

Our reference: **CHSFOI23-24.51**

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 **Monday 29 April 2024**.

This application requested access to:

*'I'm writing to request under the provisions of the Freedom of Information Act 2016 the following documents:*

- *MCHS24/71*
- *MCHS24/66*
- *MCHS24/64*
- *MCHS24/128.*

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 **Wednesday 12 June 2024**.

I have identified four 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 two documents; and
- grant partial access to two 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; and
- The *Human Rights Act 2004*.

#### **Full Access**

I have decided to grant full access to the documents at references 2-3.

#### **Partial Access**

I have decided to grant partial access to the documents at references 1 and 4.

### 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 1 and 4 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 and the names of non-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](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://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](mailto:HealthFOI@act.gov.au).

Yours sincerely



Josephine Smith  
**Executive Branch Manager**  
Strategy and Governance


4 June 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>'I'm writing to request under the provisions of the Freedom of Information Act 2016 the following documents:</i></p> <ul style="list-style-type: none"> <li>• MCHS24/71</li> <li>• MCHS24/66</li> <li>• MCHS24/64</li> <li>• MCHS24/128'</li> </ul>	CHSFOI23-24.51

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	01 - 03	MCHS24/64 - Freedom of Information application request received from [REDACTED] regarding All documents prepared in relation to media statement regarding WorkSafe issuing a summons to CHS	30 January 2024	Partial Release	Schedule 2.2 Privacy	YES
2.	04 - 07	MCHS24/66 - Canberra Health Services recruitment campaign (phase two)	29 January 2024			YES
3.	08 - 11	MCHS24/71 - RANZCOG progress report outcome letter for Canberra Hospital	29 January 2024			YES

4.	12 - 17	MCHS24/128 - Critical Services Building Fortnightly Briefing	01 March 2024	Partial Release	Schedule 2.2 Privacy	YES
<b>Total Number of Documents</b>						
4						

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

Tracking No.: MCHS24/64 (CHSFOI23-24.33)

**From:** Kalena Smitham, Acting Deputy Chief Executive Officer**Subject:** Freedom of Information application request received from [REDACTED] regarding All documents prepared in relation to media statement regarding WorkSafe issuing a summons to CHS**Critical Date:** 30/01/2024**Critical Reason:** FOI will be delivered to applicant on this day.**Recommendation**That you note Canberra Health Services' response at Attachment A;**Noted / Please Discuss**

Emma Davidson MLA ...../...../.....

Minister's Office Feedback

## Background

1. On 19 December 2024, [REDACTED] submitted an access application under the *Freedom of Information Act 2016* (the Act) to Canberra Health Services (CHS) requesting:

*'I'm writing to request all documents prepared in relation to providing a media statement to The Canberra Times on Wednesday, December 13 2023 regarding WorkSafe issuing a summons to Canberra Health Services.'*

## Issues

2. After conducting a search for all relevant documents, CHS has identified 17 documents containing the information that meets the scope of the request.
3. The decision letter and accompanying documents released to [REDACTED] are at Attachment A

## Financial Implications

4. Processing fees are not applicable to this request.

## Consultation

### Internal

5. Advice was sought from business units with subject matter expertise across CHS to identify relevant factors regarding the release of information.

### Cross Directorate

6. Not applicable.

### External

7. Not applicable.

## Work Health and Safety

8. Not applicable.

## Benefits/Sensitivities

9. Not applicable.

## Communications, media and engagement implications

10. Media talking points have not been prepared due to the nature of this request and can be prepared by CHS media team should any media issues arise.
11. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

OFFICIAL

Signatory Name: David Jean  
Executive Branch Manager  
Strategic Communication and  
Engagement

Phone: MS Teams

Action Officer: Gareth Williams  
Director  
Media

Phone: MS Teams

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	CHS Response



## Canberra Health Services

<b>To:</b>	Minister for Health	Tracking No.: MCHS24/66
<b>From:</b>	Janet Zagari, A/g Chief Executive Officer, Canberra Health Services	
<b>Subject:</b>	Canberra Health Services recruitment campaign (phase two)	
<b>Critical Date:</b>	05/02/2024	
<b>Critical Reason:</b>	The campaign will be in market mid-February	

## Recommendations

That you:

1. Note the information contained in this brief;

**Noted / Please Discuss**

2. Note the information provided at Attachment A, CHS Recruitment campaign pilot phase results;

**Noted / Please Discuss**

3. Note the information provided at Attachment B, CHS Recruitment campaign (phase two) Communication and Engagement Overview; and

**Noted / Please Discuss**

4. Note the information provided at Attachment C, CHS Recruitment campaign (phase two) media plan.

**Noted / Please Discuss**

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

Minister's Office Feedback

### Background

1. Sustainability of the workforce is a strategic priority for Canberra Health Services (CHS).
2. With shortages in the labour market being experienced across a range of health care specialties, CHS is implementing a series of talent acquisition activities ahead of the opening of the Critical Services Building (CSB) at Canberra Hospital.
3. One of these activities is a recruitment campaign to target prospective employees, with the objective of creating awareness of CHS as an employer of choice.
4. A pilot phase of the recruitment campaign ran last year, from the end of July to mid-October 2023. It was a nationwide digital advertising campaign, which performed well overall and was successful in getting over 400 people to fill in an expression of interest to work at CHS. See Attachment A for further detail on the pilot phase campaign results.
5. A second phase of the campaign will be launched in mid-February to mid-March 2024 to continue to build awareness of what CHS has to offer and to complement the other recruitment activities the CHS Talent Acquisition team is implementing, including for specific CSB Building 5 roles. This phase will target the Australian and New Zealand markets.
6. A third phase, targeting Ireland and the United Kingdom (UK), is also being scoped.

### Issues

7. With health jurisdictions competing to fill the same vacancies, there is an ongoing need to create awareness among health professionals across Australia, and in overseas markets, about what it is that CHS and the ACT have to offer.
8. Lessons from the pilot have been used to inform phase two of the campaign, as well as the new employee brand strategy being developed as part of the CHS Brand project.
9. Building on the success of the pilot, the second phase of the campaign will have the same objectives – to support CHS recruitment efforts by:

- a. helping identify potential candidates (lead generation);
  - b. enabling the creation of talent pools to foster interest in future job openings;
  - c. showcasing the benefits and opportunities of working for CHS and in Canberra; and
  - d. extending the reach of traditional recruitment methods.
10. The target audience for the second phase of the campaign has been broadened. While the pilot focussed on mid to later career health professionals in interstate markets, this phase will also target early career health professionals interstate, as well as those living in the ACT and New Zealand.
11. The campaign will consist of a four-week advertising campaign, which will run across digital platforms and take health professionals to a campaign landing page where they can 'sign up' to stay in touch about future job opportunities. Supporting below the line communications activities will also be implemented, including website updates, social media posts and editorial. This is outlined in the Communications and Engagement Overview at [Attachment B](#) and the media plan at [Attachment C](#).

### **Financial Implications**

12. The total cost of the phase two advertising campaign is \$71,500 (including GST). This does not include the cost of development of further communication materials to support below the line communication activities. The campaign is being funded from the CSB commissioning budget.
13. The campaign look and feel will be the same as the pilot phase, maximising return on investment for the creative materials produced in early 2023, which have been shown to be effective.
14. Further funding is available for the third phase.

### **Consultation**

#### Internal

15. CHS executives and clinical and corporate teams were consulted during the development of the phase two campaign.

#### Cross Directorate

16. The Chief Minister, Treasury and Economic Development Directorate (CMTEDD) Whole of Government Communications team and ACT Health Directorate have been informed about the phase two campaign strategy.
17. CMTEDD has confirmed phase 2 does not need to go before the Strategic Communication Review Group (SCRG) before it goes live given it is an extension of the pilot phase strategy. We will present the results and learnings of phase 2 to the SCRG as part of its evaluation.

External

18. Your office has been consulted on the phase two campaign strategy.

**Work Health and Safety**

19. Not applicable.

**Benefits/Sensitivities**

20. Building awareness of what CHS has to offer as an employer will have long term benefits when it comes to attracting, recruiting, and retaining the best possible talent at CHS. It will help us continue to build talent pools and complement CHS' existing and future talent acquisition activities.

**Communications, media and engagement implications**

21. The CHS Strategic Communication and Engagement Branch is working with master media agency, Universal McCann, to ensure the phase two recruitment campaign is appropriately targeted and effective.

22. The creative assets for the pilot phase campaign were reviewed by the Independent Reviewer of Campaign Advertising. These assets will not change for this second phase campaign, so will not need to be reviewed again.

23. Assets for the third phase of the campaign will be updated to complement the international market and will feature CHS's new brand.

Signatory Name: Janette Coulton Phone: MS Teams  
Acting Executive Group Manager  
People and Culture

Action Officer: Elaine Greenaway Phone: MS Teams  
Senior Director  
Content Strategy

<b>Attachment</b>	<b>Title</b>
Attachment A	CHS Recruitment Campaign pilot phase results
Attachment B	CHS Recruitment Campaign (phase two) Communications and Engagement Overview
Attachment C	CHS Recruitment Campaign (phase two) media plan



Canberra Health Services

**To:** Minister for Health Tracking No.: MCHS24/71

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**Date:** 24/01/2024

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**CC:** Suzanne Pilkington, A/g Executive Director Women Youth and Children

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**From:** Grant Howard, Chief Operating Officer, Canberra Health Services

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**Subject:** RANZCOG progress report outcome letter for Canberra Hospital

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**Critical Date:** **04/02/2024**

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**Critical Reason:** Minister is meeting with RANZCOG at CHS on 5 February 2024

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**Recommendations**

That you:

1. Note the RANZCOG Progress Report outcome letter at Attachment A.

**Noted / Please Discuss**

2. Note that this is an interim assessment based on the December 2023 Progress Report.

**Noted / Please Discuss**

3. Note that the final assessment will be based on the 1 May 2023 accreditation site visit.

**Noted / Please Discuss**

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

Minister's Office Feedback

## Background

1. Obstetrics and Gynaecology specialty training is accredited by the Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG)
2. In June 2023 RANZCOG undertook an Accreditation Review Visit (ARV) for training at Canberra Hospital. This was a standard visit to re-accredit the training program.
3. The outcome of this visit was that five of six standards were not met, and one standard was partially met.
4. Canberra Hospital was granted provisional accreditation for six months and required to provide a Progress Report in December 2023 on implementation of the recommendations from the ARV. The progress report was submitted in December 2023.

## Issues

5. Canberra Hospital has received an outcome letter from RANZCOG to the December 2023 progress report ([Attachment A](#)).
6. This interim assessment is based on the December 2023 Progress Report and direct email feedback from trainees and training supervisors.
7. RANZCOG has noted the progress made against recommendations in some areas, but has also flagged ongoing concerns, in particular relating to consultant support after hours and workplace culture.
8. **Assessment Summary.** There are 56 conditions and recommendations listed in the June 2023 accreditation report:
  - a. Positive progress – 12.
  - b. Negative progress – 8.
  - c. Unchanged – 16.
  - d. TBC (to be assessed during May 2023 visit) – 20.
9. Addressing the remaining recommendations predominately relies on ongoing recruitment of additional staffing, increasing ITP registrar gynaecology theatre time and improving workplace culture.
10. There will be a site visit on 1 May 2024 to further assess progress against recommendations and determine the final outcome against the accreditation.
11. We understand that you are meeting the RANZCOG Council President and CEO on 5 February 2024. This meeting is not part of the formal accreditation process.

## Financial Implications

12. Nil Response

## Consultation

### Internal

13. Nil Response

### Cross Directorate

14. Nil Response

### External

15. Nil Response

## Work Health and Safety

16. Nil Response

## Benefits/Sensitivities

17. If RANZCOG training accreditation is suspended, there will be an impact on staffing with loss of RANZCOG Integrated Training Program (ITP) registrars from Canberra Hospital.
18. The loss of ITP registrars would have a negative impact on service delivery of obstetrics and gynaecology at Canberra Hospital. Locums would have to be employed to continue to deliver obstetrics and gynaecology services in Canberra.
19. Loss of RANZCOG training accreditation would result in reputational harm to Canberra Hospital.

## Communications, media and engagement implications

20. The outcome of the June 2023 RANZCOG ARV attracted local and national media attention in August 2023.
21. Canberra Hospital will not publicly release this interim outcome letter.
22. A journalist from RiotACT contacted CHS Media in December seeking information about the Progress Report. No information was provided, as RANZCOG had not provided CHS with a response at that time.
23. We anticipate that the final outcome of the accreditation process will again generate media interest. Media lines will be prepared as required.

Grant Howard:  
Chief Operating Officer

Phone: 5124 7354

Carolyn Petersons  
A/g Divisional Clinical Director  
Women Youth and Children

Phone: 5124 7500

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	RANZCOG Progress Report outcome letter for Canberra Hospital



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

Tracking No.: MCHS24/128

**Date:** 28/02/2024**From:** Janet Zagari, Deputy Chief Executive Officer**Subject:** Critical Services Building Fortnightly Briefing**Critical Date:** 04/03/2024**Critical Reason:** Meeting is scheduled for 4 March 2024**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 February 2024.

**Issues****Building 12 Theatres**

2. The procurement of the furniture, fittings and equipment to support the continuation of emergency and planned obstetric surgical procedures in Building 12 is in progress.

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3. The requirements for the Endoscopy service transition into the Building 12 theatres, and support areas vacated by the move into Building 5, continues to be refined however, it has been confirmed that there is no requirement for infrastructure changes until Quarter 1 2025. Infrastructure and Health Support Services (IHSS) will co-ordinate the staging program of infrastructure works.

### Office space

4. To assist with the development of the departmental move plans, the assignment of the work spaces available on level 4 and level 5 requires confirmation. There is limited clinical office accommodation in Building 5, and it is desirable for specialties such as Intensive Care Unit (ICU), Anaesthetics and Emergency Department to be collocated with the clinical space. The Chief Operating Officer and Deputy Chief Executive Officer are working through the allocation of this space to defined specialties.
  - a. Level 4 north provides 27 workpoints and three overnight bedrooms with ensuites.
  - b. Level 4 south has 41 workpoints comprises.
  - c. Level 5 north includes 42 workpoints.
  - d. Level 5 north includes 42 workpoints with a clinical simulation room and observation room. This area has been denoted as the Clinical Training Facility but has not been assigned to a service.

### Super Users

5. Division of Medicine and Division of Surgery have confirmed the assignment of Super Users for availability of building, vendor equipment and ICT training commencing in May. A 10-day period is scheduled for this detailed training program.
6. Super Users are offline from clinical rosters for the month of July to be the facilitators of training to their service disciplines and co-ordinators of clinical scenario testing.
7. Super Users will provide the full roster coverage post go live including day, evening and night shift to ensure that there is a safe model for support and assistance.

### ICT

8. A number of emerging critical issues are being actively managed through the weekly ICT Critical Path Meeting.
9. Mobile duress:
  - a. The solution (Alcatel) planned for the Emergency Department has previously been installed in limited areas on the Canberra Hospital Campus and has subsequently been disabled due to performance reliability issues and difficulty with the duress button activation on the handheld devices. Staff have confidence concerns with the safety of the system which has driven

consideration of an alternative system which is widely used across CHS, being the ASCOM system.

- b. Digital Solutions Division (DSD) are flagging early warnings on time (June) and cost implications (circa \$1 million) for changing to this system which is a priority for resolution.
10. Mobile Digital Antenna System (DAS)
- a. Optus as the lead telecommunication service provider for the Territory is currently installing their DAS network system into the Building. The establishment of lease agreements with other service providers, including Telstra and Vodafone, are in the process of being finalised by CHS. The lead-time for their DAS equipment is being advised as 14-weeks time which means that installation of their equipment is mid-July.
  - b. The impact of this installation requires infrastructure works in the building (scope not yet known). DSD would be responsible for the implementation and co-ordination of these works given that they will be executed after Multiplex contract completion.
  - c. The duration of the installation and testing regime is not yet known but there are significant reputational and safety risks if the full DAS systems are not active for go live in August for the performance coverage of consumer and staff mobile phones.
11. Patient Monitoring
- a. The Philips patient monitoring devices will be delivered in four tranches, the final delivery is expected on 12 July for level 6 (Cardiac Catherisation Laboratories, Acute Cardiac Care Unit and Acute Medical Unit) and level 7 inpatient units (Emergency General Surgery, Neurosurgery/Maxillofacial and Cardiothoracic/Vascular).
  - b. DSD are required to calibrate and test each device however this activity overlaps with the in-situ training programs planned for the medical, nursing and allied health staff in these areas.
  - c. The delivery date for Philips is being closely monitored with the resourcing plan for the DSD team for the testing period being reviewed.

#### Recruitment

12. Webinar held on 27 February 2024 with CCM Recruitment International – 110 participants attended.
13. Planning for overseas nursing and midwifery recruitment campaign continues with CHS visits scheduled for:
  - a. New Zealand on 6 -7 March; and

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- b. United Kingdom (Ireland and England) 19 - 26 March 2024 (date extended from 22 March 2024 to provide additional time to visit three locations, Dublin, London and Manchester).
14. Approximately 54 candidates have been identified for interviews in New Zealand with additional applications being reviewed.
15. Approximately 70 candidates have been identified for interviews in Ireland and England with additional applications being reviewed.
16. Phase 2 recruitment campaign is live with 80 expressions of interest received to date.
17. People and Culture and the Strategic Communication and Engagement Branch are finalising the development of the information kits for new and prospective team members.
18. Dashboard for ongoing reporting has been finalised. See Attachment A – Building 5 (Trance 1 & 2) and Attachment B – Other initiatives (Including expansion of MET and third Cardiac Cath Lab) for status as of Monday 26 February 2024.

### **Financial Implications**

19. Nil issues for the reporting period.

### **Consultation**

#### Internal

20. A presentation to the Aboriginal and Torres Strait Islander Consumer Reference Group (CRG) on the construction progress of stage 1 (reception, administration area and meeting room) of the new Lounge in Building 2 is planned for 1 March.
21. The CRG is requested to complete two assigned actions:
  - a. Confirm if the Lounge is to open at the completion of Stage 1 in early May, or whether this will be deferred until stage 2 (communal dining area, kitchen and lounge facilities) is complete which is planned for Quarter 1 2025.
  - b. Confirm the name of the new Lounge. It is unclear if the “Wambarrang” name will transition from the existing facility or whether a new name will be determined, noting that the Project does not have a budget provision for a special commission for a new name.

#### Cross Directorate

22. Nil issues for the reporting period.

#### External

23. The Building 5 Orientation and Training Plan is open for a two-week consultation period with Unions, feedback closes on 1 March 2024.

### **Work Health and Safety**

24. A helicopter test flight is planned for 12 March 2024, CHS is developing a clinical test scenario for the northern ICU terrace to simulate the patient experience with an incoming and outgoing flight. The test will include a bed, associated equipment and staff positioned at various locations across the terrace with a range of accessories including food and beverage items.
25. The assessment of this clinical test scenario will enable the completion of the terrace operational procedure for the safe management of patients and visitors.

### **Benefits/Sensitivities**


26. CHS has approved the final design package for the Art Project 4 provided by Major Projects Canberra, which details the installation in the Emergency Department Paediatric area.

### **Communications, media and engagement implications**

27. The campaign supporting the opening of Building 5 is planned for presentation at the Strategic Communications Review Group (SCRG).
28. The strategy for the open day events for staff and members of the community to register for a guided tour of the facility has been modified to the following approach:
  - a. Saturday 15 June:
    - i. 8:30am media tour
    - ii. 13 sessions offered for Team CHS, commencing at 9:00am and concluding at 3:30pm.
  - b. Sunday 16 June:
    - i. 13 sessions offered for Team CHS, commencing at 9:00am and concluding at 3:30pm.
  - c. Saturday 22 June and Sunday 23 June:
    - i. 13 sessions offered on both days, commencing at 9:00am and concluding at 3:30pm.
    - ii. Tours will be bookable through an external event program, such as Eventbrite.
    - iii. Information stalls operated by CHS and a fundraising food/beverage stall operated by the Canberra Hospital Foundation (CHF).
    - iv. Potential entertainment options provided a harpist and CHF choir.

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Action Officer: Vanessa Brady

Phone: 

**Attachments**

Attachment A – CSB Recruitment Dashboard report – 26 February 2024

Attachment B – Other initiatives (Including expansion of MET and third Cardiac Cath Lab) –  
26 February 2024