

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 to 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 5 or more years old:

- (i) incoming ministerial briefs;
- (ii) parliamentary estimates briefs;
- (iii) annual reports briefs;
- (iv) question time briefs.

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to ensure that the agency meets its obligation to publish open access information under part 4 of the Act.

I have identified 84 documents holding the information within scope of section 23(1)(i).

Decisions

I have decided to grant full access to the information in the identified documents that can be decided under the FOI Act.

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). There is information in two question time briefs that has been redacted as it constitutes a health record. There was also one question time brief that was provided to the Minister for Health and Wellbeing for the March 2018 sitting period which was written by the Justice and Community Safety Directorate. This brief does not appear in the documents to be published.

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.

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 views of relevant subject matter experts; and
- The *Health Records (Privacy and Access) Act 1997*.

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 seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published on the ACT Health 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

Further assistance

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



Fiona Barbaro
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ACT Health Directorate

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GBC18/579

Portfolio/s: Minister for Mental Health

Minister for Mental Health

ISSUE: ACT HEALTH ANNUAL REPORT 2017-18**Talking points:**

- ACT Health performed well against a range of Health Directorate and ACT Local Hospital Network strategic objectives and priorities over the reporting period.
- Emergency Departments (ED) in the ACT were impacted by a record number of influenza cases during the winter of 2017.
- In 2017-18, 100 per cent of Category 1 patients presenting to the ED were seen within clinically recommended timeframes.
- The number of presentations to ACT Public EDs increased by 6.3 per cent from July to September 2016 to July to September 2017.
- The number of presentations to the Canberra Hospital ED increased by 4.1 per cent in 2017-18.
- The number of presentations to ACT public EDs in 2017-18 was 147,778 compared to 143,860 in 2016-17.
- ACT Health exceeded the target for the total number of elective surgeries performed. In 2017-18, 13,340 elective surgical procedures were completed across the ACT, compared to 12,826 in 2016-17.
 - The results for Urgent Category 1 are similar to the previous year, with 91% of urgent patients receiving access within clinically recommended timeframes.
 - There were zero long-waits in paediatric surgery, an important achievement.
 - The Government has committed to providing additional funding to increase elective surgery numbers to around 14,000 per annum from 2018-19.

Cleared as complete and accurate: 18/10/2018
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Lead Directorate: Health

- The Government has committed \$64.7 million over the next four years to improve access to surgical care and reduce wait times, which will produce better health outcomes for patients in the ACT and surrounding NSW region.
- The target for access to radiotherapy emergency treatment was met with 100 per cent of patients requiring emergency treatment seen within 48 hours.
 - During 2017-18, overall activity and the number of patients treated by radiotherapy services increased by 6.5 per cent. This increased demand created additional challenges in meeting target wait times for palliative and radical treatments.
- The number of breast cancer screens in 2017-18 increased compared to the previous year. The ACT participation rate is 3 per cent higher than the national average.
- The usage of seclusion in Mental Health episodes increased from 4 per cent in 2016-17 to 7 per cent in 2017-18.
 - The increase is due to the inclusion of the data from the Dhulwa Mental Health Unit (Dhulwa) which opened in November 2016. The target from 2016-17 was maintained in 2017-18 and was not adjusted to account for another inpatient unit.
 - The target has been increased to be less than 5 per cent for the 2018-19 Financial Year due to the inclusion of the more complex Dhulwa patient cohort.
- The ACT continues to enjoy the highest life expectancy of any jurisdiction in Australia. Life expectancy at birth is:
 - 85.2 years for females in the ACT, against a national average of 84.6 years.
 - 81.3 years for males, against a national average of 80.4 years.
- The estimated hand hygiene rate at Canberra Hospital continues to remain well above target levels. Hand hygiene was a key focus of the Australian Council on Healthcare Standards accreditation process undertaken earlier this year.

- For the two-year Cervical Screening Program participation rate, the ACT achieved a result of 56.2 per cent against a national rate of 56.0 per cent.
- The proportion of the ACT population with cardiovascular disease is 3.9 per cent, which is lower than the national proportion of 4.7 per cent.
- The 2014 dfmt/DMFT index results at six years and 12 years were lower than the national average for the dfmt/DMFT index.
- The 2016–17 ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 5.6 per cent. This is above the long-term target of 5.3 per 1,000 persons, but an improvement on the 2015-16 result of 6.6 per cent.

Key Information

- There is no data to report against maintaining reduced rates of patients returning to an ACT public acute psychiatric inpatient unit.
 - Unplanned readmissions could not be separated from planned readmissions for a range of reasons at a time of significant change occurring during the second half of 2017.
 - This indicator will be reviewed, with a proposal to align the ACT Health definition with the national definition, for future reporting.

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GBC18/579

Portfolio/s: Health & Wellbeing

ISSUE: BED NUMBERS AND BED OCCUPANCY

Talking points:

- Bed occupancy is calculated on the availability of beds at Canberra's public hospitals (Canberra Health Services (CHS); Calvary Public Hospital (Bruce) (Calvary); and the University of Canberra Hospital (UCH)) to receive admissions, in total minutes per day. The calculation fluctuates with the level of demand across the system.
- For the 2018-19 financial year to 21 October 2018, the preliminary bed occupancy and the number of open beds, based on the average per day, were:
 - CHS – 88 per cent with 669 open beds;
 - UCH – 76 per cent with 84 open beds (since 17 July 2018); and
 - Calvary – 68 per cent with 277 open beds.
- The overall preliminary occupancy was 82 per cent on an average of 1030 beds.
- The opening of UCH and the implementation of the '*CHHS Winter Plan 2018*' have resulted in CHS reporting a reduced occupancy rate compared to last financial year. It is important to consider that on this basis, comparisons cannot be drawn with last financial year's occupancy rate.
- It is important to note that 95 per cent is a functionally full hospital.
- Under the '*CHHS Winter Plan 2018*', which commenced on 1 July 2018, 72 additional beds have been opened across the hospital (with a further 12 flexible paediatric beds). These additional beds will be operational until 30 November 2018.
- These 72 additional beds will help to relieve the pressure across the system and assist in achieving National targets in emergency areas.
- It will also help the hospital, as the major tertiary and trauma centre for our region, to manage demand, including the increase for emergency

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procedures, which in recent years has been growing at a rate in the order of six per cent per annum.

- UCH commenced clinical operations on 17 July 2018 with 84 beds open, including 64 rehabilitation and 20 mental health rehabilitation beds.

Key Information

- The bed occupancy rate for CHS and Calvary for the financial year to 30 June 2018 was 86 per cent, with CHHS at 94 per cent and Calvary at 69 per cent¹, which is consistent with previous years. The 2017-18 Strategic Indicator 7 target was 90 per cent and has been since 2013-14.²
- During the 2017-18 financial year, CHS experienced a busy winter season due to the largest influenza season since the 2009 pandemic year and successfully managed the occupancy through the Winter Beds Strategy. The 2017-18 Winter Beds Strategy enabled CHS to deploy up to 34 additional beds in response to surges in demand. The additional beds used to meet winter demand closed on 29 November 2017.
- Bed occupancy rates for the financial years 2015-16 to 2017-18 are as follows, noting that 2017-18 data is preliminary and has not yet been fully validated.

Financial Year	Bed Occupancy		
	Canberra Hospital	Calvary Public Hospital	ACT public hospitals
2015-16	91%	75%	86%
2016-17	94%	71%	86%
2017-18	94%	69%	86%

¹ AIHW METeOR Definition:

Occupancy Rate – calculated by dividing total bed days in a period by the product of the available beds and the days in the period –

Funded beds – may equate to 'available beds' unless the necessary human resources cannot be provided (e.g. due to a strike or nursing shortage).

² Australian Capital Territory Budget, 2017-18

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Background Information

- The calculation of occupancy figures does not include:
 - Same day beds, theatre, procedure rooms, hospital in the home, home birth, and community dialysis; and
 - Down-time (such as cleaning following a patient discharge).
- Not all beds can be utilised for admission from the ED.
- ACT Government has traditionally allocated funding to opening specific beds within the ACT Budget process. ACT Health is transitioning to an Activity Based Funding (ABF) model.
- ABF incentivises hospitals to perform efficiently and maximise services provided for the available funds. ABF is patient-centred with funding tied to the treatment of patients. ABF is transparent, clear on what basis funding is provided, and increases hospital autonomy to deliver care within a clear funding and accountability framework. ABF will allow ACT Health to determine, and be accountable for, the overall level of funded services to meet operational requirements to be provided while requiring (and empowering) hospitals to deliver those services in the best possible way.
- The number of hospital beds in use will be controlled by public hospitals, allow them to be responsive to demand and remove the notion of ‘funded beds’. The idea of occupancy as a function of funded beds will be less relevant and future strategic indicators to measure service supply and demand will be developed.
- The maternity escalation policy includes overflow when required, firstly into the Birth Centre beds and then into the Paediatric Surgical space when there are no children using that ward. There has been no allocation of extra or new maternity beds as yet.

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- Below is the breakdown of the additional 72 beds opened across the hospital under the Winter Management Plan 2018:

Division	Unit	Name of Ward	Number of beds
Critical Care	Emergency Department	Emergency Medicine Unit (EMU) beds	4
		Acute beds	8
		Flu Beds	4
	ICU		2
Medicine	7 B South	Gen Med/ Resp med	16
Rehabilitation and Community Care (RACC)	11 A	Geriatric Medicine	4
	11 C		2
	7 A		8
Surgery	10 A	General Surgery, Ear Nose and Throats (ENT)	4
	9 B	Surgical Beds	8
	5 B	Orthopaedics	2
	6 B	Cardiothoracic	4
Cancer and Community Health Services (CACH)	4 A	Oncology	4
	14 B		2
Paediatrics	Paediatric Surgical		12 (flexible)
TOTAL			72 <i>plus 12 flexible Paediatric beds</i>

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GBC18/579

Portfolio/s Health & Wellbeing

ISSUE: BIRTH CENTRE PETITION

Talking points:

- On 9 July 2018 a group called 'Family Birth Centre for the ACT' started a petition on Change.org calling for a third Family Birth Centre to be built in the ACT.
- As of 15 October 2018, 2526 people have signed in support of the petition.
- ACT Health have two Birth Centres which run continuity of midwifery care for low risk women. This consists of a two bed Birth Centre located at Calvary Public Hospital and a five bed Birth Centre located at Canberra Hospital and Health Services' Centenary Hospital for Women and Children (CHWC).
- A fulltime Birth Centre midwife cares for 40 women each year, providing the antenatal, intrapartum and domiciliary and midwifery care.
- CHWC are currently undertaking a review of the continuity of midwifery care models Canberra Midwifery Program (CMP the low normal risk) and Continuity at the CHWC (CATCH mixed risk model) with the intent of increasing women's access to continuity of midwifery care models and to increase use of the Birth Centre spaces. Demand for the CATCH model is high which is reflective of the acuity of the women attending CHWC. This review is expected to be finalised by November 2018.
- The CHWC also runs the public home birth trial.

Background information

Demand for the Birth Centre at Canberra Health Service has decreased over the recent years due to the opening of Calvary public Birth Centre,

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TRIM Ref: GBC18/579

less woman meeting the criteria and the model not being attractive to some women due to minimal pharmacological pain relief while in labour.

In 2014, an external evaluation was undertaken by THINC and the ACT Government Health Directorate titled 'Feasibility Study for a Stand-alone Birth Centre Final Report', 27 June 2014.

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TRIM Ref:	GBC18/579	

GBC18/554

Portfolio/s: Health & Wellbeing

ISSUE: CALVARY HOSPITAL CONTRACT NEGOTIATIONS

Talking points:

- ACT Health has been working with Calvary Health Care ACT Ltd (Calvary) and the Little Company of Mary (LCM) Health Care Ltd on a range of contractual and funding matters for the 2018-19 financial year.
- On 4 May 2018 I made an announcement on the modernisation of Calvary Public Hospital Bruce. This included the ongoing negotiations with Calvary, and the strong partnership between LCM and ACT Health which will continue into the future.
- I will be working closely with Calvary over the coming months to develop an agreement that ensures the best health outcomes for Canberrans.
- As negotiations and discussions are ongoing at this point in time, I am not able to comment any further.

Key Information

Performance Plans and Activity Based Funding

- ACT Health and Calvary agreed the 2017-18 Performance Plan in February 2018, which is on a block funding basis.
- ACT Health and Calvary have advanced in discussions in relation to the Performance Plan for 2018-19. The 2018-19 Performance Plan will be on an ABF basis, and will align to the Territory-Wide Health Services Plan and Framework.

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Portfolio/s: Health & Wellbeing**ISSUE: CALVARY WARD MANAGEMENT****Talking points:**

- The Calvary Bruce Private Hospital, previously co-located within the public hospital facility, opened on 21 September 2017. The new private hospital has created spare capacity in the public hospital, in the form of additional operating theatre capacity and vacant inpatient bed stock.
- Enabled by the opening of the new private hospital, in July 2018 upgrades to the maternity ward at Calvary Public Hospital were completed, which expanded its capacity from 15 beds to 18 beds.
- Additionally, the Aged Care Rehabilitation Unit at Calvary has now transferred to the recently opened University of Canberra Hospital. In response to this vacated space, Calvary will be refurbishing its mental health facilities, and upgrading and expanding its emergency department.
- Furthermore in July 2018, ACT Health established a cross-government strategy working group to provide strategic planning and policy advice to Government, in regards to the major health infrastructure projects. As a provider of public hospital services, Calvary form part of this group.
- To inform planning and policy advice to Government, analysis of ongoing Territory-wide services planning work has been undertaken to ensure our major health infrastructure projects address future services need.
- This analysis has confirmed areas of spare capacity at Calvary Public Hospital, including for operating theatres and inpatient bed stock.
- ACT Health is continuing to work with Calvary on future services and infrastructure planning matters, including for how further spare capacity at Calavry Public Hospital can be best utilised in the future, for improved and sustainable access to public hospital services by the community.

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GBC18/579

Portfolio/s: Health & Wellbeing

**ISSUE: CANBERRA HOSPITAL CODES FOR CAPACITY ESCALATION
PROCEDURES AND EMERGENCIES**

Talking points:

- Canberra Health Services (CHS) uses nationally recognised colour codes to prepare, plan, respond and recover from internal and external emergencies. Plans for responding to emergency codes define and describe the required management roles, responsibilities, strategies, systems and arrangements. Each plan has been prepared in accordance with national standards.
- CHS uses the Capacity Escalation Procedure to describe patient flow pressures in a Level 1 to Level 3 numerical system. The procedure sets out the hospital's overarching approach to identifying and responding to capacity pressures during periods of high demand.

Key Information

- ACT Health uses emergency management codes based on Australian Standard 4083-2010 Planning for emergencies - Health care facilities and the *Emergencies Act 2004*. These codes form part of business as usual operations and can be activated whenever they are required.
- Emergency Codes are categorised as follows:
 - Code Yellow – Internal Disaster: any internal incident that threatens to overwhelm or disrupt services, typically due to a failure of key infrastructure or utilities.
 - Code Red – Fire: any fire or potential fire related emergencies. CHS has several different types of alarm systems to notify of fire or smoke. When an alarm is raised, notification takes place through the fire panel system and the fire doors automatically close.
 - Code Black – Personal Threat: any incidence of violence or aggression, verbal, physical or psychological abuse, threats or other intimidating behaviour,

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intentional physical attacks, aggravated assault, threats with a weapon, sexual assault or illegal occupation of buildings and workplaces.

- Code Brown – External Disaster: any incident originating outside a CHS facility that threatens to overwhelm or disrupt operational capabilities.
Canberra Hospital is a major receiving hospital for mass casualties in the ACT and south-eastern region of NSW. ACT Government emergency arrangements are described in a variety of ACT legislation and plans, including the ACT Emergency Plan and ACT Health Emergency Plan. These plans provide an overarching governance structure for large emergencies.
- Code Purple – Bomb Threat or suspicious package. Bomb threats directed at ACT Health facilities or suspicious packages received are handled in accordance with internationally recognised procedures. All threats are treated as genuine until an investigation proves otherwise.
- Code Orange – Evacuation: the movement of patients, staff, clients, carers and visitors away from areas at risk in a rapid, safe and coordinated manner. Evacuation of an area or building may be prompted by a range of events, such as storm damage, flooding, fire, bomb threat, hostage situations, or any event that presents an immediate risk to the health and safety of staff, patients and visitors.
- Code Blue – Medical Emergency: a medical situation that has the potential to be life threatening or cannot be managed with the available resources at hand. Can be activated on in-patients, visitors, staff members and members of the public. The mobile response team includes staff trained in advanced life support skills, equipment and pharmaceuticals.
- The Capacity Escalation Procedure outlines three levels of alert:
 - Alert Level 1: beds are available for new admissions and patient flow is being achieved. The trigger is two or more of the following:
 - Hospital at 90-94 per cent occupancy
 - Five or less bed booked patients in the Emergency Department (ED)
 - Intensive Care Unit (ICU) at funded capacity
 - Alert Level 2: limited availability of beds and patient flow is compromised. The trigger is two or more of the following:
 - Hospital at 95-99 per cent occupancy
 - Six to ten bed booked patients in ED

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- ED resuscitation room full
- ICU over capacity
- Isolation beds unavailable
- Ambulance off loads in ED corridor
- Alert Level 3: bed availability is critical despite use of surge beds and services are disrupted. The trigger is two or more of the following:
 - Hospital at 100 per cent occupancy
 - More than 11 bed booked patients in ED
 - All surge beds open
 - Unable to decant resuscitation room
 - Unable to admit patients from other hospitals
 - Isolation beds unavailable and cohorting not possible
 - ICU over funded capacity
 - Considering cancellation of elective surgery

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ISSUE: **CARDIOLOGY (ELECTROPHYSIOLOGY) SERVICES**

Talking points:

- At present, Canberra Health Service (CHS) does not provide a comprehensive Electrophysiology (EP) service.
- The Cardiac Ablation component of the service is not currently provided at CHS.
- There is an intention to implement a comprehensive EP service in Canberra to include Cardiac Ablation.
- At present, there are two accredited EP physicians working in ACT. Both these physicians are employed at CHS and are working closely with the CHS executive to develop robust governance processes for the Ablation component of the EP service. These governance structures are vital to ensuring there is no compromise to patient safety and proper utilisation of public resources.
- This is the normal process when new or expanded services are introduced to a health service.
- Patients who require a Cardiac Ablation procedure are referred to Sydney for the procedure.

Key Issues:

- In 2017-18, ACT Health ran a trial public EP Ablation service. The trial ended and the equipment was returned to the vendor so that a public tender process could commence.
- In order to implement the new service, ACT Health must consider how the current cardiology service can be redeveloped to safely accommodate an EPS service within the existing program.
- Actions are currently underway to ensure that all of the relevant medical governance, biomedical, infrastructure, financial and work health and

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safety requirements have been given thorough consideration and are properly in place before proceeding.

Background information

- A cardiac EP Study is a subspecialty of Cardiology which deals with the hearts electric function. It encompasses a range of procedures that are used to diagnose and treat conditions causing abnormal heart rhythm.

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TRIM Ref: GBC18/579

**ISSUE: CENTENARY HOSPITAL FOR WOMEN AND CHILDREN –
INFRASTRUCTURE EXPANSION TIMEFRAMES**

Talking points:

- As stated in the context of the Select Committee on Estimates 2018-19, the Expansion of the Centenary Hospital for Women and Children project is forecasted for completion by the end of the financial year 2021-22, with elements of the project due for staged completion over this period. This estimated completion timeframe includes building and clinical commissioning of the new and refurbished infrastructure.
- Construction of the expansion will start in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite due for completion by the end of October 2018.
- The next phase of this project is to commence design work, in conjunction with ongoing Territory-wide health services planning work.
- Since the expansion was announced in last year's Budget, ACT Health has been working to undertake project due diligence and determine the final staging and scheduling of works, and this has led to greater certainty around timeframes. To this end, a tender process is in progress to engage design consultants for the development of a Proof of Concept for the project.
- It is important to highlight that the expansion is happening in an existing facility on the Canberra Hospital, which is an operational campus. There are existing health services that will need to be considered carefully and we also need to ensure there is a continuation of care and services for our patients and their families while this major project is underway.
- The Adolescent Mental Health Inpatient Unit (AMHIU) is considered as part of the CHWC Expansion project. It is expected that the AMHIU will be completed by the end of the 2021-22 financial year.

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TRIM Ref: GBC18/580

Key Issues:

- The Government has allocated \$68.075 million in budget and forward estimates for the CHWC Expansion, including the AMHIU with \$2.5 million available in 2018-19 to progress due diligence. The final cost estimate is subject to Government's consideration of the outcomes of the Proof of Concept design and a final detailed project proposal.

Background Information:

- The 2017-18 Budget announced an estimated capital cost of \$70 million for the expansion of the CHWC.
- The 2017-18 funding provided for feasibility and planning work to inform construction commencement in 2018-19.
- The expansion will improve the services and support for patients of maternity and paediatric services and provide new services, including an adolescent mental health unit and expanded neonatal intensive care service.
- The project is responding to the significant growth in demand for these services for the Canberra and surrounding NSW's communities.
- The commitment for the CHWC expansion provides for an adolescent mental health unit, an adolescent gynaecology service, paediatric high-dependency unit, and more paediatric and neonatal intensive care beds. Note, some of these elements are intended for delivery through the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre project (e.g. paediatric intensive care beds and high dependency unit).
- The 2018-19 Budget provided a capital injection of \$2.5million to allow for the continuation of planning and design related to the expansion of the CHWC.
- Construction of the expansion of the CHWC is expected to be completed during the 2021-22 financial year.

Cleared as complete and accurate: 18/10/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Brad Burch Ext: 72385
Lead Directorate: Health

TRIM Ref: GBC18/580

ISSUE: CLINICAL CULTURE COMMITTEE

Talking points:

- The Clinical Culture Committee (CCC) was established by the previous Minister for Health, Mr Simon Corbell MLA, as a Governance body in response to the findings of the 2015 KPMG Review (the Review) of the Clinical Training Culture at Canberra Hospital and Health Services (CHHS) and the findings of the Royal Australasian College of Surgeons (RACS) report on discrimination, bullying and sexual harassment.
- The CCC met regularly from 27 October 2015. The Committee was chaired by Ms Nicole Feely, previous Director-General, ACT Health. Membership included senior executives, senior medical staff and two junior medical staff (13 members in total).
- The Review of the Clinical Training Culture made seven key recommendations which were addressed through the Medical Culture Action Plan, endorsed in May 2016 by the CCC.
- The initiatives progressed and completed from the Medical Culture Action Plan are as follows:
 - Development and delivery of Respect at Work courses to 135 Executive and Senior Medical Staff.
 - The Senior Doctor Leadership Program for Clinical and Unit Directors commenced delivery in August 2016 and concluded in June 2017.
 - Establishing a collaborative partnership with RACS.
 - Extensive review of our current complaints management processes and related policies.
 - Establishing a database to improve tracking and reporting of complaints and trends.
 - ACT Health's Respect at Work policy was updated to reflect this review.

Cleared as complete and accurate: 19/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Flavia D'Ambrosio Ext: 74835
Lead Directorate: Health

TRIM Ref: GBC18/579

- Development of a new Respect at Work e-learning program and face-to-face training program.
- Development and delivery of the Addressing Workplace Issues training program for all staff in a managerial position. The program educates our managers on how to conduct a preliminary assessment to effectively resolve workplace issues (such as bullying).
- The Interim Chief Executive Officer, Canberra Health Services is meeting with the Clinical Culture Committee in early December to discuss the Committee's achievements and the future role fo the committee.

Key Information:

- The Canberra Times lodged an FOI request on the CCC in October 2018. The FOI was released on 21 November 2018. The FOI sought copies of all CCC minutes.
- As a result of the FOI and media request the Canberra Times published an article on 25 November 2018 focussing on the recommendations made by the KPMG Review and highlighted the recommendations that have not been implemented or fully implemented by ACT Health.
- The CCC has not met in its current form since May 2017. The Chief Executive Officer will hold a meeting over the coming weeks to acknowledge the achievements of the committee; inform members about key elements of the refocused culture development work; and to discuss the governance required for Canberra Health Services, over workplace/clinical culture.
- The Interim Chief Executive Officer is implementing a number of initiatives to address culture in Canberra Health Services. These initiatives are currently being considered and an overall approach is being developed.

Cleared as complete and accurate: 19/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Flavia D'Ambrosio Ext: 74835
Lead Directorate: Health

TRIM Ref: GBC18/579

GBC18/5579

Portfolio/s: Health & Wellbeing

ISSUE: CORONIAL INQUEST INTO SUICIDES AT CANBERRA HOSPITAL

Talking points:

- The ACT Government has sincere sympathy for the families and friends of people who have died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

Key Information

- There were four deaths by suicide of inpatients at Canberra Hospital in the period January 2015 to November 2016. These deaths are the subject of a coronial investigation. Coroner Hunter will investigate these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The Coronial Inquest will be heard in two stages:
 - The first stage occurred on 10-13 and 17-20 April 2018, and 1-4 May 2018 and heard the factual elements relevant to the cause and manner of each death and evidence from ACT Health staff of their provision of care and treatment or their involvement with the four people.
 - On 3 September 2018, the second stage commenced and addressed the systems issues, including policies and procedures underlying the care provided to the four people. Stage 2 concluded on 7 September 2018.

Background Information

- During the first stage of the Inquest, Coroner Hunter made interim findings in relation to the cause and manner of the four deaths.
- While the evidence provision for the coronial Inquest has concluded, the inquest is still underway with the submission process, no further information can be given at this time.

Cleared as complete and accurate: 16/10/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Katrina Bracher Ext: 55142
Lead Directorate: Health

GBC18/579

Portfolio/s: Health & Wellbeing

ISSUE: CRITICAL INCIDENT AT CANBERRA HOSPITAL ON 18 JULY 2018

Talking points:

- On 18 July 2018 between 4 and 4.30pm a patient under police guard in the Canberra Hospital Emergency Department (ED) allegedly assaulted two ACT Police officers. During the altercation, the patient allegedly stole and fired an officer's gun.
- This is an isolated incident for Canberra Hospital. However, any level of violence is unacceptable in our hospitals and health facilities.
- The incident took place in a contained area within the ED and no patients or staff were injured. A number of staff close to the incident were allowed to go home from work. Additional staff were made available to ensure continued operations of the ED in the period immediately following the incident.
- A number of beds in the section of the ED where the incident took place were closed for a period of time. The ED returned to full operations from 1pm on 19 July 2018.
- Canberra Health Service (CHS) have provided emotional and psychological support to staff and patients who were present during the incident, including follow up with patients who were in the direct area at the time of the incident to ensure they are properly supported.
- CHS is in the process of reviewing its role in the response to this incident.
- ACT Health and ACT Policing will be meeting to review processes and protocols related to the management of persons brought to the ED by police.

Cleared as complete and accurate:	16/10/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Christine Whittall	Ext: 45804
Lead Directorate:	Health	

Key Information

- Canberra Hospital is designed to treat all patients who present with medical conditions. Offenders who are brought to hospital for treatment are under the guard of police officers or correctional officers.
- A water pipe was damaged during the incident. The area was isolated and the water turned off to avoid further damage. The damage sustained has been fully assessed and repairs carried out following the conclusion of ACT Policing's investigation.
- Law enforcement officers such as police and Border Force but not including ACT Health security guards, are permitted to carry firearms in all wards at Canberra Hospital with the exception of Mental Health units. This is a matter for discussion between ACT Health and ACT Policing during the investigation and response process.

Cleared as complete and accurate: 16/10/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Christine Whittall Ext: 45804
Lead Directorate: Health

GBC18/579

Portfolio/s: Health & Wellbeing

ISSUE: ELECTIVE SURGERY WAITING LIST

Talking points:

- Canberra Health Services (CHS) is committed to reducing the number of people waiting beyond clinically recommended timeframes for surgery.
- CHS performed well in many specialties last year. High rates of timeliness for elective surgery were achieved in cardiac, thoracic, gynaecology, head and neck, obstetrics and vascular surgery. There were also zero longwaits in paediatric surgery, an important achievement.
- Through the 'extra surgery initiative' in 2017-18, CHS completed 13,344 surgeries, the second highest on record, and was able to reduce the number of people waiting longer than clinically recommended from 464 to 406 patients by the end of June 2018.
- In addition, CHS decreased the number of people on the waitlist by nine percent from 5,322 to 4,867 at the end of June 2018.
- The proportion of patients who had surgery on time dropped from 87 per cent to 79 per cent in 2017-18. This is because focusing on the longer waiting patients means that these patients take up a higher proportion of all patients who are removed from the waiting list, so the overall average for all patients drops.
- CHS continues to experience growth in the demand for emergency and elective surgery. The ACT Government has committed to providing \$64.7 million to be invested in elective and emergency surgeries across the ACT. With certainty of this additional funding, CHS can increase the number of elective surgeries it can deliver to around 14,000 per year.
- The funding of \$64.7 million over the next four years will also help CHS to improve access to surgical care and reduce wait times, which means better health outcomes for patients in the ACT and surrounding NSW region.

Cleared as complete and accurate:	16/10/2018	
Cleared by:	Deputy Director-General	Ext:42728
Information Officer name:	Chris Bone	
Contact Officer name:	Mark Dykgraaf	Ext:45221
Lead Directorate:	Health	

- Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialities where wait times are longer.

Cleared as complete and accurate: 16/10/2018
Cleared by: Deputy Director-General Ext:42728
Information Officer name: Chris Bone
Contact Officer name: Mark Dykgraaf Ext:45221
Lead Directorate: Health

GBC18/579

Portfolio/s: Health & Wellbeing

ISSUE: EMERGENCY DEPARTMENT DEMAND

Talking points:

- Canberra Health Services (CHS) has a number of plans in place to manage the increased demand for services that occurs across the busy winter period.
- The number of presentations to the CHS Emergency Department increased from 85,093 during 2016-2017 to 88,661 in 2017-2018. This represents a 4.1 per cent increase in the total number of presentations to the Emergency Department year on year.
- The current winter plan covers the period from 1 July 2018 to 30 November 2018.
- Based on current projections it is expected that this winter season will be busier than 2017.
- In the 2017 winter season, CHHS opened additional beds and deployed additional staffing in a number of key areas. This same strategy has been employed to meet increased demand during the 2018 winter season.
- Daily operational disciplines are used to ensure that the hospital is operating effectively. During the winter season there are approximately up to 650 patients being discharged per week and there is a close operational focus on managing patient movement throughout the hospital.
- Funding announced in the 2018-19 budget will provide a number of full time equivalent frontline staff, including additional nurses, allied health workers and doctors.
- The funding aligns with the CHS winter bed strategy and will optimise the seamless transfer of patients to the most appropriate clinical environment.

Cleared as complete and accurate:	16/10/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Narelle Boyd	Ext: 45802
Lead Directorate:	Health	

TRIM Ref: GBC18/579

- 72 more beds have been made available for winter this year. This is double the beds available compared to last year's winter period.
- The Australasian College for Emergency Medicine (ACEM) released their 2018 Access Block Point Prevalence Survey on 11 July 2018, which included statistics about the ACT.
- The Access Block Point Prevalence Survey is a snapshot survey that was conducted nationwide on Monday 4 June 2018 at 10am. Following weekend activity, Monday mornings are known to be one of the busiest times in public hospitals, especially in relation to access.
- Access Block, or bed block as it is more commonly referred, is not an ACT specific issue. It is a challenge faced by all hospitals providing emergency health care services.
- Canberra Hospital takes a whole of hospital approach to access and patient flow. We are reviewing our processes in relation to the discharge stream in the ED, admission to ward in the hospital, and patient discharge from the inpatient hospital setting. This should result in further improvements in ED timeliness.

Key Information

- A media campaign has been developed to emphasise the use of alternative services to the Emergency Department (ED) at CHHS and will be released in advance of the flu season. The strategy has two parts:
 - Communication activities designed to educate the general public about the array of after-hours primary health care options available in the ACT.
 - A targeted social media campaign designed to educate parents and caregivers of '0-4 year olds (parents and carers) and 18-24 year olds about the role of emergency departments in the delivery of after-hours health care in the ACT and alternatives to ED services. The social media campaign will focus on addressing the factors that motivate 18-24 year olds and parents and caregivers of 0-4 year olds to present at an ED when they (or their child) have a non-urgent illness or injury after-hours.
- Parents and caregivers of 0-4 year olds will be directed to after-hours GP services, the Pregnancy, Birth and Baby telephone helpline and online service/Health Direct. Communication to this audience will focus on promoting the benefits of these

Cleared as complete and accurate: 16/10/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
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Lead Directorate: Health

TRIM Ref: GBC18/579

services (accessibility, expertise, connections with other health services/health professionals).

- Messaging for 18-24 year olds will focus on promoting GPs, nurse-run walk-in centres and/or Health Direct, with a focus on promoting the benefits (convenience, affordability and accessibility) of these services.
- Secondary messages:
 - EDs are for emergencies. Please consider if your situation is a genuine emergency before going to the emergency department.
 - If you do have an emergency go to your closest ED. If you live on the north side, Calvary Public Hospital in Bruce is your closest option. If you live on the south side, The Canberra Hospital is your closest option.
 - If you or someone you know has an immediate life threatening condition, such as breathing difficulties, chest pain, severe trauma, allergic reactions, head or neck or eye injuries call '000' or go to the ED.
 - If your condition isn't serious or life threatening, see your GP or other health service provider.

Cleared as complete and accurate: 16/10/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Narelle Boyd Ext: 45802
Lead Directorate: Health

TRIM Ref: GBC18/579

GBC18/554

Portfolio/s: Health & Wellbeing

ISSUE: FUTURE OF BUILDING SPACES WHERE SERVICES TRANSITIONED TO UNIVERSITY OF CANBERRA HOSPITAL

Talking points:

- A mix of clinical and administrative spaces became vacant in July 2018 when services relocated to University of Canberra Hospital (UCH).
- Where there is existing demand for these spaces, that demand will be accommodated.
- With regard to spaces where there is no immediate demand for occupancy, the spaces will be made safe and secured until future use is determined.

Key Information

- Spaces that were vacated when services relocate in July 2018 to UCH include:
 - Areas at Canberra Hospital in buildings 3, 6 and 15;
 - Some areas at Brian Hennessy Rehabilitation Centre;
 - Spaces from Calvary Hospital;
 - Spaces at Belconnen, Phillip and City Community Health Centres, including clinic and therapy rooms, offices, workstations and gymnasium; and
 - Spaces at Village Creek Centre, including offices, workstations and consult rooms.

Cleared as complete and accurate: 10/09/2018
Cleared by: Deputy Director-General Ext:42728
Information Officer name: Chris Bone
Contact Officer name: Pieta McCarthy Ext:45221
Lead Directorate: Health

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Portfolio/s Health & Wellbeing

ISSUE: MATERNITY SERVICES AT CENTENARY HOSPITAL FOR WOMEN AND CHILDREN AT CAPACITY

Talking points:

- The demand on Maternity Services at Centenary Hospital for Women and Children (CHWC) has increased since CHWC opened in August 2012.
- There were 3,594 babies born in 2017-18 at CHWC, compared to 2,743 in 2010-11. This is an increase annual growth rate of 3.3 per cent.
- I am aware of the push from the community to establish a standalone Birth Centre.
- The Centenary Hospital for Women and Children has devised strategies to address the escalating demands for maternity services at the Centenary Hospital. These include:
 - Development of a Maternity Escalation Policy to manage demand including utilisation of Birth Centre for overflow and bypass for the referral of women to other hospitals;
 - Extension of the hours of the Maternity Assessment Unit (MAU). This assessment service for pregnant women with concerns (eg. reduced foetal movements) or requiring assessment of early labour is provided from the Birth Suite after hours;
 - Additional medical and midwifery staff rostered and the introduction of Assistants in Midwifery to maternity services;
 - Active encouragement by Calvary Public Hospital Bruce (CPHB) and CHWC for the community and General Practitioners to use services on offer at CPHB and Queanbeyan Hospital where appropriate; and
 - A midwifery attraction and retention strategy.
- In addition, CHWC and CPHB are working together to develop and implement strategies to better manage demand and ensure maternity

Cleared as complete and accurate:	15/10/2018	
Cleared by:	Executive Director	Ext: 47389
Information Officer name:	Elizabeth Chatham	
Contact Officer name:	Samantha Lang	Ext: 47431
Lead Directorate:	Health	

services across the region are utilised effectively and efficiently. These strategies include:

- The ACT Maternity Access Strategy; and
- The refurbishment of CPHB Maternity Service which will support the implementation of the ACT maternity access strategy.

Key Information

- Canberra Hospital, as the only level three tertiary hospital for the ACT and surrounding regions, accepts patients that cannot be accepted by non-tertiary facilities due to the patient's clinical indications. Continued and increased occupancy, acuity and demand pressures impact on Canberra Hospital's capacity to provide tertiary level maternity care.

Cleared as complete and accurate:	15/10/2018	
Cleared by:	Executive Director	Ext: 47389
Information Officer name:	Elizabeth Chatham	
Contact Officer name:	Samantha Lang	Ext: 47431
Lead Directorate:	Health	

GBC18/579

Portfolio/s Health & Wellbeing

ISSUE: MEDICAL IMAGING 23 AUGUST 2018

Talking points:

- Canberra Hospital uses an offsite radiology service for specialist reporting of diagnostic imaging studies at such times as after hours and when unplanned (sick) leave arises.
- Patients are not required to go offsite for this process. They have their imaging performed onsite, and their images are electronically sent to an external radiology provider, who reads the images and provides a specialist report, to be acted on by the patient's treating team. This ensures the continuity of high quality, efficient patient care.
- This is a recognised strategy in many hospitals, particularly in regional areas, for ensuring continuity of person centred services. Patients and their treating teams want to know their results as soon as possible. The use of an offsite radiology service supports this person centred approach.

Key Information

- Management of leave was cited as a concern in the Royal Australia and New Zealand College of Radiology (RANZCR) report on accreditation of the radiology training program at Canberra Hospital.
- In response, recruitment for two new radiologists has closed and interviews have occurred.
- This does not mean that Canberra Hospital will stop using the offsite radiology service when required. All other avenues for onsite reporting are used first, but once these are exhausted, images are sent offsite to ensure the continuity of a person centred approach.

Cleared as complete and accurate:	16/10/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Tonia Alexander	Ext: 42169
Lead Directorate:	Health	

TRIM Ref: GBC18/579

GBC18/554

Portfolio/s: Health & Wellbeing

ISSUE: MY HEALTH RECORD

Talking points:

- The My Health Record opt-out period commenced on 16 July 2018 and was expected to cease on 15 October 2018, followed by a 30 day reconciliation period.
- The recent COAG Health Council meeting in Alice Springs reached a consensus agreement to extend the opt out period for a further month, until 15 November 2018.
- Currently already nearly 6 million people have opted into a My Health Record nationally. 27 per cent of the ACT population have already opted-in to having a My Health Record as of 22 July 2018. The ACT has the second highest opt-in rate of any jurisdiction.
- Canberra Hospital and the University of Canberra Hospital upload discharge summaries and the results of pathology and diagnostic imaging tests for all adult in-patients who have consented to their information being uploaded to the My Health Record. Calvary Hospital will commence similar uploads in the coming months.
- On 31 July 2018, the Commonwealth Health Minister (Minister Hunt) agreed to make changes to the My Health Record Act that ‘will ensure no record can be released to police or government agencies, for any purpose, without a court order.’ Minister Hunt stated that the changes to the legislation will also include that if any Australian wished to cancel their record they will be able to do permanently delete their record from the system.
- The My Health Record system has the highest level of security and meets the strictest cyber security standards. The system has robust multi-tiered security controls to protect the system from malicious attack.
- The Australian Government advise that in the six years of operation, there has never been a security breach of the My Health Record.

Cleared as complete and accurate:	12/09/2018	
Cleared by:	Executive Director	Ext: 51100
Information Officer name:	Peter O’Halloran	
Contact Officer name:	Rebecca Heland	Ext: 50880
Lead Directorate:	Health	

Key Information

- The Australian Digital Health Agency will not advise of the number of people who have opted out to date, however there were widespread reports and confirmation from the Prime Minister that up to 20,000 people opted out on the first day.
- The AMA President Tony Bartone according to media reports on 1 August 2018 welcomed the decision from the meeting with Minister Hunt and also added that the Minister would consider extending the opt out period for an additional one month.
- Australians can also set additional privacy controls to their My Health Record including what information gets uploaded and who has access such as family members, carers and healthcare providers.
- Only authorised health providers can access the system through secure conformant software.
- The My Health Record consumer opt out portal is operating normally and has continued to do so throughout the opt out process.
- There was a minor connection issue with a call centre which lead to some delays for those wanting to opt out on day one, the issue was resolved that same afternoon.
- If consumers are experiencing longer call times, they can visit <https://www.myhealthrecord.gov.au/support/help-line-updates> for more information on help line wait times. Average call waiting times are approximately one minute at present.
- People and their doctors can choose not to include any of the details of sensitive conditions in summaries before putting anything in the record that would indicate they had a particular condition.
- For sensitive information such as a person's HIV status, a pathology service will not upload a report to the My Health Record where existing state or territory registration prohibits disclosure of sensitive information without the express consent of the individual.

Cleared as complete and accurate:	12/09/2018	
Cleared by:	Executive Director	Ext: 51100
Information Officer name:	Peter O'Halloran	
Contact Officer name:	Rebecca Heland	Ext: 50880
Lead Directorate:	Health	

GBC18/554

Portfolio: Health & Wellbeing

ISSUE: NATIONAL PARTNERSHIP AGREEMENTS

Talking points:

- National Partnership Agreement and Project Agreements with the Commonwealth are made under the Intergovernmental Agreement on Federal Financial Relations.
- Funding streams to the States are facilitated by the following types of agreements:
 - National Partnership Agreements which provide time limited funding for specific projects and service delivery reforms;
 - Implementation Plans which are required if there are jurisdictional differences in context or approach under the National Partnership Agreements; and
 - Project Agreements which are a simpler form of National Partnership Agreements, for low value and/or low risk projects.
- The ACT has agreements with the Commonwealth for activities including breast screening, dental services for adults, vaccines, encouraging clinical trials and surveillance of foodborne disease and vaccine preventable diseases.
- Finalisation of the National Partnership Agreements or Project Agreements can take time as funding levels and achievable outcomes are negotiated, however the ACT has continued to provide the required services and has met agreed targets.
- Agreements have recently been signed for Public Dental Services for Adults and Expansion of the BreastScreen Australia Program.
- The complexities of the range of differing funding mechanisms for public health services underscores the commitment of ACT Health to advocate for longer term national health reform.

Cleared as complete and accurate: 07/09/2018
Cleared by: Executive Director Ext: 79143
Information Officer name: Parick Henry
Contact Officer name: Inez Nimpuno Ext: 54802
Lead Directorate: Health

Background Information

Heads of Agreement

- The Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform (Heads of Agreement) outlines the strategic priorities for health reform to be included in a new five year National Health Agreement (NHA).
- The ACT Chief Minister signed the Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform on 27 April 2018.
- By signing the Heads of Agreement the ACT now has funding certainty for its public hospitals for 2020-2025.
- The ACT will receive approximately \$2.6 billion in funding from the Commonwealth for its public hospitals over five years.

National Health Reform Agreement

- Under the current National Health Reform Agreement, the ACT has received the following:
 - \$310,957,961 for services delivered in 2014-15
 - \$324,704,198 for services delivered in 2015-16
 - \$344,495,915 for services delivered in 2016-17

Cleared as complete and accurate:	07/09/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Parick Henry	
Contact Officer name:	Inez Nimpuno	Ext: 54802
Lead Directorate:	Health	

ISSUE: 2010 INQUIRY INTO MATERNITY SERVICES

Talking points:

- In April 2010, an independent review was conducted into service delivery and clinical outcomes at public maternity services across the ACT.
- The review was commissioned following significant media commentary surrounding public maternity services in the ACT.
- The final report developed a number of recommendations and a Steering Committee was established to oversee implementation of the recommendations made.
- Responses to all but one recommendation have since been implemented or are currently in progress. These relate mainly to structure and governance of public maternity services in the ACT.
- One recommendation related to the publishing of an annual report of maternity outcomes for the ACT. This has not been progressed because of the extensive resource requirements it would require and public maternity services in the ACT already comply with a range of national and local reporting requirements.

Cleared as complete and accurate: 19/09/2018
Cleared by: Deputy Director-General Ext:
Information Officer name:
Contact Officer name: Ext:
Lead Directorate: Health

TRIM Ref: GBC18/554

GBC18/579

Portfolio/s: Minister for Health and Wellbeing

ISSUE: DRIVER ASSESSMENT REHABILITATION SERVICE

Talking points:

- The Driver Assessment and Rehabilitation Service (DARS) is a service within the Division of Rehabilitation, Aged and Community Care (RACC) that provides advice, assessment and retraining programs for drivers who have an injury, illness or disability that may impact on their ability to drive safely.
- There have been unforeseen issues with staffing the DARS service since mid-June 2018 that have impacted on the existing waiting list. [REDACTED]
[REDACTED]
[REDACTED] The Occupational Therapist (OT) has since resigned and left Canberra Health Services.
- Canberra Health Services are currently unable to provide DARS assessments due to the lack of qualified staff, resulting in extended waitlists whilst a recruitment process to fill the vacant positions continues. As of 19 October 2018, there have been no suitably qualified applicants for the advertised position. However, RACC have submitted an application for an internal staff member to attend an upcoming training course to become a certified Occupational Therapist Driver Assessor.
- RACC and Access Canberra's Road Transport Authority (RTA) are working closely together to find a solution to assist with reducing these wait times whilst the recruitment process is undertaken. This has resulted in the RTA engaging a private provider to assist with the backlog.
- Once DARS recommences, there will be no change to the way DARS services are charged.
- If clients do not wish to wait for a driving assessment with DARS, they may choose to directly contact a private provider in the ACT. If this option is selected, the individual will incur a fee for service which is determined by, and payable directly to, the private provider.

Cleared as complete and accurate: 19/10/2018

Cleared by: Executive Director

Ext: 48173

Contact Officer name: Kate Schorsch

Ext: 40081

Lead Directorate: Health

Key Information

- The ACT Health DARS provide assessment, rehabilitation and advice in relation to driving after changes in physical and cognitive functioning. The majority of clients seen by the DARS are older drivers.

Services provided by DARS include:

- Full assessments
 - Driving Instructor practical assessment
 - Older person driving assessment for people with dementia/cognitive impairment
 - Driving Lessons
 - Re-assessment by OT
- To enable an OT to be certified as a driver assessor, they are required to complete a recognised training course. Given this, RACC have submitted an application for a RACC OT to attend an upcoming training course, in November 2018, to become a certified Occupational Therapist Driver Assessor.
 - As of 19 October 2018, there are 103 clients on the referral list:
 - 54 are requiring an assessment or follow up review by an Occupational Therapist.
 - 18 are requiring an assessment or follow up review by a driving instructor.
 - 83 are requiring a joint assessment with driving instructor and occupational therapist.
 - In the ACT, full assessments, older person assessments and driving instructor practical assessments, are fully funded through Access Canberra and there is no direct charge to the client. The costs for driving lessons and the re-assessment by an OT are paid for by the client. Current fees in the ACT, as per the Determination of Fees Schedule, are outlined in the following table. These fees are updated each financial year.

Service	Access Canberra cost	Compensable cost	Comment
Full Assessment	\$878.40	\$834.35	Funded by Access Canberra
Older Person Driving Assessment	\$618.92	Not applicable	Funded by Access Canberra
Driving Instructor Practical Assessment	\$270.60	Not applicable	Funded by Access Canberra
Driving Lessons	\$142.07	\$142.07	Client to pay
Re-assessment by Occupational Therapist	\$149.65	\$361.80	Client to pay

Please note: Compensable costs are fees charged to an insurance company when services are being accessed as part of an insurance claim.

There is a National Disability Insurance Scheme (NDIS) agreed fee, which is separate from the above. NDIS patients are charged the NDIS fee and these fees are covered as part of the patients NDIS plan.

- In DARS in the last financial year:
 - 2.5% of clients seen required OT re-assessment and driving lessons.
 - No claims were made for compensable clients.
 - No claims were made for NDIS clients.
- Once DARS recommences, there will be no change to the way DARS services are charged. This means full assessments, older person assessments and driving instructor practical assessments, will continue to be fully funded by Access Canberra. Driving lessons and re-assessments by the OT will be continue to be charged to clients, at the rates as listed in the above table.
- If clients do not wish to wait for a driving assessment with DARS, they may choose to directly contact a private provider in the ACT. If this option is selected, the individual will incur a fee for service which is determined by, and payable directly to, the private provider.

Background Information

- The service is staffed by one Occupational Therapist (OT) and one Driving Instructor. The OT has to be a certified Occupational Therapist Driver Assessor who has completed nationally recognised post graduate training. The Driving Instructor has specialised experience and training in working with people with medical illnesses, injury or disability.
- To enable an OT to be certified as a driver assessor, they are required to complete a recognised training course. These courses are run through a variety of universities and are provided in either a two week intensive face to face training program or a six month online course. Previously RACC has paid to have OT's trained in this specialty however all trained OT's have either left the organisation or moved on to other positions.
- DARS works collaboratively with the RTA and conducts assessments for them. All referrals for the Driver Assessment Service come through the RTA. They are forwarded to the DARS team who provide an assessment on a person's driving capability and where indicated, training and reassessment. RACC invoices the RTA for these assessments. In most other jurisdictions, this assessment role is taken on by the RTA or a similar organisation.
- The ACT Health Fitness to Drive clinic continues to provide medical assessments of patients on their ability to drive. This service does not provide a practical or on-road assessment of a person's driving ability and hence works very closely with the DARS service.

Portfolio/s Health & Wellbeing

GBC18/579

ISSUE: ACTPS ENTERPRISE BARGAINING AGREEMENTS

Talking points:

- The Nursing and Mid-Wifery Enterprise Agreement is currently available to relevant employees for their consideration, with the approval ballot to be held from 16 to 30 October 2018. This Agreement has a shorter length to allow for a joint examination of options for the adoption of a Nurse Patient Ratios framework to occur.
- The other three Enterprise Agreements for which Health and CHS are responsible, Health Professionals, Support Staff and Medical Practitioners, are also nearing final agreement with relevant employee bargaining representatives, including unions.
- It is anticipated that negotiations for the Health Professionals and Support Staff agreements will be finalised by no later than the end of next month. The Medical Practitioners agreement should follow shortly after.
- That will give ACT public servants the benefits of the Government's offer, especially the increased wages, later this year or early next year.
- The Government's pay offer of an average of 2.7 per cent per annum, or a compounded increase of 11.4 per cent over the course of the four year agreement (plus 1 per cent increase in superannuation over the same period) will ensure workers' wages keep pace with inflation over the life of the agreement and delivers on an election commitment.

Cleared as complete and accurate: 15/10/2018
Cleared by: Executive Director Ext: 51086
Contact Officer Name: David Wedgwood Ext: 71776
Lead Directorate: Health

TRIM Ref: GBC18/579

GBC18/579

Portfolio/s: Minister for Health and Wellbeing

ISSUE: PHARMACY ISSUES

Talking points:

- Canberra Health Services (CHS) are focussed on maintaining an appropriately skilled health workforce to meet the needs of patients in the ACT and surrounding region.
- The CHS Pharmacy Department is currently experiencing a higher than average staff turnover, and its staffing is currently 5-6 positions below establishment.
- The factors contributing to this issue are many and varied.
- Canberra Health Services are constantly looking at different workforce strategies to ensure they are in the best position to attract and retain staff.
- Currently there is a large amount of work ongoing to address this issue, including Enterprise Bargaining negotiations aiming to maintain a pay rate competitive with other jurisdictions, and enhance career pathway progression.
- CHS are consulting with staff and representative organisations to resolve outstanding issues.

Key Information

- The Pharmacy department has a budgeted establishment of 84 full-time equivalent (FTE) positions, comprising health professional (HP), technical (TO) and administrative (ASO) officers.
- Actual vacancies are running at 5-6 FTE (not including maternity and long service leave), mostly at the HP2 and HP3 levels. The high HP2/3 vacancy rate is mitigated by a relative over-establishment at HP1, the overall effect of which is a lack of experienced staff in some senior levels, which contributes to the difficulty in attracting and retaining staff.
- From 1 January 2017 to 30 June 2018, the Pharmacy staff turnover rate across all classifications was 32 per cent. This is considered high and not optimal.

Background Information

- For some years Canberra Health Services Pharmacy has had ongoing problems in attracting and retaining staff.
- A number of different strategies have been put into place to mitigate these problems.

Attraction and Retention Incentives (ARIns)

- In 2003, a Special Employment Arrangement (SEA) was put in place for classifications at Health Professional (HP) Levels HP 2, 3, 4, and 6. HP levels 1 and 5 were excluded as they were considered to already be broadly comparable with NSW.
- In 2014, this SEA was replaced with an Attraction and Retention Incentive (ARIn). The conditions were unchanged, except that an annual review was now required.
- A review of this ARIn in 2016 commenced, but did not result in a new proposal being adopted.
- A new review commenced in 2017, resulting in a continuation of the ARIn. A further review in 2018 resulted in a renewal through to 31 May 2019.

Recruitment initiatives

- Recent international and interstate advertising led to successful recruitment to two HP5 positions.
- Many recruitment rounds for other vacant positions have been undertaken with either no applicants or none deemed suitable.
- Locum agencies have been approached, with no success.
- Short-term and casual contracts have been offered, with some success.
- Pharmacy at Calvary Public Hospital Bruce were approached with a request for 6-month secondment of staff, but there was no interest.

Changes to supervision and training model to develop staff internally

- There has been an increased intake of pharmacy interns, and commencement of a technical officer traineeship program, toward a 'grow-your-own' model.
- A structured pharmacy residency program has been implemented, to offer support and supervision to junior pharmacists.
- A number of specialist pharmacist positions have been created.

Current Enterprise Agreement (EA) Negotiations

- Some staff and Professionals Australia have proposed establishing a separate profession-based classification structure for Pharmacists, to address both salaries and career progression.
- Regarding salaries, this has been largely addressed by a proposal to include the existing ARIn allowances into the new EA. This has been agreed to by Canberra Health Services. Pharmacy do also have a claim for an additional 1.5% pay rise. They have also proposed that this may be in the form of an “ARIn add-on”.
- Regarding career progression, it has been proposed to improve the career pathway by introducing broad banding between the classification levels HP1-3, allowing competency-based advancement without the requirement for a merit selection process.
- Parties, during the HP negotiation, have proposed a review of the HP structure. This is on the basis that the structure was introduced a decade ago and as such it would seem appropriate to assess issues that have arisen during this period.
- As part of the proposed review, the unions have indicated that those professions that have had a group ARIn rolled into their salaries in the proposed agreement should be given priority as part of the review process.
- During negotiations for the HP EA, a number of administrative and staffing issues have been raised, which are being actioned outside of the fortnightly HP bargaining meetings.

Other initiatives

- Investment in pharmacy system automation in Canberra Health Services.

GBC18/579

Portfolio/s: Minister for Health and Wellbeing

ISSUE: TRANSVAGINAL MESH

Talking points:

- Transvaginal mesh is a medical product used for the past 10-15 years to treat pelvic organ prolapse and urinary stress incontinence.
- Whilst many women have benefited from such operations, increasing numbers of women around Australia have been reporting a variety of complications that have emerged from the operations related to mesh insertion.
- A Senate Inquiry into *The Number of women in Australia who have had transvaginal mesh implants and related matters* reported its finding in March 2018.
- On 10 October 2018, the Australian Government tabled its response. The report contained 13 recommendations regarding the use of transvaginal mesh for pelvic organ prolapse.
- On 10 October 2018, Federal Health Minister Greg Hunt, on behalf of the Australian Government, issued a national apology to all women effected by transvaginal mesh implants.
- The ACT Government supports the Australian Government's response supporting, or supporting in principle, 12 of the 13 recommendations, and notes Recommendation 11 which calls for a retrospective audit of transvaginal mesh procedures since the devices were introduced in Australia.
- Canberra Health Service (CHS) has been proactive in contacting all women directly who have been identified as having undergone surgery or treatment of this type at Canberra Hospital or Calvary Hospital within the past 10 years to notify them of this issue and the options available to them if they are concerned.

Cleared as complete and accurate:	15/10/2018	
Cleared by:	Executive Director	Ext:47389
Information Officer name:	Elizabeth Chatham	
Contact Officer name:	Samantha Lang	Ext:47431
Lead Directorate:	Health	

- CHS is establishing an audit tool for clinicians to use to record outcome data which will give information on all outcomes, including complications for all mesh used for the treatment of pelvic organ prolapse and stress urinary incontinence. This will form part of the credentialing process and will be reviewed every 2-3 years. The audit tool is designed according to the requirements of the Australian Commission on Quality and Safety Health Care.
- CHS are also developing a pathway for women who require assistance from specialised centres, in particular Urogynaecology service at Westmead Hospital.
- The Therapeutic Goods Administration has set up a system to enable clinicians to report any complications related to the implant. TGA will monitor and action any recommendations for withdrawal of the product.

ISSUE: OCCUPATIONAL VIOLENCE

Talking points:

- Canberra Health Services has commenced development of an Occupational Violence Strategy which will help to define best practice in managing occupational violence, drawing on national and internal approaches.
- Canberra Health Services has established an Occupational Violence Working Group which met for the first time on 9 November 2018. The Working Group was chaired by the CEO and 26 Management and staff representatives attended.
- The Working Group will be responsible for developing a communication plan and defining the project and Strategy outcomes. In addition, it will assist with the implementation of the Strategy.
- Canberra Health Services has updated procedures relating to the classification of incidents to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.

Data discrepancy in QoN response

- I recently became aware of quantifiable, specific data about occupational violence experienced by staff working for Canberra Health Services, and injuries recorded in the workplace, through a question on notice.
- The data originally provided was sourced from the Riskman Staff Incident System utilised by ACT Health to capture all Work Health Safety (WHS) Incidents.
- ACT Health follows the Type of Occurrence Classification System (TOCS) as specified by Safe Work Australia to classify WHS incidents in Riskman.
- Initially, to determine staff assault incident figures to respond to QoN 1566, ACT Health utilised the Riskman incident data with the TOCS classification code of 'being assaulted by a person or persons'.

Cleared as complete and accurate: 30/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
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Lead Directorate: Health

TRIM Ref: GBC18/579

- Further investigation into the incident data identified additional incidents involving staff assault may have been coded under 'mental stress' (TOCS requires this coding where mental stress is considered as a more serious outcome than the physical injury/impact of the incident).
- ACT Health did not include incidents coded under 'mental stress' that involved staff assault to respond to QoN 1567 directed to the Minister for Mental Health.
- Subsequently, ACT Health analysed incidents under the 'mental stress' code to identify incidents involving staff assault to ensure complete data on all staff assault incidents captured on Riskman was included. A revised response to QoN 1567 was provided by the Minister for Mental Health on 17 September 2018.
- Since this time Canberra Health Services has conducted a comprehensive review of the procedure relating to the classification of staff incidents that may be construed as assault on the Riskman system.
- A more inclusive approach is taken in terms of incidents classified as assault. For example, incidents involving physical harm to staff that may be unintentional (e.g. when restraining a client) and intended acts of harm (e.g. punch/kick that misses) are classified as assault.
- The updated procedure enables Canberra Health Services to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.
- I acknowledge the data, and what those numbers show, is not good enough. There is more to be done to ensure staff are as safe at work as they can be.

Background Information:

- On 31 August 2018, Minister Rattenbury responded to Question on Notice (QoN) 1567 about staff assaults. The response was provided to Chamber Support on the same date.
- On 5 September 2018, ACT Health identified the staff assault data provided in the response to QoN 1566 was incomplete.
- A revised response to QoN 1567 was provided by Minister Rattenbury on 18 September 2018.

Cleared as complete and accurate: 30/10/2018
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Lead Directorate: Health

TRIM Ref: GBC18/579

- The response to QoN 1566 signed by Minister Fitzharris was also provided to Chamber support on 18 September 2018.
- Since this time Canberra Health Services has updated procedures relating to the classification of incidents to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.
- This table below shows staff assaults by Division (Operative Area) by members of the public (including patients and relatives) from 1 January 2017 – 30 June 2018 extracted from Riskman Incident System:

Business Support	2
Cancer Ambulatory and Community Health Support	4
Clinical Support Services	40
Critical Care	49
Health Infrastructure Services	1
Medicine	44
Mental Health, Justice Health, Alcohol and Drug Services	149
Canberra Hospital and Health Services	1
Population Health	1
Rehabilitation, Aged and Community Care	1
Pathology	75
Surgery and Oral Health	29
Women, Youth and Children	10
Total	406

Cleared as complete and accurate: 30/10/2018
 Cleared by: Executive Director Ext: 51086
 Information Officer name: Janine Hammat
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 Lead Directorate: Health

TRIM Ref: GBC18/579

- ACT Health follows the definition of Safework Australia of staff assault as being “assaulted by a person or persons including: kicks, bites, punches, pushes etc, assault with or without a weapon, being assaulted with handtools, objects or weapons wielded by another person”.
- These are the types of assaults ACT Health is seeing. The severity of the assaults vary from no injury, to minor injury requiring first aid treatment, to injury requiring medical treatment and hospitalisation.
- ACT Health currently has three major pieces of work underway that are focused on improving work, health and safety for frontline health staff; ACT Health Work Health and Safety Strategic Plan, the Occupational Violence Strategy, and the Nurses and Midwives: Towards a Safer Culture project (Nurse Safety Strategy).
- The Canberra Health Services Work Health and Safety Strategic Plan is in the final stages of consultation with staff and unions and is expected be finalised by the end of November 2018. A key project under the plan is to gain a collective understanding of occupational violence exposures across the organisation and to identify systemic risk control opportunities to reduce harm to staff. Work has already commenced to support this project.
- The Occupational Violence Strategy will help to define best practice in managing occupational violence, both nationally and internationally. The Occupational Violence Strategy Working Group is chaired by the CEO and will meet regularly.
- The Nurses and Midwives: Towards a Safer Culture project is focused on the safety of our nurses and midwives in the workplace and on high risk areas. Canberra Health Services is working with staff, unions such as the Australian Nursing and Midwifery Federation, and other key stakeholders in the development of this project, including the Implementation Plan.

Cleared as complete and accurate: 30/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Daniel Guthrie Ext: 78275
Lead Directorate: Health

TRIM Ref: GBC18/579

GBC18/579

Portfolio/s: Health & Wellbeing

ISSUE: OPENING OF GUNGAHLIN WIC AND PLANS TO OPEN WESTON CREEK WIC

Talking points:

Gungahlin

- The Gungahlin Walk-in Centre officially opened on 3 September 2018 with the centre receiving consumers from 4 September 2018.
- In the first week of operation the Gungahlin Walk-in Centre averaged 30 patients a day. Attendance at the other two centres remained constant.
- Practical completion was achieved on time by 15 August 2018 and within budget.
- The delivery of a nurse led Walk-in Centre in Gungahlin was a Government priority which has been fully funded from the 2017-18 Budget.

Weston Creek

- The ACT Government will invest around \$4.945 million to refurbish the Weston Creek Health Centre by adding a new Walk-in Centre at 24 Parkinson Street in Weston. Refurbishment is planned to commence in early 2019.
- The Weston Creek Walk-in Centre will be the fourth centre to be developed across Canberra which is due for completion in late 2019.

Cleared as complete and accurate: 17/10/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Colm Mooney Ext: 79186
Lead Directorate: Health

TRIM Ref: GBC18/579

Key Information

- The existing Weston Creek building currently accommodates:
 - the Independent Living Centre which has been superseded by an extensive on-line program;
 - a ‘self-service’ renal dialysis facility which will remain as is;
 - a Maternal and Child Health facility which will be refurbished with the potential for expansion;
 - A Digital Hub servicing various other Territory facilities around the ACT which will remain as is; and
 - A private dental clinic that is leasing space – ACT Health is currently reviewing lease arrangements.
- \$0.5 million funding is currently appropriated in 2018-19 to progress the Weston Creek Walk-in Centre project, with a \$2.0 million provision. It is anticipated that the project cost will be in the order of \$4.945 million to be fully funded in a future Budget process.

Background Information

- The Walk-in Centre offers the community another option to access quality health care services.
- The Walk-in Centres offer fast, free and efficient access to treatment for one-off, episodic care for minor injury and illnesses as well as health advice and information. Services are free and provided on a walk-in, no appointments basis.
- The Weston Walk-in Centre will be designed as an integrated centre to allow for better utilisation of staffing and treatment rooms for the provision of both a Walk-in Centre and any future Community Health Services.

Cleared as complete and accurate: 17/10/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Colm Mooney Ext: 79186
Lead Directorate: Health

TRIM Ref: GBC18/579

ISSUE: OPTHALMOLOGY

Talking points:

- The Canberra Health Services (CHS) Department of Ophthalmology offers retinal, corneal and emergency services by the way of an Outpatient Eye Clinic. The Eye Clinic is referral only.
- The ophthalmology services offered by CHS are consistent with services provided in the public setting in other jurisdictions. Patients can obtain a referral for the Eye Clinic from their General Practitioner or Optometrist.
- CHS does not offer general ophthalmology clinics for chronic conditions such as cataracts or glaucoma. Patients can be referred to a private ophthalmologist for these services.
- When patients are referred to CHS for services that are not provided in the public system, the referral is returned to the referrer with a Service Not Available (SNA) letter, explaining that the referral cannot be accepted. The patient also receives a copy of the SNA letter.
- It is usual practice to provide information to the referrer about the appropriate care pathway for their patient. CHS is reviewing the SNA letter template to ensure the appropriate information is provided back to the patient and referrer.

Background

- On 30 August 2018, your office was copied into a letter to Mrs Vicki Dunne from a constituent complaining that Canberra Health Services (CHS) had informed him that he could not have an appointment for public ophthalmology.
- The constituent had been referred to CHS by his GP, for ongoing management of glaucoma. Glaucoma is a chronic condition that is managed in the community with occasional referrals to an acute service for management of acute or tertiary issues.
- The CHS Eye Clinic does not deliver general eye care which is provided in the community, including for the ongoing management of glaucoma.

Cleared as complete and accurate: 16/10/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Daniel Wood Ext: 43515
Lead Directorate: Health

TRIM Ref: GBC18/579

GBC18/554

Portfolio/s: Health & Wellbeing

ISSUE: OPIOID TREATMENT GUIDELINES

Talking points:

- On 31 July 2017, I requested that ACT Health undertake a review of the ACT Opioid Maintenance Treatment Guidelines as a matter of priority. This included looking at how they could operate in relation to the National Guidelines for Medication-Assisted Treatment of Opioid Dependence 2014 (the National Guidelines).
- ACT Health has since completed a comprehensive review and consultation process with key stakeholders.
- On 21 February 2018, the National Guidelines were officially adopted under the Medicines, Poisons and Therapeutic Goods Regulation 2008 (MPTG Regulation).
- The changes also included:
 - updates to the Controlled Medicines Prescribing Standards to retain local unsupervised (take away) dosing limits, which were notified by the Chief Health Officer under the MPTG Regulation on 21 February 2018, and
 - publication of a new non-statutory document titled Opioid Maintenance Treatment in the ACT: Local Policies and Procedures (LPP) on the ACT Health website.
- The changes have been designed to improve governance of local guidelines, and to ensure ACT guidelines reflect nationally consistent clinical best practice.
- ACT Health is committed to ongoing consultation and engagement with the alcohol and other drug sector.

Cleared as complete and accurate:	11/09/2018	
Cleared by:	Executive Director	Ext: 51722
Information Officer name:	Conrad Barr	
Contact Officer name:	Conrad Barr	Ext: 51722
Lead Directorate:	Health	

- ACT Health has committed to ensuring there remains an effective consultation mechanism for opioid maintenance treatment services in the ACT, and has commenced a process for reviewing ongoing arrangements for the Opioid Treatment Advisory Committee (OTAC) in discussion with key stakeholders.
- ACT Health continues to meet with key stakeholders through a revised OTAC. The most recent meeting was held 12 July 2018 at which the ongoing governance and reporting arrangements for the committee were discussed, along with operational policy matters concerning treatment of people suffering from opioid dependence in the ACT.

Cleared as complete and accurate:	11/09/2018	
Cleared by:	Executive Director	Ext: 51722
Information Officer name:	Conrad Barr	
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Lead Directorate:	Health	

GBC18/579

Portfolio/s Health & Wellbeing

ISSUE: RADIOLOGY ACCREDITATION

Talking points:

- The training program in the Radiology Department at Canberra Health Services (CHS) is accredited by the Royal Australian and New Zealand College of Radiologists (RANZCR).
- Although the RANZCR accreditation occurred at around the same time as the CHS national healthcare standards accreditation, the two matters are not related in any way.
- As a result of the accreditation on 19 March 2018, the CHS radiology training program was downgraded from level A to level D, which warns that significant issues that seriously impact the quality of training require immediate action. Failure to meet these recommendations would put future accreditation of the radiology training program in doubt.
- Patients are not at risk. The report relates specifically to teaching and training, and not patient care.
- The final RANZCR report was provided to CHS on 2 August 2018. The College considers the report to be privileged and is not to be released publically.
- Fundamentally, RANZCR found that a breakdown in communication between two previous Directors of Training had unfortunately affected the management of trainees.
- Arrangements are already in place to meet all of the College's 16 recommendations. CHS is currently implementing changes towards achieving Level A RANZCR accreditation.
- A report is due and will be made to RANZCR on the hospital's progress by 25 October 2018.

Cleared as complete and accurate:	16/10/18	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer Name:	Christine Whittall	Ext: 45804
Lead Directorate:	Health	

- RANZCR and CHS are confident that with a collaborative approach, all the recommendations outlined in the report will be met over the 12 month timeline.
- Recent feedback from CHS radiology registrars indicates that they are very positive about the changes made so far, and reporting greater confidence in the training program.

Key Information

- The two newly appointed Directors of Training in radiology have moved swiftly to implement improvements in line with the RANZCR recommendations, including:
 - Integrating a formal teaching program which aligns with the curriculum. Four first year trainees have already commenced completion of all the key conditions.
 - Working with the College's 'Trainee in difficulty pathway and remediation plans' for trainees who need additional assistance with their training.
 - Recording and reinvigorating the registrar training schedule.
- Additional actions that have been taken to make improvements in the Medical Imaging Department include:
 - National and local advertising for two new radiologists has been undertaken and interviews have occurred.
 - A departmental orientation program has been implemented with all radiologists and trainees receiving a copy of the new program.
 - All trainees are being offered two and three year contracts to align with their training schedule, and will not be required to undertake interviews.
 - Neonatal x-rays have been returned to the department for reporting and paediatric x-rays will be returned once the two new consultants have been appointed.
- At the time of the accreditation review, the Clinical Director was required to oversee all rostering. The newly appointed Directors of Training are now required to oversee the rostering of trainees, to ensure training requirements are being met.

Cleared as complete and accurate: 16/10/18
Cleared by: Deputy Director-General Ext: 42728
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Lead Directorate: Health

- Rostering ensures the department's clinical and training needs are being met. The compilation of the roster is undertaken by a non-clinician manager, which is a legitimate process that reduces clinician time on administrative tasks. Suggestions that the rostering did not have clinical input are misleading.
- RANZCR incorrectly noted that some medical imaging equipment was out of date or not compliant with national standards. It has been confirmed that all equipment meets Medicare requirements and has full appropriate accreditation to June 2020.
- The Medical Imaging Department is also installing a new \$1 million Single Photon Emission Computered Tomography (SPECT) camera and is currently procuring three new ultrasound units.
- The Department is performing well, with no wait lists for paediatric MRI under general anaesthetic, or for breast imaging. Waiting times for inpatient, emergency and outpatient diagnostic procedures are solid and improving, comparing favourably with peer hospitals in this respect.
- Suggestions that patient deaths can be linked to poor performance of the Medical Imaging Department at CHS are unfounded. Isolated cases of patient mortality within Canberra Hospital have been appropriately investigated under the Canberra Hospital Clinical Review committee, a quality Assurance Committee under the ACT Health Act.

Background information:

- The assessors noted that the most significant issue was the negative environment in the department, in particular the poor working relationship between the Directors of Training, the Head of Department, the Director of Medical Imaging, and the Hospital executive. The report cited:
 - A lack of clinical control over the department;
 - Clinical leaders having minimal involvement with the recruitment of new trainees;
 - Issues with rostering of the clinical staff; and
 - Lack of rural rotation and network.

Recommendation Timeframes

- The RANZCR report gives timeframes of three, six and 12 months for Canberra Hospital to implement its recommendations. A three month timeframe signals a recommendation that requires immediate action, as it presents a significant risk to

Cleared as complete and accurate: 16/10/18
Cleared by: Deputy Director-General Ext: 42728
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Lead Directorate: Health

the training program. Seven of the 16 recommendations fall within this timeframe and Canberra Hospital is on track to meet these within the timeframe, with five already complete.

- For example, the development and delivery of a departmental orientation program with relevant documentation for all trainees commencing at Canberra Hospital.
- A further seven recommendations are within the six months timeframe and again the department is on track to meet these on time.
 - For example, the immediate recruitment to the two vacant consultant positions to ensure that the department has appropriate levels of resourcing to ensure safe practice for patients and trainee supervision.
- The last two recommendations are within the 12 month timeframe because they require more time for full implementation due to the complexity of the actions required.
 - For example, Canberra Hospital needs to establish a network including private and rural sites to enable trainees to rotate during their training. In response, Canberra hospital has commenced discussion with Orange base hospital as a network site, with registrars rotating to Orange commencing in 2019 planned.

Recent Accreditation of other units

- The accreditation status of some other clinical teaching programs is outlined below:
 - In the Division of Surgery and Oral Health, several specialties were recently reaccredited by the Royal College of Surgeons (RACS), including Urology, Vascular Surgery, Orthopaedics, and General Surgery. There are no further RACS accreditations pending until 2019.
 - RACS also surveyed the Paediatric Surgery program for reaccreditation in July 2018. No feedback, formal or informal, has yet been received.
 - The Royal College of Physicians reviewed the Department of Paediatrics for Advanced Training in General Paediatrics in July 2018. Informal feedback indicates a good result and we anticipate receiving the full three year accreditation
 - The Royal Australian and New Zealand College of Obstetricians and Gynaecologists will review the training program in the Department of Obstetrics and Gynaecology in October 2018
 - The Medical Oncology program will be reaccredited later in 2018.
 - ACT Pathology is an Accredited Laboratory registered with the Royal College of Pathologists Australasia (RCPA), which regained accredited training status in December 2017 for a further three year period.

Cleared as complete and accurate:	16/10/18	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer Name:	Christine Whittall	Ext: 45804
Lead Directorate:	Health	

- BreastScreen ACT was reaccredited in December 2017. The results were positive noting the excellent quality of service, in particular a commendation on high cancer detection and recall rates.

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Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
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Lead Directorate: Health

GBC18/579

Portfolio/s Health & Wellbeing

ISSUE: STAFFING NUMBERS AND TEMPORARY CONTRACTS

Talking points:

- As at the last available staffing report (October 2018), temporary and casual employment at both Canberra Health Services and ACT Health Directorate makes up 25.7 per cent of the workforce.
- The predominant reasons include:
 - graduate nurse employment;
 - higher duties arrangements; and
 - maternity/parental leave absences.
- The total percentage of casual employment at both Canberra Health Services and ACT Health Directorate is 5.4 per cent and is required to accommodate short term irregular vacancies that occur from time to time.
- The total nursing workforce is 3,260, encompassing permanent, temporary and casual employees. 78.6 per cent of this workforce is permanent and 21.4 per cent is made up of casual and temporary employment. The increase in temporary and casual staff from 17.83 (August 2018) could be attributed to the additional staff required for the influx of patients due to the winter period.
- The proportion of staff who are employed on a temporary basis is kept to the minimum necessary for efficient operations of Canberra Health Services and ACT Health Directorate.
- There are challenges to Canberra Health Services in offering immediate permanent employment to graduate nurses and midwives.
- Temporary employment arrangements enable appropriate development of skills and professional behaviour in new nurses and midwives, prior to permanent employment, and employment of graduates from other countries who are not eligible for permanent employment at that point in time.

Cleared as complete and accurate:	15/10/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer Name:	Janine Hammat	
Contact Officer Name:	Jim Tosh	Ext: 50006
Lead Directorate:	Health	

- Temporary employment often leads to permanent employment, for eligible nurses and midwives.
- Canberra Health Services and ACT Health has a focus on providing permanent career based employment wherever possible.

Key Information

- Greater than 95 per cent of graduate nurses and midwives who chose to stay with Canberra Health Services after the consolidation of their clinical skills is complete, are offered ongoing employment.

Cleared as complete and accurate: 15/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer Name: Janine Hammat
Contact Officer Name: Jim Tosh Ext: 50006
Lead Directorate: Health

GBC18/554

Portfolio/s: Health & Wellbeing

ISSUE: THEATRE 14 AIR FILTER

Talking points:

- Theatre 14 was closed following advice from Facilities Maintenance and Infection Prevention and Control on 14 June 2018 following detection of a mould-like substance within the air handling unit.
- ACT Health Infection Prevention and Control has confirmed that there has been no risk to staff or patients as air levels of the mould-like substance were reported as low and the risk of infection to patients has been rated as low.
- ACT Health has been advised by external consultants that Theatre 14 may recommence surgical activity with the risk to patients or staff associated with the mould is low.
- Canberra Hospital has reopened Theatre 14 but as a precaution is currently using it only on an ad-hoc, as needed basis, such as for emergency cases when there are no other theatres available.
- ACT Health will reopen Theatre 14 for all surgical cases in mid to late September, subject to safe environmental reports and until such time as replacement of the air conditioning unit takes place.

Background

- Theatre management and the clinical infectious disease team support the current approach.
- ACT Health Facilities Management are reviewing the current applicable maintenance procedures to facilitate improved monitoring and early detection of any further occurrence, of this type.

Cleared as complete and accurate: 16/08/2018
Cleared by: Deputy Director-General Ext:
Information Officer name: Chris Bone
Contact Officer name: Cathy Burns Ext: 43515
Lead Directorate: Health

GBC18/579

Portfolio/s: Health & Wellbeing

ISSUE: UMAHA

Talking points:

- Upgrading and Maintaining ACT Health Assets (UMAHA) is a program of works valued at \$84.043 million.
- UMAHA program of works is intended to minimise risks to interruption of the delivery of health services and to deliver remedial works efficiently on a planned basis. These objectives closely align with ACT Government policies around sustainable delivery of health services.
- Implementation of UMAHA scope will:
 - Minimise the risk of asset failure that would close Canberra Hospital or force decanting of patients;
 - Minimise risks to safety of patients, staff and visitors to ACT Health Assets;
 - Ensure cost effective delivery of essential remedial actions; and
 - Minimise the risk of reputational damage.
- Specific areas of focus for UMAHA program of works include the following areas:
 - Building electrical systems;
 - Building hydraulic systems;
 - Building heating ventilation and air conditioning systems;
 - Building façade;
 - Lifts;
 - Building fire protection;
 - ICT infrastructure; and
 - Building and infrastructure upgrade works.
- Projects associated with the UMAHA program will be delivered using a number of delivery models including Project Management Agreement, Construct only and Design and Construct contract forms.

Cleared as complete and accurate: 17/10/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Colm Mooney Ext: 71986
Lead Directorate: Health

TRIM Ref: GBC18/579

- The UMAHA program of works developed from the AECOM report is not limited to Canberra Hospital but covers prioritised risk items across all ACT Health sites including Calvary Public Hospital.

Key Information

- The AECOM Report identified 583 issues associated with ACT Health infrastructure with risk ratings assigned to each issue in accordance with ACT Government risk rating guidelines.
- All extreme and high risks were included for action within the scope of the UMAHA appropriation.
- The extreme risk issues identified in the AECOM report are:
 - Electrical Main Switch Board (EMSB) replacements in Building 2 and Building 12;
 - Building 12 gas meter relocation;
 - Helipad structural upgrades; and
 - Building 1 windows.
- Of the four extreme risks, two were funded outside or partly outside of the UMAHA appropriation – Helipad (ACT Health Clinical Services Development) and Gas Meter (Continuity of Health Services Plan – Essential Infrastructure).
- UMAHA program of works scope includes the development of a strategic asset framework and strategic asset management plans for built assets, ICT assets, medical and non medical equipment assets.
- UMAHA program of works is a vehicle to consolidate all infrastructure activities under one organisation i.e. Health Infrastructure Services (HIS) to ensure alignment of planned/reactive maintenance, capital project delivery and strategic asset management.
- The scope of the UMAHA Business Case and expenditure of remaining funds except for the EMSB, B10 Electrical, Chiller upgrades works and Lift package is on track for delivery by June 2019.
- Critical elements of the Lift package to replace lifts in Building 3 and the Phillip Community Health Centre, and install a new lift in Building 3 have commenced, and are due for completion in February 2019. Replacement of a number of additional lifts have been prioritised with works to commence in 2019.
- Current EMSB works are due to be completed in mid 2019 (Building 2) and late 2019 (Building 12) subject to clinical demand and further shutdown planning which is underway.

Cleared as complete and accurate: 17/10/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Colm Mooney Ext: 71986
Lead Directorate: Health

TRIM Ref: GBC18/579

GBC18/579

Portfolio/s Health & Wellbeing

ISSUE: UNIVERSITY OF CANBERRA HOSPITAL

Talking Points:

- The University of Canberra Hospital (UCH), Specialist Centre for Rehabilitation, Recovery and Research, is now operational.
- This is a major milestone for health in the ACT and marks the culmination of almost seven years of planning, community consultation and construction work to deliver Canberra's third public hospital.
- UCH provides a range of specialised sub-acute rehabilitation and recovery services for residents of the ACT and neighbouring NSW.
- Physical and mental health rehabilitation services are co-located at the new site, served by specialist staff coming from a number of locations across Canberra.
- At full capacity the hospital will comprise 140 overnight inpatient beds made up of 20 mental health rehabilitation beds and 120 general rehabilitation beds. In addition to the inpatient beds, the hospital offers 75 day places consisting of a mix of mental health, rehabilitation and geriatric day places. Ambulatory and non-admitted rehabilitation services are also provided from this facility for adult patients.
- As of 15 October 2018, 52 rehabilitation beds and 19 adult mental health beds are occupied.
- The rehabilitation medical and intake teams are proactively identifying referrals to the rehabilitation wards on a daily basis in conjunction with the CHASERS team. The CHASERS team are a rehabilitation in reach team that actively engage with acute wards at both Canberra and Calvary Hospital to assist acute teams in triaging and directing patient rehabilitation referrals.

Cleared as complete and accurate: 15/10/2018
Cleared by: Executive Director Ext: 48173
Contact Officer Name: Kate Schorsch Ext: 40081
Lead Directorate: Health

Key Information

- The UCH Commissioning Project has transitioned all areas to business as usual activity. On 23 August 2018, the final University of Canberra Hospital Steering Group meeting was held. Final Working Group Reports were tabled, identifying outstanding activities, ongoing risks and issues and follow on actions for completion. These are now monitored at the Facility Wide Operational Meeting, with the first meeting held on 27 September 2018. These meetings will continue to occur on a monthly basis, and Consumer and Carer representatives have been invited to attend.
- While UCH is formally accredited as part of ACT Health's accreditation, an internal voluntary review of the UCH's compliance against the Australian Commission on Safety and Quality in Health Care's Standards – Version 2 (the Standards) was undertaken the week of 13 August 2018. The review was conducted by an external surveyor and supported by four internally trained surveyors.
- Following the review against the Standards, the feedback has been positive. The Surveyor praised the Service for their active involvement of consumers in the design of the facility and the Models of Care. The Surveyor also provided positive feedback regarding the exceptional artwork throughout the facility, the positive staff culture and excellent governance at UCH. The positive feedback is testament to all of the staff involved with the establishment of UCH.
- Opportunities for improvement have been identified and work is underway to address these.
- Joint Consultative Committee meetings between Canberra Health Services and Unions, occur on a monthly basis. Unions will however, still be able to raise issues as they arise prior to the next meetings.
- Joint tripartite meetings in relation to the Facilities Management contract, with the Canberra Health Services Facilities Management team, Brookfield Global Integrated Solutions (BGIS) and Unions, occur on a quarterly basis. The first meeting was held on Thursday 27 September 2018 and will continue for the lifetime of the contract.
- A small amount of infrastructure work is still underway. Pricing for a UCH X-ray room fit out is ongoing. At this point in time, patients at UCH are being transferred to Canberra Hospital for imaging.
- The UCH food service delivery model continues to be monitored. The Food Services Steering Group has transitioned to an ongoing Food Service Management meeting, reporting to the Facilities Management Committee.

Cleared as complete and accurate: 15/10/2018
Cleared by: Executive Director Ext: 48173
Contact Officer Name: Kate Schorsch Ext: 40081
Lead Directorate: Health

Background information

- UCH cost \$212 million to build. Construction included the underground and surface car parks at the hospital site. An additional \$11.2 million was required for the hospital multi-storey car park, which is adjacent the hospital site.
- \$15.69 million was allocated for operational commissioning (\$14.86 million in 2017/18; \$0.83 million in 2018/19).
- The majority of the increase in costs is attributable to the costs of supporting a new stand-alone facility and the mobilisation of the non-clinical support services contract with BGIS. This includes food services, distribution and patient support services, security, cleaning, materials distribution, pest control, grounds and garden maintenance, help desk and building engineering maintenance services.

Cleared as complete and accurate: 15/10/2018
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Lead Directorate: Health

GBC18/579

Portfolio/s: Health & Wellbeing

ISSUE: WAIT TIMES TO SEE A SPECIALIST

Talking points:

- It is important to acknowledge that not all outpatients waiting to see a specialist will require surgery, because surgery is not the solution in all cases.
- Patients who do not require surgery may instead be treated through non-surgical means, either by a multi-disciplinary team, which may include a specialist, or referral back to a GP.
- The number of people waiting to see a specialist who eventually require surgery varies greatly according to speciality. The average across all specialities is around one third.
- There are a number of specialty-specific challenges that are impacting on waiting times, including workforce issues. To address this, Canberra Health Services (CHS) is:
 - developing a targeted workforce strategy to attract more doctors to the ACT;
 - developing and implementing specific strategies to improve on all areas where patients are waiting longer than the clinically recommended time for treatment;
 - examining better ways to ensure patients have had the best-possible management and investigation of their condition prior to referral to a specialist, by working with GPs to develop shared health pathways;
 - improving referral information to better delineate patients in more urgent need of attention; and
 - working with GPs to ensure referral to outpatients are only for patients who need to be seen by a specialist in a tertiary health service.

Cleared as complete and accurate:	16/10/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Andrew Mitchell	Ext: 76277
Lead Directorate:	Health	

- That some referrals for services are within the scope of services provided appropriately by CHS.
- CHS also knows it needs to better work with GPs to ensure they have the information they need to know what other treatment options are on offer for patients.
- This is being done through Health Pathways in liaison with Capital Health Network.

Cleared as complete and accurate: 16/10/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Andrew Mitchell Ext: 76277
Lead Directorate: Health

GBC18/579

Portfolio/s: Health & Wellbeing

ISSUE: WATER LEAKS IN CENTENARY HOSPITAL FOR WOMEN AND CHILDREN

Talking points:

- Water leaks have been identified in three areas of the Centenary Hospital for Women and Children (CHWC) – Birthing Suites, Post Natal and Paediatric Wards.
- These leaks were identified in the Birthing Suites in February 2016, Post Natal in May 2018 and in the Paediatric Medical Ward in August 2018.
- Remediation in the Birthing Suites commenced in October 2017. To date the remediation of five ensuites has been completed. The remaining ensuites will be completed in a staged strategy over the next 18 months.
- Remediation works in the two affected ensuites in the Postnatal Ward commenced in May 2018 and were completed on 8 August 2018.
- On 3 August 2018 leaks were identified in the Paediatric Medical Ward (Block B, Level 1) affecting two rooms (three beds).
- The Paediatric Medical Ward was relocated to the Paediatric Surge Ward to avoid any disruption to clinical services. This has meant that the surge capacity has been reduced from 12 beds to 9 beds.
- Infrastructure Management and Maintenance implemented a remediation plan in consultation with the impacted clinical areas using existing on site contractor resources to expedite the required remediation works.
- The source of the leak was identified to be a pinhole in the hydraulic pipe work, and is not linked to other hydraulic fitting failures within CHWC. Remediation in the Paediatric Medical Ward is ongoing and expected to be completed by late December 2018.

Key Information

Cleared as complete and accurate:	22/10/2018	
Cleared by:	Deputy Director-General	Ext: 52248
Information Officer name:	Karen Doran	
Contact Officer name:	Colm Mooney	Ext: 79186
Lead Directorate:	Health	

TRIM Ref: GBC18/554

- Whilst the remediation works in the Birthing Suites and Paediatrics Medical Ward are continuing, ACT Health and Women Youth and Children (WYC) are discussing the coordination and construction approach for future works.

Background Information

- Following the identification of water leak in the wall cavity of an ensuite shower within the Birthing suites, ACT Health undertook immediate rectification and investigation into the source of the leak.
- In parallel with the room repair, a consultant was engaged by ACT Health to confirm the root cause of the leak which was identified as a leaking spindle (used to operate an in wall tap) extension.
- Following these works, an inspection of the shower units in the other Birthing Suites ensuites was undertaken, with all fittings being tightened in an attempt to stop any other leaks.
- A staged remediation strategy was developed with the WYC team to undertake the remediation of the affected Birthing Suites ensuites which commenced in October 2017.
- Specialist Consultants are engaged to perform ongoing testing to ensure patient safety is not compromised as a result of water leaks and any resulting mould contamination.
- Legal advice is being sought on a potential Industrial Special Risks (ISR) insurance claim or third party recovery associated with the leaking spindle extension issue.
- Management and Maintenance is working closely with the Insurance Liaison Unit to progress a building claim relating to the identified issue in the Paediatrics Medical Ward.

Cleared as complete and accurate: 22/10/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Colm Mooney Ext: 79186
Lead Directorate: Health

TRIM Ref: GBC18/554

GBC18/579

Portfolio/s: Health & Wellbeing

ISSUE: WORKPLACE BULLYING AND HARASSMENT

Talking points:

- All staff across the ACT public health system have access to various channels to support and assist them in managing instances of workplace bullying and harassment, whether it be alleged or actual.
- Both the Minister for Mental Health and I have made numerous public statements in relation to workplace bullying and harassment, reiterating that the ACT Government has zero tolerance for bullying and that there are safe and respectful pathways available to staff wishing to raise concerns about bullying within all ACT directorates.
- There are several training programs available and new initiatives underway to educate staff on respectful workplace behaviours and managers on how to manage complaints of inappropriate behaviour.
- Existing and well established avenues for staff to raise incidents of bullying and harassment in the workplace include:
 - Contacting Employee Services staff in the People and Culture (HR) team who can provide advice on dealing with alleged instances of bullying;
 - Discussing the alleged bullying with their Senior Manager;
 - Raising incidents via ACT Health's electronic incident reporting system 'Riskman'. This system is also monitored by People and Culture to ensure all matters related to bullying and harassment, reported through Riskman, are managed in accordance with the relevant Enterprise Agreements and workplace policies; and
 - Contacting their local Respect, Equity and Diversity (RED) Contact Officer.

Cleared as complete and accurate:	31/10/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer name:	Janine Hammat	
Contact Officer name:	Jim Tosh	Ext: 50006
Lead Directorate:	Health	

- ACT Health and Canberra Health Services are also working on a number of short and medium term strategies and actions to shift the focus from formal investigative processes to early intervention and alternative dispute resolution, and with the intention to recast existing frameworks in a way that results in a more connected approach to employee behavior and positive workplace culture, including:
 - Introducing alternative dispute resolution mechanisms will aim to provide parties to come to a resolution in recognition that formal processes often result in both complainant and respondents losing agency on the process;
 - The introduction of an Employee Advocate function. This role will assist employees in the resolution of their workplace issues, by encouraging resolution through alternative dispute resolution mechanisms;
 - Modifying existing Preliminary Assessment process for bullying and interpersonal disputes to prioritise early intervention and alternative dispute mechanisms, including mediation and facilitated conversations;
 - Utilising the REDCO network to assist with the introduction of this new approach; and
 - An external and trusted avenue for employees of ACT Health on bullying matters.

Reported Numbers:

- On 28 October 2018, the **Canberra Times** reported that ‘fewer ACT Health staff undergo anti-bullying training’ in the 2017-18 financial year as compared to the 2016-17 financial year.
- Whilst there was a slight decline in attendances to this program in the 2017-18 financial year, the Respect at Work training program - formerly known as Managing and Preventing Discrimination, Bullying and Harassment - has been offered to ACT Health staff since 2011, and to date over 6,000 staff have attended this program.
- Since it’s introduction, the program has been regularly revised and improved to ensure organisational and staff needs are met.

Cleared as complete and accurate: 31/10/2018
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Lead Directorate: Health

- The program was also extensively revised over a four month period in late 2017 to early 2018. The program now comprises an e-learning component and a two hour face-to-face workshop. And, whilst a four month period may seem lengthy, the e-learning module was developed in-house resulting in significant savings for ACT Health.
- From the beginning of this financial year, 399 staff have completed the e-learning module, and 209 staff have completed both components of the program. Based on these figures, it is anticipated that more staff will complete the Respect at Work Program in this financial year compared to the 2017-18 financial year.
- As I outlined in my **Ministerial Statement** on 23 October, there were 160 reports to People and Culture of alleged bullying or harassment across 2017-18. That is, the total number of instances where a preliminary assessment was commenced under Section H of the ACT Public Service Enterprise Agreements.
- A Preliminary Assessment is undertaken at the local level and, in some instances, are not reported through People and Culture. These numbers therefore do not not necessarily indicate the number of actual instances identified.
- Only two of these reports resulted in a misconduct process and, of these two, one was found to be in breach of Section 9 of the *Public Sector Management Act 1994*.
- As at 19 October 2018, People and Culture are reviewing 37 reports of alleged bullying or harassment of which each are at various stages of the process. To date, three of these cases have warranted commencement of investigation by the Professional Standards Unit.
- In August 2018, the Canberra Times requested, through the **FOI process**, a summary of bullying or harassment within ACT Health during the 2017-18 financial year. A summary was provided, which indicated that there were a total of ten cases, of which three were identified as having an element of bullying or harassment. These ten cases are only those where investigations were completed by the Professional Standards Unit.

Cleared as complete and accurate:	31/10/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer name:	Janine Hammat	
Contact Officer name:	Jim Tosh	Ext: 50006
Lead Directorate:	Health	

Background

- In 2011 ACT Health developed the Managing and Preventing Discrimination, Bullying and Harassment All Staff Workshop (3 hours) and the Managers Seminar (2 hours).
- Since this time, ACT Health has also embedded the principles of the ACT Public Service's RED Framework in these programs, and has developed training programs to educate staff on respectful workplace behaviours and educate managers on how to manage complaints of inappropriate behaviour. ACT Health has an established network of 101 RED Contact Officer's in all professions.
- From 2011 to 2013, both these programs were mandatory, a decision made by the then Director-General. During this three year period the programs were mandatory over 4,600 staff attended.
- In late 2017 to early 2018, the Respect at Work program was extensively revised resulting in the program having two components – an e-learning module and a 2 hour face-to-face program. The e-learning program was developed in-house by the one FTE staff member responsible for developing many of ACT Health's e-learning modules.
- The 4 month development period resulted in the program not being offered to staff, hence why staff numbers were down in the 2017-18 financial year compared to the 2016-17 financial year.
- Further to that, in 2017-18, the new University of Canberra Hospital was being commissioned, with significant interactive workshops focussing on building positive culture and values based behaviours being undertaken with the staff at the new hospital. As part of these activities, themes of the Respect at Work program around appropriate and inappropriate behaviour in the workplace were included. Over 300 staff participated in these workshops.
- The Respect at Work program is no longer mandatory, however staff are strongly encouraged to complete the training program, particularly since it has been extensively revised.
- Existing investigative processes, which still have their place for more serious matters, are often of limited assistance to resolve interpersonal issues in the workplace.
- It should be noted that ACT Health are reviewing the categories available for employees to chose on reporting mechanisms such as Riskman as bullying or harassment are often revealed as being relationship difficulties or interpersonal disputes, rather than bullying or harassment by definition.
- ACT Health has a zero tolerance approach to bullying, and takes all reports and allegations seriously, ensuring that they are appropriately assessed by an authorised officer.
- Since the events explored by the ACT Auditor-General, the Australian Council on Healthcare Standards Accreditation Report of July 2018 commented on ACT Health's "commitment and hard work has resulted in a significant shift and improvement in work place culture. With staff now openly taking pride in their work place environment..."
- ACT Health agree with the Accreditor's view that "It will be crucial that this leadership and level of commitment is maintained to ensure all improvements are sustained and further developed across the health service."
- The independent review into ACT Health's culture will provide further insight into this process and any further considerations that ACT Health may need to take into account.

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Lead Directorate: Health

GBC18/676

Portfolio/s: Mental Health**ISSUE: ADOLESCENT MENTAL HEALTH SERVICES IN THE ACT****Talking points:**

- The Government is committed to developing youth-focused mental health services, by expanding the size and range of services at the Centenary Hospital for Women and Children, including the planning of a dedicated child and adolescent mental health unit.
- ACT Health has commenced preliminary work on the new unit, which has an estimated completion date in 2022.
- In October 2018 a Child and Adolescent In Patient Unit Working Group was established with membership made up of interested stakeholders including consumer and carers representation. This Working group will be fundamental in establishing an evidence based Model of Care for the new unit.
- In the 2018-19 Budget, \$2.1 million was provided to expand Child and Adolescent Mental Health Services (CAMHS) through the establishment of an Assertive Outreach Program (AOP).
- The AOP is a recovery-focused community based service which will treat adolescents and children aged 12-18 years who are experiencing severe, high prevalence mental illness.
- The AOP will specifically target vulnerable groups who, due to a range of complex issues, may face barriers in accessing CAMHS and other community-based mental health services such as Headspace, The Junction and Catholic Care Next Step.
- In November 2017, the Perinatal Mental Health Consultation Service (PMHCS) expanded to improve specialist psychiatry services for new Canberra mothers, and the CAMHS Consultation Liaison Service extended its services to seven days a week in January 2018.

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- In addition, the Government has committed \$100,000 over two years to support the expansion of Menslink’s counselling program to include boys aged 10 to 12 years, a cohort where demand for services has increased.
- Currently, children and young people up to 16 years of age presenting with acute mental health issues are admitted to Centenary Hospital for Women and Children’s paediatric adolescent ward. They receive support through the CAMHS consultation liaison service, who provide ongoing consultation with paediatric staff.
- CAMHS also runs education and therapeutic group programs at The Cottage Adolescent Day Program for adolescents significantly impacted by mental illness.
- Dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the Adult Mental Health Unit Vulnerable Persons Suite. Clinical care is provided in close consultation with CAMHS to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.
- ACT Health funds CatholicCare to provide a Community Facility Based Adolescent (13-17 years) Step Up Step Down Program (STEPS), which provides 24 hour supported accommodation for a period up to three months.
- On 22 February 2018, ACT Health entered into a Service Funding Agreement with Headspace National. ACT Health provided initial funding of \$200,000 to enable Headspace to enhance its clinical capacity and reduce wait times for early intervention mental health services. Through this new funding, Headspace Canberra is able to deliver ‘onespace’ sessions for young people aged 12-25.
- Headspace Canberra is delivering a short-term, one to three planned appointment support-option, known as Onespace, available to young people and parents/caregivers. Onespace takes a pragmatic strengths-based approach to addressing clients’ presenting concern and follows a model of Solution Focussed Brief Therapy.
- The implementation of ACT Government funding to headspace for Onespace has resulted in the following:
 - responding to all new referrals within 24 hours via the phone;

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Lead Directorate: Health

- significant increase in the ability to offer additional initial assessments with reduced wait times;
- an additional treatment option for young people, accessible within five days; and
- the quickest intervention option for young people and their family and friends at headspace Canberra.

Key Information

- The funding for the STEPS program has been maintained through a 3 year (2016-19) Service Funding Agreement. 2017-18 funding to CatholicCare is approximately \$1.23 million of which approximately \$1.03 million is allocated to the STEPS program.
- The clinical preference for adolescents is community based care. The CAMHS community teams provide comprehensive assessment and clinical management for children and young people with moderate to severe mental health issues.
- If a young person requires longer or more intensive inpatient treatment, service at a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services. The number of transfers is very low.
- A number of programs are run in conjunction with other directorates and the non-government sector including:
 - The Primary School Mental Health Early Intervention program: a partnership with the Education Directorate to deliver the Understanding and Responding to Feeling and Behaviours in Schools program.
 - An assertive outreach program established through the 2016-17 budget initiative Mental Health Follow Up for Young People and Intensive Clinical Rehabilitation Service. This program provides assertive outreach and intensive mental health treatment and care for young people aged 14-25 years in the ACT who are at high risk of developing or are currently experiencing early onset psychosis. It also supports highly vulnerable young people aged 14 -18 years experiencing severe anxiety or depression with multiple barriers to accessing office based treatment.
 - Headspace Canberra: a youth-specific mental health service which aims to reduce the impact of mental health problems on young people aged 12-25 years by enabling early access to and engagement with quality and integrated services, providing treatment for mild to moderate mental health problems.

Headspace

- onospace sessions provide young people and their family and friends an additional service stream that is offered alongside current Headspace services funded by the Primary Health Care Network – Commonwealth Department of Health, In-Kind partners and the Medicare Benefit Scheme.

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- onespace sessions are provided by Allied Health Professionals from ACT Government funding and are offered to young people and their family and friends requiring low to moderate support as a therapeutic option.
- ACT Health is currently exploring options for the continuation of onespace funding with the Capital Health Network, beyond 2018.

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GBC18/676

Portfolio/s: Mental Health

ISSUE: ADULT COMMUNITY MENTAL HEALTH SERVICES

Talking points:

- The Adult Community Mental Health Services (ACMHS) Model of Care (MoC) was endorsed on 17 October 2017.
- The proposed timeline forecasts a staged, transition period of implementation.
- Workforce planning, policy and procedure development, communication and training, evaluation and planning of future phases for further improvement and sustainability support are all underway.
- The first new service, the Assertive Community Outreach Service (ACOS) officially commenced operations on 14 June 2018 with a graduated roll-out of the remaining new teams to occur throughout the remainder of 2018.
- All permanent ACMHS staff have been allocated positions under the new MoC workforce profile and will commence in their new roles as their respective teams come on line.
- As part of the staged progression of the MoC, the Therapies Team is currently being piloted and will officially commence 19 November 2018, and the Access Mental Health Team and Home Assessment, Acute Response Team (HAART) in November 2018. These are exciting and significant milestones for the roll out of this new MoC.

Key Information

- Workforce planning has been completed and all existing permanent staff within the ACMHS program have been allocated positions within the new MoC workforce profile.
- A number of Quality Improvement projects are currently in train to allow pilot testing of each of the functions of the new MoC before each new service comes online. This process will allow clinical and operational governance systems and referral pathways to be evaluated while maintaining a safe platform of service delivery.

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- The MoC encompasses:

a) Service Principles:

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

b) Services Provision:

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

Background Information

- ACMHS are specialist community-based mental health assessment and treatment services for adults in the ACT experiencing moderate to severe functional impairment due to serious mental illness with associated complex needs and risk.
- The work on the new MoC has been undertaken by the ACMHS MoC Project Steering Committee, comprised of representatives from Canberra Health Services (CHS) and relevant peak bodies including the Mental Health Community Coalition ACT, ACT Mental Health Consumer Network, Capital Health Network and Carers ACT. There have also been a number of targeted and focused community consultations with other key stakeholders in preparation of the proposed ACMHS MoC.

Cleared as complete and accurate: 15/10/2018
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Contact Officer name: Katrina Bracher Ext: 51313
Lead Directorate: Health

GBC18/676

Portfolio/s: Mental Health

ISSUE: BRIAN HENNESSY REHABILITATION CENTRE – EXTENDED CARE UNIT AND SUPPORTED ACCOMMODATION

Talking points:

- The mental health rehabilitation services delivered at Brian Hennessy Rehabilitation Centre (BHRC) were transitioned to the University of Canberra Hospital (UCH) on 17 July 2018.
- In the 2018-19 budget \$22.8 million was allocated for supported accommodation to expand the mental health system to provide more community based alternatives for the provision of mental health care.
- Included in this initiative is an investment to refurbish the ten bed Extended Care Unit at BHRC to provide an upgraded facility where mental health patients can gradually transition from an inpatient clinical setting into supported accommodation.
- As of 12 October 2018, there are six residents currently residing in the Extended Care Unit. Following the refurbishment the remaining beds will be able to be utilised.
- In the supported accommodation initiative there was also funding for three houses to be built in the community to provide long term supported accommodation for people with mental illness.
- These supported accommodation facilities will provide the appropriate care in the appropriate place, enabling greater access and interaction with the community and the person's support networks.
- Housing ACT has agreed to work with ACT Health to deliver this initiative. Housing ACT will provide the land and take the lead on the construction of the dwellings which will be funded by MHJHADS. A community organisation will be engaged to provide disability support to the residents and manage the property.

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- MHJHADS and Housing ACT staff are working together to identify suitable land for the supported accommodation houses in the community.
- An initial block of land has been identified in Florey and a community consultation process including letter box drop, drop in information session on site and information on the YourSay website has been completed.
- The house on the Florey site is expected to be completed in February 2019.
- The supported accommodation initiative also provides for the establishment of a Southside Community Step Up Step Down (SCSUSD). The SCSUSD will provide short-term residential support for people with the aim of preventing admission to hospital, and will be run in partnership between ACT Health and a non-government organisation.
- ACT Health will provide clinical services including a range of therapeutic interventions, and a community agency that will have a 24/7 onsite presence and provide for practical and psychosocial support for people in the program.

Background Information

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

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**ISSUE: CENTENARY HOSPITAL FOR WOMEN AND CHILDREN –
INFRASTRUCTURE EXPANSION TIMEFRAMES**

Talking points:

- The Expansion of the Centenary Hospital for Women and Children project is forecasted for completion by the end of the financial year 2021-22, with elements of the project due for staged completion over this period.
- Construction of the expansion will start in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite due for completion by the end of October 2018.
- The next phase of this project is to commence design work, in conjunction with ongoing Territory-wide health services planning work.
- Since the expansion was announced in last year's Budget, ACT Health has been working to undertake project due diligence and determine the final staging and scheduling of works, and this has led to greater certainty around timeframes. To this end, a tender process is in progress to engage design consultants for the development of a Proof of Concept for the project.
- It is important to highlight that the expansion is happening in an existing facility on the Canberra Hospital, which is an operational campus. There are existing health services that will need to be considered carefully and we also need to ensure there is a continuation of care and services for our patients and their families while this major project is underway.
- The Adolescent Mental Health Inpatient Unit (AMHIU) is considered as part of the CHWC Expansion project. It is expected that the AMHIU will be completed by the end of the 2021-22 financial year.

Key Issues:

- The Government has allocated \$68.075 million in budget and forward

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estimates for the CHWC Expansion, including the AMHIU with \$2.5 million available in 2018-19 to progress due diligence. The final cost estimate is subject to Government's consideration of the outcomes of the Proof of Concept design and a final detailed project proposal.

Background Information:

- The 2017-18 Budget announced an estimated capital cost of \$70 million for the expansion of the CHWC.
- The 2017-18 funding provided for feasibility and planning work to inform construction commencement in 2018-19.
- The expansion will improve the services and support for patients of maternity and paediatric services and provide new services, including an adolescent mental health unit and expanded neonatal intensive care service.
- The project is responding to the significant growth in demand for these services for the Canberra and surrounding NSW communities.
- The commitment for the CHWC expansion provides for an adolescent mental health unit, an adolescent gynaecology service, paediatric high-dependency unit, and more paediatric and neonatal intensive care beds. Note, some of these elements are intended for delivery through the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre project (e.g. paediatric intensive care beds and high dependency unit).
- The 2018-19 Budget provided a capital injection of \$2.5million to allow for the continuation of planning and design related to the expansion of the CHWC.
- Construction of the expansion of the CHWC is expected to be completed during the 2021-22 financial year.

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Portfolio/s: Mental Health

ISSUE: CORONIAL INQUEST INTO SUICIDES AT CANBERRA HOSPITAL

Talking points:

- The ACT Government has sincere sympathy for the families and friends of people who have died by suicide.
- Canberra Health Services (CHS) is not able to comment about coronial matters while they are before the ACT Coroner.
- CHS works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

Key Information

- There were four deaths by suicide of inpatients at Canberra Hospital in the period January 2015 to November 2016. These deaths are the subject of a coronial investigation. Coroner Hunter will investigate these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The Coronial Inquest will be heard in two stages:
 - The first stage occurred on 10-13 and 17-20 April 2018, and 1-4 May 2018 and heard the factual elements relevant to the cause and manner of each death and evidence from CHS staff of their provision of care and treatment or their involvement with the four people.
 - On 3 September 2018, the second stage commenced and addressed the systems issues, including policies and procedures underlying the care provided to the four people. Stage 2 concluded on 7 September 2018.

Background Information

- During the first stage of the Inquest, Coroner Hunter made interim findings in relation to the cause and manner of the four deaths.

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- While the evidence provision for the coronial Inquest has concluded, the inquest is still underway with the submission process and therefore no further information can be given at this time.

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Portfolio/s Mental Health

GBC18/676

ISSUE: GROWTH IN BUDGET AND INTERNAL EFFICIENCY TARGET**Talking points:**

- The references to savings targets made in the Independent External Review of Mental Health Services related to efficiency targets applied to internal budgets in both 2016-17 and 2017-18 as part of reform work.
- There were no service cuts and no staff losses directly attributed to the savings targets.
- The targets were set internally within ACT Health as part of business as usual budget management processes. Internal budget management no longer applies this approach of efficiency targets allocated to Divisions.
- The budget for ACT Health has grown in each of the years from 2015-16 to 2017-18, in response to growth in demand for health services. In 2018-19 the overall ACT Health Budget has seen an increase from 2017-18 of 4.2 per cent.
- Within this overall budget allocation, ACT Health seeks to manage the provision of services in a safe, effective and efficient manner. Internal financial management mechanisms are used to facilitate the considerations of efficient service provision, appropriately balanced with the priority of delivering high quality, safe services.
- In the particular case of mental health:
 - The 2018-19 budget has seen an increase of 15 per cent in the Mental Health budget over the previous financial year; and
 - The Mental Health budget has increased successively over the past three years (2015-16 to 2017-18) without any cut to either clinical services or staffing.

Background Information:

The Mental Health, Justice Health, Alcohol & Drug Services (MHJHADS) Division 2018-19 Budget is currently \$107,284m (now includes University of Canberra Hospital mental health services) and in 2017-18 was \$93.679m. So this is a 15 per cent increase.

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GBC18/676

Portfolio/s: Mental Health

ISSUE: INCIDENTS IN MENTAL HEALTH UNITS

Talking points:

- There were four reported incidents of violence against staff working in the Dhulwa Mental Health Unit (Dhulwa) in July 2018. These four incidents remain the subject of police investigation, so I am unable to make any further comment at this time.
- There were two incidents of violence against staff working in the Adult Mental Health Unit (AMHU) in September 2018. These two incidents remain the subject of police investigation, so I am also unable to make any further comment at this time about these incidents.
- There were three incidents of violence against ward persons working in the AMHU in October 2018.
- Working in mental health clinical services can be extremely rewarding, however it is also recognised that at times it can also be challenging and present risks, especially for those nurses and other health professionals working in our acute and secure services. This challenge is faced across jurisdictions.
- While we can never fully remove this risk, any instances of violence or aggression in our mental health services will be investigated and reviewed to ensure that processes are improved and the risk to staff and patients is minimised.
- The ACT Government has committed to developing a Nurse Safety Strategy through the Parliamentary Agreement. This work is underway and the development of a well-formulated, effective and evidence-based strategy is a priority for Government.
- Canberra Health Services is also working with the staff, the ANMF and other key stakeholders to make practical changes to practices and policies in our inpatient mental health facilities to further mitigate existing risks while the Strategy is being developed.
- The ACT Government acknowledges the essential role nurses play in our health care system and recognises the right of every individual to feel safe at work.

Background Information

- The provision of mental health services is a challenging area within ACT Health and unfortunately from time to time episodes of aggression and violence can occur. The

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staff do provide a compassionate service that is as diverse as the vulnerable people that receive the services.

- AMHU is an acute inpatient unit that provides voluntary and involuntary psychiatric care and treatment for people with a mental health illness who require hospitalisation. Staff are trained in the management of behavioural extremes and on occasion this includes responding to and managing violence.
- Dhulwa is the secure mental health facility in the ACT and it is specifically designed to meet the needs of people who have complex clinical presentations. Staff are trained as specialists in the management of behavioural extremes and on occasion this includes responding to and managing violence.
- The people admitted to Dhulwa are unable to be treated in less restrictive clinical settings in the ACT. As such, Dhulwa has the highest staffing levels, staff who are skilled with specific training on de-escalation and management of complex behaviour. There are dedicated security staff and educational programs to help keep both staff and patients safe.
- ACT Health staff are encouraged to report any incidents or injury.
- Any allegation involving a physical assault is reported to the police.
- ACT Health is currently developing a new strategy focussed on the safety of our staff in the workplace. The strategy will focus on high risk areas, including our mental health units.
- ACT Health continue to work with staff, unions such as the ANMF, and other key stakeholders in the development of the strategy.
- This strategy is a key priority for ACT Health and is expected to be completed later this year.

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ISSUE: OCCUPATIONAL VIOLENCE

Talking Points:

- Canberra Health Services has commenced development of an Occupational Violence Strategy which will help to define best practice in managing occupational violence, drawing on national and international approaches.
- Canberra Health Services has established an Occupational Violence Working Group which met for the first time on 9 November 2018. The Working Group was chaired by the CEO and 26 Management and staff representatives attended.
- The Working Group will be responsible for developing a communication plan and defining the project and Strategy outcomes. In addition, it will assist with the implementation of the Strategy.
- Canberra Health Services has updated procedures relating to the classification of incidents to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.

Data discrepancy in QoN response

- I recently became aware of quantifiable, specific data about occupational violence experienced by staff working for Canberra Health Services, and injuries recorded in the workplace, through a question on notice.
- The data originally provided was sourced from the Riskman Staff Incident System utilised by ACT Health to capture all Work Health Safety (WHS) Incidents.
- ACT Health follows the Type of Occurrence Classification System (TOCS) as specified by Safe Work Australia to classify WHS incidents in Riskman.
- Initially, to determine staff assault incident figures to respond to QoN 1567, ACT Health utilised the Riskman incident data with the TOCS

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classification code of 'being assaulted by a person or persons'.

- Further investigation into the incident data identified additional incidents involving staff assault may have been coded under 'mental stress' (TOCS requires this coding where mental stress is considered as a more serious outcome than the physical injury/impact of the incident).
- Initially, ACT Health did not include incidents coded under 'mental stress' that involved staff assault to respond to QoN 1567.
- Subsequently, ACT Health analysed incidents under the 'mental stress' code to identify incidents involving staff assault to ensure complete data on all staff assault incidents captured on Riskman was included. A revised response to QoN 1567 was provided on 17 September 2018.
- Since this time Canberra Health Services has conducted a comprehensive review of the procedure relating to the classification of staff incidents that may be construed as assault on the Riskman system.
- A more inclusive approach is taken in terms of incidents classified as assault. For example, incidents involving physical harm to staff that may be unintentional (e.g. when restraining a client) and intended acts of harm (e.g. punch/kick that misses) are classified as assault.
- The updated procedure enables Canberra Health Services to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.
- I acknowledge the data, and what those numbers show, is not good enough. There is more to be done to ensure staff are as safe at work as they can be.

Background Information:

- On 31 August 2018, you responded to Question on Notice (QoN) 1567 about staff assaults. The response was provided to Chamber Support on the same date.
- On 5 September 2018, ACT Health identified the staff assault data provided in the response was incomplete.
- Since this time Canberra Health Services has updated procedures relating to the classification of incidents to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.
- This table below shows staff assaults by Division (Operative Area) by members of the public (including patients and relatives) from 1 January 2017 – 30 June 2018

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extracted from Riskman Incident System:

Business Support	2
Cancer Ambulatory and Community Health Support	4
Clinical Support Services	40
Critical Care	49
Health Infrastructure Services	1
Medicine	44
Mental Health, Justice Health, Alcohol and Drug Services	149
Canberra Hospital and Health Services	1
Population Health	1
Rehabilitation, Aged and Community Care	1
Pathology	75
Surgery and Oral Health	29
Women, Youth and Children	10
Total	406

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- ACT Health follows the definition of Safework Australia of staff assault as being “assaulted by a person or persons including: kicks, bites, punches, pushes etc, assault with or without a weapon, being assaulted with handtools, objects or weapons wielded by another person”.
- These are the types of assaults ACT Health is seeing. The severity of the assaults vary from no injury, to minor injury requiring first aid treatment, to injury requiring medical treatment and hospitalisation.
- ACT Health currently has three major pieces of work underway that are focused on improving work, health and safety for frontline health staff; ACT Health Work Health and Safety Strategic Plan, the Occupational Violence Strategy, and the Nurses and Midwives: Towards a Safer Culture project (Nurse Safety Strategy).
- The Canberra Health Services Work Health and Safety Strategic Plan is in the final stages of consultation with staff and unions and is expected be finalised by the end of November 2018. A key project under the plan is to gain a collective understanding of occupational violence exposures across the organisation and to identify systemic risk control opportunities to reduce harm to staff. Work has already commenced to support this project.
- The Occupational Violence Strategy will help to define best practice in managing occupational violence, both nationally and internationally. The Occupational Violence Strategy Working Group is chaired by the CEO and will meet regularly.
- The Nurses and Midwives: Towards a Safer Culture project is focused on the safety of our nurses and midwives in the workplace and on high risk areas. Canberra Health Services is working with staff, unions such as the Australian Nursing and Midwifery Federation, and other key stakeholders in the development of this project, including the Implementation Plan.

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Portfolio/s: Mental Health

**ISSUE: WINNUNGA DELIVERING HEALTHCARE AT ALEXANDER
MACONOCHIE CENTRE**

Talking points:

- On 10 November 2016, I publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Review) in my capacity as the Minister for Corrections.
- The Government's response to the Moss Review was tabled in the ACT Legislative Assembly on 16 February 2017.
- Recommendation 5 of the Moss Review is the integration of Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) to provide a holistic approach to health care at the Alexander Maconochie Centre (AMC) in a culturally safe way.
- On 22 June 2018, a contract between the ACT Government and Winnunga was signed which enables Winnunga to provide health care to detainees at the AMC.
- The soft launch on 15 October 2018 provides the opportunity for the ACT Corrective Services, Canberra Health Services and Winnunga Nimmityjah Aboriginal Health and Community Services to come together as one team and build on the collaborative foundations of the model of care.
- Winnunga will not commence the provision of health services at this time, but will familiarise themselves with the centre, client identification and communications and general set up.
- Canberra Health Service, ACT Corrective Services and Winnunga will work together to establish a 24/7 serviced delivered by Winnunga and will confirm what that looks like in practice with an aim of 'going live' this year.
- The working group continue to meet weekly and discuss details for the commissioning of a health service into a correctional environment.

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Background Information

LOCATION

Winnunga will be operating out of the Hume Health Centre in the former health ward 3, they will also have an administrative base in Women's Community Centre.

SERVICES

Winnunga will initially provide nursing and GP services to a limited number of clients as they being to commission their service.

All other services including FMHS, AOD (including ORT prescription and administration), Dental and Inductions for all detainees will continue to be provided by JHS.

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GBC18/676

Portfolio/s: Mental Health

ISSUE: WORKFORCE SHORTAGES

Talking points:

- Specialty Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) nationally, internationally and in the ACT continue to face shortages of clinical staff while at the same time growth in services and service demand has increased.
- In the ACT, these workforce challenges are felt most keenly across the acute and community settings, with impact on service delivery.
- MHJHADS have convened a Workforce Development Committee, and a Workforce Project Officer has commenced to develop a MHJHADS workforce action plan that will provide a sustainable workforce for the future – including training, development, recruitment, upskilling and retention of MHJHADS staff.
- A Group Attraction and Retention Incentive (ARIn) has recently been approved for, staff specialist and senior staff specialist consultant psychiatrists working in Mental Health. The implementation of the ARIn has commenced. The ARIn brings the ACT into line with pay rates for mental health specialist medical officers in other jurisdictions.
- In addition, the Office of the Chief Psychiatrist is actively working with a number of recruitment agencies to recruit to locum and permanent staffing positions, with the aim of achieving sustainable staffing levels that allow continued safe clinical care and reasonable staff access to leave.
- In August 2018, the Chief Psychiatrist and Clinical Director for Adult Acute Mental Health Services commenced.
- As at 11 October 2018 there are four FTE psychiatrists in the AMHU, two are permanent staff and two are locums.

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Key Information

- Canberra Health Services (CHS) is managing current services with existing staff and locums, while actively recruiting to vacant medical positions and working hard to encourage clinicians to make the ACT a location of choice. The workforce of psychiatrists is currently a suppliers' market, with a large number of psychiatrists preferring locum work rather than seeking full time positions.
- There is a nation-wide shortage of consultant psychiatrists which is projected to continue past 2030, continuing an ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan areas.
- The public mental health service has been reliant on filling vacancies by applying Area of Need provisions to allow suitably qualified overseas trained consultants to be employed under particular supervisory and contractual arrangements.
- All vacant medical positions are advertised through the ACTPS jobs website and other relevant sites. Where there are no suitable Australian qualified applicants the 'Area of Need' allows for overseas applicants to be considered for vacant medical positions.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from. Overseas applicants can take up to 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.

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GBC18/820

Portfolio/s: Health and Wellbeing**ISSUE: RADIOLOGY ACCREDITATION****Talking Points**

- The training program in the Radiology Department at Canberra Health Services (CHS) is accredited by the Royal Australian and New Zealand College of Radiologists (RANZCR). Following a RANZCR site visit on 19 March 2018, the CHS radiology training program received a level D accreditation, meaning that significant issues of serious impact to the quality of training required immediate action.
- Since that time, CHS has been working to address all of the College's concerns. Arrangements are now in place to meet all sixteen recommendations with the final aim of achieving Level A RANZCR accreditation. RANZCR and CHS are confident that with a collaborative approach, all the recommendations will be met over a 12 month timeline.
- A progress report addressing substantial progress on all the recommendations was provided to RANZCR on 22 October 2018. Recent feedback from radiology registrars and other staff indicates that they are very positive about the changes made so far, and reporting greater confidence in the training program.
- Patients are not at risk. RANZCR accreditation relates specifically to teaching and training. Fundamentally, RANZCR found that a breakdown in communication between two previous Directors of Training had unfortunately affected the management of trainees.

Key Information

- A new Interim Clinical Director of Radiology has been appointed and commenced on 4 October 2018.
- The Directors of Training in radiology have worked collaboratively with the unit leadership to implement improvements in line with all of RANZCR's recommendations, including:
 - Integrating a formal teaching program which aligns with the curriculum.

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- Working with the College's 'Trainee in difficulty pathway and remediation plans' for trainees who need additional assistance with their training.
 - A protected registrar training schedule.
 - Recruitment of three additional consultants and additional national and local advertising for more radiologists.
 - A comprehensive and user friendly departmental orientation program.
 - Contracts for junior doctors aligning with their training schedule.
 - Rural radiology registrar rotation to Orange Base Hospital.
- At the time of the RANZCR site visit, the Clinical Director was required to oversee all rostering. The newly appointed Clinical Director is overseeing the rostering and the Directors of Training oversee the rostering of trainees, to ensure training requirements are being met.
 - RANZCR incorrectly noted some issues with the department's equipment. CHS has confirmed that all medical imaging equipment is compliant with national standards, meets Medicare requirements and has full and appropriate National Association of Testing Authorities (NATA) accreditation to June 2020.
 - Suggestions that patient deaths can be linked to poor performance of the Medical Imaging Department at CHS are unfounded. Isolated cases of patient mortality at Canberra Hospital have been appropriately investigated by the Canberra Hospital Clinical Review committee, a Quality Assurance Committee under the *ACT Health Act 1993*.

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Portfolio/s: Minister for Health and Wellbeing

ISSUE: PHARMACY ISSUES

Talking points:

- Canberra Health Services (CHS) are focussed on maintaining an appropriately skilled health workforce to meet the needs of patients in the ACT and surrounding region.
- The CHS Pharmacy Department is currently experiencing a higher than average staff turnover, and its staffing is currently 5-6 positions below establishment.
- The factors contributing to this issue are many and varied.
- Canberra Health Services are constantly looking at different workforce strategies to ensure they are in the best position to attract and retain staff.
- Currently there is a large amount of work ongoing to address this issue, including Enterprise Bargaining negotiations aiming to maintain a pay rate competitive with other jurisdictions, and enhance career pathway progression.
- CHS are consulting with staff and representative organisations to resolve outstanding issues.

Key Information

- The Pharmacy department has a budgeted establishment of 84 full-time equivalent (FTE) positions, comprising health professional (HP), technical (TO) and administrative (ASO) officers.
- Actual vacancies are running at 5-6 FTE (not including maternity and long service leave), mostly at the HP2 and HP3 levels. The high HP2/3 vacancy rate is mitigated by a relative over-establishment at HP1, the overall effect of which is a lack of experienced staff in some senior levels, which contributes to the difficulty in attracting and retaining staff.
- From 1 January 2017 to 30 June 2018, the Pharmacy staff turnover rate across all classifications was 32 per cent. This is considered high and not optimal.

Background Information

- For some years Canberra Health Services Pharmacy has had ongoing problems in attracting and retaining staff.
- A number of different strategies have been put into place to mitigate these problems.

Attraction and Retention Incentives (ARIns)

- In 2003, a Special Employment Arrangement (SEA) was put in place for classifications at Health Professional (HP) Levels HP 2, 3, 4, and 6. HP levels 1 and 5 were excluded as they were considered to already be broadly comparable with NSW.
- In 2014, this SEA was replaced with an Attraction and Retention Incentive (ARIn). The conditions were unchanged, except that an annual review was now required.
- A review of this ARIn in 2016 commenced, but did not result in a new proposal being adopted.
- A new review commenced in 2017, resulting in a continuation of the ARIn. A further review in 2018 resulted in a renewal through to 31 May 2019.

Recruitment initiatives

- Recent international and interstate advertising led to successful recruitment to two HP5 positions.
- Many recruitment rounds for other vacant positions have been undertaken with either no applicants or none deemed suitable.
- Locum agencies have been approached, with no success.
- Short-term and casual contracts have been offered, with some success.
- Pharmacy at Calvary Public Hospital Bruce were approached with a request for 6-month secondment of staff, but there was no interest.

Changes to supervision and training model to develop staff internally

- There has been an increased intake of pharmacy interns, and commencement of a technical officer traineeship program, toward a 'grow-your-own' model.
- A structured pharmacy residency program has been implemented, to offer support and supervision to junior pharmacists.
- A number of specialist pharmacist positions have been created.

Current Enterprise Agreement (EA) Negotiations

- Some staff and Professionals Australia have proposed establishing a separate profession-based classification structure for Pharmacists, to address both salaries and career progression.
- Regarding salaries, this has been largely addressed by a proposal to include the existing ARIn allowances into the new EA. This has been agreed to by Canberra Health Services. Pharmacy do also have a claim for an additional 1.5% pay rise. They have also proposed that this may be in the form of an “ARIn add-on”.
- Regarding career progression, it has been proposed to improve the career pathway by introducing broad banding between the classification levels HP1-3, allowing competency-based advancement without the requirement for a merit selection process.
- Parties, during the HP negotiation, have proposed a review of the HP structure. This is on the basis that the structure was introduced a decade ago and as such it would seem appropriate to assess issues that have arisen during this period.
- As part of the proposed review, the unions have indicated that those professions that have had a group ARIn rolled into their salaries in the proposed agreement should be given priority as part of the review process.
- During negotiations for the HP EA, a number of administrative and staffing issues have been raised, which are being actioned outside of the fortnightly HP bargaining meetings.

Other initiatives

- Investment in pharmacy system automation in Canberra Health Services.

GBC18/820

Portfolio/s: Minister for Health and Wellbeing

ISSUE: TRANSVAGINAL MESH

Talking points:

- Transvaginal mesh is a medical product used for the past 10-15 years to treat pelvic organ prolapse and urinary stress incontinence.
- Whilst many women have benefited from such operations, increasing numbers of women around Australia have been reporting a variety of complications that have emerged from the operations related to mesh insertion.
- A Senate Inquiry into *The Number of women in Australia who have had transvaginal mesh implants and related matters* reported its finding in March 2018.
- On 10 October 2018, the Australian Government tabled its response. The report contained 13 recommendations regarding the use of transvaginal mesh for pelvic organ prolapse.
- On 10 October 2018, Federal Health Minister Greg Hunt, on behalf of the Australian Government, issued a national apology to all women effected by transvaginal mesh implants.
- The ACT Government supports the Australian Government's response supporting, or supporting in principle, 12 of the 13 recommendations, and notes Recommendation 11 which calls for a retrospective audit of transvaginal mesh procedures since the devices were introduced in Australia.
- Canberra Health Service (CHS) has been proactive in contacting all women directly who have been identified as having undergone surgery or treatment of this type at Canberra Hospital or Calvary Hospital within the past 10 years to notify them of this issue and the options available to them if they are concerned.

Cleared as complete and accurate:	15/10/2018	
Cleared by:	Executive Director	Ext:47389
Information Officer name:	Elizabeth Chatham	
Contact Officer name:	Samantha Lang	Ext:47431
Lead Directorate:	Health	

- CHS is establishing an audit tool for clinicians to use to record outcome data which will give information on all outcomes, including complications for all mesh used for the treatment of pelvic organ prolapse and stress urinary incontinence. This will form part of the credentialing process and will be reviewed every 2-3 years. The audit tool is designed according to the requirements of the Australian Commission on Quality and Safety Health Care.
- CHS are also developing a pathway for women who require assistance from specialised centres, in particular Urogynaecology service at Westmead Hospital.
- The Therapeutic Goods Administration has set up a system to enable clinicians to report any complications related to the implant. TGA will monitor and action any recommendations for withdrawal of the product.

ISSUE: OCCUPATIONAL VIOLENCE

Talking points:

- Canberra Health Services has commenced development of an Occupational Violence Strategy which will help to define best practice in managing occupational violence, both nationally and internationally.
- Canberra Health Services has established an Occupational Violence Working Group which met for the first time on 9 November 2018. The Working Group was chaired by the CEO and 26 Management and staff representatives attended.
- The Working Group will be responsible for developing a communication plan and defining the project and Strategy outcomes. In addition, it will assist with the implementation of the Strategy.
- Canberra Health Services has updated procedures relating to the classification of incidents to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.

Data discrepancy in QoN response

- I recently became aware of quantifiable, specific data about occupational violence experienced by staff working for Canberra Health Services, and injuries recorded in the workplace, through a question on notice.
- The data originally provided was sourced from the Riskman Staff Incident System utilised by ACT Health to capture all Work Health Safety (WHS) Incidents.
- ACT Health follows the Type of Occurrence Classification System (TOCS) as specified by Safe Work Australia to classify WHS incidents in Riskman.
- Initially, to determine staff assault incident figures to respond to QoN 1566, ACT Health utilised the Riskman incident data with the TOCS classification code of 'being assaulted by a person or persons'.

Cleared as complete and accurate: 30/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
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Lead Directorate: Health

TRIM Ref: GBC18/579

- Further investigation into the incident data identified additional incidents involving staff assault may have been coded under 'mental stress' (TOCS requires this coding where mental stress is considered as a more serious outcome than the physical injury/impact of the incident).
- ACT Health did not include incidents coded under 'mental stress' that involved staff assault to respond to QoN 1567 directed to the Minister for Mental Health.
- Subsequently, ACT Health analysed incidents under the 'mental stress' code to identify incidents involving staff assault to ensure complete data on all staff assault incidents captured on Riskman was included. A revised response to QoN 1567 was provided by the Minister for Mental Health on 17 September 2018.
- Since this time Canberra Health Services has conducted a comprehensive review of the procedure relating to the classification of staff incidents that may be construed as assault on the Riskman system.
- A more inclusive approach is taken in terms of incidents classified as assault. For example, incidents involving physical harm to staff that may be unintentional (e.g. when restraining a client) and intended acts of harm (e.g. punch/kick that misses) are classified as assault.
- The updated procedure enables Canberra Health Services to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.
- I acknowledge the data, and what those numbers show, is not good enough. There is more to be done to ensure staff are as safe at work as they can be.

Background Information:

- On 31 August 2018, Minister Rattenbury responded to Question on Notice (QoN) 1567 about staff assaults. The response was provided to Chamber Support on the same date.
- On 5 September 2018, ACT Health identified the staff assault data provided in the response to QoN 1566 was incomplete.
- A revised response to QoN 1567 was provided by Minister Rattenbury on 18 September 2018.

Cleared as complete and accurate: 30/10/2018
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TRIM Ref: GBC18/579

- The response to QoN 1566 signed by Minister Fitzharris was also provided to Chamber support on 18 September 2018.
- Since this time Canberra Health Services has updated procedures relating to the classification of incidents to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.
- This table below shows staff assaults by Division (Operative Area) by members of the public (including patients and relatives) from 1 January 2017 – 30 June 2018 extracted from Riskman Incident System:

Business Support	2
Cancer Ambulatory and Community Health Support	4
Clinical Support Services	40
Critical Care	49
Health Infrastructure Services	1
Medicine	44
Mental Health, Justice Health, Alcohol and Drug Services	149
Canberra Hospital and Health Services	1
Population Health	1
Rehabilitation, Aged and Community Care	1
Pathology	75
Surgery and Oral Health	29
Women, Youth and Children	10
Total	406

Cleared as complete and accurate: 30/10/2018
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 Lead Directorate: Health

TRIM Ref: GBC18/579

- ACT Health follows the definition of Safework Australia of staff assault as being “assaulted by a person or persons including: kicks, bites, punches, pushes etc, assault with or without a weapon, being assaulted with handtools, objects or weapons wielded by another person”.
- These are the types of assaults ACT Health is seeing. The severity of the assaults vary from no injury, to minor injury requiring first aid treatment, to injury requiring medical treatment and hospitalisation.
- ACT Health currently has three major pieces of work underway that are focused on improving work, health and safety for frontline health staff; ACT Health Work Health and Safety Strategic Plan, the Occupational Violence Strategy, and the Nurses and Midwives: Towards a Safer Culture project (Nurse Safety Strategy).
- The Canberra Health Services Work Health and Safety Strategic Plan is in the final stages of consultation with staff and unions and is expected be finalised by the end of November 2018. A key project under the plan is to gain a collective understanding of occupational violence exposures across the organisation and to identify systemic risk control opportunities to reduce harm to staff. Work has already commenced to support this project.
- The Occupational Violence Strategy will help to define best practice in managing occupational violence, both nationally and internationally. The Occupational Violence Strategy Working Group is chaired by the CEO and will meet regularly.
- The Nurses and Midwives: Towards a Safer Culture project is focused on the safety of our nurses and midwives in the workplace and on high risk areas. Canberra Health Services is working with staff, unions such as the Australian Nursing and Midwifery Federation, and other key stakeholders in the development of this project, including the Implementation Plan.

Cleared as complete and accurate: 30/10/2018
Cleared by: Executive Director Ext: 51086
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Contact Officer name: Daniel Guthrie Ext: 78275
Lead Directorate: Health

TRIM Ref: GBC18/579

GBC18/820

Portfolio/s: Health and Wellbeing

ISSUE: CANBERRA HOSPITAL CLEANERS

Talking points:

- ISS is contracted to provide cleaning services at Canberra Health Services (CHS) facilities
- ISS employment arrangements are a matter for ISS.
- It would be inappropriate for CHS to comment on this matter.
- It is appropriate for ISS to manage their staff within their Enterprise Bargaining Agreement.

Key Information

- On 21 November 2018, an article was published in the Canberra Times claiming two cleaners employed by the Canberra Health Services contractor ISS were sacked for sleeping during their “unpaid” break.
- The article states that the two workers, through the United Voice Union, have requested their employer, ISS, to reinstate them.
- The article quoted the United Voice Union as stating that “it was part of a wider problem that started with ACT Health contracting out jobs, resulting in workers losing their rights”.
- When contacted, CHS said to the Canberra Times that it would be inappropriate to comment as this was a matter for the contractor.

Background Information

- The current Domestic and Environmental Services contract between Canberra Health Services and ISS was mobilised on 11 February 2017.
- The contract term is for a initial five year term, with options for two extensions, each extension is for three years.
- The contract provides cleaning services to all Canberra Health Services and ACT Health Directorate sites including clinical cleaning services.
- Since the commencement of the contract the United Voice Union has lobbied for wage parity with similar ACT Government classification wage rates through the ISS cleaners EBA process.

The ACT Government agreed to fund the contract price variance to support the increase to the ISS cleaner wages. As a result the ISS cleaners EBA was struck in March 2018, and the increased wages were backdated to 1 January 2018.

Cleared as complete and accurate: 23/11/2018
Cleared by: Executive Director Ext:48020
Information Officer name: Lisa Gilmore
Contact Officer name: Jeanne McLauchlan Ext:49104
Lead Directorate: Health

TRIM Ref: GBC18/820

GBC18/820

Portfolio/s: Health and Wellbeing

ISSUE: BED NUMBERS AND BED OCCUPANCY

Talking Points

- Bed occupancy is a measure of the efficient use of resources available for hospital services. It is calculated on the availability of beds at Canberra's public hospitals to receive admissions, in total minutes per day.
- Bed occupancy figures fluctuate hourly, daily and monthly, and also vary substantially with the level of demand experienced across each hospital campus.
- ACT public hospitals achieved a bed occupancy rate of 86 per cent for the 2017-18 financial year. This is comparable to previous years.
- During 2017-18, the aim was to maintain bed occupancy levels at 90 per cent, which is considered the best level to achieve maximum efficiency.
- The National Average Length of Stay in hospital for overnight patients during 2016-17 was 5.3 days. The average length of stay of overnight patients in Canberra Hospital was 5.6 days, and Calvary Hospital, 5.1 days.
- During 2017-18 there were 55,364 overnight separations. This is an increase compared to 54,431 during 2016-17, and 51,685 during 2015-16.
- For the 2018-19 financial year to 21 October 2018, the preliminary bed occupancy and the number of open beds, based on the average per day, were:
 - CHS – 88 per cent with 669 open beds;
 - UCH – 76 per cent with 84 open beds (since 17 July 2018); and
 - Calvary – 68 per cent with 277 open beds.
- The overall preliminary occupancy was 82 per cent on an average of 1030 beds.

Cleared as complete and accurate: 22/11/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Mark Dykgraaf Ext: 43125
Lead Directorate: Health

TRIM Ref: GBC18/820

GBC18/820

Portfolio/s: Health and Wellbeing

ISSUE: HOSPITAL PERFORMANCE AND DATA – EMERGENCY DEPARTMENT DEMAND

Talking points:

- ACT Health has a focus on delivering emergency services within clinically recommended timeframes.
- Overall, there have been challenges in managing the demand for emergency services in the last 12 months, with an increase in Emergency Department presentations from 85,093 in 2016-17 to 88,661 in 2017-18, representing a 4.1 percent increase in the total number of presentations to the Emergency Department year on year.
- ACT Emergency Departments achieved the ‘seen on time’ target for category one and five patients during 2017-18.
- The key target area for improvement in the ED over the past 12 months was reducing the time to be seen for emergency triage categories two to four. This target was not achieved due to the increase in demand for emergency department services, the unprecedented winter season demand, the higher number of more clinically urgent and complex patient presentations, and workforce issues. Improvements in these areas will continue to be a focus going forward.

Key Information

- The 2018-19 budget has provided funding for a number of full time equivalent frontline staff, including additional nursing staff, allied health professionals and medical officers.
- Several strategies to assist in managing the increase in demand have been implemented, including dedicated winter plans which incorporate additional beds and staffing, daily operational strategies to improve patient flow and discharge, and public education to inform the community about appropriate use of the Emergency Department and the alternative services available to the community.

Cleared as complete and accurate: 22/11/2018
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Lead Directorate: Health

TRIM Ref: GBC18/820

- This will assist ACT Health to improve access to emergency services and care, reduce the waiting times experienced by patients, and assist to optimise the seamless transfer of patients to the most appropriate clinical environment. This will result in better health outcomes and experiences for patients in the ACT and surrounding NSW region.

Cleared as complete and accurate: 22/11/2018
Cleared by: Deputy Director-General Ext: 42728
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Lead Directorate: Health

TRIM Ref: GBC18/820

**ISSUE: CENTENARY HOSPITAL FOR WOMEN AND CHILDREN –
INFRASTRUCTURE EXPANSION TIMEFRAMES**

Talking points:

- As stated in the context of the Select Committee on Estimates 2018-19, the Expansion of the Centenary Hospital for Women and Children project is forecasted for completion by the end of the financial year 2021-22, with elements of the project due for staged completion over this period. This estimated completion timeframe includes building and clinical commissioning of the new and refurbished infrastructure.
- Construction of the expansion will start in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite due for completion by the end of October 2018.
- The next phase of this project is to commence design work, in conjunction with ongoing Territory-wide health services planning work.
- Since the expansion was announced in last year's Budget, ACT Health has been working to undertake project due diligence and determine the final staging and scheduling of works, and this has led to greater certainty around timeframes. To this end, a tender process is in progress to engage design consultants for the development of a Proof of Concept for the project.
- It is important to highlight that the expansion is happening in an existing facility on the Canberra Hospital, which is an operational campus. There are existing health services that will need to be considered carefully and we also need to ensure there is a continuation of care and services for our patients and their families while this major project is underway.
- The Adolescent Mental Health Inpatient Unit (AMHIU) is considered as part of the CHWC Expansion project. It is expected that the AMHIU will be completed by the end of the 2021-22 financial year.

Cleared as complete and accurate: 18/10/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Brad Burch Ext: 72385
Lead Directorate: Health

TRIM Ref: GBC18/820

Key Issues:

- The Government has allocated \$68.075 million in budget and forward estimates for the CHWC Expansion, including the AMHIU with \$2.5 million available in 2018-19 to progress due diligence. The final cost estimate is subject to Government's consideration of the outcomes of the Proof of Concept design and a final detailed project proposal.

Background Information:

- The 2017-18 Budget announced an estimated capital cost of \$70 million for the expansion of the CHWC.
- The 2017-18 funding provided for feasibility and planning work to inform construction commencement in 2018-19.
- The expansion will improve the services and support for patients of maternity and paediatric services and provide new services, including an adolescent mental health unit and expanded neonatal intensive care service.
- The project is responding to the significant growth in demand for these services for the Canberra and surrounding NSW's communities.
- The commitment for the CHWC expansion provides for an adolescent mental health unit, an adolescent gynaecology service, paediatric high-dependency unit, and more paediatric and neonatal intensive care beds. Note, some of these elements are intended for delivery through the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre project (e.g. paediatric intensive care beds and high dependency unit).
- The 2018-19 Budget provided a capital injection of \$2.5million to allow for the continuation of planning and design related to the expansion of the CHWC.
- Construction of the expansion of the CHWC is expected to be completed during the 2021-22 financial year.

Cleared as complete and accurate:	18/10/2018	
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TRIM Ref: GBC18/820

GBC18/820

Portfolio/s: Health & Wellbeing

ISSUE: OPENING OF GUNGAHLIN WIC AND PLANS TO OPEN WESTON CREEK WIC

Talking points:

Gungahlin

- The Gungahlin Walk-in Centre officially opened on 3 September 2018 with the centre receiving consumers from 4 September 2018.
- In the first week of operation the Gungahlin Walk-in Centre averaged 30 patients a day. Attendance at the other two centres remained constant.
- Practical completion was achieved on time by 15 August 2018 and within budget.
- The delivery of a nurse led Walk-in Centre in Gungahlin was a Government priority which has been fully funded from the 2017-18 Budget.

Weston Creek

- The ACT Government will invest around \$4.945 million to refurbish the Weston Creek Health Centre by adding a new Walk-in Centre at 24 Parkinson Street in Weston. Refurbishment is planned to commence in early 2019.
- The Weston Creek Walk-in Centre will be the fourth centre to be developed across Canberra which is due for completion in late 2019.

Cleared as complete and accurate: 17/10/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Colm Mooney Ext: 79186
Lead Directorate: Health

TRIM Ref: GBC18/820

Key Information

- The existing Weston Creek building currently accommodates:
 - the Independent Living Centre which has been superseded by an extensive on-line program;
 - a ‘self-service’ renal dialysis facility which will remain as is;
 - a Maternal and Child Health facility which will be refurbished with the potential for expansion;
 - A Digital Hub servicing various other Territory facilities around the ACT which will remain as is; and
 - A private dental clinic that is leasing space – ACT Health is currently reviewing lease arrangements.
- \$0.5 million funding is currently appropriated in 2018-19 to progress the Weston Creek Walk-in Centre project, with a \$2.0 million provision. It is anticipated that the project cost will be in the order of \$4.945 million to be fully funded in a future Budget process.

Background Information

- The Walk-in Centre offers the community another option to access quality health care services.
- The Walk-in Centres offer fast, free and efficient access to treatment for one-off, episodic care for minor injury and illnesses as well as health advice and information. Services are free and provided on a walk-in, no appointments basis.
- The Weston Walk-in Centre will be designed as an integrated centre to allow for better utilisation of staffing and treatment rooms for the provision of both a Walk-in Centre and any future Community Health Services.

Cleared as complete and accurate: 17/10/2018
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TRIM Ref: GBC18/820

GBC18/820

Portfolio/s: Health and Wellbeing

ISSUE: UPGRADING AND MAINTAINING

Talking Points:

- Upgrading and Maintaining ACT Health Assets (UMAHA) is a program of works valued at \$84.043 million.
- The UMAHA program of works is intended to minimise risks to interruption of the delivery of health services and to deliver remedial works efficiently on a planned basis. These objectives closely align with ACT Government policies around sustainable delivery of health services.
- Implementation of UMAHA scope will:
 - minimise the risk of asset failure that would close Canberra Hospital or force decanting of patients;
 - minimise risks to safety of patients, staff and visitors to ACT Health assets;
 - ensure cost effective delivery of essential remedial actions; and
 - minimise the risk of reputational damage.
- Specific areas of focus for UMAHA program of works include the following areas:
 - Building electrical systems;
 - Building hydraulic systems;
 - Building heating ventilation and air conditioning systems;
 - Building façade;
 - Lifts;
 - Building fire protection;
 - ICT infrastructure; and
 - Building and infrastructure upgrade works.

Cleared as complete and accurate:	25/10/2018	
Cleared by:	Chief Executive Officer	Ext:
Information Officer name:	Bernadette McDonald	
Contact Officer name:	Colm Mooney	Ext: 79186
Lead Directorate:	Health	

- Projects associated with the UMAHA program are being undertaken using a number of delivery models, including Project Management Agreement, Construct only, and Design and Construct contract arrangements.
- The UMAHA program of works covers prioritised risk items across all ACT Health sites including Canberra Hospital and Calvary Public Hospital. This includes replacement of ageing electrical main switchboards, building lifts and chiller units

Key Information

- The AECOM Report identified 583 issues associated with ACT Health infrastructure with risk ratings assigned to each issue in accordance with ACT Government risk rating guidelines.
- All extreme and high risks were included for action within the scope of the UMAHA appropriation.
- The extreme risk issues identified in the AECOM report are:
 - Electrical Main Switch Board (EMSB) replacements in Building 2 and Building 12;
 - Building 12 gas meter relocation;
 - Helipad structural upgrades; and
 - Building 1 windows.
- Of the four extreme risks, two were funded outside or partly outside of the UMAHA appropriation – Helipad (ACT Health Clinical Services Development) and Gas Meter (Continuity of Health Services Plan – Essential Infrastructure).
- UMAHA program of works scope includes the development of a strategic asset framework and strategic asset management plans for built assets, ICT assets, medical and non medical equipment assets.
- UMAHA program of works is a vehicle to consolidate all infrastructure activities under one organisation i.e. Health Infrastructure Services (HIS) to ensure alignment of planned/reactive maintenance, capital project delivery and strategic asset management.
- The scope of the UMAHA Business Case and expenditure of remaining funds except for the EMSB, B10 Electrical, Chiller upgrades works and Lift package is on track for delivery by June 2019.
- Critical elements of the Lift package to replace lifts in Building 3 and the Phillip Community Health Centre, and install a new lift in Building 3 have commenced, and are due for completion in February 2019. Replacement of a number of additional lifts have been prioritised with works to commence in 2019.

Cleared as complete and accurate: 25/10/2018
Cleared by: Chief Executive Officer Ext:
Information Officer name: Bernadette McDonald
Contact Officer name: Colm Mooney Ext: 79186
Lead Directorate: Health

- Current EMSB works are due to be completed in mid 2019 (Building 2) and late 2019 (Building 12) subject to clinical demand and further shutdown planning which is underway.
- A two stage approach is being adopted to complete the EMSB project. All Building 2 scope and partial Building 12 scope will be delivered as Stage 1 works within the current allocated budget of \$42.4 million.
- Budget provisioning and timing for Stage 2 works (Building 12 scope) is being reviewed in the context of the Canberra Hospital Strategic Asset Management Plan, Infrastructure Risk Register and campus master planning implications and their associated operation constraints.

Cleared as complete and accurate: 25/10/2018
Cleared by: Chief Executive Officer Ext:
Information Officer name: Bernadette McDonald
Contact Officer name: Colm Mooney Ext: 79186
Lead Directorate: Health

GBC18/820

Portfolio/s: Health and Wellbeing

ISSUE: UNIVERSITY OF CANBERRA HOSPITAL: SPECIALIST CENTRE FOR REHABILITATION, RECOVERY AND RESEARCH

Talking Points

- The University of Canberra Hospital: Specialist Centre for Rehabilitation, Recovery and Research (UCH) official opened in July 2018 taking its first patients on 10 July 2018.
- Between 10 July 2018 and 13 November 2018 there have been 312 same day admitted patient episodes of care completed and 328 multi-day admitted patient episodes of care completed at UCH.
- On an adjacent site to UCH a multi storey car park was constructed with 400 parking spaces dedicated to UCH. Construction of the car park was completed and handed over to ACT Health on 6 July 2018. Additionally, there is underground and on-grade parking.
- During this reporting year ACT Health was in contract with Multiplex for the design and construction of UCH and with Brookfield Global Integrated Solutions for the Facilities Management of UCH.
- The UCH construction works were completed in two stages:
 - Milestone 1 was completed in November 2017; and
 - Milestone 2 (final) completion occurred on 14 February 2018.
- The facility was formally handed over from Multiplex to ACT Health at an event on 14 February 2018.
- Operational commissioning activities commenced 15 February 2018.

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Executive Director	Ext: 79186
Information Officer name:	Colm Mooney	
Contact Officer name:	Natalie Bale	Ext:54977
Lead Directorate:	Health	

Key Information

- In 2011-2012 a budget appropriation of \$4 million was allocated to Northside Hospital Specification and Documentation. In the 2013-2014 budget, a total of \$8.252 million was appropriated for design, bringing the total appropriation to date to \$12.252 million.
- A further \$200 million has been provided for total project funding. This has been re-purposed through Cabinet to \$192.270 million. Two Section 14A adjustments and a Project Variation Authority subsequently reduced this appropriation.

Cleared as complete and accurate: 30/10/2018
Cleared by: Executive Director Ext: 79186
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Lead Directorate: Health

GBC18/820

Portfolio/s: Health and Wellbeing

ISSUE: WATER LEAKS IN CENTENARY HOSPITAL FOR WOMEN AND CHILDREN

Talking points:

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

Birthing Suites

- In February 2016, water leaks were identified in the Birthing Suites.
- Remediation activities commenced in October 2017. To date the remediation of five ensuite has been completed, with works in two ensuite underway and due for completion in late December 2018. The remaining nine ensuite will be completed in a staged strategy over the next 18 months.

Post Natal Ward

- In May 2018, water leaks were identified in the Post Natal Ward affecting two ensuite.
- Remediation works commenced in May 2018 and were completed in August 2018.

Paediatric Medical Ward

- In August 2018, water leaks were identified in the Paediatric Medical Ward (Block B, Level 1) affecting two rooms (three beds).
- The Paediatric Medical Ward was relocated to the Paediatric Surge Ward to avoid any disruption to clinical services. This meant that the surge capacity reduced from 12 beds to nine beds.

Cleared as complete and accurate: 30/10/2018
Cleared by: Chief Executive Officer Ext:
Information Officer name:
Contact Officer name: Colm Mooney Ext:
Lead Directorate: Health

- A remediation plan was implemented in consultation with the impacted clinical areas using existing contractor resources to expedite the required remediation works.
- The source of the leak was identified to be a pinhole in the hydraulic pipe work, and is not linked to other hydraulic fitting failures within CHWC. Remediation in the Paediatric Medical Ward is ongoing and expected to be completed by late December 2018.

Key Information

- Following the identification of a water leak in the wall cavity of an ensuite shower within the Birthing Suites, Canberra Health Services undertook immediate investigation into the source of the leak and rectification works.
- In parallel with the remediation works, a consultant was engaged to confirm the root cause of the leak which was identified as a leaking spindle (used to operate an in wall tap) extension.
- An inspection of shower units in the other Birthing Suites ensuites was undertaken, with all fittings tightened as a control measure to reduce the risk of water leaks.
- A staged remediation strategy was developed with Canberra Health Services and Women Youth and Children (WYC) team to undertake the remediation of the affected Birthing Suites ensuites which commenced in October 2017.
- Specialist consultants are engaged to perform ongoing testing to ensure patient safety is not compromised as a result of water leaks and any resulting mould contamination.
- Legal advice is being sought on a potential Industrial Special Risks insurance claim or third party recovery associated with the leaking spindle extension issue.
- Health Infrastructure Services are working closely with the Insurance Liaison Unit to progress a building claim relating to the identified issue in the Paediatrics Medical Ward.
- Whilst the remediation works in the Birthing Suites and Paediatrics Medical Ward are continuing, Canberra Health Services and WYC are discussing the coordination and construction approach for future works.

Cleared as complete and accurate: 30/10/2018
Cleared by: Chief Executive Officer Ext:
Information Officer name:
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Lead Directorate: Health

GBC18/820

Portfolio/s: Health & Wellbeing

ISSUE: EMERGENCY CODES

Talking points:

- ACT hospitals and health services use nationally recognised colour codes to prepare, plan, respond and recover from internal and external emergencies. Plans for responding to emergency codes define and describe the required management roles, responsibilities, strategies, systems and arrangements. Each plan has been prepared in accordance with national standards.

Code Blacks

- A code black incident involves any incidence of violence or aggression, verbal, physical or psychological abuse, threats or other intimidating behaviour, intentional physical attacks, aggravated assault, threats with a weapon, sexual assault or illegal occupation of buildings and workplaces.
- While we can never fully remove this risk, the Government recognises the need to continually review our policies and procedures to make Canberra Health Services facilities as safe as they can be for all staff and patients.
- Patient and staff safety in our health service is extremely important, and everyone has a right to feel safe within our hospital and health services.
- The 787 Code Blacks recorded between 1 January 2018 and 30 June 2018 include all duress activations.
 - This includes false alarm activations, such as people leaning against wall-mounted duress buttons, faults or tilt-alarm activations on portable duress handsets.
 - All alarms are treated as true alarms until investigated. This system characteristic means that the data cannot be separated by false or true alarms.

Cleared as complete and accurate:	15/11/2018	
Cleared by:	Executive Director	Ext: 79186
Information Officer name:	Colm Mooney	
Contact Officer name:	Colm Mooney	
Lead Directorate:	Health	

- Calvary utilises the same code black definition as CHS:
Code Black – Personal Threat: any incidence of violence or aggression, verbal, physical or psychological abuse, threats or other intimidating behaviour, intentional physical attacks, aggravated assault, threats with a weapon, sexual assault or illegal occupation of buildings and workplaces.
- Calvary records code blacks via the RiskMan reporting system
- They do have a duress alarm system however this does not automatically record a code black if duress is pressed the officer would still need to enter a RiskMan report

Code Yellows

- Code yellow alarms can be activated by any member of staff. Canberra Health Services encourages all staff to report issues so that corrective action and re-occurrence prevention can be effectively implemented. When code yellow issues arise, CHS have multiple mitigation measures in place to maintain continuity of services and to ensure that patient, staff and visitor safety is at the forefront of the code response.
- Analysis of the code yellow data for the reporting periods in question shows that there were typically three categories of issue reported; smells, ICT issues and facilities/utilities issues. In the current reporting period of 2018, smell-related codes are trending downwards.
- This is associated with improved site awareness of regular planned generator testing across the Canberra Hospital site. Facilities/utilities and ICT-related codes are related to a variety of infrastructure type issues that are to be expected in a busy 24/7 hospital campus.

Cleared as complete and accurate: 15/11/2018
Cleared by: Executive Director Ext: 79186
Information Officer name: Colm Mooney
Contact Officer name: Colm Mooney
Lead Directorate: Health

Reported Numbers (Question on Notice)1 January 2018 to 30 June 2018:

CODE TYPE	Canberra Hospital	Calvary Public Hospital Bruce
Code Red	2	10
Code Blue	1032	142
Code Purple	0	0
Code Yellow	28	14
Code Black	787	10
Code Brown	0	0
Code Orange	2	0

Cleared as complete and accurate: 15/11/2018
Cleared by: Executive Director
Information Officer name: Colm Mooney
Contact Officer name: Colm Mooney
Lead Directorate: Health

Ext: 79186

1 January 2017 to 31 December 2017:

CODE TYPE	Canberra Hospital	Calvary Public Hospital Bruce
Code Red	9	18
Code Blue	1869	474
Code Purple	0	1
Code Yellow	30	13
Code Black	1,398	8
Code Brown	0	0
Code Orange	7	0

Cleared as complete and accurate: 15/11/2018
Cleared by: Executive Director
Information Officer name: Colm Mooney
Contact Officer name: Colm Mooney
Lead Directorate: Health

Ext: 79186

ISSUE: CARDIOLOGY (ELECTROPHYSIOLOGY) SERVICES**Talking points:**

- At present, Canberra Health Service (CHS) does not have a comprehensive alectrophysiology (EP) service, because cardiac ablation is not performed at CHS. Cardiac ablation is a specialised, invasive procedure used to treat abnormal heart rhythm. Patients who require cardiac ablation are referred to Sydney for the procedure.
- At present, there are two accredited EP physicians in the ACT, both employed at CHS. They are working closely with the leadership team to develop robust governance processes for the cardiac ablation component of the EP service.
- This is the normal process when new or expanded services are introduced to a health service. It is vital to ensure there is no compromise to patient safety, and proper utilisation of public resources.

Key Issues:

- In 2017-18, ACT Health ran a trial public EP service. The trial ended and the equipment was returned to the vendor so that a public tender process could commence.
- In order to implement the new service, ACT Health must consider how the current cardiology service can be redeveloped to safely accommodate an EP service within the existing program.
- Actions are currently underway to ensure that all of the relevant medical governance, biomedical, infrastructure, financial and work health and safety requirements have been given thorough consideration and are properly in place before proceeding.

Cleared as complete and accurate: 22/11/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Girish Talaulkiar Ext: 43603
Lead Directorate: Health

TRIM Ref: GBC18/820

GBC18/820

Portfolio/s: Mental Health

ISSUE: CORONIAL INQUEST INTO SUICIDE AT CANBERRA HOSPITAL

Talking Points

- The ACT Government has sincere sympathy for the families and friends of people who have died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

Key Information

- There were four deaths by suicide of inpatients at Canberra Hospital in the period January 2015 to November 2016. These deaths are the subject of a coronial investigation. Coroner Hunter has investigated these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The Coronial Inquest was heard in two stages:
 - The first stage occurred on 10-13 and 17-20 April 2018, and 1-4 May 2018 and heard the factual elements relevant to the cause and manner of each death and evidence from ACT Health staff of their provision of care and treatment or their involvement with the four people.
 - The second stage occurred 3-7 September 2018 and addressed the systems issues, including policies and procedures underlying the care provided to the four people.
- During the first stage of the Inquest, Coroner Hunter made interim findings in relation to the cause and manner of the four deaths.
- While the evidence provision for the coronial Inquest has concluded, the inquest is still underway with the submission process and therefore no further information can be given at this time.

Cleared as complete and accurate: 22/11/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Katrina Bracher Ext: 55142
Lead Directorate: Health

GBC18/820

Portfolio/s: Health & Wellbeing

ISSUE: CRITICAL INCIDENT AT CANBERRA HOSPITAL ON 18 JULY 2018

Talking points:

- On 18 July 2018 between 4:00 and 4:30pm a patient under police guard in the Canberra Hospital Emergency Department (ED) allegedly assaulted two ACT Police officers. During the altercation, the patient allegedly stole and fired an officer's gun.
- This is an isolated incident for Canberra Hospital. However, any level of violence is unacceptable in our hospitals and health facilities.
- The incident took place in a contained area within the ED and no patients or staff were injured. A number of staff close to the incident were allowed to go home from work. Additional staff were made available to ensure continued operations of the ED in the period immediately following the incident.
- A number of beds in the section of the ED where the incident took place were closed for a period of time. The ED returned to full operations from 1pm on 19 July 2018.
- Canberra Health Service (CHS) provided emotional and psychological support to staff and patients who were present during the incident, including follow up with patients who were in the direct area at the time of the incident to ensure they are properly supported.
- ACT Health and ACT Policing are reviewing processes and protocols related to the management of persons brought to the ED by police.
- CHS is also reviewing its role in the response to this incident.

Cleared as complete and accurate:	22/11/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Christine Whittall	Ext: 45804
Lead Directorate:	Health	

Key Information

- Canberra Hospital is designed to treat all patients who present with medical conditions. Offenders who are brought to hospital for treatment are under the guard of police officers or correctional officers.
- A water pipe was damaged during the incident. The area was isolated and the water turned off to avoid further damage. The damage sustained has been fully assessed and repairs carried out following the conclusion of ACT Policing's investigation.
- Law enforcement officers such as police and Border Force but not including ACT Health security guards, are permitted to carry firearms in all wards at Canberra Hospital with the exception of Mental Health units. This is a matter of discussion between ACT Health and ACT Policing during the investigation and response process.

Cleared as complete and accurate: 22/11/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Christine Whittall Ext: 45804
Lead Directorate: Health

GBC18/820

Portfolio/s: Health & Wellbeing

ISSUE: ELECTIVE SURGERY WAITING LIST

Talking points:

- Canberra Health Services (CHS) is committed to reducing the number of people waiting beyond clinically recommended timeframes for surgery.
- CHS performed well in many specialties last year. High rates of timeliness for elective surgery were achieved in cardiac, thoracic, gynaecology, head and neck, obstetrics and vascular surgery. There were also zero longwaits in paediatric surgery, an important achievement.
- Through the 'extra surgery initiative' in 2017-18, CHS completed 13,344 surgeries, the second highest on record, and was able to reduce the number of people waiting longer than clinically recommended from 464 to 406 patients by the end of June 2018.
- In addition, CHS decreased the number of people on the waitlist by nine percent from 5,322 to 4,867 at the end of June 2018.
- The proportion of patients who had surgery on time dropped from 87 per cent to 79 per cent in 2017-18. This is because focusing on the longer waiting patients means that these patients take up a higher proportion of all patients who are removed from the waiting list, so the overall average for all patients drops.
- CHS continues to experience growth in the demand for emergency and elective surgery. The ACT Government has committed to providing \$64.7 million to be invested in elective and emergency surgeries across the ACT. With certainty of this additional funding, CHS can increase the number of elective surgeries it can deliver to around 14,000 per year.
- The funding of \$64.7 million over the next four years will also help CHS to improve access to surgical care and reduce wait times, which means better health outcomes for patients in the ACT and surrounding NSW region.

Cleared as complete and accurate: 22/11/2018
Cleared by: Deputy Director-General Ext:42728
Information Officer name: Chris Bone
Contact Officer name: Mark Dykgraaf Ext:45221
Lead Directorate: Health

- Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialities where wait times are longer.

Cleared as complete and accurate: 22/11/2018
Cleared by: Deputy Director-General Ext:42728
Information Officer name: Chris Bone
Contact Officer name: Mark Dykgraaf Ext:45221
Lead Directorate: Health

GBC18/820

Portfolio/s: Health and Wellbeing**ISSUE: MATERNITY SERVICES AT CENTENARY HOSPITAL AT CAPACITY****Talking Points**

- The demand on Maternity Services at Centenary Hospital for Women and Children (CHWC) has increased since CHWC opened in August 2012.
- There were 3,594 babies born in 2017-18 at CHWC, compared to 2,743 in 2010-11. This is an annual growth rate of 3.3 per cent.
- CHWC has devised strategies to address the escalating demands for maternity services at the Centenary Hospital including:
 - Development of a Maternity Escalation Policy to manage demand including utilisation of Birth Centre for overflow and bypass for the referral of women to other hospitals;
 - Extension of the hours of the Maternity Assessment Unit (MAU), an assessment service for pregnant women with concerns or requiring assessment of early labour;
 - Additional medical and midwifery staff rostered and the introduction of Assistants in Midwifery to maternity services;
 - Active encouragement by Calvary Public Hospital Bruce (CPHB) and CHWC for the community and General Practitioners to use services on offer at CPHB and Queanbeyan Hospital where appropriate; and
 - A midwifery attraction and retention strategy.
- In addition, CHWC and CPHB are working together to develop and implement strategies to better manage demand and ensure maternity services across the region are utilised effectively and efficiently the ACT Public Maternity Access Strategy.
- The newly refurbished CPHB Maternity Service will support the implementation of the ACT Maternity Access Strategy.

Cleared as complete and accurate: 22/11/2018
Cleared by: Executive Director Ext: 47389
Information Officer name: Elizabeth Chatham
Contact Officer name: Ext:
Lead Directorate: Health

TRIM Ref: GBC18/820

Key Information

- Canberra Hospital, as the only level three tertiary hospital for the ACT and surrounding regions, accepts patients that cannot be accepted by non-tertiary facilities. Continued and increased occupancy, acuity and demand pressures impact on Canberra Hospital's capacity to provide tertiary level maternity care.

Cleared as complete and accurate: 22/11/2018
Cleared by: Executive Director Ext: 47389
Information Officer name: Elizabeth Chatham
Contact Officer name: Ext:
Lead Directorate: Health
TRIM Ref: GBC18/820

GBC18/820

Portfolio/s Health & Wellbeing

ISSUE: MEDICAL IMAGING 23 AUGUST 2018

Talking points:

- Canberra Hospital uses an offsite radiology service for specialist reporting of diagnostic imaging studies at such times as after hours and when unplanned (sick) leave arises.
- Patients are not required to go offsite for this process. They have their imaging performed onsite, and their images are electronically sent to an external radiology provider, who reads the images and provides a specialist report, to be acted on by the patient's treating team. This ensures the continuity of high quality, efficient patient care.
- This is a recognised strategy in many hospitals, particularly in regional areas, for ensuring continuity of person centred services. Patients and their treating teams want to know their results as soon as possible. The use of an offsite radiology service supports this person centred approach.

Key Information

- Management of leave was cited as a concern in the Royal Australia and New Zealand College of Radiology (RANZCR) report on accreditation of the radiology training program at Canberra Hospital.
- In response, recruitment for two new radiologists has closed and interviews have occurred.
- This does not mean that Canberra Hospital will stop using the offsite radiology service when required. All other avenues for onsite reporting are used first, but once these are exhausted, images are sent offsite to ensure the continuity of a person centred approach.

Cleared as complete and accurate: 22/11/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Tonia Alexander Ext: 42169
Lead Directorate: Health

TRIM Ref: GBC18/820

ISSUE: OPHTHALMOLOGY

Talking points:

- The Canberra Health Services (CHS) Department of Ophthalmology offers retinal, corneal and emergency services by the way of an Outpatient Eye Clinic. The Eye Clinic is referral only.
- The ophthalmology services offered by CHS are consistent with services provided in the public setting in other jurisdictions. Patients can obtain a referral for the Eye Clinic from their General Practitioner or Optometrist.
- CHS does not offer general ophthalmology clinics for chronic conditions such as cataracts or glaucoma. Patients can be referred to a private ophthalmologist for these services.
- When patients are referred to CHS for services that are not provided in the public system, the referral is returned to the referrer with a Service Not Available (SNA) letter, explaining that the referral cannot be accepted. The patient also receives a copy of the SNA letter.
- It is usual practice to provide information to the referrer about the appropriate care pathway for their patient. CHS is reviewing the SNA letter template to ensure the appropriate information is provided back to the patient and referrer.

Background

- On 30 August 2018, your office was copied into a letter to Mrs Vicki Dunne from a constituent complaining that Canberra Health Services (CHS) had informed him that he could not have an appointment for public ophthalmology.
- The constituent had been referred to CHS by his GP, for ongoing management of glaucoma. Glaucoma is a chronic condition that is managed in the community with occasional referrals to an acute service for management of acute or tertiary issues.
- The CHS Eye Clinic does not deliver general eye care which is provided in the community, including for the ongoing management of glaucoma.

Cleared as complete and accurate: 22/11/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Daniel Wood Ext: 43515
Lead Directorate: Health

TRIM Ref: GBC18/820

GBC18/820

Portfolio/s: Health & Wellbeing

ISSUE: WAIT TIMES TO SEE A SPECIALIST

Talking points:

- It is important to acknowledge that not all outpatients waiting to see a specialist will require surgery, because surgery is not the solution in all cases.
- Patients who do not require surgery may instead be treated through non-surgical means, either by a multi-disciplinary team, which may include a specialist, or referral back to a GP.
- The number of people waiting to see a specialist who eventually require surgery varies greatly according to speciality. The average across all specialities is around one third.
- There are a number of specialty-specific challenges that are impacting on waiting times, including workforce issues. To address this, Canberra Health Services (CHS) is:
 - developing a targeted workforce strategy to attract more doctors to the ACT;
 - developing and implementing specific strategies to improve on all areas where patients are waiting longer than the clinically recommended time for treatment;
 - examining better ways to ensure patients have had the best-possible management and investigation of their condition prior to referral to a specialist, by working with GPs to develop shared health pathways;
 - improving referral information to better delineate patients in more urgent need of attention; and
 - working with GPs to ensure referral to outpatients are only for patients who need to be seen by a specialist in a tertiary health service.

Cleared as complete and accurate:	22/11/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Andrew Mitchell	Ext: 76277
Lead Directorate:	Health	

- That some referrals for services are within the scope of services provided appropriately by CHS.
- CHS also knows it needs to better work with GPs to ensure they have the information they need to know what other treatment options are on offer for patients.
- This is being done through Health Pathways in liaison with Capital Health Network.

Cleared as complete and accurate: 22/11/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Andrew Mitchell Ext: 76277
Lead Directorate: Health

GBC18/820

Portfolio/s: Health and Wellbeing

ISSUE: CANBERRA SEXUAL HEALTH CENTRE

Talking points:

- In October 2018 the AIDS Action Council (AAC) started a petition to the ACT Legislative Assembly to increase support, resources and infrastructure improvements for the Canberra Sexual Health Centre (CSHC).
- The main challenge for the CSHC currently, is the increasing workload and demand on the service.
- There are plans for the current CSHC model of care to undergo a review in the near future. This will require consideration of models of care in other services, as well as consumer and community input.
- Routine Chlamydia screening can be undertaken in the Walk-in Centres (WiC) around Canberra as well as with General Practitioners and we encourage patients to use these options. Increasing chlamydia screening at WiC would incur pathology costs.
- Further consideration is now being given to how the WiCs can provide further support to the sexual health service.

Key Information

- With increased nursing and medical staffing and funding, it would be possible for CSHC to deliver services in Belconnen and Gungahlin.
- Satellite services would require a significant amount of work and an appropriate model of care.

Background Information

- The CSHC is mainly a self-referral service and includes services and specialities such as:
 - HIV outpatient care
 - Sexually transmitted infection (STI) Screening, treatment, complex sexual health, occupational exposures
 - Increasing transgender care
 - Outreach programs
 - Vulval dermatology

Cleared as complete and accurate: 23/11/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Girish Talaulikar Ext: 43603
Lead Directorate: Health

- The current staffing in the CSHC comprises of 3.4 full time equivalent (FTE) of administration staff, 1 Clinical Nurse Consultant, 1 Nurse Practitioner, 7.17FTE Registered Nurses, 2 FTE Resident Medical Officers and 1.5FTE Staff Specialists.
- In 2018 (to 14 November) the CSHC has seen over 7200 patients, including 306 HIV patients.

Cleared as complete and accurate: 23/11/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Girish Talaulikar Ext: 43603
Lead Directorate: Health

ISSUE: CLINICAL CULTURE COMMITTEE

Talking points:

- The Clinical Culture Committee (CCC) was established by the previous Minister for Health, Mr Simon Corbell MLA, as a Governance body in response to the findings of the 2015 KPMG Review (the Review) of the Clinical Training Culture at Canberra Hospital and Health Services (CHHS) and the findings of the Royal Australasian College of Surgeons (RACS) report on discrimination, bullying and sexual harassment.
- The CCC met regularly from 27 October 2015. The Committee was chaired by Ms Nicole Feely, previous Director-General, ACT Health. Membership included senior executives, senior medical staff and two junior medical staff (13 members in total).
- The Review of the Clinical Training Culture made seven key recommendations which were addressed through the Medical Culture Action Plan, endorsed in May 2016 by the CCC.
- The initiatives progressed and completed from the Medical Culture Action Plan are as follows:
 - Development and delivery of Respect at Work courses to 135 Executive and Senior Medical Staff.
 - The Senior Doctor Leadership Program for Clinical and Unit Directors commenced delivery in August 2016 and concluded in June 2017.
 - Establishing a collaborative partnership with RACS.
 - Extensive review of our current complaints management processes and related policies.
 - Establishing a database to improve tracking and reporting of complaints and trends.
 - ACT Health's Respect at Work policy was updated to reflect this review.

Cleared as complete and accurate: 19/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Flavia D'Ambrosio Ext: 74835
Lead Directorate: Health

TRIM Ref: GBC18/579

- Development of a new Respect at Work e-learning program and face-to-face training program.
- Development and delivery of the Addressing Workplace Issues training program for all staff in a managerial position. The program educates our managers on how to conduct a preliminary assessment to effectively resolve workplace issues (such as bullying).
- The Interim Chief Executive Officer, Canberra Health Services is meeting with the Clinical Culture Committee in early December to discuss the Committee's achievements and the future role fo the committee.

Key Information:

- The Canberra Times lodged an FOI request on the CCC in October 2018. The FOI was released on 21 November 2018. The FOI sought copies of all CCC minutes.
- As a result of the FOI and media request the Canberra Times published an article on 25 November 2018 focussing on the recommendations made by the KPMG Review and highlighted the recommendations that have not been implemented or fully implemented by ACT Health.
- The CCC has not met in its current form since May 2017. The Chief Executive Officer will hold a meeting over the coming weeks to acknowledge the achievements of the committee; inform members about key elements of the refocused culture development work; and to discuss the governance required for Canberra Health Services, over workplace/clinical culture.
- The Interim Chief Executive Officer is implementing a number of initiatives to address culture in Canberra Health Services. These initiatives are currently being considered and an overall approach is being developed.

Cleared as complete and accurate: 19/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Flavia D'Ambrosio Ext: 74835
Lead Directorate: Health

TRIM Ref: GBC18/579

Portfolio/s Health & Wellbeing

GBC18/820

ISSUE: ACTPS ENTERPRISE BARGAINING AGREEMENTS

Talking points:

- The Nursing and Mid-Wifery Enterprise Agreement was agreed by 94% of employees who voted in a ballot held from 16 to 30 October 2018. This Agreement has been lodged with the Fair Work Commission for approval and is expected to commence operation mid-to late January. The agreement has a shorter length to allow for a joint examination of options for the adoption of a Nurse Patient Ratios framework to occur.
- Bargaining with relevant employee bargaining representatives, including unions, for the other three Enterprise Agreements for which Health is responsible (Health Professionals, Support Staff and Medical Practitioners) are also nearing completion.
- Once approved by the Fair Work Commission, the new agreements will give ACT public servants the benefits of the Government's offer, especially the increased wages, early next year.
- The Government's pay offer of an average of 2.7 per cent per annum, or a compounded increase of 11.4 per cent over the course of the four year agreement (plus 1 per cent increase in superannuation over the same period) will ensure workers' wages keep pace with inflation over the life of the agreement and delivers on an election commitment.

Cleared as complete and accurate: 26/11/2018
Cleared by: Executive Director Ext: 51086
Contact Officer Name: David Wedgwood Ext: 71776
Lead Directorate: Health

TRIM Ref: GBC18/820

GBC18/820

Portfolio/s Health & Wellbeing

ISSUE: STAFFING NUMBERS AND TEMPORARY CONTRACTS

Talking points:

- As at the last available staffing report (October 2018), temporary and casual employment at both Canberra Health Services and ACT Health Directorate makes up 25.7 per cent of the workforce.
- The predominant reasons include:
 - graduate nurse employment;
 - higher duties arrangements; and
 - maternity/parental leave absences.
- The total percentage of casual employment at both Canberra Health Services and ACT Health Directorate is 5.4 per cent and is required to accommodate short term irregular vacancies that occur from time to time.
- The total nursing workforce is 3,260, encompassing permanent, temporary and casual employees. 78.6 per cent of this workforce is permanent and 21.4 per cent is made up of casual and temporary employment. The increase in temporary and casual staff from 17.83 (August 2018) could be attributed to the additional staff required for the influx of patients due to the winter period.
- The proportion of staff who are employed on a temporary basis is kept to the minimum necessary for efficient operations of Canberra Health Services and ACT Health Directorate.
- There are challenges to Canberra Health Services in offering immediate permanent employment to graduate nurses and midwives.
- Temporary employment arrangements enable appropriate development of skills and professional behaviour in new nurses and midwives, prior to permanent employment, and employment of graduates from other countries who are not eligible for permanent employment at that point in time.

Cleared as complete and accurate: 15/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer Name: Janine Hammat
Contact Officer Name: Jim Tosh Ext: 50006
Lead Directorate: Health

- Temporary employment often leads to permanent employment, for eligible nurses and midwives.
- Canberra Health Services and ACT Health has a focus on providing permanent career based employment wherever possible.

Key Information

- Greater than 95 per cent of graduate nurses and midwives who chose to stay with Canberra Health Services after the consolidation of their clinical skills is complete, are offered ongoing employment.

Cleared as complete and accurate:	15/10/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer Name:	Janine Hammat	
Contact Officer Name:	Jim Tosh	Ext: 50006
Lead Directorate:	Health	

- CHS are working on a number of short and medium term strategies and actions to shift the focus from formal investigative processes to early intervention and alternative dispute resolution, with the intention to recast existing frameworks in a way that results in a more connected approach to employee behavior and positive workplace culture, including:
 - The introduction of an Employee Advocate function which will report directly to the Chief Executive Officer, CHS. This role will assist employees in the resolution of their workplace issues, by providing support and advice wherever possible encouraging resolution through alternative dispute resolution mechanisms;
 - Modifying existing Preliminary Assessment (PA) processes for bullying and interpersonal disputes to prioritise early intervention and alternative dispute resolutions, including mediation and facilitated conversations;
 - Utilising the RED Contact Officers network to assist with the introduction of this new approach; and
 - An external and trusted avenue for employees of both the ACT Health Directorate and Canberra Health Services on bullying or harassment matters is currently being considered.
- This approach recognises that formal processes often result in both complainants and respondents losing agency over the process. Alternative dispute mechanisms provide all parties with a level of involvement throughout.
- The independent review into ACT Health's culture will provide further insight into this process and any further considerations that ACT Health may need to take into account.

Cleared as complete and accurate: 01/11/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Jim Tosh Ext: 50006
Lead Directorate: Health

TRIM Ref: GBC18/820

Key Information

Complaints, Preliminary Assessments and Investigations data

- As at 25 October 2018, CHS and ACTHD currently have 37 bullying reports open, including three bullying related investigations.
- Over the course of the 2017-2018 Annual Report period, there were 160 reports of bullying, and two investigations with the PSU.
- People and Culture have improved data collection over the last quarter, which will provide greater detail for the coming Annual Report period.

Staff Development

- In late 2017 to early 2018, the Respect at Work program was extensively revised resulting in the program having two components – an e-learning module and a two hour face-to-face program. The e-learning program was developed in-house by the one FTE staff member responsible for developing many of ACT Health's e-learning modules.
- In 2017-18, the new University of Canberra Hospital was being commissioned, with significant interactive workshops focussing on building positive culture and values based behaviours being undertaken with the staff at the new hospital. As part of these activities, themes of the Respect at Work program around appropriate and inappropriate behaviour in the workplace were included. Over 300 staff participated in these workshops.
- Further development programs will be developed to support the new Alternate Dispute Resolution approach to bullying matters.

Cleared as complete and accurate: 01/11/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Jim Tosh Ext: 50006
Lead Directorate: Health

TRIM Ref: GBC18/820

GBC18/820

Portfolio/s: Health and Wellbeing

ISSUE: WORKFORCE COMPOSITION

Talking Points

- The composition of the staff workforce within both the Canberra Health Services and ACT Health Directorate comprise of permanent, casual, temporary contractors and other non-permanent staff. This includes Administrative, Allied Health, Dental Health, Executive, General Service Officers, Nurses, Professional and Technical Officers, Junior and Senior Medical Officers and Visiting Medical Officers.

- Canberra Health Services and ACT Health Directorate utilise these various means of employment to provide a high level of service to the community.

- There are a number of reasons for these types of employment including:
 - The nominal position owner is on Higher Duties and a temporary contract has been raised to backfilling of this position. This can sometimes be extended if the nominal position owner is extended in their HDA position. The same applies for temporary transfers where positions are backfilled;
 - The nominal position owner is on maternity leave or on other long term leave. E.g. spouse on a posting to another state for a few years;
 - Graduate nurses who are employed on the Transition to Practice program are employed on a twelve month temporary contracts. Canberra Health Services have a 95 per cent retention rate for these staff;
 - People are employed on a temporary/casual basis to provide a specialised skill that is not found within the organisations which are required for a specific project. E.g. the capital funded projects; and
 - People are employed on a temporary/casual basis to assist during seasonal periods. Eg. Winter bed.

Cleared as complete and accurate:	18/01/2018	
Cleared by:	Executive Director	Ext:
Information Officer name:	Denise Lamb	
Contact Officer name:	Zandra Corey	Ext: 53241
Lead Directorate:	Health	

- ACT Health Directorate Procurement are aware of these outsourced services:
 - Security;
 - Cleaning;
 - Gardening;
 - IT (with Internal Government Agency, Shared Services);
 - Finance (with Internal Government Agency, Shared Services); and
 - HR (with Internal Government Agency, Shared Services).

These are Canberra Health Services outsourced services:

- BEGIS contract at UCH;
- Agency nursing;
- Radiology offsite provider;
- Elective Joint Replacement Program at John James Private Hospital;
- Private Provider Program for other outsourced elective surgery;
- Private dental practitioners for some outsourced dental and denture services;
- Locum medical staff, visiting medical specialists and registrars in some specialties;
- Locum health professional staff;
- Purchased inpatient and outpatient services from National Capital Private Hospital from time to time in order to meet demand;
- Acute paediatric rehabilitation to community providers;
- Mother's Milkbank Pty Ltd;
- Neonatal emergency transport;
- Referrals to other hospitals for higher level services than what is provided at this hospital;
- Transcription services typing;
- Mammogram image reading;
- Translation and Interpretation Service;
- Management of renal patients in Southern NSW under governance of ACT Renal Services;
- Dialysis services operating out of CHS dialysis clinics in Belconnen and Tuggeranong;
- Cleaning contractors;
- Pharmacy courier services;

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Lead Directorate:	Health	

- Chemotherapy compounding and oncology prescription management;
- Poisons information helpline;
- Linen services;
- Spiritual support services (volunteers);
- Central equipment and courier service;
- IV infusion pump contract;
- Rad onc xray dosimetry independent audit;
- Clinical records contracted coding;
- Systems support and maintenance on databases and equipment; and
- Some sanitation services.

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GBC18/820

Portfolio/s: Minister for Health and Wellbeing**ISSUE: DRIVER ASSESSMENT REHABILITATION SERVICE****Talking points:**

- The Driver Assessment and Rehabilitation Service (DARS) is a service within the Division of Rehabilitation, Aged and Community Care (RACC) that provides advice, assessment and retraining programs for drivers who have an injury, illness or disability that may impact on their ability to drive safely.
- There have been unforeseen issues with staffing the DARS service since mid-June 2018 that have impacted on the existing waiting list. [REDACTED]
[REDACTED]
[REDACTED] The Occupational Therapist (OT) has since resigned and left Canberra Health Services.
- Canberra Health Services are currently unable to provide DARS assessments due to the lack of qualified staff, resulting in extended waitlists whilst a recruitment process to fill the vacant positions continues. As of 19 October 2018, there have been no suitably qualified applicants for the advertised position. However, RACC have submitted an application for an internal staff member to attend an upcoming training course to become a certified Occupational Therapist Driver Assessor.
- RACC and Access Canberra's Road Transport Authority (RTA) are working closely together to find a solution to assist with reducing these wait times whilst the recruitment process is undertaken. This has resulted in the RTA engaging a private provider to assist with the backlog.
- Once DARS recommences, there will be no change to the way DARS services are charged.
- If clients do not wish to wait for a driving assessment with DARS, they may choose to directly contact a private provider in the ACT. If this option is selected, the individual will incur a fee for service which is determined by, and payable directly to, the private provider.

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Key Information

- The ACT Health DARS provide assessment, rehabilitation and advice in relation to driving after changes in physical and cognitive functioning. The majority of clients seen by the DARS are older drivers.

Services provided by DARS include:

- Full assessments
 - Driving Instructor practical assessment
 - Older person driving assessment for people with dementia/cognitive impairment
 - Driving Lessons
 - Re-assessment by OT
- To enable an OT to be certified as a driver assessor, they are required to complete a recognised training course. Given this, RACC have submitted an application for a RACC OT to attend an upcoming training course, in November 2018, to become a certified Occupational Therapist Driver Assessor.
- As of 19 October 2018, there are 103 clients on the referral list:
 - 54 are requiring an assessment or follow up review by an Occupational Therapist.
 - 18 are requiring an assessment or follow up review by a driving instructor.
 - 83 are requiring a joint assessment with driving instructor and occupational therapist.
- In the ACT, full assessments, older person assessments and driving instructor practical assessments, are fully funded through Access Canberra and there is no direct charge to the client. The costs for driving lessons and the re-assessment by an OT are paid for by the client. Current fees in the ACT, as per the Determination of Fees Schedule, are outlined in the following table. These fees are updated each financial year.

Service	Access Canberra cost	Compensable cost	Comment
Full Assessment	\$878.40	\$834.35	Funded by Access Canberra
Older Person Driving Assessment	\$618.92	Not applicable	Funded by Access Canberra
Driving Instructor Practical Assessment	\$270.60	Not applicable	Funded by Access Canberra
Driving Lessons	\$142.07	\$142.07	Client to pay
Re-assessment by Occupational Therapist	\$149.65	\$361.80	Client to pay

Please note: Compensable costs are fees charged to an insurance company when services are being accessed as part of an insurance claim.

There is a National Disability Insurance Scheme (NDIS) agreed fee, which is separate from the above. NDIS patients are charged the NDIS fee and these fees are covered as part of the patients NDIS plan.

- In DARS in the last financial year:
 - 2.5% of clients seen required OT re-assessment and driving lessons.
 - No claims were made for compensable clients.
 - No claims were made for NDIS clients.
- Once DARS recommences, there will be no change to the way DARS services are charged. This means full assessments, older person assessments and driving instructor practical assessments, will continue to be fully funded by Access Canberra. Driving lessons and re-assessments by the OT will be continue to be charged to clients, at the rates as listed in the above table.
- If clients do not wish to wait for a driving assessment with DARS, they may choose to directly contact a private provider in the ACT. If this option is selected, the individual will incur a fee for service which is determined by, and payable directly to, the private provider.

Background Information

- The service is staffed by one Occupational Therapist (OT) and one Driving Instructor. The OT has to be a certified Occupational Therapist Driver Assessor who has completed nationally recognised post graduate training. The Driving Instructor has specialised experience and training in working with people with medical illnesses, injury or disability.
- To enable an OT to be certified as a driver assessor, they are required to complete a recognised training course. These courses are run through a variety of universities and are provided in either a two week intensive face to face training program or a six month online course. Previously RACC has paid to have OT's trained in this specialty however all trained OT's have either left the organisation or moved on to other positions.
- DARS works collaboratively with the RTA and conducts assessments for them. All referrals for the Driver Assessment Service come through the RTA. They are forwarded to the DARS team who provide an assessment on a person's driving capability and where indicated, training and reassessment. RACC invoices the RTA for these assessments. In most other jurisdictions, this assessment role is taken on by the RTA or a similar organisation.
- The ACT Health Fitness to Drive clinic continues to provide medical assessments of patients on their ability to drive. This service does not provide a practical or on-road assessment of a person's driving ability and hence works very closely with the DARS service.

GBC18/822

Portfolio/s: Mental Health

ISSUE: ADULT COMMUNITY MENTAL HEALTH SERVICES

Talking points:

- The Adult Community Mental Health Services (ACMHS) Model of Care (MoC) was endorsed on 17 October 2017.
- The proposed timeline forecasts a staged, transition period of implementation.
- Workforce planning, policy and procedure development, communication and training, evaluation and planning of future phases for further improvement and sustainability support are all underway.
- The first new service, the Assertive Community Outreach Service (ACOS) officially commenced operations on 14 June 2018 with a graduated roll-out of the remaining new teams to occur throughout the remainder of 2018 and early 2019.
- All permanent ACMHS staff have been allocated positions under the new MoC workforce profile and will commence in their new roles as their respective teams come on line.
- As part of the staged progression of the MoC, the Therapies Team officially commenced in mid October 2018, and the Access Mental Health Team and Home Assessment, Acute Response Team (HAART) in November 2018. These are exciting and significant milestones for the roll out of this new MOC.
- The remaining ACMHS regional teams (Belconnen, City, Gungahlin, Tuggeranong and Woden Mental Health Teams) will commence operations as Community Recovery Services with redesigned functions and form in February 2019.

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Key Information

- Workforce planning has been completed and all existing permanent staff within the ACMHS program have been allocated positions within the new MoC workforce profile.
- A number of Quality Improvement projects are currently in train to allow pilot testing of each of the functions of the new MoC before each new service comes online. This process will allow clinical and operational governance systems and referral pathways to be evaluated while maintaining a safe platform of service delivery.
- The MoC encompasses:
 - a) Service Principles:
 - Recovery-oriented and person-centred;
 - Integrated, multidisciplinary and evidence-based;
 - Embracing of diversity and complexity;
 - Timely, accessible and responsive;
 - Committed to Supported Decision Making; and
 - Committed to safety, quality and harm reduction.
 - b) Services Provision:
 - Access Assessment and Triage: 24 hours a day, seven days a week, centralised intake;
 - Acute response and Intensive Home Treatment: brief crisis intervention in a person's home or community setting as an alternative to inpatient admission and to facilitate earlier hospital discharge;
 - Community Recovery Service: clinical case management (short or longer-term) using a strengths-based approach;
 - Assertive Community Outreach Service: clinical case management for people with longer term complex service engagement needs; and
 - Individual therapies: structured therapy programs as an adjunct to clinical case management.

Background Information

- ACMHS are specialist community-based mental health assessment and treatment services for adults in the ACT experiencing moderate to severe functional impairment due to serious mental illness with associated complex needs and risk.

The work on the new MoC has been undertaken by the ACMHS MoC Project Steering Committee, comprised of representatives from ACT Health and relevant peak bodies including the Mental Health Community Coalition ACT, ACT Mental Health Consumer Network, Capital Health Network and Carers ACT. There have also been a number of targeted and focused community consultations with other key stakeholders in preparation of the proposed ACMHS MoC.

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GBC18/822

Portfolio/s: Mental Health

ISSUE: BRIAN HENNESSY REHABILITATION CENTRE – EXTENDED CARE UNIT AND SUPPORTED ACCOMMODATION

Talking Points

- The mental health rehabilitation services delivered at Brian Hennessy Rehabilitation Centre (BHRC) were transitioned to the University of Canberra Hospital (UCH) on 17 July 2018.
- In the 2018-19 budget \$22.8 million was allocated for supported accommodation to expand the mental health system to provide more community based alternatives for the provision of mental health care.
- Included in this initiative is an investment to refurbish the ten bed Extended Care Unit at BHRC to provide an upgraded facility where mental health patients can gradually transition from an inpatient clinical setting into supported accommodation.
- As of 21 November 2018, there seven residents currently residing in the Extended Care Unit. Following the refurbishment the remaining beds will be utilised.
- In the supported accommodation initiative there was also funding for three houses to be built in the community to provide long term supported accommodation for people with mental illness.
- These supported accommodation facilities will provide the appropriate care in the appropriate place, enabling greater access and interaction with the community and the person’s support networks.
- Housing ACT has agreed to work with ACT Health to deliver this initiative. Housing ACT will provide the land and take the lead on the construction of the dwellings which will be funded by MHJHADS. A community organisation will be engaged to provide disability support to the residents and manage the property.

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- MHJHADS and Housing ACT staff are working together to identify suitable land for the supported accommodation houses in the community.
- An initial block of land has been identified in Florey and a community consultation process including letter box drop, drop in information session on site and information on the YourSay website has been completed.
- The house on the Florey site is expected to be completed in February 2019.
- The supported accommodation initiative also provides for the establishment of a Southside Community Step Up Step Down (SCSUSD). The SCSUSD will provide short-term residential support for people with the aim of preventing admission to hospital, and will be run in partnership between ACT Health and a non-government organisation.
- ACT Health will provide clinical services including a range of therapeutic interventions, and a community agency that will have a 24/7 onsite presence and provide for practical and psychosocial support for people in the program.

Background Information

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

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GBC18/822

Portfolio/s: Mental Health

ISSUE: ADOLESCENT MENTAL HEALTH SERVICES IN THE ACT

Talking Points

- The Government is committed to developing youth-focused mental health services, by expanding the size and range of services at the Centenary Hospital for Women and Children, including the planning of a dedicated child and adolescent mental health unit.
- ACT Health has commenced preliminary work on the new unit, which has an estimated completion date in 2022.
- In October 2018 a Child and Adolescent InPatient Unit Working Group was established with membership made up of interested stakeholders including consumer and carer representation. This Working group will be fundamental in establishing an evidence based Model of Care for the new unit.
- In the 2018-19 Budget, \$2.1 million was provided to expand Child and Adolescent Mental Health Services (CAMHS) through the establishment of an Assertive Outreach Program (AOP).
- The AOP is a recovery-focused community based service which will treat adolescents and children aged 12-18 years who are experiencing severe, high prevalence mental illness.
- The AOP will specifically target vulnerable groups who, due to a range of complex issues, may face barriers in accessing CAMHS and other community-based mental health services such as headspace, The Junction and Catholic Care Next Step.
- In November 2017, the Perinatal Mental Health Consultation Service (PMHCS) expanded to improve specialist psychiatry services for new Canberra mothers, and the CAMHS Consultation Liaison Service extended its services to seven days a week in January 2018.

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- In addition, the Government has committed \$100,000 over two years to support the expansion of Menslink’s counselling program to include boys aged 10 to 12 years, a cohort where demand for services has increased.
- Currently, children and young people up to 16 years of age presenting with acute mental health issues are admitted to Centenary Hospital for Women and Children’s paediatric adolescent ward. They receive support through the CAMHS consultation liaison service, who provide ongoing consultation with paediatric staff.
- CAMHS also runs education and therapeutic group programs at The Cottage Adolescent Day Program for adolescents significantly impacted by mental illness.
- Dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the Adult Mental Health Unit Vulnerable Persons Suite. Clinical care is provided in close consultation with CAMHS to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.
- ACT Health funds CatholicCare to provide a Community Facility Based Adolescent (13-17 years) Step Up Step Down Program (STEPS), which provides 24 hour supported accommodation for a period up to three months.
- On 22 February 2018, ACT Health entered into a Service Funding Agreement with headspace National. ACT Health provided initial funding of \$200,000 to enable headspace to enhance its clinical capacity and reduce wait times for early intervention mental health services. Through this new funding, headspace Canberra is able to deliver ‘onespace’ sessions for young people aged 12-25.
- headspace Canberra is delivering a short-term, one to three planned appointment support-option, known as Onespace, available to young people and parents/caregivers. Onespace takes a pragmatic strengths-based approach to addressing clients’ presenting concern and follows a model of Solution Focussed Brief Therapy.

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- The implementation of ACT Government funding to headspace for Onespace has resulted in the following:
 - responding to all new referrals within 24 hours via a referrals co-ordinator;
 - increase in the ability to offer appointments with increased staffing;
 - an additional treatment option for young people, accessible within five days; and
 - the quickest intervention option for young people and their family and friends at Headspace Canberra.

Key Information

- The funding for the STEPS program has been maintained through a three year (2016-19) Service Funding Agreement. 2017-18 funding to CatholicCare is approximately \$1.23 million of which approximately \$1.03 million is allocated to the STEPS program.
- The clinical preference for adolescents is community based care. The CAMHS community teams provide comprehensive assessment and clinical management for children and young people with moderate to severe mental health issues.
- If a young person requires longer or more intensive inpatient treatment, service at a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services. The number of transfers is very low.
- A number of programs are run in conjunction with other directorates and the non-government sector including:
 - The Primary School Mental Health Early Intervention program: a partnership with the Education Directorate to deliver the Understanding and Responding to Feeling and Behaviours in Schools program.
 - An assertive outreach program established through the 2016-17 budget initiative Mental Health Follow Up for Young People and Intensive Clinical Rehabilitation Service (Specialist Youth Mental Health Outreach (SYMHO) Service). This program provides assertive outreach and intensive mental health treatment and care for young people aged 14-25 years in the ACT who are at high risk of developing or are currently experiencing early onset psychosis.
 - headspace Canberra: a youth-specific mental health service which aims to reduce the impact of mental health problems on young people aged 12-25 years by enabling early access to and engagement with quality and integrated services, providing treatment for mild to moderate mental health problems.

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Headspace

- Onespace sessions provide young people and their family and friends an additional service stream that is offered alongside current headspace services funded by the Primary Health Care Network – Commonwealth Department of Health, In-Kind partners and the Medicare Benefit Scheme.
- Onespace sessions are provided by Allied Health Professionals from ACT Government funding and are offered to young people and their family and friends requiring low to moderate support as a therapeutic option.
- ACT Health is currently exploring options for the continuation of Onespace funding with the Capital Health Network, beyond 2018.

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GBC18/822

Portfolio/s: Mental Health

ISSUE: INCIDENTS IN MENTAL HEALTH UNITS

Talking Points

- There were four reported significant incidents of violence against staff working in the Dhulwa Mental Health Unit (Dhulwa) in July 2018. These four incidents remain the subject of police investigation, so ACT Health are unable to make any further comment at this time.
- There were two significant incidents of violence against staff working in the Adult Mental Health Unit (AMHU) in September 2018. These two incidents remain the subject of police investigation, so ACT Health are unable to make any further comment at this time.
- There were three significant incidents of violence against ward persons working in the AMHU in October 2018.
- Working in mental health clinical services can be extremely rewarding, however it is also recognised that at times it can also be challenging and present risks, especially for those nurses and other health professionals working in our acute and secure services. This challenge is faced across jurisdictions.
- While we can never fully remove this risk, any instances of violence or aggression in our mental health services will be investigated and reviewed to ensure that processes are improved and the risk to staff and patients is minimised.
- Dhulwa is the secure mental health facility in the ACT and it is specifically designed to meet the needs of people who have complex clinical presentations. Staff are trained as specialists in the management of behavioural extremes and on occasion this includes responding to and managing violence.

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- AMHU is an acute inpatient unit that provides voluntary and involuntary psychiatric care and treatment for people with a mental health illness who require hospitalisation. Staff are trained in the management of behavioural extremes and on occasion this includes responding to and managing violence.
- The ACT Government has committed to developing a Nurse Safety Strategy through the Parliamentary Agreement. This work is underway and the development of a well-formulated, effective and evidence-based strategy is a priority for Government.
- The ACT Government acknowledges the essential role nurses play in our health care system and recognises the right of every individual to feel safe at work.

Background Information

- The provision of mental health services is a challenging area within ACT Health and unfortunately from time to time episodes of aggression and violence can occur. The staff do provide a compassionate service that is as diverse as the vulnerable people that receive the services.
- The people admitted to Dhulwa are unable to be treated in less restrictive clinical settings in the ACT. As such, Dhulwa has the highest staffing levels, staff who are highly skilled with specific training on de-escalation and management of complex behaviour. There are dedicated security staff and educational programs to help keep both staff and patients safe.
- ACT Health staff are encouraged to report any incidents or injury.
- Any allegation involving a physical assault is reported to the police.
- ACT Health is currently developing a new strategy focussed on the safety of our staff in the workplace. The strategy will focus on high risk areas, including our mental health units.
- ACT Health continue to work with staff, unions such as the ANMF, and other key stakeholders in the development of the strategy.
- This strategy is a key priority for ACT Health and is expected to be completed later this year.

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GBC18/822

Portfolio/s: Mental Health

ISSUE: WORKFORCE SHORTAGES

Talking Points

- Specialty Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) nationally, internationally and in the ACT continue to face shortages of clinical staff while at the same time growth in services and service demand has increased.
- In the ACT, these workforce challenges are felt most keenly across the acute and community settings, with impact on service delivery.
- MHJHADS have convened a Workforce Development Committee, and a Workforce Project Officer has commenced to develop a MHJHADS workforce action plan that will provide a sustainable workforce for the future – including training, development, recruitment, upskilling and retention of MHJHADS staff.
- A Group Attraction and Retention Incentive (ARIn) has recently been approved for, staff specialist and senior staff specialist consultant psychiatrists working in Mental Health. The implementation of the ARIn has commenced. The ARIn brings the ACT into line with pay rates for mental health specialist medical officers in other jurisdictions.
- In addition, the Office of the Chief Psychiatrist is actively working with a number of recruitment agencies to recruit to locum and permanent staffing positions, with the aim of achieving sustainable staffing levels that allow continued safe clinical care and reasonable staff access to leave.
- In August 2018, the Chief Psychiatrist and Clinical Director for Adult Acute Mental Health Services commenced.
- As at 21 November 2018, the medical staffing at Adult Mental Health Unit is:
 - five FTE psychiatrists two are permanent staff and two are locums;
 - six Resident Medical Officers; and
 - three psychiatric registrars.

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Key Information

- ACT Health is managing current services with existing staff and locums, while actively recruiting to vacant medical positions and working hard to encourage clinicians to make the ACT a location of choice. Within the Psychiatric workforce at present a significant number of psychiatrist are preferring locum work rather than seeking full time positions.
- There is a nation-wide shortage of consultant psychiatrists which is projected to continue past 2030, continuing an ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan areas.
- The public mental health service has been reliant on filling vacancies by applying Area of Need provisions to allow suitably qualified overseas trained consultants to be employed under particular supervisory and contractual arrangements.
- All vacant medical positions are advertised through the ACTPS jobs website and other relevant sites. Where there are no suitable Australian qualified applicants the 'Area of Need' allows for overseas applicants to be considered for vacant medical positions.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from. Overseas applicants can take up to 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.

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ISSUE: OCCUPATIONAL VIOLENCE

Talking points:

- Canberra Health Services has commenced development of an Occupational Violence Strategy which will help to define best practice in managing occupational violence, both nationally and internationally.
- Canberra Health Services has established an Occupational Violence Working Group which met for the first time on 9 November 2018. The Working Group was chaired by the CEO and 26 Management and staff representatives attended.
- The Working Group will be responsible for developing a communication plan and defining the project and Strategy outcomes. In addition, it will assist with the implementation of the Strategy.
- Canberra Health Services has updated procedures relating to the classification of incidents to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.

Data discrepancy in QoN response

- I recently became aware of quantifiable, specific data about occupational violence experienced by staff working for Canberra Health Services, and injuries recorded in the workplace, through a question on notice.
- The data originally provided was sourced from the Riskman Staff Incident System utilised by ACT Health to capture all Work Health Safety (WHS) Incidents.
- ACT Health follows the Type of Occurrence Classification System (TOCS) as specified by Safe Work Australia to classify WHS incidents in Riskman.
- Initially, to determine staff assault incident figures to respond to QoN 1566, ACT Health utilised the Riskman incident data with the TOCS classification code of 'being assaulted by a person or persons'.

Cleared as complete and accurate:	30/10/2018	
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TRIM Ref: GBC18/822

- Further investigation into the incident data identified additional incidents involving staff assault may have been coded under ‘mental stress’ (TOCS requires this coding where mental stress is considered as a more serious outcome than the physical injury/impact of the incident).
- ACT Health did not include incidents coded under ‘mental stress’ that involved staff assault to respond to QoN 1567 directed to the Minister for Mental Health.
- Subsequently, ACT Health analysed incidents under the ‘mental stress’ code to identify incidents involving staff assault to ensure complete data on all staff assault incidents captured on Riskman was included. A revised response to QoN 1567 was provided by the Minister for Mental Health on 17 September 2018.
- Since this time Canberra Health Services has conducted a comprehensive review of the procedure relating to the classification of staff incidents that may be construed as assault on the Riskman system.
- A more inclusive approach is taken in terms of incidents classified as assault. For example, incidents involving physical harm to staff that may be unintentional (e.g. when restraining a client) and intended acts of harm (e.g. punch/kick that misses) are classified as assault.
- The updated procedure enables Canberra Health Services to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.
- I acknowledge the data, and what those numbers show, is not good enough. There is more to be done to ensure staff are as safe at work as they can be.

Background Information:

- On 31 August 2018, Minister Rattenbury responded to Question on Notice (QoN) 1567 about staff assaults. The response was provided to Chamber Support on the same date.
- On 5 September 2018, ACT Health identified the staff assault data provided in the response to QoN 1566 was incomplete.
- A revised response to QoN 1567 was provided by Minister Rattenbury on 18 September 2018.

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- The response to QoN 1566 signed by Minister Fitzharris was also provided to Chamber support on 18 September 2018.
- Since this time Canberra Health Services has updated procedures relating to the classification of incidents to provide consistent and detailed data that can be utilised in occupational violence prevention strategies.
- This table below shows staff assaults by Division (Operative Area) by members of the public (including patients and relatives) from 1 January 2017 – 30 June 2018 extracted from Riskman Incident System:

Business Support	2
Cancer Ambulatory and Community Health Support	4
Clinical Support Services	40
Critical Care	49
Health Infrastructure Services	1
Medicine	44
Mental Health, Justice Health, Alcohol and Drug Services	149
Canberra Hospital and Health Services	1
Population Health	1
Rehabilitation, Aged and Community Care	1
Pathology	75
Surgery and Oral Health	29
Women, Youth and Children	10
Total	406

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- ACT Health follows the definition of Safework Australia of staff assault as being “assaulted by a person or persons including: kicks, bites, punches, pushes etc, assault with or without a weapon, being assaulted with handtools, objects or weapons wielded by another person”.
- These are the types of assaults ACT Health is seeing. The severity of the assaults vary from no injury, to minor injury requiring first aid treatment, to injury requiring medical treatment and hospitalisation.
- ACT Health currently has three major pieces of work underway that are focused on improving work, health and safety for frontline health staff; ACT Health Work Health and Safety Strategic Plan, the Occupational Violence Strategy, and the Nurses and Midwives: Towards a Safer Culture project (Nurse Safety Strategy).
- The Canberra Health Services Work Health and Safety Strategic Plan is in the final stages of consultation with staff and unions and is expected be finalised by the end of November 2018. A key project under the plan is to gain a collective understanding of occupational violence exposures across the organisation and to identify systemic risk control opportunities to reduce harm to staff. Work has already commenced to support this project.
- The Occupational Violence Strategy will help to define best practice in managing occupational violence, both nationally and internationally. The Occupational Violence Strategy Working Group is chaired by the CEO and will meet regularly.
- The Nurses and Midwives: Towards a Safer Culture project is focused on the safety of our nurses and midwives in the workplace and on high risk areas. Canberra Health Services is working with staff, unions such as the Australian Nursing and Midwifery Federation, and other key stakeholders in the development of this project, including the Implementation Plan.

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Portfolio/s: Mental Health

ISSUE: CORONIAL INQUEST INTO SUICIDE AT CANBERRA HOSPITAL

Talking Points

- The ACT Government has sincere sympathy for the families and friends of people who have died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

Key Information

- There were four deaths by suicide of inpatients at Canberra Hospital in the period January 2015 to November 2016. These deaths are the subject of a coronial investigation. Coroner Hunter has investigated these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The Coronial Inquest was heard in two stages:
 - The first stage occurred on 10-13 and 17-20 April 2018, and 1-4 May 2018 and heard the factual elements relevant to the cause and manner of each death and evidence from ACT Health staff of their provision of care and treatment or their involvement with the four people.
 - The second stage occurred 3-7 September 2018 and addressed the systems issues, including policies and procedures underlying the care provided to the four people.
- During the first stage of the Inquest, Coroner Hunter made interim findings in relation to the cause and manner of the four deaths.
- While the evidence provision for the coronial Inquest has concluded, the inquest is still underway with the submission process and therefore no further information can be given at this time.

Cleared as complete and accurate: 21/11/2018
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GBC18/822

Portfolio/s: Mental Health**ISSUE: CHWC INFRASTRUCTURE EXPANSION TIMEFRAMES –
ADOLESCENT MENTAL HEALTH SECTION****Talking points:**

- As stated in the context of the Select Committee on Estimates 2018-19, the Expansion of the Centenary Hospital for Women and Children project is forecasted for completion during the financial year 2021-22, with elements of the project due for staged completion over this period. This estimated completion timeframe includes building and commissioning of the new and refurbished infrastructure.
- As part of the CHWC Expansion project, this Government is committed to delivering an Adolescent Mental Health Inpatient Unit (AMHIU) and planning work for this new service is underway. It is expected that the AMHIU will be completed during the 2021-22 financial year.
- Construction of the expansion project will start in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite were completed in October 2018.
- The next phase of this project is to commence design work, in conjunction with ongoing Territory-wide health services planning work.
- Since the expansion was announced in last year's Budget, ACT Health has been working to undertake project due diligence and determine the final staging and scheduling of works, and this has led to greater certainty around timeframes.
- It is important to highlight that the expansion is happening in an existing facility on the Canberra Hospital, which is an operational campus. There are existing health services that will need to be considered carefully and we also need to ensure there is a continuation of care and services for our patients and their families while this major project is underway.
- A tender process is currently progressing through final stages to engage design consultants for the development of a Proof of Concept for the project. The commencement of design works is a critical milestone to progress forward with final stages of planning for the project.

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- The 2017-18 Budget announced an estimated capital cost of \$70 million for the expansion of the CHWC.
- The Government has allocated \$68.075 million in budget and forward estimates for the CHWC Expansion, including the AMHIU, with \$2.5 million available in 2018-19 to progress due diligence.
- The final cost estimate for the project is subject to Government's consideration of the outcomes of the Proof of Concept design and a final detailed project proposal.

Key Information

- Expansion of the CHWC is a commitment of this Government from the 2016 election.
- The expansion will improve the services and support for patients of maternity and paediatric services and provide new services, including an adolescent mental health unit and expanded neonatal intensive care service.
- The project is responding to the significant growth in demand for these services for the Canberra and surrounding NSW's communities.
- The commitment for the CHWC expansion provides for an adolescent mental health unit, an adolescent gynaecology service, paediatric high-dependency/high-care unit, and more paediatric and neonatal intensive care beds. Note, some of these elements are intended for delivery through the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre project (e.g. paediatric intensive care beds and high dependency unit).

Funding for the Expansion of the CHWC

2018-19 Budget

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital Provision	4,000	33,500	28,075	0	65,575
Capital Injection	2,500	0	0	0	2,500

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Portfolio/s: Mental Health

ISSUE: WINNUNGA DELIVERING HEALTHCARE AT AMC

Talking Points

- On 10 November 2016, I publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Review) in my capacity as the Minister for Corrections.
- The Government's response to the Moss Review was tabled in the ACT Legislative Assembly on 16 February 2017.
- Recommendation 5 of the Moss Review is the integration of Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) to provide a holistic approach to health care at the Alexander Maconochie Centre (AMC) in a culturally safe way.
- On 22 June 2018, a contract between the ACT Government and Winnunga was signed which enables Winnunga to provide health care to detainees at the AMC.
- The soft launch on 15 October 2018 provides the opportunity for the ACT Corrective Services, Canberra Health Services and Winnunga to come together as one team and build on the collaborative foundations of the model of care.
- Winnunga will not commence the provision of health services at this time, but will familiarise themselves with the centre, client identification and communications and general set up.
- Canberra Health Service, ACT Corrective Services and Winnunga will work together to establish a 24/7 serviced delivered by Winnunga and will confirm what that looks like in practice with an aim of 'going live' this year.
- The working group established to work through the commissioning of the integrated services has concluded. A Memorandum of Understanding is being drafted for the delivery of coordinated health care services to Aboriginal and Torres Strait Islander detainees at the AMC.

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Key Information

LOCATION

- Winnunga will be operating out of the Hume Health Centre in the former health ward 3, they will also have an administrative base in Women's Community Centre.

SERVICES

- Winnunga will initially provide nursing and GP services to a limited number of clients as they being to commission their service.
- All other services including Forensic Mental Health Services, Alcohol and Other Drugs Service (including Opioid Replacement Therapy prescription and administration), Dental and Inductions for all detainees will continue to be provided by Justice Health Services.

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Portfolio/s: Mental Health

ISSUE: GROWTH IN BUDGET AND EFFICIENCY TARGET

Talking points:

- The references to savings targets made in the Independent External Review of Mental Health Services (dated May 2018) related to efficiency targets applied to internal budgets in both 2016-17 and 2017-18 as part of reform work.
- There were no service cuts and no staff losses directly attributed to the savings targets.
- The targets were set internally within ACT Health as part of business as usual budget management processes. Internal budget management no longer applies this approach of efficiency targets allocated to Divisions.
- The budget for ACT Health has grown in each of the years from 2015-16 to 2017-18, in response to growth in demand for health services. In 2018-19 the overall ACT Health Budget has seen an increase from 2017-18 of 4.2 per cent.
- Within this overall budget allocation, ACT Health seeks to manage the provision of services in a safe, effective and efficient manner. Internal financial management mechanisms are used to facilitate the considerations of efficient service provision, appropriately balanced with the priority of delivering high quality, safe services.
- In the case of Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS):
 - The 2018-19 budget has seen an increase of 15 per cent in the Mental Health budget over the previous financial year;
 - The MHJHADS Division 2018-19 Budget is currently \$107.284 million and in 2017-18 was \$93,679 million; and
 - The Mental Health budget has increased successively over the past three years (2015-16 to 2017-18) without any cut to either clinical services or staffing.

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Portfolio/s: Mental Health

ISSUE: FREEDOM OF INFORMATION REQUEST - SAFETY AND SECURITY OF STAFF AND PATIENTS AT ADULT MENTAL HEALTH UNIT AND DHULWA

Talking points:

- On 19 November 2018, 142 documents were released in response to the Freedom of Information request about safety and security of staff and patients at the Adult Mental Health Unit (AMHU) and Dhulwa between January – October 2018.
- The released documents included:
 - The Tier 2 Divisional Mental Health, Justice Health and Alcohol and Drug Services (MJHJHADS) Workplace Safety meeting papers,
 - The Tier 3 Workplace safety meeting papers for:
 - Adult Acute Mental Health Services Program, and
 - Justice Health Services Program
 - Ministerial briefs from MJHJHADS about safety and security issues at the Adult Mental Health Unit or Dhulwa,
 - Staff incident reports regarding assaults from patients, and
 - Documents from the three extra ordinary meetings held in September and October 2018 regarding Dhulwa Workplace concerns in response to a letter from a workplace representative.
- In accordance with the provisions of the *Freedom of Information Act 2016*, a number of the released documents were redacted to remove:
 - Information that was out of scope of the request – i.e. information not about AMHU or Dhulwa,
 - Information contrary to the public interest as it contained personal information about individuals, i.e. staff names that were assaulted, and
 - Personal health information about a patient or a staff member.

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Key Information

- While there are no specific issues with the released FOI documents, they did contain broader workplace safety agenda for the programs areas (such as transport vehicle for AMHU, duress alarms, staff escorts at Dhulwa) that may be picked up by media or the requestor at a later date.
- The released staff incident reports outlined a brief summary of the incident - for example “staff member assaulted by a patient’ and the follow up provided to the staff member.
- The follow up to staff ranged from encouragement to report the assault to police, offering Employee Assistant Program, support for days off as needed and encouragement for the staff member to attend their General Practitioner or other supports.
- Media talking points were provided with the released FOI package.

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