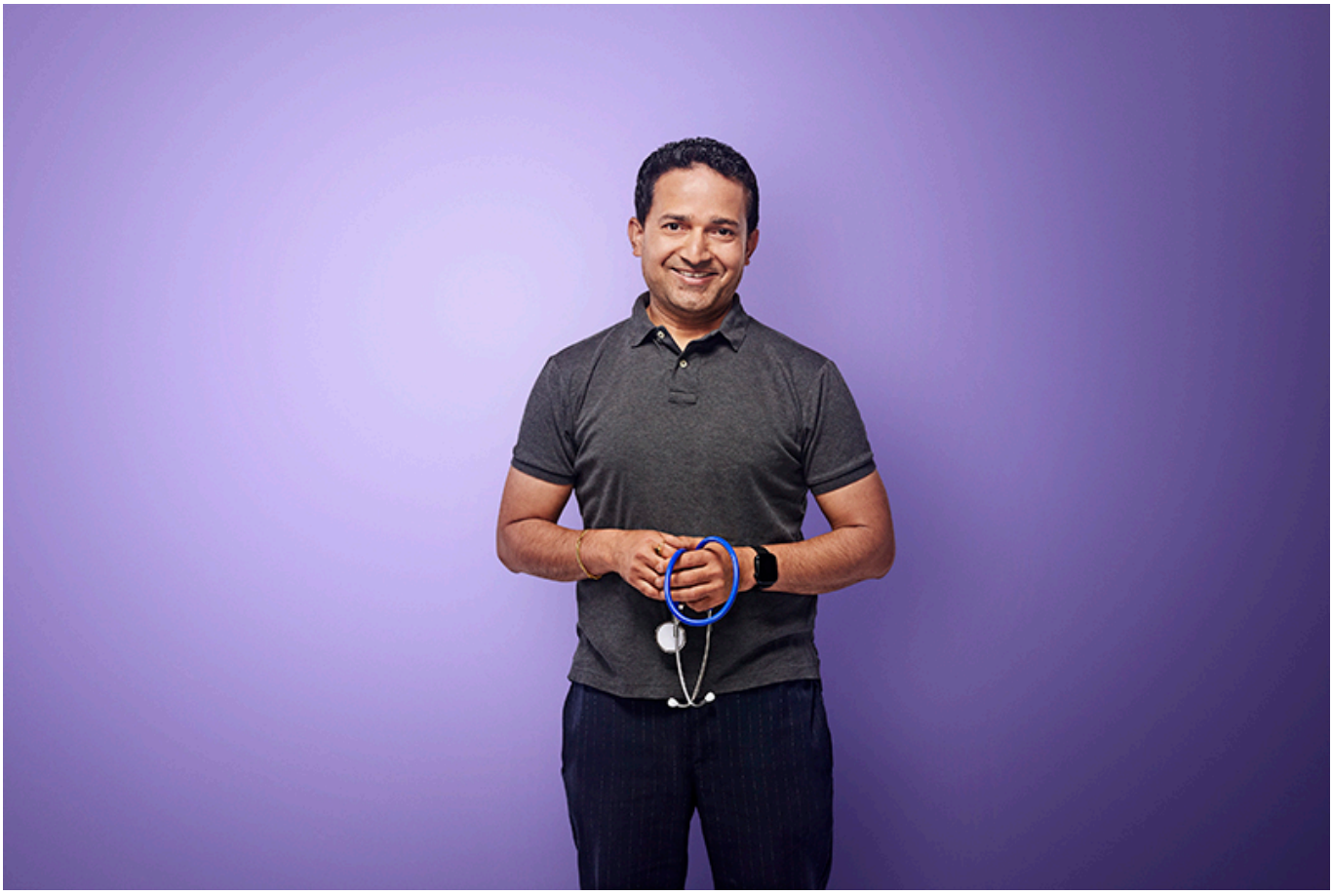
Ministerial Document Release

Quarter 1 2021

Canberra Health Services



Information about the directorate can be found on the website:
www.canberrahealthservices.act.gov.au

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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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 6 documents.

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

Website: ombudsman.act.gov.au

Liz Lopa

Canberra Health Services

15 July 2026

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2020-21 Budget Day Question Time Briefs

Minister for Mental Health

9 February 2021

GBCHS21/17

Portfolio: Mental Health

CHS E08 ADOLESCENT MOBILE OUTREACH SERVICE CONTINUATION STAGE 2

	2020-21 $000's	2021-22 $000's	2022-23 $000's	2023-24 $000's
Expense	-	1,031	1,052	1,073
Revenue	-	-	-	-
Capital	-	-	-	-
FTE	-	6.6	6.6	6.6

Talking points:

- Child and Adolescent Mental Health Adolescent Mobile Outreach Service is a community mental health team who provide assessment and treatment for adolescents aged 12 – 18 years with moderate to severe mental illness who experience barriers to accessing mainstream services or require intensive outreach support.
- Adolescent Mobile Outreach Service provides these specialist mental health clinical services for up to 40 young people at one time in an environment that suits them.
- Adolescent Mobile Outreach Service works in close partnership with multiple key stakeholders such as Child and Youth Protection Services, Bimberi, Disability Services, paediatrics, and Education Directorate and non-government organisations residential facilities. They provide a unique and specialist role in the provision of mental health services in the community for adolescents.
- The service assists with the diversion of emergency presentations, and the work of this team minimises the acute inpatient admissions for its target population.
- Adolescent Mobile Outreach Service provides assertive recovery-focused and community-based services in a setting suitable for the adolescent including their home or other community setting, and represents a 'step-up'. Other mental health tertiary-level supports are unable to sustain services of the same intensity, frequency and responsiveness as the service; this is mostly due to its smaller client numbers.
- Adolescent Mobile Outreach Service clinicians include allied health staff who provide clinical management services and discipline-specific interventions, as well as support for other psychosocial and rehabilitative needs
- Key deliverables are to maintain:
    - The delivery of evidence-based treatment and rehabilitation in the home or in a suitable location as identified by young vulnerable young person who unable to access office based mental health treatment.

Cleared as complete and accurate: 04/02/2021
Cleared for public release by: Chief Financial Officer Ext: 49683
Contact Officer name: Kath Macpherson Ext: 49590
Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS21/17

- Adolescent Mobile Outreach Service that runs seven days per week providing comprehensive mental health support and treatment in the home, or an appropriate community setting such as a refuge, for those adolescents.
- Avoidance and reduction in hospital admission and/or readmission for this cohort and reduce duration and length of stay for these children and young people.
- Continued engagement with multiple key stakeholders, both government and non-government, to provide timely mental health assessment and treatment for these young people with improved individual and system outcomes.

2020-21 Budget Day Question Time Briefs

Minister for Health

9 February 2021

BUDGET DAY BRIEFS

GBCHS21/18

Portfolio: Health

CHS CW09 UPGRADE AND REFURBISHMENT OF BUILDINGS AT CANBERRA HOSPITAL

	2020-21 $000's	2021-22 $000's	2022-23 $000's	2023-24 $000's
Expense	-	-	-	-
Revenue	-	-	-	-
Capital	763	9,699	6,172	-
FTE	-	-	-	-

Talking points:

- ACT Pathology is located within Building 10 at Canberra Hospital and operates 24 hours per day, seven days a week.
- It provides a critical service to support the ACT Government's COVID-19 response.
- Current electrical infrastructure in the building is dated and poses a risk to the Pathology Department service delivery in the event of failure.
- The upgrade and refurbishment of Building 10 will:
    - provide certainty of service delivery for critical pathology services and research activities undertaken in Building 10 by upgrading building services infrastructure;
    - improve timeliness, accuracy and certainty of pathology results, through electrical upgrades to support the installation of a fully integrated end-to-end solution for pathology analysis; and
    - minimise disruption to pathology services and research activities whilst the works are undertaken.
- Anticipated completion of this project is in June 2022.

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BUDGET DAY BRIEFS

GBCHS21/18

Portfolio: Health

CHS E01 WALK-IN HEALTH CENTRES – PLANNING AND FEASIBILITY

	2020-21 $000's	2021-22 $000's	2022-23 $000's	2023-24 $000's
Expense	542	1,458	-	-
Revenue	-	-	-	-
Capital	-	-	-	-
FTE	1.3	5.4	-	-

Talking points:

- The feasibility and planning work will determine options for initial site selection for four new Walk-in Health Centres, a scoping study for service delivery and the model of care to be implemented.
- The proposed model will differ from the current Walk-in Health Centres, offering a combination of walk-in and appointment-based services with a focus on prevention, early intervention and coordinated care for people with chronic illness.
- The study will also examine opportunities for an integrated primary and community care model, characterised by maintaining the wellbeing of at-risk populations in the community and delivering early interventional care by multidisciplinary teams.
- The key elements of the program are:
    - Scoping Study (Model of Care/Service Delivery design): February 2021 – June 2022
    - Consultancy: February 2021 – June 2022
    - Principal Consultant Appointment: July 2021
    - Phase 1 - Design Analysis Completed: September 2021
    - Phase 2 - Design Analysis Completed: February 2022

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GBCHS21/18

Portfolio: Health

CHS E02 WALK-IN HEALTH CENTRES – COOMBS PILOT

	2020-21 $000's	2021-22 $000's	2022-23 $000's	2023-24 $000's
Expense	-	166	169	172
Revenue	-	-	-	-
Capital	250	-	-	-
FTE	-	-	-	-

Talking points:

- There are currently five Walk-in Health Centres in Canberra to reduce the burden on the main hospital emergency departments. The focus of these centres is to provide urgent care.
- The Walk-in Health Centre - Coombs pilot will test a model of working alongside general practice and free up space at the Weston Creek Walk-in Health Centre for a new medical imaging service.
- The National Health Co-Op partnership pilot in Coombs will focus on health care for young families in the area. The existing National Health Co-Op clinic already includes a large waiting room, facilities for staff and patients and a dedicated parent/child space.
- It is anticipated that the Coombs pilot Walk-in Health Centre will be operational in July 2021.

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GBCHS21/18

Portfolio: Health

CHS E03 IMAGING SERVICES AT THE WESTON CREEK WALK-IN HEALTH CENTRE

	2020-21 $000's	2021-22 $000's	2022-23 $000's	2023-24 $000's
Expense	-	544	2,299	2,343
Revenue	-	213	2,616	2,681
Net Funding / Cost Impact	**-**	**331**	**-317**	**-338**
Capital	660	5,010	-	-
FTE	-	1.1	6.7	6.7

Talking points:

- The expanded Weston Creek Walk-in Health Centre service will provide community access to commonly required diagnostic medical imaging services including ultrasound, x-ray and computed tomography (CT). The proposed model of care is designed to service eligible outpatients in an accessible location separate to Canberra Hospital.
- This new outpatient service will help reduce community wait times for medical imaging services and enable more efficient scan times for Canberra Hospital Emergency Department and inpatient service.
- The Weston Creek Walk-in Health Centre is ideally suited for an outpatient medical imaging service, complimenting existing nurse led and pathology services.
- Key elements for the project will be:

Indicative Project Milestones	Indicative Milestone Dates
Commence Procurement Activities	February 2021
Appoint Principal Consultant	May 2021
Complete – Preliminary Sketch Plan Design	August 2021
Appoint Head contractor	October 2021
Commence Construction	November 2021
Practical Completion	May 2022
Operational Go Live	June 2022

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GBCHS21/18

Portfolio: Health

CHS E06 INVESTIGATING INSOURCING OPTIONS

	2020-21 $000's	2021-22 $000's	2022-23 $000's	2023-24 $000's
Expense	145	-	-	-
Revenue	-	-	-	-
Capital	-	-	-	-
FTE	-	-	-	-

Talking points:

- The new Insourcing Feasibility Taskforce will conduct initial feasibility and possible development of a strategy to insource work currently sub-contracted to external parties.
- Objectives of the Insourcing Feasibility Taskforce is to establish the economic viability of an insource strategy and the associated new operating models that would be required to provide a better value outcome compared to the current outsourced state.
- Key outcomes of this early stage work:
    - Finalise an insource model.
    - Timeline and resource plan for the 2021-22 year including possible Legislative changes, Industrial Relations planning, Job Redesign scope.

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Information Prepared for Question Time

Minister for Health

February 2021

Talking Points – Report:

Review of Children and Young People Who Have Died as a Result of Intentional Self-Harm.

<u>Recommendation 1:</u> Involve young people with lived experiences of suicide in suicide prevention service design and delivery.

- Child and Adolescent Mental Health Services (CAMHS) fully supports the implementation of this recommendation. Young people with lived experience bring valuable insight.
- Consideration should be given as to how this is implemented, such that it is carried out in a manner that is developmentally appropriate and culturally safe. It should also recognise that participation in such work may be triggering for those with lived experience, and therefore needs to be carried out within a therapeutic framework that can ensure any ongoing therapeutic needs of participants are identified and adequately met.

<u>Recommendation 2:</u> Evaluate current youth mental health and suicide prevention programs to determine effectiveness including in meeting demand.

- This is an important piece of work which CAMHS would welcome. Evaluation of any youth mental health service helps improve services, and CAMHS sees such evaluation as key to ensuring effective service delivery.
- CAMHS notes that such evaluations require adequate resourcing, and dedicated funding. Use of a consistent tool is recommended to evaluate services, and ideally should replicate evaluations used elsewhere in order to allow the service to appropriately benchmark their performance against peers.

<u>Recommendation 3:</u> Implement information campaigns that target young people at risk and include practical intervention skills for peers and family.

- Health promotion and prevention campaigns are important in promoting community health and in advising people how to contact services.
- The focus of CAMHS is the provision of mental health interventions for children and young people with moderate to severe mental illness.
- CAMHS does provide some targeted early intervention – for example the 'Tuning into Teens' (Parental Program), which provides psycho education and support to families and carers.
- CAMHS would be keen to support the lead agencies carrying out the health promotion and prevention strategies to ensure that information about services provided locally is accurate and contemporary.

<u>Recommendation 4:</u> Implement and evaluate the Connecting with People program. Consider implementation in education and non-government organisation settings.

- CAMHS is involved in the implementation of the CwP program currently being undertaken by ACT Health.
- CAMHS would support the principle that ACTHD consider implementation of CwP in Education and Non-Government agencies.

<u>Recommendation 5:</u> Implement a support plan process in clinical settings that actively engages young people following a suicide attempt.

- CAMHS utilises the CAPA Model of care to engage with all people who access the service. This approach actively seeks to engage in partnership with young people and their carers to develop individual support plans following any referral, including those following a suicide attempt, and those who self-harm.
- All young people case managed through CAMHS, and those who present in crisis at the Emergency Department are encouraged to engage in decisions regarding recovery and support following a suicide attempt. Staff work intensively with young people and their families or carers to create a safety plan.
- Young people presenting with a suicide attempt or self-harm who are discharged are offered follow-up in the community.

<u>Recommendation 6:</u> Implement evidence-based, assertive outreach guidelines into ACT Government policy that include face-to-face contact with young people who have attempted suicide.

- CAMHS would support this addition to government policy.
- CAMHS notes that such a recommendation will have resource implications.
- Identifying who is responsible for the follow up would be important. Not all young people and families want to have CAMHS involvement. It would be important that all agencies are aware of their responsibilities for this recommendation, if it were to be implemented.

<u>Recommendation 7:</u> Train staff from relevant organisations on responsible information sharing.

- CAMHS Supports this recommendation.

Question Time Briefs

Minister for Mental Health and Justice Health

30-31 March 2021

QUESTION TIME BRIEF

GBCHS21/65

Portfolio: Mental Health

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE

Talking points:

- Data from February 2021 shows that Child and Adolescent Mental Health Services (CAMHS) have experienced increased demand compared to the same period last year; this includes an increase in the number of clinically managed clients and an increase in occasions of service provided.
- In addition, Emergency Department presentations have become more complex, with adolescents with mental health issues also presenting with autism spectrum disorder, intellectual disability, and substance abuse disorders.
- As of the end of February 2021, the current wait time for a CAMHS CHOICE appointment is 20 days; this is an improvement from 55 days in January 2021.
- CAMHS PARTNERSHIP wait times range between 31 to 152 days for CAMHS South and CAMHS North respectively. This is a significant increase in wait time when compared to 47 days for same period in 2020. Emergency Assessments continue to be offered daily.
- A CHOICE appointment differs from PARTNERSHIP in that CHOICE is the initial assessment. It is at the CHOICE appointment that it is determined if the presenting issues are moderate to severe in nature, and whether the consumer should progress to CAMHS PARTNERSHIP (case management). At the CHOICE appointment, external referrals and alternate pathways of care are provided to those who are assessed as not requiring CAMHS PARTNERSHIP.
- From January to December 2020, there were 50 young people aged between 16–18 years admitted to the Mental Health Short Stay Unit, and 16 young people admitted to the Adult Mental Health Unit.
- Throughout January and February 2021, there have been five admissions to the Mental Health Short Stay Unit and six to the Adult Mental Health Unit. All young people admitted to these units were between 16-18 years.

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Cleared for public release by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Karen Grace	Ext: 41577
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/24	

QUESTION TIME BRIEF

- The Government is committed to developing youth-focused mental health services including:
    - a dedicated Inpatient Adolescent Mental Health Unit;
    - a Mental Health Day Service; and
    - an Adolescent Intensive Home Treatment Team
- Planning for the dedicated Adolescent Mental Health Unit includes a proposal for a six bed ward with an additional two flex beds and an Adolescent Mental Health Day Service.
- Canberra Health Services has commenced design work on the new unit, which has an estimated completion in 2022.
- The purpose of admission to the Adolescent Mental Health Unit will be for the acute stabilisation of psychiatric risk, supporting the family at a time of distress, and facilitating transfer back to the family home/unit as soon as is practicable so as to minimise the disruption to education, peer connections, interpersonal relationships, social/recreational activities, and other adolescent developmental milestones.
- The Adolescent Mental Health Unit will be incorporated in the existing Adolescent Ward. The Model of Care for the unit will incorporate both physical health and mental health needs for this population group. This will support a unit that provides flexibility for adolescents with diverse medical, surgical and mental health needs. It will also support the efficient use of therapy, social and utility spaces within the foot print of the ward.
- From 1 February 2021, the CAMHS Hospital Liaison Team increased operational hours to provide cover from 07:00 – 21:30 hours, continuing to provide triage and assessment of children, and adolescents who present to Canberra Hospital Emergency Department with mental health vulnerabilities.
- On 1 March 2021 the Adolescent Intensive Home Treatment Team was operationalised to provide intensive outreach support for children and adolescents discharged from the hospital, or to those who have presented to the Emergency Department with an aim to avoid a possible admission.

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- An Adolescent Day Program will commence, once recruitment is finalised to provide a series of tailored therapeutic programs aimed at promoting continued recovery and support of adolescents and members of their support system following discharge from the mental health inpatient setting. The 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 hospital. Activities will range from individual therapy, to larger group programs involving adolescents and members of their support system.

Key Information

- An Adolescent Inpatient Unit Working Group, which includes consumer and carer representation, has been convened and an integrated Model of Care for the new unit at Centenary Hospital for Women and Children has been established.
- Currently, dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the Adult Mental Health Unit Vulnerable Persons Suite or Mental Health Short Stay Unit. Clinical care is provided in close consultation with Child and Adolescent Mental Health Service to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.
- If a young person requires longer or more intensive inpatient treatment, transfer to a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services. Two young people have been transferred interstate to receive inpatient treatment for the period January–December 2020 and in January-February 2021, there were no interstate transfers.

QUESTION TIME BRIEF

GBCHS21/24

Portfolio: Mental Health

ADULT COMMUNITY MENTAL HEALTH SERVICES IN ACT

Talking points:

- There was an overall increase in demand in Adult Community Mental Health Services over the last twelve months, which is most likely attributed to the impacts of COVID-19.
- From April 2020, demand via the public phoneline increased steadily, peaking in October 2020, before decreasing again in November and December 2020. However, despite this reduction, there were higher numbers of daily average calls received than at the start of 2020, showing a seven per cent increase in calls from February 2020 - February 2021.
- The second six months of 2020 saw a 17 per cent increase in demand compared with the first six months.
- Canberra Health Services Emergency Department is the only gazetted Emergency Department in the ACT and therefore must accept and assess all consumers who present to the Emergency Department under the *Mental Health Act 2015* (the Act) either under an Emergency Action or a S309 referred from the Courts.
- 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.
- Canberra Health Services continues to observe a decrease in the number of Emergency Action's transported to the Emergency Department, demonstrating the successful impact of the PACER initiative so far.
- From 1 July 2019 to 28 February 2020, there were 1715 people brought to the Emergency Department under an Emergency Action compared to 1456 in 2020-2021, a decrease of 15 per cent. All people subject to an Emergency Action are to be assessed within four hours of arrival in accordance with the provisions of the Act.

Cleared as complete and accurate:	12/03/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 44701
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TRIM Number	GBCHS21/65	

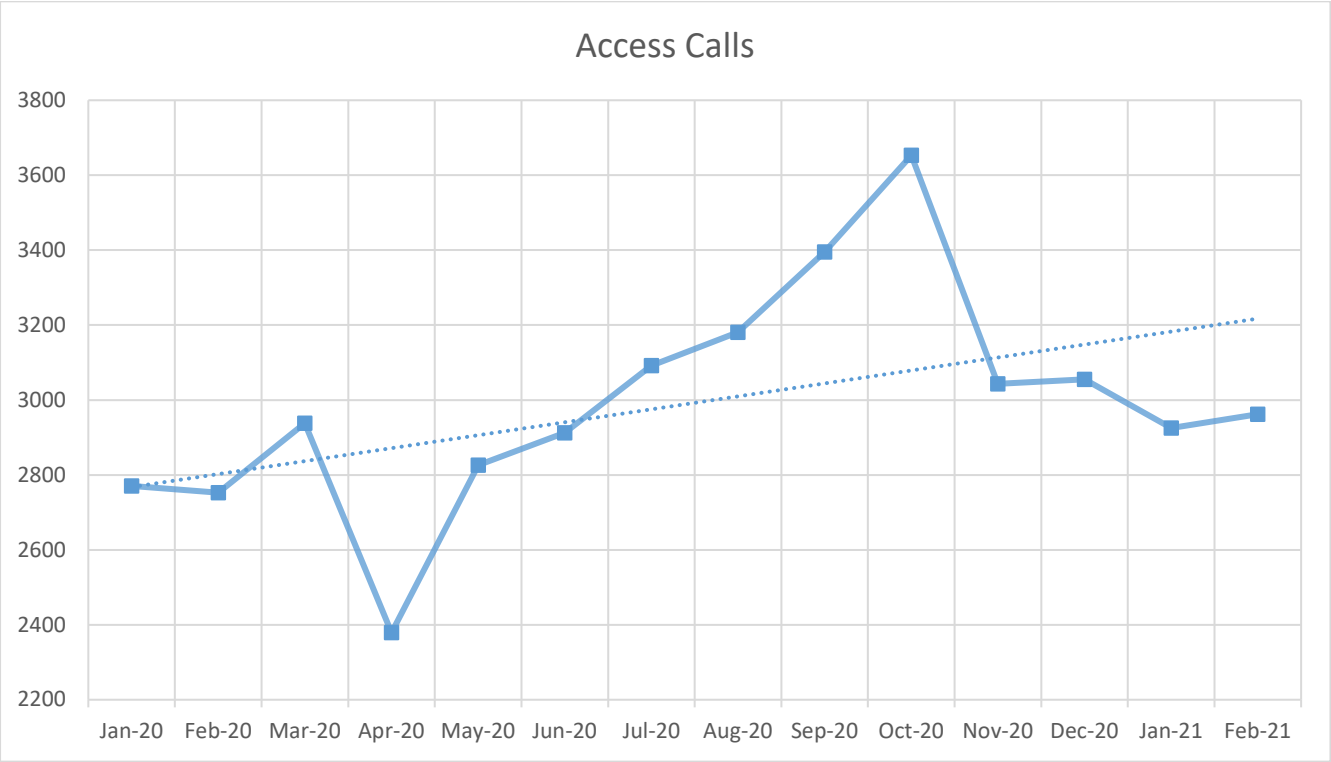
QUESTION TIME BRIEF

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

<u>Current Waiting Times</u>

- As of 11 March 2021, current waiting times for appointments with the Access Mental Health Team are as follows:
  - Consultant Psychiatrist/Senior Specialist appointment: six to eight weeks
  - Psychiatry Registrar: four to six weeks
  - Other Mental Health Clinicians (Psychologist, Social Worker, Occupational Therapist, or Nurse): two weeks

Key Information



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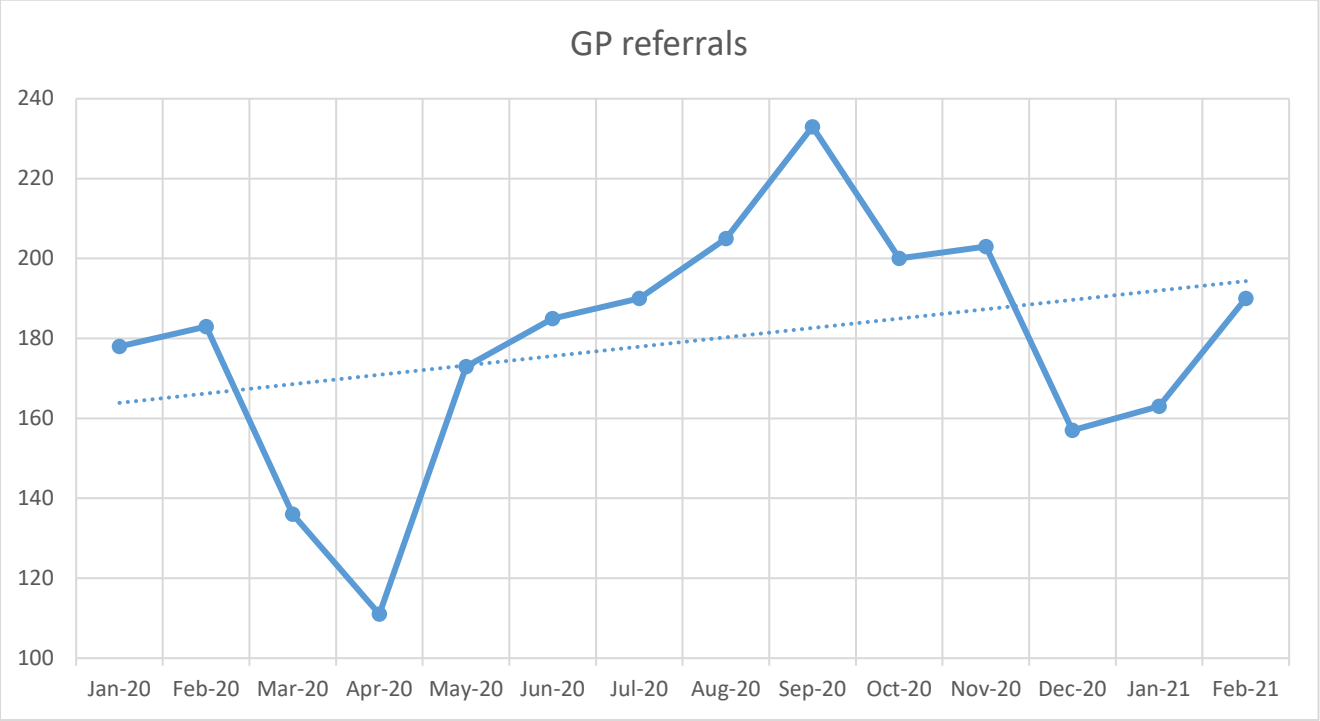

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QUESTION TIME BRIEF

Access Mental Health Team/ Triage	General Access 1800 number		Priority Line		GP Line	
	Total	Average per day	Total	Average per day	Total	Average per day
January 20	2771	89.39	699	22.55	68	2.19
February 20	2753	94.93	721	24.86	89	3.07
March 20	2938	94.77	832	26.84	82	2.65
April 20	2379	79.30	711	23.70	58	1.93
May 20	2826	91.16	771	24.87	91	2.94
June 20	2912	97.07	670	22.33	46	1.53
July 20	3092	99.74	655	21.13	120	3.87
August 20	3181	102.61	726	23.42	98	3.16
September 20	3395	113.17	675	22.50	115	3.83
October 20	3653	117.83	790	25.48	80	2.58
November 20	3043	101.43	643	21.43	79	2.63
December 20	3055	98.55	732	23.61	67	2.16
January 21	2925	94.36	676	21.81	46	1.48
February 21	2962	105.79	631	22.54	95	3.39

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QUESTION TIME BRIEF

AMHT Access Comprehensive	GP Referrals	
	Total	Average per day
January 20	178	5.75
February 20	183	6.31
March 20	136	4.39
April 20	111	3.70
May 20	173	5.58
June 20	185	6.17
July 20	190	6.33
August 20	205	6.61
September 20	233	7.77
October 20	200	6.45
November 20	203	6.76
December 20	157	5.06
January 21	163	5.26
February 21	190	6.79

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QUESTION TIME BRIEF

GBCHS21/56

Portfolio: Mental Health

ADULT ACUTE MENTAL HEALTH SERVICES OVERVIEW

Talking points:

- Canberra Health Services (CHS) has experienced considerable pressure in providing acute Adult Mental Health Services throughout the COVID-19 pandemic.
- From 1 July 2020 to 28 February 2021, the percentage of mental health patients with a length of stay in the Emergency Department longer than 24 hours was six per cent, a decrease from the same period in 2019-20, where the rate was eight per cent.
- There has been continued increasing demand for beds in Adult Acute Mental Health Services in 2020-21 with a nine per cent increase in acute mental health occupancy overall and a nine per cent increase in high dependency occupancy during the period from 1 July 2020 to 28 February 2021, compared with the same period last year.
- Mental health bed days activity has increased 14 per cent year on year to 28 February 2021. There are an average of 80 patients per day for all CHS mental health inpatient units in 2020-21. This is 10 more per day than in 2019-20.
- The Length of Stay (LOS) has also increased by 6.5 per cent to 15.5 days from 14.5 days for the same time period in 2019-20.
- To manage this, an additional five mental health beds at Calvary Public Hospital Bruce 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 24/7 Mental Health Consultation Liaison Service in the Emergency Department, the service has expanded to the general wards from five days per week, business hours to include weekends and three evenings.
- From 4 December 2020, the Territory Wide Flow Coordination role was expanded to include weekends. This assists in supporting timely admission to mental health inpatient units over the weekend.
- Infrastructure work is underway which will deliver additional acute beds by mid 2021.

Cleared as complete and accurate:	12/03/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 44701
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- Through the Mental Health Support Package, Canberra Health Services has established an innovative partnership with the Mental Health Foundation, to provide a supported discharge option to avoid people being discharged into homelessness. As at 13 March 2021, the Mental Health Foundation Discharge Support Program has offset 292 acute adult inpatient bed days.

Key Information

Adult Mental Health Unit – High and Low Dependency Units

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

Mental Health Short Stay Unit

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

Mental Health Consultant Liaison Team

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

Ward 12B – Low Dependency - currently being refurbished

- The existing Ward 12B is being redeveloped into a Low Dependency Unit. This 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.

QUESTION TIME BRIEF

GBCHS21/56

Portfolio: Mental Health

CORONIAL INQUEST UPDATE

Talking points:

- I would like to acknowledge the grief, loss, and sadness that the families of the deceased persons have experienced.
- Canberra Health Services (CHS) has worked closely with the Coroner throughout the Inquest to provide all relevant documents and evidence.
- CHS strives to continually improve the quality of services to patients who receive medical and mental health care in our facilities and/or in the care of our staff.
- Significant work has been undertaken each year in the intervening period to improve facilities and patient care, including:
    - The introduction of electronic monitoring systems at the Adult Mental Health Unit (AMHU).
    - Regular ligature point audits and the completion of a comprehensive program of works to remove ligature points from AHMU and where possible from elsewhere within the hospital, including the Mental Health Short Stay Unit (MHSSU).
    - The creation of a dedicated clinical space for mental health patients in Canberra Hospital Emergency Department and regular updates to the model of care for patients presenting to the Emergency Department in relation to mental health issues.
- No patient has died by suicide while being treated in a Canberra Health Services inpatient unit in the years since the joint Coronial inquest was established.

Key Information

- In the time that has passed since the four deaths occurred, significant work has been undertaken to improve mental health inpatient services within CHS, including changes to policies and procedures.

Cleared as complete and accurate:	29/03/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 42700
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- CHS has also completed an extensive Ligature Minimisation Project to address ligature risks and improve patient safety in mental health inpatient facilities at Canberra Hospital. Initial ligature minimisation works were carried out in the first half of 2016, focusing on door hardware. A formal risk assessment on mental health inpatient units was carried out by an external consultant in 2017 and work to fully implement the recommendations from their assessment occurred in several phases in the following years and was completed in December 2019.

- The families of the four deceased individuals are entitled to make a compensation to relatives claim under the *Civil Law Wrongs Act 2002*. Two of the four relatives of the deceased have already submitted nervous shock claims, however to date, they have not been progressed by the plaintiff's solicitors as they have been awaiting the formal findings to be handed down from the Coroner.
- Adverse comments were made by the Coroner in relation to the processes in place to record changes in mental state and then enact more frequent observations of patients being unclear. The procedure has since been reviewed to ensure that the process is clearer.
- An adverse comment was also made in relation to an individual staff member's failure to enact changes as per this procedure.
- CHS is required to consider whether an APHRA notification is required in circumstances where an employee is mentioned in relation to adverse comments. It has been determined by CHS that such a notification in not required for the following reasons:
    - The comment relates to an incident which happened four and a half years ago in November 2016;
    - The staff member remains a valued member of the service and there have been no concerns or performance issues related to their practice in the years since this incident; and
    - The comment infers that the staff member failed to follow a procedure that in a separate adverse comment against CHS was deemed to be unclear at the time.
    - Both the Coroner and the Health Complaints Commissioner have the opportunity to independently make a notification to AHPRA if they are concerned about public safety in relation to the adverse comment.

-

QUESTION TIME BRIEF

GBCHS21/56

Portfolio: Justice Health

HEALTH AND MENTAL HEALTH SERVICE DELIVERY TO DETAINEES AT ALEXANDER MACONOCHIE CENTRE

Talking points:

- Justice Health Services at the Alexander Maconochie Centre provides the following services: mental health crisis assessment and clinical management, General Practitioner (GP) clinics, nursing clinics, Alcohol and Other Drug assessment and management, and Population Health clinics.
- Custodial Mental Health is available seven days per week, Monday to Sunday. Operating hours are Monday to Friday 8:30am to 6:00pm and Saturday and Sunday 8:30am to 4:00pm.
- All detainees referred to Custodial Mental Health for follow up are triaged and clinically assessed within their triage timeframes. The triage scale aligns with the mental health triage scale used by community mental health teams and is based on international standards. The triage scale has seven categories including emergency, crisis, priority, semi-urgent, non-urgent, referral and advice.
- As of 10 March 2021, wait times for Custodial Mental Health are:
    - All detainees who are at risk of suicide and self-harm are triaged within two hours; and
    - All detainees are seen within their clinically triaged wait times and there is no waiting list for psychiatric review or clinical management.
- The Custodial Health GP service is available five days per week 8:30am to 5:30pm with a phone on-call service for after hours and on weekends. All detainees requiring a GP appointment are triaged and are clinically assessed within their triage category. The triage scale aligns with community standard primary health triage scales.
- As of 10 March2021, wait times for the GP clinics are:
    - All urgent appointments are seen the same day or if after hours, the following day; and
    - Non-urgent appointments are seen within four weeks and these non-urgent appointments are generally for follow up care and medication reviews.

Cleared as complete and accurate:	11/03/2021	
Cleared for public release by:	Chief Executive Officer	Ext:44700
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- The Custodial Health Nursing service responds to all medical emergencies within the Alexander Maconochie Centre, and provides twice daily medication rounds, and nursing clinics. Custodial Health Nursing is available at the Alexander Maconochie Centre seven days per week, Monday to Sunday 6:30am to 8:30pm.
- As of 10 March 2021, wait times for nursing clinics are:
    - All detainees with urgent health needs are seen the same day; and
    - All detainees with non-urgent health needs are seen within seven days or as per their care plan.
- The Alcohol and Other Drug service is available five days per week, Monday to Friday 8:30am to 4:30pm.
- As of 10 March 2021, wait times for the Alcohol and Other Drug clinic are;
    - All urgent appointments are seen the same day or if after hours, the following day; and
    - Non-urgent appointments are seen within four weeks and these non-urgent appointments are generally for follow up care and medication reviews.
- The Population Health service is available five days per week, Monday to Friday 8:30am to 4:30pm.
- The Population Health service does not have a waiting list as clients are seen as required.

Key Information

- Triage is an important process which guides the assessment of a detainee to determine their priority for health care based on the clinical urgency of their presenting condition. Triage enables the allocation of resources to obtain the maximum clinical service for all detainees within the Alexander Maconochie Centre.
- Detainees within the Alexander Maconochie Centre complete a *Health Appointment Request Form* when they want to request a health centre appointment. This form is given to Custodial Health nursing staff, and the client is assessed by the nurse to ensure a thorough understanding is gained regarding the *Health Appointment Request*. The nurse then clinically triages the request and informs the client regarding the expected wait time. Background Information
- Custodial Mental Health provides specialist mental health services to detainees at the AMC who require mental health assessment and or specialised treatment for a mental illness or disorder.

- Custodial Mental Health is made up of the Assertive Response Team and the Clinical Management Team. The Assertive Response Team completes mental health screening assessments for all detainees who enter custody and triage/follow up 'At Risk' referrals. The Clinical Management Team is responsible for providing recovery oriented, trauma informed care to people in custody who are experiencing an ensuring mental illness and or disorder which is associated with significant psychosocial functional impairment
- The Custodial Health GP service provides community equivalent level of care and refers to Canberra Health Services outpatients for specialist services.
- The Alcohol and Other Drug team provide drug and alcohol assessments, suitability and assessments for Opiate Maintenance Treatment, referrals to Alcohol and Drug Counselling, discharge planning, facilitates community dosing, relapse prevention, harm minimisation, withdrawal management, and liaises with custodial and community stakeholders.
- Population Health provides Blood Borne Virus screening, immunisations, Sexually Transmitted Infection testing, management, treatment and follow up and chronic illness management.

Table: Gender Breakdown of AMC Services

As of March 2021	**Total Number**	**Male**	**Female**	**Other**
Muster	398	368 (92.5%)	30 (7.5%)	0
Winnunga	21 (5% of Muster)	13 (62%)	8 (38%)	0
1 July 2020 – 28 March 2021	**Occasions of Service**	**Male**	**Female**	**Other**
Primary Health	29954	25666 (86%)	4282 (13.8%)	6 (0.2%)
Mental Health	10319	8280 (80.2%)	2037 (19.6%)	2 (0.2%)

QUESTION TIME BRIEF

GBCHS21/56

INFRASTRUCTURE UPDATE

Talking points:

Adult Mental Health Inpatient

- Infrastructure work is under way which will deliver additional acute beds by mid-2021. This is through the refurbishment of Ward 12B at Canberra Hospital to create a purpose built 10 bed Mental Health Low Dependency Unit, with internal capacity to flex up to 14 beds if required.
- In addition, the existing Adult Mental Health Unit will undergo some internal works to create the capacity for the existing 10 High Dependency Unit beds to flex up to 18 beds as required.
- The infrastructure work will mean there will be a total of 56 acute mental health beds on the Canberra Hospital site. In addition, the unit will have flexibility to match bed availability to patient need through the ability to increase HDU beds by 80 per cent as required.

Adolescent Mental Health Unit

- The Government is committed to developing youth-focused mental health services including:
  - a dedicated Inpatient Adolescent Mental Health Unit;
  - a Mental Health Day Service; and
  - an Adolescent Intensive Home Treatment Team.
- Planning for the dedicated Inpatient Adolescent Mental Health Unit includes a proposal for a six bed ward with an additional two flex beds and an Adolescent Mental Health Day Service.
- Canberra Health Services has commenced design work on the new unit, which has an estimated completion in 2022.
- The purpose of admission to the Inpatient Adolescent Mental Health Unit will be for the acute stabilisation of psychiatric risk, supporting the family at a time of distress, and facilitating transfer back to the family home/unit as soon as is practicable. This will minimise the disruption to education, peer connections, interpersonal relationships, social/recreational activities, and other adolescent developmental milestones.

Cleared as complete and accurate:	16/03/2021	
Cleared for public release by:	Chief Executive Officer	Ext:
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- The Inpatient Adolescent Mental Health Unit will be incorporated in the existing Adolescent Ward. The Model of Care for the unit will incorporate both physical health and mental health needs for this population group. This will support a unit that provides flexibility for adolescents with diverse medical, surgical and mental health needs. It will also support the efficient use of therapy, social and utility spaces within the foot print of the ward.

Southside Step Up Step Down Project – 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.
- The official opening is planned for 16 April 2021.

Gawanggal (previously called the Extended Care Unit)

- In 2018-19 budget, an investment was made to refurbish the 10-bed Extended Care Unit at the decommissioned Brian Hennessy Rehabilitation Centre 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 Extended Care Unit was completed on 23 October 2020.
- There has been a delay to the occupation of the building due to a nationwide recall of particular electronic devices installed in the building. This delayed issuing a certificate of occupancy. This has now been resolved.
- It is anticipated that residents will move into Gawanggal at the end of March 2021
- The United Ngunnawal Elders Council has recently gifted the name of “Gawanggal” to the unit, meaning honey in the Ngunnawal language. This links culturally to “Dhulwa”, meaning honeysuckle. The refurbished unit will reopen under this new name.

QUESTION TIME BRIEF

Key Information

HDU Wall – New Infrastructure Project

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

Gawanggal

- The residents who remain in the Gawanggal, include those who are subject to a court order or who require a further period of care before they are transitioned to supported accommodation.
- Residents have been temporarily accommodated in a Villa, adjacent to the Gawanggal. The Villa has received minor modifications and upgrades to ensure that it is fit for this purpose.
- All residents in Gawanggal are eligible for the National Disability Insurance Scheme 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.
- 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.

Background Information

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

Cleared as complete and accurate:	16/03/2021	
Cleared for public release by:	Chief Executive Officer	Ext:
Contact Officer name:	Karen Grace	Ext:41577
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QUESTION TIME BRIEF

GBCHS21/56

Portfolio: Mental Health

SECLUSION RATES IN ACUTE MENTAL HEALTH INPATIENT UNITS

Talking points

- In 2019-20, Canberra Health Services (CHS) adopted the national standard and counting methodology for this indicator with it reported as a rate per 1000 bed days. This allows a nationally consistent approach which can be benchmarked against other jurisdictions. However, in small jurisdictions such as the ACT, the small numbers mean that individuals subject to multiple episodes of seclusion can inflate the rate.
- 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 end of the seclusion period.
- A small number of complex patients with significantly high acuity had multiple events of seclusion. As this indicator is currently configured, with patient separations as the denominator, this scenario can significantly impact the rate.
- Multiple strategies to reduce seclusion rates across public mental health services in the ACT have been implemented. Some of these initiatives include:
    - Implementation of the Broset Violence Checklist (BVC) in the Adult Mental Health Unit (AMHU) High Dependency Unit and Mental Health Short Stay Unit as an evidence-based tool to improve identification of acuity in inpatient units;
    - Increased focus on Workforce Strategies to reduce vacancies and increase capability and competency of staff;

Cleared as complete and accurate:	15/02/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 44700
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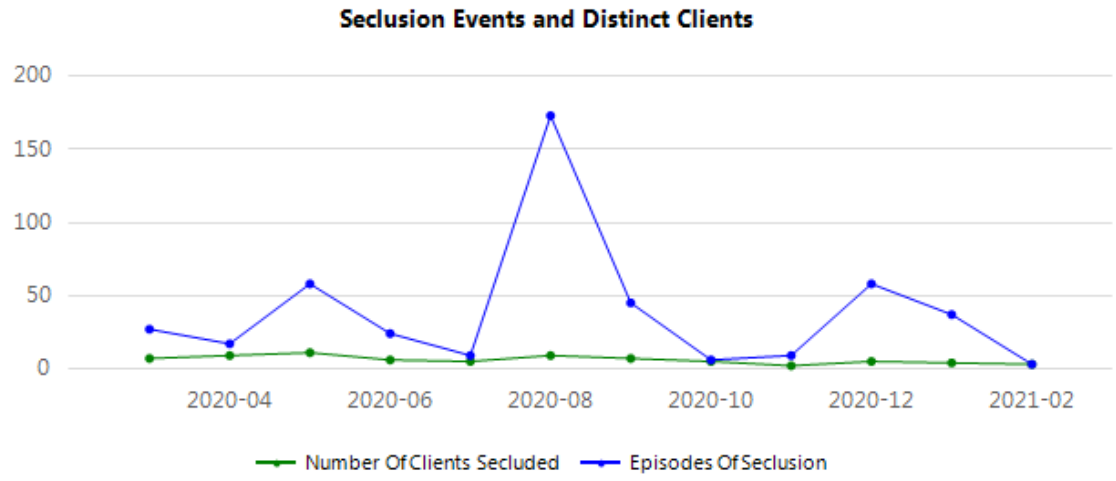
- Ongoing improvements to the Therapeutic Group Programs and sensory spaces within inpatient units;
- The rollout of Safewards in the AMHU to support a patient centred approach to improving the patient experience and the early recognition and response to mental state deterioration.

Key Information

- The current seclusion data for 1 March 2020 to 28 February 2021.

	Bed Days	Seclusion Events	Rate per 1,000 bed days
Seclusion rate for ACT *	36178	466	12.9
AMHU #	14174	102	7.1
Dhulwa +	6167	363	58

* Includes all acute inpatient bed days at Canberra Hospital and Calvary Healthcare Bruce
\# Only includes bed days at AMHU
\+ Only includes bed days at Dhulwa



Cleared as complete and accurate: 15/02/2021
Cleared for public release by: Chief Executive Officer Ext: 44700
Contact Officer name: Karen Grace Ext: 41577
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QUESTION TIME BRIEF

GBCHS21/56

Portfolio: Justice Health

SMOKING AT ALEXANDER MACONOCHIE CENTRE

Talking points:

- There has been an increase in Work Health and Safety notifications by Justice Health Services staff regarding exposure to cigarette smoking at the Alexander Maconochie Centre.
- The Alexander Maconochie Centre is currently not a smoke-free facility.
- Progress is being made on the issue of passive smoke exposure at the Alexander Maconochie Centre. Regular meetings between ACT Corrective Services Senior Management and Canberra Health Services Health and Safety Representatives have been established.
- Strategies implemented to reduce passive smoke exposure at the Alexander Maconochie Centre to date:
    - Smoking within the Crisis Support Unit is not permitted one hour prior to Custodial Health staff visiting the area for scheduled medication rounds;
    - Custodial Mental Health (MH) no longer see clients within the Crisis Support Unit and hold their face to face reviews in the Hume Health Centre, health ward 2. Custodial Mental Health send their client schedule for the following day to ACT Corrective Services to ensure appropriate staff can be provided by ACT Corrective Services for escorts to Hume Health Centre. Custodial MH will review clients in Crisis Support Unit when security considerations of the client or clinician outweighs the client being moved out of Crisis Support Unit and taken to the Hume Health Centre;
    - Fans have been provided in the Crisis Support Unit ACT Corrective Services officers station, where medications are provided by Custodial Health staff to detainees to ensure better circulation of air; and
    - ACT Corrective Services have implemented a schedule for when detainees can access tobacco within the Management Unit to help reduce passive smoke exposure to Custodial Health staff on scheduled medication rounds.

Cleared as complete and accurate:	11/03/2021		
Cleared for public release by:	Chief Executive Officer	Ext:	44700
Contact Officer name:	Karen Grace	Ext:	41577
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QUESTION TIME BRIEF

Key Information

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

Cleared as complete and accurate:	11/03/2021		
Cleared for public release by:	Chief Executive Officer	Ext:	44700
Contact Officer name:	Karen Grace	Ext:	41577
Lead Directorate:	Canberra Health Services		
TRIM Ref:	GBCHS21/56		

QUESTION TIME BRIEF

GBCHS21/56

Portfolio: Justice Health

WINNUNGA DELIVERING HEALTHCARE AT ALEXANDER MACONOCHIE CENTRE

Talking points:

- Since January 2019, Winnunga Health Care (Winnunga) has been providing health services within the Alexander Maconochie Centre (AMC).
- In November 2019, the Memorandum of Understanding (MOU) between Winnunga and Justice Health Services (JHS) was reviewed, with the aim of reducing the exclusion criteria and moving towards a model of shared care.
- From January 2019 to 8 March 2021:
    - 85 clients have had their health care transferred to Winnunga;
    - 55 clients transferred to Winnunga are no longer in custody; and
    - Eight clients have had their health care transferred back to JHS.
- As of 8 March 2021, 22 clients are currently receiving Winnunga health care.
- 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.
- JHS and Winnunga are currently working in partnership to consider other proposed changes for shared care. There has been a new administration building built for health services and JHS and Winnunga are both using this new facility, freeing up space in the Hume Health Centre for the upcoming refurbishment.
- Work is progressing towards Winnunga providing care to clients who are stable on the Opiate Maintenance Therapy. Clinical governance arrangements are being discussed between the two health services.

Cleared as complete and accurate:	11/03/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 44701
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QUESTION TIME BRIEF

GBCHS21/56

Portfolio: Mental Health

WORKFORCE UPDATE

Talking points:

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

Key Information

- As of 28 February 2021, staffing profile in MHJHADS at CHS are:
  - 260.88 FTE Allied Health – 45.8 FTE vacant (16.9 per cent of budgeted FTE)
  - 356.67 Nursing – 9.60 vacant FTE (2.7 per cent of budgeted FTE)
  - Medical (Consultants) –10.5 FTE (18.7 per cent of budgeted FTE).
- In the short term to support these vacancies, premium labour options are deployed. These include:
  - Visiting Medical Officers (VMOs) and temporary recruitment of Senior Career Medical Officers to assist in the cover of the medical short fall.
- MHJHADS is encountering challenges in recruiting experienced allied health officers (psychologists, social workers, and occupational therapists). Recruitment for the allied health graduate program has completed and eight Social Workers and one Occupational Therapist graduates commenced with the division from 8 February 2021.

<u>Medical Workforce Specific Information:</u>

- There is a nation-wide shortage of consultant psychiatrists, projected to continue past 2030, continuing an ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan areas. MHJHADS is working with several recruitment agencies, with the aim of achieving sustainable staffing levels that allow continued safe clinical care and reasonable staff access to leave.

Cleared as complete and accurate:	15/03/2021	
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- Within the psychiatric workforce at present, many psychiatrists are preferring locum work which is more lucrative financially. CHS is managing current services with existing staff and locums, while rolling out a recruitment strategy, recruiting to vacant medical positions and working hard to encourage clinicians to make the ACT a location of choice.
- All vacant medical positions are advertised through the ACTPS jobs website, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) website, 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 uncertain because of COVID-19 and are dependent on flights, hotel quarantine and state/territory border closures.

QUESTION TIME BRIEF

GBCHS21/56

Portfolios: Mental Health

Justice Health

CASUAL WORKERS EMPLOYED BY CANBERRA HEALTH SERVICES

Talking points:

- Three figures have been included as the brief did not outline the timeframe, some casuals may be active in the system but not working.

As at the last pay 31 March 2021

MENTAL, JUSTICE ALCOHOL AND DRUG	ADULT COMMUNITY MENTAL HEALTH	3
	ADULT MENTAL HEALTH SERVICES	2
	ALCOHOL AND DRUG PROGRAM	9
	JUSTICE HEALTH SERVICES	3
	REHAB AND SPECIALTY (UCH)	6

Count of paid in the last 12 months.

MENTAL, JUSTICE ALCOHOL AND DRUG	ADULT COMMUNITY MENTAL HEALTH	7
	ADULT MENTAL HEALTH SERVICES	4
	BUSINESS SUPPORT MENTAL HEALTH	1
	JUSTICE HEALTH SERVICES	3
	REHAB AND SPECIALTY (UCH)	9

Count of total active

MENTAL, JUSTICE ALCOHOL AND DRUG	ADULT COMMUNITY MENTAL HEALTH	7
	ADULT MENTAL HEALTH SERVICES	5
	BUSINESS SUPPORT MENTAL HEALTH	1
	JUSTICE HEALTH SERVICES	8
	REHAB AND SPECIALTY (UCH)	13

Cleared as complete and accurate:	29/03/2021	
Cleared for public release by:	Chief Executive Officer	Ext:
Contact Officer name:	Raelene Burke	Ext: 5124 9365
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/56	

Question Time Briefs

Minister for Health

30-31 March 2021

QUESTION TIME BRIEF

GBCHS21/55

Portfolio: Health

ADDITIONAL INVESTMENT

ELECTIVE SURGERY AND SPECIALTY CLINICS AND OUTPATIENT SERVICES

Talking points:

- The ACT Government has allocated $30 million to the public health system for prevention, preparedness and recovery of services impacted by the COVID-19 shutdown.
- The recovery reaches into various services, including elective surgery, speciality clinics and outpatient services.
- Additional appointments are being provided through a range of mechanisms including additional clinics provided by Canberra Health Services doctors (although capacity is limited), engaging locums, contracting private specialists and using telehealth.
- There have been more than 2,310 additional appointments completed, largely across cardiology, paediatrics, rheumatology, physiotherapy and gynaecology.

Elective Surgery and Endoscopy procedures

- On 30 June 2020, there were 1,505 overdue patients, including patients not ready for care. As of 28 February 2021, 272 of this overdue cohort remain on the waitlist.
- Approximately 9,957 elective surgeries had been performed up to 28 February 2021, which is a record number for the first eight months of any year.
- The Territory continues to work to perform as many elective surgeries as possible in 2020-21. There has been an increase in demand for emergency surgery year on year which may impact on the Territory's capacity to deliver more than 16,000 elective surgeries prior to 30 June 2021.
- The Government committed to deliver an additional 664 elective Endoscopies - more than 700 have been completed.

Cleared as complete and accurate:	19/03/2021	
Cleared for release by:	Chief Executive Officer	Ext:44700
Contact Officer name:	Dave Peffer	Ext:42138
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/55	

- Canberra Health Services partnered with private hospitals to provide extra elective services as part of the recovery program:
  - Paediatric Endoscopy lists;
  - Adult Endoscopy;
  - Indigenous children Ears, Nose, Throat surgery;
  - paediatric surgery;
  - joint replacement surgery, and orthopaedic surgery;
  - Head and Neck surgery;
  - Vascular Surgery, and varicose vein surgery;
  - General Surgery; and
  - Plastic Surgery.
- 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.

Dental Services

- The Oral Health Service has been working on the recovery program for public dental health through the financial year.
- Since the start of the financial year, under the recovery funding, the waiting list has reduced from 16.4 months to a current wait time of 8.95 months. This is below the target we set of 12 months.
- A total of 3,274 of the longest waiting clients have been offered an appointment through the program.
  - To date, 1,721 clients have accepted these offers and have been referred for dental work, a take up of 53 per cent.
  - Of the 1,721 offers accepted, 17 clients who identify as Aboriginal or Torres Strait Islander people have accepted.

Outpatient Services

- Canberra Health Services currently provides approximately 10,000 medical specialist appointments a month.
- An approach to market was made in order to deliver up to 14,000 additional outpatient appointments this financial year, allowing patients

who have been waiting longer than clinically recommended to be seen. This investment was available to both medical and surgical specialties.

- Contracts with two providers were put in place from this process, with one provider recently withdrawing.

Key Information

- The $30 million additional investment also includes funding for the prevention, preparedness and recovery of services impacted by the COVID-19 shutdown, including:
  - Up to 2,000 additional elective surgeries.
  - Up to 679 additional endoscopy procedures.
  - Up to 1,900 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 of impacted health services.
- The ACT has responded strongly to the threat of COVID-19 and, while the pandemic is not over, Canberra Health Services and Calvary Public Hospital Bruce have resumed many services and procedures that were postponed due to COVID-19 and fast track recovery in our public health system.

QUESTION TIME BRIEF

GBCHS21/55

Portfolio: Health

2020-21 CANBERRA HEALTH SERVICES BUDGET

Talking points:

- The 2020-21 Budget will provide Canberra Health Services with new capital funding of $23.2 million over the four-year estimates period. The funding will support the delivery of:
  - an Outpatient Imaging Service at the Weston Creek Walk-in Centre ($5.7 million);
  - the upgrade and refurbishment of buildings at Canberra Hospital ($16.6 million); and
  - $0.250 million to deliver a pilot Walk-in Health Centre in Coombs as part of the Screwdriver Ready program; and
  - $0.675 million as part of the Screwdriver Ready program, which includes funding for additional works at the Inner North Community Health Centre.
- In 2020-21, it is anticipated capital works projects totalling $83.7 million will be undertaken by Canberra Health Services to support the delivery of high quality healthcare to the Territory.

Background Information

- Canberra Health Services is only appropriated funding for capital projects. Operational funding is received from the Local Health Network (LHN).

Cleared as complete and accurate:	01/02/2021	
Cleared for public release by:	Chief Finance Officer	Ext: 49683
Contact Officer name:	Ian Turnbull	Ext: 49705
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/55	

QUESTION TIME BRIEF

GBCHS21/55

Portfolio: Health

CANBERRA HOSPITAL CAPACITY

Talking points:

- On 29 March 2021 at 10:30am, the Canbera Health Services (CHS) Hospital Commander stood up the HEOC due to capacity issues. The HEOC was stood down at 4:30pm as the situation had stablilised.
- On 18 and 19 March 2021, the CHS Hospital Commander held a Women, Youth and Children Escalation Meeting due to high demand for Neonatal Intensive Care Unit (NICU) and Special Care Nursing (SCN) beds in the ACT and NSW.
- The Escalation Meeting reviewed and analysed the capacity and demand for NICU and SCN beds in the ACT and NSW and risk assessed options to safely manage this period of high demand with considerations for patients, their families and staff over the next 48 hours.
- Capacity issues continue to be monitored.
- On Tuesday 23 February 2021, Canberra Hospital exceeded capacity.
- To ease pressure across the hospital, Canberra Health Services stood up the Hospital Emergency Operations Centre (HEOC) to create internal capacity by expediating appropriately identified discharged patients and the transfer of patients to private hospitals.
- CHS worked closely with ACT Ambulance Service to manage transfers of patients across the health system.
- A Code Yellow was declared and the Hospital Emergency Operations Centre was stood up from 11:00am to 4:00pm to assist with the unexpected increase in demand.
- There was no obvious cause for the surge in admissions other than usual seasonal fluctuations.
- An Ambulance bypass of Canberra Hospital Emergency Department was not deemed necessary for this incident and was not activated.
- Capacity issues continued to be monitored post HEOC with capacity created for ongoing admissions for the day.

Cleared as complete and accurate:	26/03/2021	
Cleared for release by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Denise Patterson	Ext: 47354
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/55	

QUESTION TIME BRIEF

GBCHS21/55

Portfolio: Health

COVID-19: HEALTH SYSTEM PREPAREDNESS

Talking points:

Testing

- On Sunday 28 March 2021, 1227 tests were conducted by CHS.
- On Monday 29 March 2021, 1561 tests were conducted by CHS; one of the highest recorded number of tests conducted in one day.
- On Tuesday 30 March 2021, 1309 tests were conducted by CHS.
- All sites are expecting lengthy wait times, despite an increase in staff.
- We thank Canberrans for their patience.

COVID-19 public health response investment

- 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.
- In 2019-20, up to an $126 million was allocated (ACT proportion $63 million) to ensure our health services were 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;
    - 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.

Cleared as complete and accurate:	31/03/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 42138
Contact Officer name:	Dave Peffer	Ext: 42138
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/55	

- In 2020-21, the ACT Government has allocated:
    - Up to $59.90 million in 2020-21 (ACT proportion $30 million) through the August 2020 Economic and Fiscal Update for the health system to continue to respond and recover from COVID-19; and
    - $39 million over two years to boost our public health response and ensure our health system can continue to protect our community; and
    - $20 million (plus $4.5 million in capital) to support the establishment and staffing of our dedicated vaccination sites.

Public Health

- Work is ongoing to support returned international travellers in a mix of hotel and home quarantine in the ACT.
- ACT Health undertakes extensive work to review and manage exemption requests by people wishing to enter the ACT from COVID-19 affected areas, including health care workers.
- The ACT received our fifth Government Facilitated Flight on 1 March 2021 from Singapore, with 146 passengers and two family members with exemption entering hotel quarantine.
- We are taking every precaution to minimise the risk to the community of these flights, including daily saliva and weekly PCR testing for hotel quarantine staff through the Safeguarding Canberrans (SCAN) Surveillance Program, and entry and exit testing of those in quarantine.
- The ACT COVID-19 Vaccination Program commenced on 22 February 2021 and the ACT is continuing to work closely with the Commonwealth Government regarding the distribution and delivery of COVID-19 vaccines in the ACT.

Aged Care Planning

- The ACT Residential Aged Care COVID-19 Sector Response Plan was developed in collaboration with the sector and key stakeholders and released on 6 October 2020 with group sessions and on-site education provided to Residential Aged Care facilities.

- The purpose of the plan is to clearly outline roles and responsibilities for achieving agreed actions to prevent, prepare and respond to COVID-19 in the Aged Care sector.
- An Outbreak Response Centre has been jointly established with the Australian Department of Health and the Aged Care Quality and Safety Commission to support rapid and coordinated response to outbreaks in the ACT.

Workforce

- In conjunction with Commonwealth stakeholders, ACT Health and the Clinical Health Emergency Coordination Centre will facilitate provision of a local surge workforce in the event of an outbreak in a residential aged care facility, for the initial phase of outbreak management. An initial workforce will also be secured from the Commonwealth utilising Aspen Medical.

Sector Engagement

- On-site infection prevention and control audits and desktop audits of outbreak management plans have been completed for all 30 Residential Aged Care facilities by the ACT Public Health Emergency Coordination Centre.
- The Clinical Health Emergency Coordination Centre has developed the Territory-wide COVID-19 Residential Aged Care Facility Clinical Response Plan to coordinate efforts required if there was a COVID-19 outbreak in one or more Residential Aged Care facilities across the Territory.
- The Executive Summary of the findings report from the COVID-19 Safe Assessments undertaken by the Clinical Health Emergency Coordination Centre provides an overarching guidance on the process undertaken, what was reviewed by the COVID-19 Safe Teams and the key issues/risks that have been identified.
- A third Aged Care Forum was held on 24 February 2021 with ACT Health, Aged Care Providers, and key stakeholders including the Commonwealth. The priority for this forum will be for Residential Aged Care facilities to highlight how they have embraced the documents provided in relation to COVID-19 outbreak preparedness and prevention. The forum focussed on sharing their innovations and projects.

Education for preparedness

- Face-to-face, on-site personal protective equipment training for General Practitioners and aged care staff remains a priority. The Australian Catholic University in conjunction with ACT Health and St Andrews Aged Care facility will provide individual facility on-site training in personal protective equipment and Infection Prevention and Control. This training was rolled out to individual facilities in February 2021. Recruitment to the Commonwealth Funded Infection Prevention and Control Champions at each Residential Aged Care facility will further support education.
- A review of all Residential Aged Care facilities Outbreak Management Plans were undertaken by the Public Health Emergency Coordination Centre with individual reports developed. An interim measure was a reminder email sent by ACT Health to all 30 Residential Aged Care facilities to re-familiarise them with ACT Health Outbreak Management Process including reference to the Department of Health 'First 24 hours – managing COVID-19 in a Residential Care facility' fact sheet. A follow up Residential Aged Care Facility Forum by the Public Health Emergency Coordination Centre regarding Outbreak Management Processes is to be held in April 2021.

Private Hospitals

- The Australian Government provides a financial viability guarantee under the *National Partnership on COVID-19 Response* to those private hospitals identified as critical to COVID-19 response planning. The financial viability guarantee is administered by states and territories. The financial viability guarantee is currently in place until 31 March 2021. Advice from the Australian Government on the arrangement being extended or ceased is pending.
- The ACT Government currently has one agreement for funding and services arrangements covering one private hospital in Canberra.
- In return, the private hospital will maintain their staff and facilities and make them available to support the ACT's response to the COVID-19 pandemic.
- ACT Health Directorate will continue to negotiate agreements with advice from the CHECC on private hospitals identified as critical to ACT's COVID-19 response planning.

Surge Centre

- 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.
- Since opening, more than 17,000 COVID-19 tests have been conducted at the facility.
- From February 2021, ACT Health Directorate and Canberra Health Services established the ACT's Vaccination Hub at the Garran Surge Centre and have administered the first phase of vaccinations to identified priority groups, namely quarantine and border workers and frontline health care workers. The Garran Surge Centre is being used to administer both Pfizer/BioNTech and Oxford/AstraZeneca vaccines to individuals within the Phase 1a priority 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.
- The centre will be removed, and Garran Oval remediated once the end of the Public Health Emergency has been declared.
- On 17 February 2021, the Public Health Emergency Declaration was extended for 90 days to 18 May 2021.
- The facility is being staffed by Canberra Health Services team members. No work order has been issued for additional clinical support from Aspen Medical at this time.

QUESTION TIME BRIEF

GBCHS21/55

Portfolio: Health

JUNIOR MEDICAL OFFICER PAY ISSUE

Talking points:

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

ADOs

- It was also identified that the accrual rate of ADOs for Junior Medical Officers was incorrect; and should be 13 per year instead of the 12 currently configured in the payroll system, Chris21.
- Canberra Health Services has been working with the Junior Medical Officers group to fix these issues, who I am advised are pleased with the progress to date.

HRIMS

- The HRIMS will provide an integrated payroll and human resource management solution for the ACT Government workforce, including our invaluable health workers.
- A major benefit of the HRIMS will be the increased accuracy and efficiency in payroll and reporting, which will be in the first release of the system and is due to be implemented by the end of June 2021.
- Based on provided timeframes from the HRIMS program the system is on track to be delivered in full before December 2021.

Key Information

- Canberra Health Services is working productively with Junior Medical Officer representatives and will continue to keep them updated on the matter, as part of Canberra Health Services' commitment to ensuring staff are remunerated in accordance with the relevant Enterprise Agreement.
- Canberra Health Services has informed both the Australian Salaried Medical Officer's Federation and Australian Medical Association of the issue, and have advised that

Cleared as complete and accurate:	17/03/2021	
Cleared for public release by:	Executive Group Manager	Ext: 49631
Contact Officer name:	Heidi Gregson	Ext: 49625
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/55	

Shared Services is working towards resolving them and Canberra Health Services will keep them abreast of the progress.

- Due to the complexity of ascertaining the extent of the impact of the incorrect accrual method for ADOs, the error will be addressed retrospectively in due course by Shared Services, however Canberra Health Services commit to ensuring that no Junior Medical Officer is disadvantaged due to the configuration error.

QUESTION TIME BRIEF

GBCHS21/56

Portfolio: Health

CASUAL WORKERS EMPLOYED BY CANBERRA HEALTH SERVICES

Talking points:

- Three figures have been included as the brief did not outline the timeframe, some casuals may be active in the system but not working.

As at the last pay 31 March 2021	481
Count of paid in the last 12 months	762
Count of total active	1068

Cleared as complete and accurate:	29/03/2021	
Cleared for public release by:	Chief Executive Officer	Ext:
Contact Officer name:	Raelene Burke	Ext: 5124 9635
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/55	

QUESTION TIME BRIEF

GBCHS21/55

Portfolio: Health

OCCUPATIONAL VIOLENCE STRATEGY

Talking points:

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

Cleared as complete and accurate:	16/03/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 44701
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Lead Directorate:	Health	
TRIM Ref:	GBCHS21/55	

- Based on data measured as at 28 February 2021, CHS is achieving and exceeding the target of 5% in the 2020/21 financial year.

Examples of actions that have been progressed under the OV Strategy include:

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

QUESTION TIME BRIEF

GBCHS21/55

Portfolio: Health

PAEDIATRICS

Talking points:

- Canberra Health Services provides a range of specialised paediatric services and delivery of exceptional health care across all services is its main priority.

Outpatients

- The Paediatric Department continues to experience growth in demand for specialist outpatient services.
- COVID-19 has affected the ability of visiting medical specialists to travel from Sydney. In addition, recent retirements and resignation of senior paediatric staff have impacted on wait times.
- As at 28 February 2021, Category 1 paediatric (under 16 years of age) patients waiting longer than 30 days for an outpatient appointment are:

Specialty	Number Overdue Category 1 Paediatric Patients
Dermatology	25
Ear, Nose and Throat	18
Ophthalmology	6
Paediatric Surgery	17
Paediatrics	29
Plastic Surgery	3

- Plans are in place to address the patients who are overdue, including robust audit processes and a review of long waits in order to inform the need for additional clinics.
- The Division of Women, Youth and Children has recently appointed a Staff Specialist and two part time Staff Specialists to address the waiting list in general paediatrics and the diabetes/endocrinology service.

Cleared as complete and accurate:	18/03/2021	
Cleared by:	Chief Executive Officer	Ext:44700
Contact Officer name:	Boon Lim	Ext: 47389
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/55	

QUESTION TIME BRIEF

Elective Surgery

- Temporary suspension of paediatric surgical services as a result of the COVID-19 public health emergency, has negatively affected the public elective surgery key performance indicators.
- As at 28 February 2021, there are 12 paediatric patients as Urgent Category 1 waiting for elective surgery. None of these patients are overdue.

Background Information

- CHS anticipates a gradual improvement in waiting times in the months ahead.
- The Paediatric Department within Canberra Heath Services 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 June 2021.
- 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.
- 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.

Cleared as complete and accurate:	18/03/2021	
Cleared by:	Chief Executive Officer	Ext:44700
Contact Officer name:	Boon Lim	Ext: 47389
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/55	

- The additional investment includes funding for:
  - 2600 child development checks through Maternal and Child Health.
  - 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.

QUESTION TIME BRIEF

GBCHS21/55

Portfolio: Health

PHYSICIAN TRAINING PROGRAM

Talking points:

- Canberra Health Services 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 Canberra Health Services 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 Canberra Health Services.
- Canberra Health Services has accepted all of the recommendations, and moved as quickly as possible to address them in the context of the COVID-19 pandemic, since receiving the report in January 2020. A comprehensive plan to address and monitor the recommendations has been developed with stakeholder consultation, overseen by the Physician Training Committee.
- The majority recommendations have been fully implemented, with many of the remaining recommendations partially addressed. Where recommendations require extra resources, the ACT Network Director of Physician Education is undertaking benchmarking with comparably sized hospitals to determine resource requirements.
- The welfare of all healthcare workers in the ACT is of clear importance to the Government, which is why on 2 December 2020, I agreed to report to the Legislative Assembly each year on the progress of actions to improve the training and working environment for junior doctors in the ACT.
- Despite difficulties highlighted by the review, the number of trainees in the ACT Physician Training Network has grown year on year.
- ACT Basic Physician Trainees are in the midst of two sets of exams:
    - The 2020 exams which were delayed due to the pandemic and will likely be completed by the end of April. All registrars who trained in the ACT Network in 2020 have so far been successful in progressing from stage 1 to stage 2 of this exam.

Cleared as complete and accurate:	12/03/2021	
Cleared by:	Chief Executive Officer	Ext: 43596
Contact Officer name:	Nicholas Coatsworth	Ext: 43596
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TRIM Ref:	GBCHS21/55	

  - In the 2021 cycle of exams, the written exam has been completed with 15 of 17 (88 per cent) of local physician trainees being successful, which is above the national benchmark of 78 per cent in 2021.
- More broadly, specialist training programs at Canberra Health Services 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 passed various components of exams in the Royal College of **Pathologists** of Australasia in 2020. 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 Canberra Health Services 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.
- Canberra Health Services **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. In response, this program improved its rostering practices, added some new rotation options, and increased access to study leave for trainees ahead of exams.
- The results from radiology training exams in late 2020 were very positive, with all junior radiology registrars passing. Five out of seven senior radiology registrars passed all or most components, noting that most radiology trainees complete their full examinations in more than one attempt. The first round of exams for 2021 commenced in March.

Key Information

- Canberra Health Services has implemented a range of 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.

- Canberra Health Services advertised three additional full time medical registrar positions for 2021, to help reduce overtime and contribute to covering annual and study leave. As of mid-March 2021, some positions remained vacant and recruitment will continue until all posts are filled.
- 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 Dr Nick Coatsworth to the role of Executive Director of Medical Services at CHS, which is the executive lead for physician education. 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 and with his team is actively nurturing an improved relationship between Canberra Health Services' trainee physicians and their senior clinical colleagues.

- The drop in local Clinical Exam pass rates in 2018 and 2019 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	2021
Written Examination						
ACT pass rate:	12 of 19 (64%)	7 of 11 (63%)	11 of 12 (92%)	11 of 15 (73%)	11 of 16 (69%)	15 of 17 (88%)
National pass rate:	71%	74%	87%	71 %	78%	78%
Clinical Examination						
ACT pass rate:	15 of22 (68%)	9 of 9 (100%)	5 of 14 (36%)	7 of 17 (37%)	Delayed due to COVID-19, but as of March 2021, all 18 trainees progressed from stage 1 to stage 2	Slated for August to September 2021
National pass rate:	73%	70%	71%	70%		

Regarding the deferral of the clinical exam in 2020:

- Earlier this year during the upswing of the COVID-19 pandemic, the RACP 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.

QUESTION TIME BRIEF

GBCHS21/55

Portfolio: Health

ISSUE: TIMELY CARE STRATEGY

Talking points

- Canberra Health Services has continued to implement initiatives across the health service to improve patient care and patient flow.
- The Timely Care Strategy is focusing on a series of redesign and improvement initiatives to ensure patients receive the right care, at the right time, and in the right place.
- The Timely Care Performance Taskforce continues to meet weekly to lead the planning, development, implementation and evaluation of improvement and redesign projects across Canberra Health Services.
- Canberra Health Services has taken a methodological approach and developed targeted redesign and improvement initiatives. These include:
    - Emergency Department Redesign Projects that are reviewing systems and processes across the patient journey from Emergency Department presentation through to discharge. For example:
        - A new admission procedure from the Emergency Department to the ward has been implemented.
        - A review of triage processes and workforce models that support patient flow within the Emergency Department.
    - The development of a Canberra Health Services Patient Flow and Capacity Escalation Framework that details systems and processes across CHS that support the patient journey and timely access to care.
- Canberra Health Services engaged an external consultant with expertise in patient flow and service re-design. Dr Frank Daly visited Canberra Hospital the week of 15 February 2021. This visit has assisted in informing redesign and improvement initiatives to support the provision of high quality, safe and timely care to our community.
    - Canberra Health Services is developing plans to implement numerous recommendations including the establishment of a new Canberra Health Services wide Hospital Huddle, which is being led by the Executive Director of Medical Services.

Cleared as complete and accurate:	16/03/2021	
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TRIM Ref:	GBCHS21/55	