

Our reference: **CHSFOI23-24.54**

[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 **Monday 29 April 2024**.

This application requested access to:

'Under the FOI Act I would like copies of the following Ministerial Briefs please:

*MCHS 24/71
MCHS 24/66
MCHS 24/80
MCHS 23/711
MCHS 24/106
MCHS 24/121
MCHS 24/143'*

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 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 seven 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 seven documents.

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:

- N/A

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 Your personal contact details will not be published.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

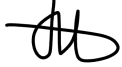
Telephone: (02) 6207 1740

<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


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>'Under the FOI Act I would like copies of the following Ministerial Briefs please:</i></p> <p>MCHS 24/71 MCHS 24/66 MCHS 24/80 MCHS 23/711 MCHS 24/106 MCHS 24/121 MCHS 24/143'</p>	CHSFOI23-24.54

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	01 - 05	MCHS 23/711 - Oral Health Services update – Mobile Dental Vans and Oral Health Services Reform	15 February 2024	Full Release		YES
2.	06 - 09	MCHS24/66 - Canberra Health Services recruitment campaign (phase two)	29 January 2024	Full Release		YES

3.	10 - 13	MCHS24/71 - RANZCOG progress report outcome letter for Canberra Hospital	29 January 2024	Full Release		YES
4.	14 - 16	MCHS 24/80 - Canberra Health Services Weekly Brief – 5 to 9 February 2024	09 February 2024	Full Release		YES
5.	17 - 19	MCHS 24/106 - Canberra Health Services Weekly Brief – 12 to 16 February 2024	16 February 2024	Full Release		YES
6.	20 - 25	MCHS 24/121 - Canberra Health Services Weekly Brief – 19 to 23 February 2024	26 February 2024	Full Release		YES
7.	26 - 28	MCHS 24/143 - Canberra Health Services Weekly Brief – 26 February to 1 March 2024	01 March 2024	Full Release		YES
Total Number of Documents						
7						

ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS23/711	Oral Health Services update – Mobile Dental Vans and Oral Health Services Reform
Critical Date	Not applicable
Chief Operating Officer	Grant Howard /..../....

Minister's question/s:

Updates on the:

- Oral Health Services' mobile dental service delivery; and
- Oral Health Services' reform program.

Canberra Health Services' Response:

Oral Health Services mobile dental clinic delivery

Oral Health Services (OHS) deliver mobile dental clinics to the ACT community. There are three mobile dental vans that are able to provide outreach clinics to Residential Aged Care Facilities (RACF), ACT primary schools and eligible clients via the Targeted Access Program (TAP). All mobile dental clinic services were suspended from August 2021 to May 2023, due to COVID-19 and staff shortages.

The RACF mobile dental clinic recommenced in May 2023. Options for recommencing the school and TAP mobile dental clinics are currently being explored. This includes an active recruitment drive, developing a training timetable for Dental Assistants, and a cleaning schedule to enable the vans to be operationally ready. The intention is to recommence the school and TAP mobile dental clinics by mid-2024.

RACF Mobile Dental Service

From May 2023 until 20 December 2023, approximately 170 clients attended appointments through the RACF mobile dental clinic. The following RACFs were visited during this period.

- Warrigal Calwell - 34 residents seen.
- Ozanam Residential Aged Care (Southern Cross) - 46 residents seen.
- Goodwin Farrer - 38 residents seen.
- Jindalee Aged Care - 26 residents seen.
- Warrigal Hughes - 25 residents seen.

Planned mobile dental services for 2024

The RACF mobile dental clinic is currently located at Warrigal Hughes (continuing from 20 December 2023), providing dental treatment for the 34 screened clients.

RACFs including Fred Ward Gardens Curtin, Carey Gardens Red Hill and Pines Living Farrer are also confirmed for visits in early 2024. Dates for these and other additional RACFs are currently being finalised.

The Bimberi Youth Justice Centre was visited by the mobile dental service between 15 and 17 January 2024. Eighteen clients were examined, with sixteen considered dentally fit. Two clients required further treatment, with one of these clients failing to attend their scheduled appointment in the community clinic following discharge from Bimberi. Justice Health Services has agreed for a secondary visit to Bimberi in six months. OHS will also continue to provide quarantined appointments for Bimberi clients at the community clinics.

While the two additional mobile dental clinics continue to be non-operational due to ongoing staff shortages and recruitment challenges, the following controls, measures and supports are being provided to clients who previously accessed these services.

- *Targeted Access Program (TAP) mobile dental service*

For clients identified as requiring the TAP service, priority appointments at all Community Health Centre dental clinics are available on referrals from partnered agencies. OHS ensures there are emergency appointments to accommodate those requiring priority access to care. In addition, eligible clients for TAP are not placed on the denture waitlist. Once the general dental treatment is completed and it is determined by a clinician that the client requires dentures, an appointment is scheduled.

- *Primary school mobile dental service*

OHS will soon begin liaising closely with the Education Directorate to plan a proposed timeline and schedule for the re-introduction of the primary school mobile dental service. All children and youth clients can access restorative and preventive dental services through Community Health Centre dental clinics with Dental Health Therapists and Dentists. There is no waitlist for child and youth services.

Oral Health Services (OHS) Reform Program

The OHS Reform Report was delivered by KPMG Australia in 2021. The report identified 12 key recommendations for OHS. All recommendations are either complete, partially complete, or in-progress.

The most critical recommendation was a review of the governance and structure of the service. Following extensive consultation, a new structure was implemented in February 2023. The first evaluation was undertaken and completed in November 2023.

New clinical and corporate governance committees have been implemented to assess, review, monitor and improve performance and quality and safety within OHS.

The recommendations and progress status are detailed below.

Recommendation		Status
A	New governance model.	Complete – Implemented February 2023. First evaluation completed and shared with all staff in November 2024. The second evaluation will take place in mid-2024.
1	Consider opportunities to use digital platforms for patient engagement and communication, including patient registration, triage, scheduling and records management processes.	Complete – Implementation of the Digital Health Record (DHR) in November 2022.
2	Introduce more targeted and streamlined referrals to private providers, supported by defined criteria and quality assurance process.	Partially complete – Contracts with private providers for 2023-24 financial year are signed. Review and evaluation of the contracts and quality processes are underway in consultation with CHS Procurement. This will ensure quality assurance and accountability.
3	Consider use of telehealth to improve the accessibility of services and clinical productivity.	In progress – Telehealth models are currently being identified and reviewed. The OHS Consumer and Carer Reference Group (to be established) will assist in identifying an appropriate model.
4	Integrate with community service providers to improve the accessibility and quality of services provided to people with special needs.	Partially complete – Designs are complete for the upgrade of dental clinic infrastructure at the Phillip Community Health Centre (due for completion in 2024). Additionally, a long-term strategy to identify a suitable site for special need clients is underway in the Model of Care reform work in consultation with CHS Infrastructure and Health Support Services (IHSS).
5	Improve the accessibility, quality and cultural safety of services provided to Aboriginal and Torres Strait Islander people.	In progress – OHS is working with the CHS Aboriginal and Torres Strait Islander Liaison Service with a commitment to closing the gap between Aboriginal and Torres Strait Islander people and non-Indigenous people, with a focus on improving accessibility and cultural safety. The Aboriginal and Torres Strait

Recommendation	Status
	Islander Impact Statement and Declaration will guide this work.
6 Improve the focus on preventative services, oral health education and care transition for people in remand.	Complete – The services for clients in remand now align with services provided to the ACT community and align with the Healthy Prison Review (Standard 64), undertaken by Corrections in 2022.
7 Establish a strategy and dedicated resource for oral health promotion and collaboration with other health and community service providers.	Partially complete – A Health Promotion Officer commenced with OHS in September 2023. An ACT Oral Health Promotion Strategy is in development and will support the National Oral Health Plan. All OHS consumer handouts are also under review.
8 Establish a clinical services plan and operational plan to define the service’s key priorities and the plan for delivering on them in line with the broader CHS service planning currently in development.	Partially complete – The clinical services and operational plan framework are complete. Key Performance Indicators and a new Model of Care are in development.
9 Establish an enhanced risk-based triage model and improve scheduling processes to balance needs for preventative and emergency services.	Complete – The risk-based triage model is complete. Evaluation of the risk-based triage model will occur during the development of the Model of Care.
10 Improve the care pathway for dentures to ensure services are provided within clinically recommended timeframes.	Partially complete – A feasibility study of the denture laboratory service is complete. The future model will be presented to the laboratory team in early 2024 for feedback and input.
11 Ensure oral health professionals are empowered and supported to work to their full Scope of Practice and the workforce meets the need of the service and Canberra community.	Partially complete <ul style="list-style-type: none"> • Two senior Oral Health Therapists have been supported to advance their scope of practice through additional education. • Advanced scope of practice will be explored in the Model of Care review. • An Oral Health Clinical Education and Quality Officer (HP3) position will be advertised early in 2024. • A skill development pathway for the Dental Assistant workforce has been developed and supported by the OHS Reform Committee – to commence in 2024.
12 Explore opportunities for future investment in digital technology to streamline and integrate patient intake processes, clinical service delivery and workforce management.	Complete – Implementation of the Digital Health Record in November 2022. OHS is the first jurisdiction in Australia and New Zealand to integrate and digitise the patient journey in a public dental service. Digital workforce management has been endorsed by the

CLASSIFIED

Recommendation	Status
	reform steering committee, to transition the OHS team to the ProACT rostering system.

Signatory Name: Patrick Wells

Phone: 49135

Action Officer: Lucy Vandergugten

Phone: 45116

Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS24/66
From:	Janet Zagari, A/g Chief Executive Officer, Canberra Health Services	
Subject:	Canberra Health Services recruitment campaign (phase two)	
Critical Date:	05/02/2024	
Critical Reason:	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

Attachment	Title
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

Date: 24/01/2024

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

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

Subject: RANZCOG progress report outcome letter for Canberra Hospital

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

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

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

Attachment	Title
Attachment A	RANZCOG Progress Report outcome letter for Canberra Hospital

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

Tracking No.: MCHS24/80

Date: 09/02/2024**CC:** Dave Peffer, Chief Executive Officer**From:** Janet Zagari, Deputy Chief Executive Officer**Subject:** Canberra Health Services Weekly Brief – 5 to 9 February 2024**Recommendation**

That you:

1. Note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Key Topics/Emerging IssuesRecruitment

1. The Canberra Health Services (CHS) Chief Information Officer role has now ceased, having been created for the purpose of implementing the Digital Health Record. Functions of this role have been redirected within CHS and ACT Health Directorate (ACTHD).
2. Kalena Smitham has resigned from CHS with Janette Coulton acting as the Executive Group Manager for Canberra Hospital People and Culture.

3. Dr Ashwin Swaminathan has resigned as Clinical Director for the Division of Medicine. Dr Swaminathan is acting as the Chief Medical Officer with ACTHD while recruitment to the role is undertaken and will remain an active physician with CHS.

Updates on Key Projects/Pieces of Work

Insourcing Project

4. On 22 January 2024, a Senior Director commenced to lead the project team. The lead has previous experience undertaking insourcing of cleaning services within the ACTPS. The initial focus of project work over the next month will be risk management, defining the scope of services to be insourced and establishing a framework to transition the contractor workforce into the public service.

New Centralised New Graduate Program

5. CHS Allied Health has launched a new centralised allied health new graduate program. In total, 56 new graduates were recruited in the professions of Occupational Therapy, Speech Pathology, Physiotherapy, Social Work, Psychology and Nutrition/Dietetics who commenced on 30 January 2024. The aim of the program is to grow CHS allied health workforce through a streamlined attraction and recruitment campaign. The program will deliver graduates a coordinated experience of orientation, interprofessional education, supervision, and support across their first 12 months working at CHS.

Enterprise Bargaining

6. Health Professionals Enterprise Agreement (HPEA)

ACT Government tabled an offer to the unions to resolve outstanding claims in December 2023. The Health Services Union (HSU) endorsed the offer for a 15 per cent Attraction Retention Incentive (ARIn) for radiation therapists. Both the HSU and the Community and Public Sector Union (CPSU) are still considering the offer of a 2 per cent ARIn for medical imaging staff. The issue of broadbanding remains outstanding, but, it is now being progressed on a whole-of-government basis. A bargaining meeting occurred on 7 February 2024.

7. Nursing and Midwifery Enterprise Agreement (NMEA)

The ACT Government have endorsed additional benefits for nurses and includes a one-off \$2000 bonus payment and a \$750 professional development allowance.

The offer was provided to the union in late December 2024, no formal reply has been received at this time. The phasing for the introduction of stage 2 ratios is the main outstanding issue.

8. Medical Practitioners Enterprise Agreement (MPEA)

A major issue remains for oncall/recall arrangements for senior medical practitioners.

Both CHS and Australian Salaried Medical Officers Federation (ASMOF) have developed proposed approaches to developing new models, including trials under the new agreement. ASMOF continue to press for a reduction in working hours for senior doctors. The next scheduled meeting is on 14 February 2024.

9. Visiting Medical Officers Negotiations

The Visiting Medical Officers (VMO) arbitration hearing was held on 28 November 2023. The arbitrator has advised that he will provide his decision in February 2024.

The Variations in Sex Characteristics Psychosocial Service (VSC PSS)

10. VSC PSS commenced on 5 February 2024. The VSC PSS provides interdisciplinary, trauma informed support for children, young people up to and including 17 years of age, and their families with variations in sex characteristics in the ACT. It aims to improve the psychological, emotional, social and physical wellbeing of people with variations in sex characteristics and their families.

Paediatric Hospital in the Home

11. Paediatrics have been able to access Paediatric Hospital in the Home program from 5 February 2024. Women, Youth and Children will be starting the program with up to eight patients admitted at any one time. As patients are admitted and treated, services will be evaluated to review capacity and service delivery.

Brand Project

12. Consultation focus groups have been scheduled to consider uniform options at CHS, to inform future approach. The focus groups are scheduled to occur on 29 February and 1 March and are broken into those who are currently wearing uniforms and those who aren't. Consultation opportunities will be available at Canberra Hospital, North Canberra Hospital, University of Canberra Hospital and Community Health Centres.

Strategic Plan 2024-2027

13. Consultation for the Strategic Plan 2024-2027 is now open and will close on 28 February 2024.

Signatory Name: Janet Zagari Phone: 48737

Action Officer: Ryan Murray Phone: 42452

Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS24/106
Date:	16/02/2024	
CC:	Dave Peffer, Chief Executive Officer	
From:	Janet Zagari, Deputy Chief Executive Officer	
Subject:	Canberra Health Services Weekly Brief – 12 to 16 February 2024	

Recommendation

That you:

1. Note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Key Topics/Emerging Issues

1. Nil update

Updates on Key Projects/Pieces of WorkShort Notice Accreditation at North Canberra Hospital

2. North Canberra Hospital (NCH) is currently preparing for a Short Notice Accreditation visit from the Australian Council on Health Care Standards (ACHS).

3. ACHS has been in contact with NCH to discuss the progress against the National Standards and the Short Notice Accreditation date is expected shortly.

Updates on Key Projects/Pieces of Work

North Canberra Hospital/Calvary Bruce Private Hospital - Service Level Agreement

4. Initial correspondence on the Service Level Agreement (SLA) between NCH and Calvary Bruce Public Hospital is underway to establish future arrangements.
5. It is anticipated these arrangements will see the cessation of the majority of shared resources or services such as the Aboriginal Liaison Officer, Allied Health Services and Diabetes Education.
6. The Surgical Registrar Services arrangement under the SLA which leverages the Royal Australian College of Surgeons Specialist Training Program is currently being reviewed with the hope it can continue to enable the ongoing attraction, development and retention of Surgical Registrars.

Responses to comments on briefs

Fragrance free policy for health facilities (MCHS24/11)

Minister's Comment:

7. "Managing this as BAU would imply that there was a policy that people were aware of and adhered to. This does not seem to be the case at CHS. I note that it is not only nurses who might wear fragrance etc. It is hard to see how this issue can be purely managed on a case-by-case basis, as people do not make an appointment to come to an ED or WIC."

CHS response:

8. We acknowledge that this is a complex issue and are committed to partnering with consumers in their care and making relevant adjustments based on their individual needs.
9. Multiple Chemical Sensitivity/Idiopathic Environmental Intolerance (MCS/IEI) involves a broad array of symptoms attributed to exposure to a wide variety of environmental chemicals, including chemicals from natural and artificially formulated sources. The triggers and symptoms experienced by consumers are diverse, and each consumer's needs will be different.
10. For a planned or unplanned admission, CHS staff will work in collaboration with patients, their families and carers to make reasonable adjustments to meet their specific needs wherever possible. This may include offering a patient a mask to help reduce exposure if we cannot remove all potential irritants.
11. CHS is committed to offering fragrance free products across all sites and has been introducing fragrance free hand soaps and sanitisers for the past several months.

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12. As part of our discussions with Healthcare Consumers Association, we will be reviewing available data on any clinical incidents, consumer feedback or patient survey responses received in relation to this issue.

Signatory Name: Janet Zagari

Phone: 48737

Action Officer: Ryan Murray

Phone: 42452

Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS24/121
Date:	23/02/2024	
CC:	Dave Peffer, Chief Executive Officer	
From:	Janet Zagari, Deputy Chief Executive Officer	
Subject:	Canberra Health Services Weekly Brief – 19 to 23 February 2024	

Recommendation

That you:

1. Note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Key Topics/Emerging IssuesDisability Reference Group Feedback – Patient Hoists

1. At the ACT Disability Reference Group (DRG) meeting on 13 February 2024, members raised concerns about availability of hoists within CHS facilities.
2. In relation to members' query about availability of hoists for people in a wheelchair as part of Building 5:

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- a. The location and weight rating of fixed and mobile hoists has been determined in partnership with the Consumer Reference Group, which included members representing the DRG.
 - b. We have three categories provided in Building 5:
 - Fixed ceiling mounted hoists
 - Mobile lifters
 - Mobile Hoists
 - c. Locations and weight rating of fixed hoists are summarised below:
 - Emergency Department x 8
 - Perioperative Unit x 8
 - Intensive Care Unit x 8
 - Coronary Care Unit x 8
 - Acute Medical Unit x 6
 - Emergency General Surgery x 6
 - Neurological, Surgical and Oral-MaxilloFacial x 6
 - Cardiology and Vascular Surgery x 6
 - d. In addition, there are 10 mobile hoists and nine mobile lifters within Building 5
3. In relation to concerns about availability of hoists for people in a wheelchair within existing hospitals/health services, particularly with reference to imaging, and reference to the Disability Action and Inclusion Plan Accessibility Audit:
- a. The accessibility audit was completed in 2023. Patient hoists did not form part of the audit scope. DRG reviewed, provided input, and approved the scope of the audit. The focus of the audit is to review the accessibility of the facilities, reviewing compliance against relevant contemporary standards.
 - b. Summary below of total number of overhead patient hoists (fixed) and mobile patient hoists located at Canberra Hospital and off-site facilities (excluding North Canberra Hospital (NCH)):
Overhead patient lifters (fixed)
 - Building 1 x 71
 - Building 3 x 11
 - Building 11 x 12
 - Building 12 x 27 (5 of these within imaging)
 - 5A Baker Gardens x 1
 - Belconnen Community Health Centre x 14
 - Gungahlin Community Health Centre x 3
 - Tuggeranong Community Health Centre x 2
 - Village Creek x 8
 - Weston Creek Walk in Centre x 2

Mobile patient lifters

- Building 1 x 24
- Building 3 x 8
- Building 8 x 1
- Building 11 x 2
- Building 12 x 4
- Building 15 x 1
- City Health Centre (1 Moore St) x 1
- Belconnen Community Health Centre x 2
- Gungahlin Community Health Centre x 1
- Inner North Walk in Centre x 1
- Phillip Health Centre x 1
- Tuggeranong Community Health Centre x 1
- Village Creek x 49

Updates on Key Projects/Pieces of Work

Director Clinical Training and Clinical Medical Wellness Officer

4. The Director of Clinical Training (DCT) and a Senior Manager (administration), to support the DCT and Clinical Medical Wellness Officer, commenced in January 2024.
5. Since commencing in the role, the DCT has:
 - c. Started building relationships with Divisional Clinical and Unit Directors and Directors of Training.
 - d. Developed a centralised database of Clinical Directors of Training and training supervisors for divisional trainees (accredited and non-accredited trainees).
 - e. Discussed the role of the DCT in the implementation of the Canberra Health Services' (CHS) Clinical Learning and Teaching Strategy.
 - f. Worked with the Director Prevocational Education and Training (DPET) to recruit a Deputy DPET for International Medical Graduates (IMG). This role will facilitate further training, welfare and support for IMG doctors. Interviews were held mid-February 2024.
 - g. Collaborated with counterparts in New South Wales and Queensland regarding training opportunities provided for Senior Resident Medical Officer's and unaccredited trainees.
 - h. Commenced early work around developing research opportunities for doctors in training at CHS.
 - i. Engaged with the Obstetrics and Gynaecology (O&G) education team to enhance the training opportunities and supports available to them in the workplace to improve the training environment.
6. Recruitment of the Clinical Medical Wellness Officer was finalised in late-2023 and is due to commence in April 2024.

Junior Medical Officer Orientation

7. Junior Medical Officer (JMO) orientation commenced in January 2024, earlier than previous years, with an increased focus on wellbeing and cultural sensitivity. This earlier commencement allowed for these new doctors to have a two-week handover with second year JMOs before the actual commencement of term 1 on 5 February 2024. The early orientation saw JMO staff levels at 90 per cent before the commencement of term.
8. A paid observership role for new IMG doctors who have not yet achieved general registration as of their start dates was trialled. This gave those doctors an opportunity to experience the play space in the Digital Health Record, be on the ward and settle into CHS. This has been received well on the ward and by the junior doctors.
9. A new Prevocational Medical Education Officer has commenced in the DPET office. This position will support the DPET office to organise and supervise training for postgraduate trainee doctors and provide professional and personal support.

Medical Training Survey

10. The 2023 Medical Training Survey (MTS) results (Attachment A) have been released and show an improvement for Canberra Hospital from the 2022 survey. Overall, the survey showed 73 per cent of ACT trainees would recommend their current workplace as a place to train in 2023, compared with only 60 per cent in 2022.
11. 66 per cent of Physician Adult Medicine trainees said they would recommend their current workplace in 2023, compared with only 40 per cent in 2022 (sample size: 53).
12. Greater satisfaction rates were also seen in 2023 compared to 2022 for Canberra Hospital trainees in Emergency Medicine (78 per cent vs 68 per cent; sample: 40), Psychiatry (86 per cent vs 50 per cent; sample: 14); Anaesthesia (93 per cent vs 71 per cent; sample: 15); Intensive Care (75 per cent vs 68 per cent; sample: 24); Paediatrics (60 per cent vs 54 per cent; sample: 15); and Surgery (79 per cent vs 60 per cent. Sample: 42).
13. Satisfaction rates among Anaesthesia and Surgery trainees at Canberra Hospital were higher than the national average.
14. The only rotation to record a significant fall in satisfaction was O&G. Only 14 per cent would recommend their workplace as a place to train, compared with 46 per cent in 2022 (sample: 14). The DCT is working with the O&G education team to enhance the training experience for junior doctors and improve supports available to them in the workplace.
15. Numbers were too small at NCH to allow for subgroup analysis.

Medical Imaging Equipment Renewal Program

16. The Medical Imaging Equipment Renewal Program commenced mid-January 2024 to replace the: Positron Emission Tomography scanner, Single-photon Emission Computerised Tomography (SPECT/CT) scanner; and Gamma Camera.
17. The old SPECT/CT was removed mid-January 2024 and the room is being prepared for new installation to commence on 26 February 2024. Project is running to schedule.

Enterprise Bargaining

18. On 15 February 2024, the Australian Salaried Medical Officer Federation have tabled a revised pay claim in respect to the Medical Practitioner Enterprise Agreement. The claim seeks the translation of the one-off cost of living payment into a flat pay increase for all doctors below specialist level, with the \$1,750 flat increase scheduled for in January 2023 replaced with a 1.2 per cent increase across the board. The claim is currently being assessed by Chief Minister, Treasury and Economic Development Directorate.

Women Youth and Children

19. The new Director of Midwifery – Louise Keyes commenced on 19 February 2024. Louise brings significant professional skills and expertise to help progress the improvement journeys already started. This includes 30 years' experience as a nurse and midwife in both general hospital and tertiary hospital settings including various director roles.

North Canberra Hospital

20. Work to finalise a future Calvary Service Level Agreement continues and should be finalised by the end of March 2024. As an early indication, only MET services are likely to continue past the present financial year.
21. Surgical registrars will continue to attend Calvary Bruce Private Hospital and undertake procedures under consultant supervision as this ensures training opportunities.

Ward Support Officers

22. There have been a number of complaints made by Ward Support Officers related to the transfer of patients to and from CBPH.
23. Currently the transfer of patients to and from CBPH is covered in all Ward Support Officer Duty Statements and the current SLA between the Territory and CBPH.
24. There have been two occasions where Ward Support Officers have refused to transfer patients between the two facilities and the Executive Director responsible for the Ward Support Staff is addressing the situation with the relevant staff.

Responses to comments on briefs

25. Nil.

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Signatory Name: Janet Zagari

Phone: 48737

Action Officer: Ryan Murray

Phone: 42452

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

Tracking No.: MCHS24/143

Date: 01/03/2024**CC:** Dave Peffer, Chief Executive Officer**From:** Janet Zagari, Deputy Chief Executive Officer**Subject:** Canberra Health Services Weekly Brief – 26 February to 1 March 2024**Recommendation**

That you:

1. Note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Key Topics/Emerging IssuesHealth Access at Schools (HAAS)

1. HAAS Registered Nurses provide training to Learning Support Assistants in ACT Government Schools to enable them to undertake healthcare tasks for children with complex healthcare needs. For children with diabetes, this includes training on tasks such as insulin administration, blood glucose level monitoring and insulin pump management. Training does not currently include administration of Glucagon which is delivered by subcutaneous injection to respond to hypoglycaemia in some people with diabetes.

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2. Senior staff within the Division of Women Youth and Children (WYC), Canberra Health Services (CHS) met with the Education Directorate (EDU) on Thursday 22 February 2024 to discuss the outcome of an ACT Civil and Administrative Tribunal (ACAT) ruling relating to administration of Glucagon. Following the ruling, EDU is required to educate and train staff to administer Glucagon to students where this is part of their Diabetes Action Management Plan (DAMP).
3. WYC has agreed to provide generic training on administration of Glucagon to staff identified by EDU and planning is underway to implement.
4. CHS will support EDU with an immediate need for training for staff for two students (subject to ACAT matter) and work on a longer-term solution to deliver ongoing training as required for staff across schools (as needed to meet student health needs). This includes supporting EDU to update their Diabetes Management in Schools policy to enable administration of Glucagon.

Capacity / Code Yellow and Response

5. Capacity - Canberra Hospital has been experiencing the highest level of Emergency Department (ED) presentations since COVID lockdown bounce-back. Typically, February/March is the seasonal peak in demand, however this surge was earlier than usual and not sustained. 20-22 February 2024, saw 298, 285 and 290 presentations respectively, however, from 23-28 February 2024, the ED has been averaging 263 presentations, and inpatient capacity is returning to usual patterns. Canberra Hospital is currently at Capacity Escalation Amber due to flex bed utilisation.
6. A Code Yellow was activated on Tuesday 20 February 2024 due to capacity and acuity issues at Canberra Hospital which required an increase in demand for nursing and midwifery staff. This was stood down on Friday 23 February 2024.

Executive Recruitment

7. Pending formal recruitment, Katherine Wakefield is acting Executive Director WYC and Children following Suzanne Pilkington finishing with CHS last week. Helen Milne is acting Executive Branch Manager, Quality Safety Innovation and Improvement.
8. The Director of Pathology role is actively being recruited to.
9. Recruitment for the Canberra Hospital General Manager role continues.

North Canberra Hospital (NCH) and Clare Holland House Accreditation

10. NCH and Clare Holland House underwent short notice accreditation this week.
11. There have been daily feedback briefings scheduled with Executives and formalised feedback is expected in the coming weeks.

NCH Pathology and Tempus

12. You previously asked a question about whether the installation of the Tempus system in the Critical Services Building Emergency Department could be replicated at NCH.

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13. The Tempus functionality relies on a track automation system in the laboratory. Without this, there is no benefit over the current Lamson System (aka the 'chute').
14. There is no space in the NCH laboratory to accommodate a track system.
15. Tempus installation should be considered in the planning of the new Northside Hospital, if the implementation at Canberra Hospital demonstrates anticipated benefits.

Updates on Key Projects/Pieces of Work

Nil update.

Responses to comments on briefs

Nil update.

Signatory Name:	Janet Zagari	Phone:	48737
Action Officer:	Ryan Murray	Phone:	42452