

Our reference: **CHSFOI23-24.42**

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Wednesday 6 March 2024**.

This application requested access to:

‘Under the FOI Act I would like to be supplied with the following briefs:

1. MCHS 23/719
2. MCHS 23/674
3. MCHS 23/714
4. MCHS 23/776
5. MCHS 23/762
6. MCHS 24/4
7. MCHS 24/38.’

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Monday 22 April 2024**.

I have identified seven documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant full access to four documents; and
- grant partial access to three documents.

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

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

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

Full Access

I have decided to grant full access to the four documents at reference 1-2, 4 and 6.

Partial Access

I have decided to grant partial access to the three documents at references: 3, 5 and 7.

Public Interest Factors Favouring Disclosure

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

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

Public Interest Factors Favouring Non-Disclosure

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

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

The documents at references 3, 5 and 7 are partially comprised of information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act regarding personal information.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the redacted information contains mobile phone numbers of ACT Government employees. Therefore, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

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

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

Ombudsman review

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

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

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au

Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

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

ACT Civil and Administrative Tribunal

Allara House

15 Constitution Avenue

GPO Box 370

Canberra City ACT 2601

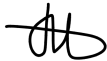
Telephone: (02) 6207 1740

<http://www.acat.act.gov.au/>

Further assistance

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

Yours sincerely



Josephine Smith

Executive Branch Manager

Strategy and Governance


18 April 2024

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

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

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<p><i>'Under the FOI Act I would like to be supplied with the following Ministerial briefs:</i></p> <ol style="list-style-type: none"> 1. MCHS 23/719 2. MCHS 23/674 3. MCHS 23/714 4. MCHS 23/776 5. MCHS 23/762 6. MCHS 24/4 7. MCHS 24/38 	CHSFOI23-24.42

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	01 - 04	MCHS23/719 - Accreditation Update - North Canberra Hospital	22 November 2023	Full Release		YES
2.	05	MCHS23/674 - Newborn and Paediatric Emergency Transport Service (NETS) cameras at Canberra Hospital	08 November 2023	Full Release		YES
3.	06 - 13	MCHS23/714 - Critical Services Building Fortnightly Briefing	14 December 2023	Partial Release	Schedule 2.2 Privacy	YES

4.	14 - 19	MCHS23/776 - 2023 Canberra Health Services Workplace Culture Survey	11 December 2023	Full Release		YES
5.	20 - 23	MCHS23/762 - Proposed renaming of Canberra Health Services facilities	12 December 2023	Partial Release	Schedule 2.2 Privacy	YES
6.	24 - 27	MCHS24/4 - Canberra Health Services Strategic and Corporate Plans- Update	04 January 2024	Full Release		YES
7.	28 - 29	MCHS24/38 - Canberra Hospital Fire Alarm 12 January 2024	12 January 2024	Partial Release	Schedule 2.2 Privacy	YES
Total Number of Documents						
7						



Canberra Health Services

To: Minister for Health

Tracking No.: MCHS23/719

Date: 22/11/2023

From: Dave Peffer, Chief Executive Officer, Canberra Health Services

Subject: Accreditation Update - North Canberra Hospital

Critical Date: Not applicable

Critical Reason: Not applicable

Recommendations

That you:

- 1. Note the information contained in this brief; and

Noted / Please Discuss

- 2. Note the concerns and status of actions at Attachment A.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. Over the past two years, North Canberra Hospital (NCH), formerly Calvary Public Hospital Bruce (CPHB), has been impacted by:
 - An entire Executive restructure
 - Digital Health Record (DHR) implementation
 - Theatre fires
2. The acquisition on 3 July 2023 has meant a significant change in several systems, processes and supporting structures that serve as the foundation of a robust Clinical Governance System. Further, the current limited DHR reporting restricts the envisioned performance framework that underpins the Clinical Governance structure based on local accountability and influence.
3. In recognition of the sheer volume of work required to prepare for an accreditation, NCH requested the secondment of additional accreditation resources from the Northside Hospital Transition Project Leadership Control Group. The resources are to bolster the limited Safety and Quality Unit to prepare for accreditation. The Northside Hospital Transition Project Leadership Control Group agreed to all recommendations and supported the following resources:
 - a. The secondment of four Safety and Quality personnel from the ACT Health Directorate (ACTHD) and The Canberra Hospital (TCH) from mid-October 2023 to mid-January 2024.
 - b. The appointment of one external consultant to undertake two mock accreditation visits, (November 2023 and January 2024,, to support preparation.
 - c. The secondment of one staff member from Emergency Management at Canberra Health Services (CHS) for approximately four months to assist with a review of this function, identified as a significant gap during and after the theatre fires.
 - d. One additional Administrative Services Officer 5 as an ongoing position to undertake the reallocation of incident reports (the previous methodology used by CPHB cannot be replicated on current version of Riskman). This resource is yet to be appointed.
4. From 16 October 2023, the additional resources commenced at NCH to support accreditation preparation.

Issues

5. According to the Public Health (Health Care Facility) Code of Practice 2021 (No 1), Standard 4.1 (a), a health care facility “must maintain accreditation under the Australian Health Service Safety and Quality Accreditation Scheme in accordance with the National Safety and Quality Health Service Standards”. CPHB successfully completed accreditation in March 2020, and the accreditation will expire in July 2024.
6. In September 2023, a request for postponement of the next accreditation visit to later in 2024 to complete acquisition and embed new systems, was declined by the ACT Regulator and the Australian Commission on Safety and Quality in Health Care. An accreditation visit can consequently occur between October 2023 and March 2024.
7. A mock accreditation assessment was undertaken at NCH from 13 to 16 November 2023. Outcomes of the recommendations have highlighted that if a short notice assessment was undertaken today, it is likely NCH would not pass without a range of recommendations.
8. The recommendations from the mock assessor have highlighted the following areas of concern:
 - Acquisition-related
 - DHR-related
 - Facilities
 - Care-and practice related

An overview of these concerns is outlined at [Attachment A](#) and includes actions already completed to address immediate concerns, as well as planned work to implement sustainable improvement processes.

9. In addition, a range of accreditation focussed working groups have been expanded or established to target the areas identified requiring the most attention.

Financial Implications

10. Modest expenditure to support mock accreditation recommendations will be drawn from existing relevant NCH budgets.

Consultation

Internal

11. There is significant targeted consultation underway across NCH including the establishment of action focussed working groups including representation from Executive staff, subject matter experts and the NCH Communication Team to support the key messaging through regular internal updates.

Cross Directorate

12. NCH is working closely methodically and swiftly with colleagues across CHS to address recommendations raised by the assessor.

External

13. N/A

Work Health and Safety

14. N/A

Benefits/Sensitivities

15. Not achieving accreditation would result in a breach of the Public Health Code of Practice, reputational damage, low morale in the workforce and financial cost associated with additional assessment and staffing hours to attain accreditation.
16. There would also be public and political criticism towards ACT Government following the controversial compulsory acquisition of NCH in July 2023.

Communications, media and engagement implications

17. The outcome of the accreditation process is likely to be a matter of public and media interest.
18. NCH is prepared to brief you regularly as required.

Signatory Name: Dr Elaine Pretorius Phone: 02 6201 6101

Action Officer: Melissa Davis Phone: 02 6201 6593

Attachments

Attachment	Title
Attachment A	Accreditation areas of focus and associated actions

ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS23/674	Newborn and Paediatric Emergency Transport Service (NETS) cameras at Canberra Hospital
Critical Date	8 December 2023
Chief Executive Officer	Dave Pepper /.../....

Minister's question:

Provide an update on Newborn and Paediatric Emergency Transport Service (NETS) camera functionality at Canberra Hospital.

Canberra Health Services' response:

- Currently, there is one New South Wales (NSW) Newborn and Paediatric Emergency Transport Service (NETS) camera in the Neonatology Intensive Care Unit in the Centenary Hospital for Woman and Children.
- The camera is currently unable to be used due to a firewall issue that prevents Canberra Health Services (CHS) from being able to provide information to NSW via NETS cameras. Activities to remediate this are included in the ACT Health Directorate (ACTHD) Digital Solutions Division (DSD) forward work plan.
- Timely and effective information sharing with NSW colleagues is continuing and is not dependent on the use of NETS cameras. Clinicians share images through alternate mechanisms including mobile devices.
- The cameras are planned for six locations within Building 5 at Canberra Hospital:
 - 2 x Emergency Department Paediatric Acute Bays; and
 - 4 x Paediatric ICU bedrooms.
- The Divisions of Surgery and Women, Youth & Children are not aware of any formal correspondence from NETS raising concerns about the lack of cameras.

Noted / Please Discuss

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

.../.../....

Signatory Name: Kalena Smitham

Phone: Teams

Action Officer: Jaimilee Webb

Phone: Teams

Canberra Health Services**To:** Minister for Health

Tracking No.: MCHS23/714

Date: 14/12/2023**From:** Kalena Smitham, Acting Deputy Chief Executive Officer**Subject:** Critical Services Building Fortnightly Briefing**Critical Date:** 18/12/2023**Critical Reason:** Meeting is scheduled for 18 December 2023**Recommendation**

That you note the information contained in this brief.

Noted / Please Discuss

Rachel Stephen-Smith MLA /...../.....

Minister's Office Feedback

Background

1. To provide a status update on the Building 5 operational commissioning program for the reporting month of December 2023.

Issues

Critical Path Performance

2. The following deliverables are planned for governance approval through the Operational Commissioning Project Control Group in December 2023:
 - a. Orientation and Training Plan
 - b. Pandemic Operations Manual
 - c. Bariatric Furniture, Fittings and Equipment
 - d. NSW NETS Camera Solution

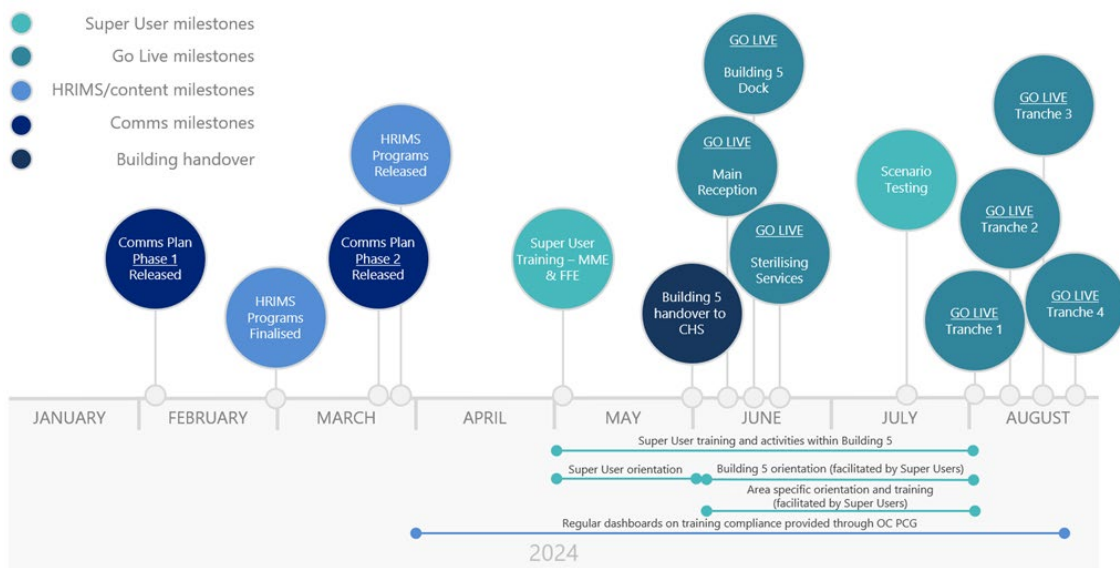
3. The following papers have been consulted through the Clinical Operational Executive Committee:
 - a. Staff Leave Management Plan
 - b. Change Moratorium
 - c. Philips Cardiac Catheterisation Laboratory Transfer Plan
 - d. ICT Operational Commissioning Scope

Training and Orientation

4. In the period of 3 June 2024 to 2 August 2024, a detailed schedule of orientation, training, clinical simulation and scenario testing activities are being scheduled for clinical and non-clinical staff relocating into Building 5.

5. The Training Plan was tabled at the Building 5 Operational Commissioning Project Control Group for endorsement on 15 December 2023. Figure 1 below provides an overview of the milestones of the Orientation and Training Plan for 2024.

Figure 1: Training and Orientation milestones



6. Table 1 provides a summary of the Divisional teams required to participate in the orientation and training programs.

Table 1. Staff Headcount Per Division

Division	Approximate Headcount
Allied Health	266
Chief Operating Officer	62
Deputy Chief Executive Officer	23
Division of Medicine	539
Division of Surgery	861
Finance and Business Intelligence	57
Infrastructure and Health Support Services	329
Medical Services Group	601
Nursing Midwifery and Patient Support Services	308
TOTAL	3,046

7. Term 2 school holidays occur during the period of 28 June to 23 July 2024 for private and public schools which is anticipated to impact the availability of the workforce.
8. Desktop training modules will be assigned to specific staff as mandatory training in their HRIMS learning profiles in March 2024, which provides staff three months in which to complete these modules.
9. The training programs required to be delivered in a face-to-face format will be published for staff enrolment in February 2024. Multiple training sessions will be made available six days a week (Monday – Saturday) at varying times to maximise the equity of participation by day, evening and night shift staff.
10. A rate of 70% participation in the face to face training programs is being targeted, 100 per cent completion rate is required of the mandatory online programs.
11. The communications campaign, to promote the enrolment program for orientation and training modules, will be developed in January 2024.

Staff Leave Management Plan

12. A resource roster will be developed for each move including contract, logistics and CHS resources required to support safe patient care, considering overall concurrent hospital operations.
13. Operational Readiness User Groups have requested confirmation that a limited planned leave period will be implemented to manage workforce availability and rosters during the peak period of service relocations and continuity of patient care.

14. A planned leave management plan, for two weeks prior to a move and one week post move, was confirmed with the Clinical Executive Operations Committee held on 5 December 2023. Table 2 shows the agreed limited leave periods.

Table 2. Proposed Leave Management Plan

Service	Target Move Date 2024	Limited Planned Leave Period 2024
Reception	Monday 3 June	Not required.
Building 5 Dock	Tuesday 4 June	Not required.
Sterilising Services Unit	Tuesday 25 June	10 June - 5 July
<u>Tranche 1</u> <ul style="list-style-type: none"> Cardiac Catheterisation Laboratories (Elective procedures only) 	Week commencing 5 August	22 July - 16 August
<u>Tranche 2</u> <ul style="list-style-type: none"> Emergency Department & Ambulance Bays Medical Imaging & Interventional Radiology Suites Operating Theatres & Surgical Admissions Intensive Care Unit Cardiac Catheterisation Laboratories (all procedures) Helicopter Landing Site 	Week commencing 12 August	29 July - 16 August
<u>Tranche 3</u> <ul style="list-style-type: none"> Clinical Forensic Medicine Unit Acute Cardiac Care Unit Acute Medical Unit 	Week commencing 19 August	5 August - 30 August
<u>Tranche 4</u> <ul style="list-style-type: none"> Emergency General Surgery Inpatient Unit Neurosurgery & Oral Maxillofacial Surgery Inpatient Unit Cardiothoracic Surgery & Vascular Surgery Inpatient Unit Perioperative & Anaesthetics administration 	Week commencing 26 August	12 August - 6 September

15. Guidance notes will be prepared for Managers and information for staff will be developed by the Communications and Engagement team.

Aboriginal & Torres Strait Islander Welcome Lounge

16. The Welcome Lounge has experienced an additional delay to the completion of the fit out, changing the completion date from late January 2024 to April 2024. There is no operational impact to the continuation of the service with this delay.
17. The Aboriginal Liaison Service is considering not opening the facility until the completion of the Stage 2 works which are planned to occur in Q4 2024 and Q1 2025.

Pandemic Operations Manual

18. A Pandemic Operations Manual has been developed to assist the Canberra Hospital Executive and clinical managers in coordinating the activation of the pandemic modes in Building 5. The manual includes:
 - a. Decision authority for pandemic activation;
 - b. CHS procurement lists;
 - c. Clinical flows;
 - d. Domestic and environmental services;
 - e. Logistics flows;
 - f. Patient flow;
 - g. Building system controls;
 - h. Fire and evacuation; and
 - i. Post-pandemic recovery.
19. Detailed checklists for the hierarchy of actions to activate the pandemic operations have been widely consulted across CHS.

Year 1 Opening Recruitment Profile

20. The staffing FTE profile for year 1 operations and recruitment timetable is noted in Table 3.

Table 3. Year 1 Opening Recruitment Profile

Service	Roles	FTE	Recruitment commences	Target commencement with TCH	Status
Medical Imaging	Radiographers	4.8	Underway	Immediately	In progress
	Registered Nurses ¹	2.22	November 2023	May 2024	Not started
	Administration	2.4	March 2024	June 2024	Not started
Allied Health	Social Workers	3.4	November 2023	May 2024	Complete
Patient Support Services	Supervisors	4.5	March 2024	June 2024	Not started
	Co-ordinators	2.3	March 2024	June 2024	Not started
	Wards persons	11.3	March 2024	June 2024	Not started

¹ The Medical Imaging Executive Branch Manager is considering a change to the classification of these positions. Commencement of recruitment is delayed from November 2023.

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Service	Roles	FTE	Recruitment commences	Target commencement with TCH	Status
	Hospital Assistants	5.7	March 2024	June 2024	Not started
	Central Equipment & Couriers	5	March 2024	June 2024	Not started
Stores & Dock	Dock Manager	1	March 2024	June 2024	In progress
	Stores persons	3	March 2024	June 2024	Not started
	Supply Truck Driver	1.3	March 2024	June 2024	Not started
Security	Security Officers	5	January 2024	May 2024	Not started
Facilities Management	Facilities Operations Manager	1	January 2024	May 2024	Complete
	Facilities Coordinator	1	January 2024	May 2024	Complete
	Contracts Manager	1	January 2024	May 2024	Complete
B12 Operating Theatre ²	Nurses	14	December 2023	July 2024	Not started
	Radiographer	1	December 2023	July 2024	Not started
	Registrars	2.4	December 2023	July 2024	Not started
	Administration (ASO, HSO, TO)	2.6	April 2024	July 2024	Not started
Total FTE		74.92			

21. Table 3 will be updated to include the revised profile for Building 12 theatres, MET and the Behavioural Assessment Unit, subject to the decision by Budget Cabinet through the mid-year Business Case process.

Current Vacancies

22. Canberra Hospital has high rates of vacancy across multiple disciplines which will impact workforce availability for participation in the Building 5 training and orientation program. Acceleration of recruitment is required to support current vacancies across the following services:
- a. Emergency Department
 - b. Intensive Care Unit
 - c. Theatres
 - d. Cardiology

² Building 12 Operating Theatre recruitment profile is subject to change to be appropriate for emergency and elective obstetric procedures.

23. The tracking register for accelerated recruitment against funded vacant positions is provided at Table 4. Progress against this register is being briefed to the Minister for Health on a fortnightly basis.

Table 2. Vacancy Recruitment Profile

Service	Vacancy	Classification	Total FTE Vacancy	FTE Filled as at November 2023
Medical Services	Deputy Chief Radiographer	MI 5	1	1
	Radiographer	MI 2	5	0
	Advanced Radiographer	MI 3	5	0
	Sonographer	MI 4	2	0
	Nuclear Medicine Technician	MI 3	1	0
	TOTAL		18.8	1
Emergency Department	Registered Nurses	RN 2	21.06	0
	Registered Nurses	RN 1	4.2	0
	Registers/SMROs		12	0
	TOTAL		37.26	0
Surgery (Theatres)	PACU	RN 2 & CDN	1.69	0
	PACU	RN1	1.21	0
	Anaesthetists	Snr Specialist	14	0
	Admin	ASO	7	0
	TOTAL		23.9	0
ICU	RN	RN1	19.42	0
	TOTAL		19.4	0
Cardiac Catheterisation Laboratories & Acute Cardiac Care	Registered Nurses	RN2	1	0
	Registered Nurses	RN1	2	0
	Senior Specialist	Snr Specialist	0.8	0
	EP Senior Specialist	Snr Specialist	1	0
	Fellow	Fellow	2	0
	Advanced Trainee		2	0
	JMO	JMO	1	0
	Anaesthetists	Snr Specialist	0.9	0
	Allied Health	HP4	1	0
	Allied Health	HP3	2	0
	Admin	ASO3	1	0
	Admin	ASO2	1	0
	CCU Registered Nurse	RN2	1	0
	CCU Registered Nurse	RN1	2	0
TOTAL		18.7	0	

Financial Implications

Building 12 Theatres

24. A detailed Furniture, Fixtures, and Equipment (FFE) register for the retained theatres in Building 12 and Stage 1 recovery (PACU) bays required for emergency and elective obstetric procedures is complete.

25. The funding source for the procurement of these items will be from the remaining contingency in the Centenary Hospital for Women and Children's Hospital Expansion Project (around two million dollars).

Consultation

Internal

26. Nil issues for the reporting period.

Cross Directorate

27. Nil issues for the reporting period.

External

28. The Staff Leave Management Plan was presented to the '*Building 5 Union Engagement Forum*' on 14 December 2023.

Work Health and Safety

29. Nil issues raised during the reporting period.

Benefits/Sensitivities

30. The operational commissioning program has reached a point of maturity that all operational policy and procedure documents for the change program are complete. The full suite of training and education content modules are developed.
31. A change moratorium has been communicated to the Clinical Executive to protect the teams mobilising the final sprint stages of works. The period for the change moratorium will be in effect for 12 months post go live. This ensures that the new operational ways of working in the new facility are properly trialled and evaluated before a change is considered.
32. A "*Design Change Request Register*" will be maintained by Campus Modernisation with each item risk assessed and a cost estimate determined, if relevant. The Register will be oversighted by the Operational Commissioning Project Control Group. High risk items will be reported to Project Board.

Communications, media and engagement implications

33. A master set of talking points is being developed in December 2023 to outline key messages on the features, innovations and technology and enhancements to care for each of the service areas moving into Building 5. These talking points will form the basis of the content that will be rolled out as part of the 2024 content calendar.

Action Officer: Vanessa Brady

Phone: 

Canberra Health Services

UNCLASSIFIED

To: Minister for Health

Tracking No.: MCHS23/776

Date: 11/12/2023**From:** Dave Peffer, Chief Executive Officer**Subject:** 2023 Canberra Health Services Workplace Culture Survey**Critical Date:** Not applicable**Critical Reason:** Not applicable**Recommendations**

That you:

1. Note the information contained in this brief; and

Noted / Please Discuss

2. Note the detailed results of the 2023 Canberra Health Services Workplace Culture Survey at Attachment A;

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

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Background

1. Since 2005, Canberra Health Services (CHS) has been investing in whole-of-organisation Workplace Culture Surveys through Best Practice Australia Analytics (BPA Analytics). The last Workplace Culture Survey was conducted in November 2021 and the last Pulse Survey was conducted in December 2022.
2. The 2023 Workplace Culture Survey instrument was modified to reflect:
 - a. Organisational priorities – including the North Canberra Hospital (NCH) transition.
 - b. Feedback received about the 2021 Workplace Culture Survey length and complexity making it too long to complete.
3. The 2023 CHS Workplace Culture Survey measures six standard aspects of culture and one tailored on organisational culture, including:
 - a. **About our Culture**– measures employee engagement and the level of positivity in the workplace, that is how employees experience their working life in the organisation, and commonly referred to as the Type of Culture. BPA Analytics’ model includes six types of culture – Blame+, Blame, Reaction, Consolidation, Ambition and Success. This section also includes the identity question – On balance CHS is a truly great place to work – which aligns with CHS Strategic priority to create a truly great place to work.
 - b. **About our People** – examines what staff expect from the organisation, what attracts people to the organisation, if staff have a sense of wellbeing and if work/life balance is accommodated.
 - c. **About our Workplaces** – examines how well teams function, the prevalence of unacceptable behaviour including bullying, harassment, favouritism, discrimination and occupational violence, and work health and safety.
 - d. **About our Managers** – examines the management capabilities of staff in leadership roles – including providing feedback, acknowledgment, recognition, and being positive roles models.
 - e. **About how we do things** – examines CHS’ systems, procedures and processes for managing change.
 - f. **About our Clients** – examines staff views on how CHS engages with our clients, both in creating client experiences and in meeting client expectations.
 - g. **Tailored Research** – asks questions specific to the needs of the organisation. CHS chose to include two questions related to Digital Health Records.
4. The census period for the 2023 Workplace Culture Survey was from Wednesday, 25 October 2023 to Monday, 13 November 2023.

Issues

5. High level results from the CHS Workplace Culture Survey are summarised below:
- a. 9705 surveys were distributed.
 - b. 5190 staff responded, this equates to a 53 per cent response rate.
 - c. There were 308,511 pieces of quantitative data.
 - d. 36,680 narrative comments received.
 - e. 2,136 messages in a bottle for the CEO and/or Executive Directors.
 - f. Since 2005, the trending data shows CHS organisational culture is steadily improving. CHS had a 26 per cent improvement to the question CHS is a truly great place to work since 2005 and a 2 per cent improvement from the 2022 December Pulse Survey. In 2021, 58 per cent of respondents agreed to this statement, increasing to 60 per cent in the 2023 results.
 - g. CHS engagement rating stayed steady at 46 per cent (46.5%) from the 2022 December Pulse Survey, placing CHS in a Culture of Consolidation.
 - h. CHS had an engagement score of 46 per cent which benchmarks 4.9 per cent better when compared to other Public Health Services (last 3 years n=81,109) surveyed by BPA Analytics.
 - i. Of the 17 divisions surveyed, 12 had an increase in engagement and 4 had a decrease. For the Survey North Canberra Hospital was grouped as a Division of CHS. There is no trending data, therefore no comparison available.
 - j. Six divisions are in a Culture of Ambition, 11 in a Culture of Consolidation.
 - k. In the 2023 Workplace Culture Survey, the questions measuring, Unreasonable Behaviours (discrimination, bullying, harassment, sexual harassment, and favouritism) were simplified and reverted back to BPA Analytics preferred model. The last time CHS asked these questions in this way was in 2015, therefore the 2023 results are compared to the 2015 results which show significant improvement (9.5 per cent to 14.9 per cent) in all questions.
 - l. The majority of respondents indicated CHS is a safe place to work (91 per cent), a physically safe place to work (91 per cent) and psychologically safe place to work (75 per cent). CHS continues to prioritise our employees' safety and wellbeing and the new CHS Occupational Violence Strategy currently in draft, will be finalised in 2024 pending further consultation.

- m. The results for the About our Manager questions mostly stayed the same (4 out of 8 questions). Two questions improved and 2 questions declined. Overall CHS benchmarks near the norm (4 questions) or above the norm (2 questions). In 2024, CHS in collaboration with ACT Health Directorate, is developing a Management/Leadership Capability Framework to help better identify and address the development needs of our managers/leaders.
 - n. CHS had better results for the client safety questions - with 4 out of the 6 questions improving between 2.6 per cent to 3.6 per cent and 2 staying the same. However, even with these improved results, CHS continues to benchmark below the norm across all 6 client safety questions by small margins of between 0.5 per cent to 3.6 per cent.
 - o. Respondent answers to the questions related to how CHS introduces change and organisational improvements indicate CHS continues to improve our change management processes.
 - p. BPA Analytics research shows there is direct correlation between team members receiving feedback on the finding of the last survey and increased engagement. 49 per cent of respondents indicated they had received feedback, which is a slight decline of 3.4 per cent from the 2021 Workplace Culture Survey. Feeding back the organisational and divisional results to team members is being prioritised and commences from 15 December through to January 2024.
6. Key results from the 2023 Workplace Culture Survey are at [Attachment A](#).
7. Organisational survey results will be communicated to staff via:
- a. BPA Analytics delivered the overall CHS results to Executives on 13 December 2023.
 - b. A video featuring our CEO delivering the overall CHS results was filmed on 14 December 2023 and released as part of our corporate communication on 15 December 2023 via all staff email and then uploaded on the intranet.
 - c. Quantitative survey result reports (organisational and divisional) are on the intranet from 15 December 2023.
8. Executives and managers will be sharing results at the divisional/unit level with their staff and engaging them in action planning conversations in January and February 2022.
9. In February 2022, senior staff in the People and Culture Division will be meeting with all Executive Directors to discuss their specific results, clarify the main issues, and devise action plans. These activities will feed into the action plans at organisational, divisional/unit and professional group levels.

10. Comprehensive analysis of the survey results will occur in quarter one of 2023 to identify:
 - a. The work units where the organisational culture has been poor over a sustained period and/or significantly declined since 2019, to implement focussed interventions.
 - b. The work units with an improved organisational culture and/or continue to have a sustained positive workplace culture, to identify the drivers of positive workplace culture at the local context. The intention is to learn from these units and promote broadly the findings from these work units.

Financial Implications

11. Any costs associated with culture improvement activities at the organisational and/or divisional level will be implemented within existing budgets.

Consultation

Internal

12. CHS Union partners were briefed on 13 December 2023.

Cross Directorate

13. Nil response.

External

14. Nil response.

Work Health and Safety

15. Nil response.

Benefits/Sensitivities

16. CHS survey results tend to attract attention from Members of the Opposition. To date, minimal results have been provided to the general public. There are two main reasons for this approach:
 - a. The information is collected from staff on a highly confidential basis (with all results de-identified even for internal purposes). This is to encourage a good response rate; and
 - b. BPA Analytics owns the survey instrument, and emphasise the need to protect their commercial interests.

Communications, media and engagement implications

17. Media may eventuate regarding the 2023 CHS Workplace Culture Survey. The CHS Media and Strategic Communication Unit will respond accordingly in consultation with your Office. Media talking points will be provided to your Office by 14 December 2023.

Signatory Name: Janette Coulton Phone: 512 49631
Action Officer: Flavia D’Ambrosio Phone: 512 49585

Attachments

Attachment	Title
Attachment A	Detailed results of the 2023 CHS Workplace Culture Survey Results

Canberra Health Services**To:** Minister for Health

Tracking No.: MCHS23/762

Date: 12/12/2023**CC:** Chief Minister
Minister for Mental Health**From:** Kalena Smitham, Acting Deputy Chief Executive Officer**Subject:** Proposed renaming of Canberra Health Services facilities**Critical Date:** 12/01/2024**Critical Reason:** Confirmation of names is required in order to scope work within DHR to reflect changes and to allow for development and installation of new signage.**Recommendation**

That you agree with the proposed facility name changes for Canberra Health Services (CHS) as part of the brand refresh.

Agreed / Not Agreed / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. Canberra Health Services (CHS) initiated a brand refresh to take action on consumer expectations and organisation needs identified in a 2021 audit.

2. The project has over 30 deliverables, (including a new brand identity) and represents an investment to:
 - i. Improve the consumer experience as our health services grow.
 - ii. Strengthen workforce recruitment and retention.
 - iii. Support current team members.
3. As part of the new brand identity, a brand architecture has been developed to clearly define and simplify the structure of our organisation's brands.
4. This was based on research with consumers, Team CHS and other stakeholders.
5. This will help simplify how our consumers navigate our services.
6. The CHS brand architecture introduces a new service-level sub-brand called 'CHS Community Care' to consumers. CHS Community Care will consist of existing community facilities including:
 - Community Health Centres
 - Child Health Clinics
 - Family Care Centres
 - Women, Youth and Children Clinic
 - CHS at Molonglo
7. This will support patients and carers in finding and locating our services in the community through clearer signage and wayfinding.
8. Walk-in Centres will remain a stand-alone sub-brand as research showed consumers had some level of awareness of this distinct offering.
9. A brief on this was provided and agreed on earlier this year ([Attachment A](#)).

Issues

10. CHS facilities that fall under the CHS Community Care sub-brand are currently inconsistently named.
11. The lack of a consistent naming convention has led to consumer confusion.
12. As part of the brand architecture, we are proposing a naming convention approach and new names for some facilities (see [Attachment B](#)).
13. If agreed, new external wayfinding signage will be rolled out in a methodical way, commencing with facilities with outdated signage reflecting past organisation names (e.g. ACT Health – Ngunnawal Child Health Clinic).

Financial Implications

14. The signage implementation plan leverages existing project budget, as well as ongoing CHS projects to roll out the new brand in a cost-efficient manner.

Consultation

Internal

15. Team CHS was consulted through stakeholder engagement.

Cross Directorate

16. We are consulting with ACT Health Digital Solutions Division on an implementation timeline to apply proposed naming changes into the Digital Health Record (DHR).

External

17. Consumer advocacy organisations, including Health Care Consumers' Association, have been consulted as part of the brand architecture development.

Work Health and Safety

18. CHS will comply with relevant Work Health and Safety guidelines during brand implementation.

Benefits/Sensitivities

19. New signage will meet accessibility standards as part of the CHS Disability Action and Inclusion Plan 2022-2025.
20. There has been public and stakeholder interest in the development of CHS' new brand identity.
21. In order to fully implement the brand, changes will be required within DHR to reflect facility name changes.

Communications, media and engagement implications

22. A communications plan is being developed to ensure consumers and stakeholders are aware of name changes.
23. A proactive approach to engaging with media is being considered in order to clarify any questions on the new brand and facility names.

Signatory Name: Kalena Smitham

Phone:

Action Officer: David Jean

Phone: 

Attachments

Attachment	Title
Attachment A	Minister Brief – brand architecture
Attachment B	CHS Community Care Naming convention and facility name changes



Canberra Health Services

To: Minister for Health

Tracking No.: MCHS24/4

Date: 04/01/2024

CC: Minister for Mental Health

From: Janet Zagari, Acting Chief Executive Officer

Subject: Canberra Health Services Strategic and Corporate Plans- Update

Critical Date: 01/02/2024

Critical Reason: Consultation with all staff

Recommendations

That you:

- 1. Note the information contained in this brief;

Noted / Please Discuss

- 2. Note the draft CHS Strategic Plan 2024-2027 at Attachment B;

Noted / Please Discuss

- 3. Note CHS Corporate Plan for 2023-2024 at Attachment C; and

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

- 1. You were previously briefed on the draft Canberra Health Services (CHS) Strategic Plan 2023-26 (Attachment A).

Choose an item.

2. Our CHS Strategic Plans set a clear path forward for the organisation over a three-year period. The Plans are values driven and outline how CHS will deliver on our vision of creating exceptional healthcare for our consumers, their families, and carers.
3. Annual CHS Corporate Plans are the mechanism to step us towards our vision and CHS Strategic Plan commitments each year, so we are clear on what we need to deliver. They are short, sharp, achievable, and measurable and focus our activities, effort, and investment within our strategic priority areas.
4. Our Strategic Plan has been reviewed in consultation with CHS Governance Committee. The new draft plan builds on the previous one, reflecting current key priorities and commitments, inclusion of North Canberra Hospital in the CHS Network, and updated data.

Issues

5. Since you were last briefed, feedback from the CHS Governance Committee and CHS Network Executive has been incorporated to strengthen our partnership with educational institutions to acknowledge their critical role in supporting our workforce pipeline.
6. Further, noting we are already six months into the 2023-24FY, it has been agreed that the Strategic Plan will be for the three-year period 2024-27 (initially drafted as 2023-26).
7. The initial draft of the Strategic Plan contained the same four strategic priorities as our 2020-23 Strategic Plan. Following feedback from CHS Governance Committee and CHS Network Executive, these priorities have been revised. We note our priorities to be a leading health care provider and to be a partner to improve people's health have been incorporated into our priority to deliver world class care.
8. The three Strategic Priorities within the revised draft CHS Strategic Plan 2024-2027 (Attachment B) include:
 - a. Deliver world class care – Service and operational planning will inform service delivery appropriate for our population. The experience of our consumers will be improved through providing care that is inclusive and culturally safe, delivered to the highest standards, in a timely way – across our acute, planned and community portfolios.
 - b. Be a great place to work, learn and teach - We will be an employer of choice - creating the environment to attract, recruit, and retain the highest calibre talent. A supportive and learning environment, with a culture of open and respectful communication will support our people to be their best and grow professionally.
 - c. Build a strong research, innovation, and improvement environment– A robust research portfolio, and focus on innovation and improvement, will

Choose an item.

demonstrate our leadership role, and result in improved health outcomes for our consumers.

9. The draft Strategic Plan is currently undergoing consultation with Executives via the Corporate and Clinical Operations Committees. Following this, consultation will occur through February 2024 with CHS Consumer and Carer Subcommittee, Unions, ACT Health Directorate and all CHS team members via the HealthHub. It is anticipated the final plan will be provided to CHS Network Executive Committee in early March 2024, and then will go through further refinements to reflect feedback received over the coming weeks.
10. Noting paragraph 6 above, the CHS Corporate Plan for 2023-2024 has been realigned to our existing 2020-23 Strategic Plan, instead of our new Strategic Plan as you were previously advised. As priorities have not changed significantly, actions within the plan have not changed (Attachment C).

Financial Implications

11. Nil.

Consultation

Internal

12. The draft Strategic Plan was developed in consultation with CHS Governance Committee and CHS Network Executive. The current draft reflecting comments received to date.
13. The draft Strategic Plan is undergoing consultation with CHS executives through January, and then will undergo consultation with all CHS team members in February 2024.

Cross Directorate

14. The draft Strategic Plan will undergo consultation with ACT Health Directorate in February 2024.

External

15. CHS Governance Committee members include industry and community partners, including Alan Thomas, Geoff Knuckey, Richard Eccles, and Russell Gruen.
16. Consultation will occur in February with Unions and CHS Consumer and Carer Subcommittee.

Work Health and Safety

17. Nil.

Benefits/Sensitivities

18. CHS Strategic Plan includes priorities for the next three years which aim to improve the timeliness, quality, and safety of our care.

Choose an item.

Communications, media and engagement implications

19. Once finalised, CHS Strategic Plan 2024-27 will be designed to reflect the new CHS Brand and published on the CHS website.

Signatory Name: Kalena Smitham Phone: MS Teams

Action Officer: Kath Macpherson Phone: MS Teams

Attachments

Attachment	Title
Attachment A	MCHS23/704 Ministerial Brief CHS Strategic and Corporate Plans - Signed
Attachment B	CHS Strategic Plan 2024-27
Attachment C	CHS Corporate Plan for 2023-2024

UNCLASSIFIED

To: Rachel Stephen-Smith MLA, Minister for Health**Through: Janet Zagari, A/g Chief Executive Officer****Subject: Canberra Hospital Fire Alarm 12 January 2024**

- At approximately 10:57am, a Fire Alarm was activated within an administration area of Building 1, level 2.
- Upon fire alarm activation, the building's fire system Emergency Warning and Intercommunication System (EWIS) activated the Alert Tone through parts of the building.
- When the fire alarm had not been responded to within a period of five minutes, the fire alarm escalated to the Evacuation Tone in those areas of the building. There was no fire present.
- For safety reasons, alarms are programmed to escalate to Evacuation Tone if not deactivated within five minutes.
- Staff responded appropriately and evacuated patients to outside the building, including patients in the Gastroenterology (GEHU) and Central Outpatients areas. There was no immediate risk to patient safety.
- Three patients were evacuated from GEHU – two from the recovery area, and one from the procedural area. The procedure underway was about to be abandoned for clinical reasons, and as such there was no clinical impact of the evacuation.
- By approximately 11:07am, CHS first responders and ACT Fire and Rescue had arrived on scene and isolated the panel, turning off the Evacuation Tone.
- CHS first responders and ACT Fire and Rescue coordinated an investigation of the cause of the alarm. It was identified that the alarm was caused by insect spray triggering a sensor.
- The fire alarm incident was closed by 11:15am and building occupants were safely escorted back to their respective areas.
- Initial investigation indicates several factors caused the escalation of this issue, particularly to the evacuation of clinical areas.
- A post incident review is being conducted as a matter of urgency to identify recommendations and actions.

Media Points

- Parts of Canberra Hospital were temporarily evacuated on Friday morning (12 January) following the activation of a fire alarm.
- CHS first responders and ACT Fire and Rescue were on scene within minutes and identified the cause of the alarm – bug spray in an administration area triggering a sensor.
- The alarm was deactivated within minutes and staff and patients were safely escorted back to their areas.
- The incident was over in less than 20 minutes.
- We apologise for any inconvenience to impacted patients, their families and team members.

Contact Officer: John Ludvigson, Senior Director, Operational Support Services
Contact Number: [REDACTED]
Date: 12 January 2024

Noted/Please Discuss

.....
Rachel Stephen-Smith
Minister for Health