

Our reference: **CHSFOI23-24.55**

[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 to be supplied with the most recent Critical Services Building fortnightly ministerial briefing.'*

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 one document holding the information within scope of your access application.

#### **Decisions**

I have decided to grant partial access to one document.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment A 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*.

#### **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 document is 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](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

A handwritten signature in black ink, appearing to read 'J. Zagari', with a stylized flourish at the end.

Janet Zagari  
**Deputy Chief Executive Officer**

04 June 2024

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

Tracking No.: MCHS24/246

**Date:** 19/04/2024**From:** Janet Zagari, Deputy Chief Executive Officer**Subject:** Critical Services Building Fortnightly Briefing**Critical Date:** 22/04/2024**Critical Reason:** Meeting is scheduled for this date**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 two-week period of 2 April – 21 April 2024.

**Issues**Pedestrian Access Through Reception

2. Pedestrian access through the new Reception is planned for week commencing 20 May 2024 to enable Multiplex to remediate the Building 2 temporary entrance.

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3. The north- western airlock will be opened from 7am to 9pm (the same as the current access into Building 2) with an intercom connected to the Security Operations Centre for out-of-hours access.
4. An internal hoarding will limit pedestrians to a direct pathway through to the Building 2 main foyer. This hoarding will be removed on 31 May 2024 at Practical Completion. A security officer will be positioned in the new Building 5 Reception over the weekend of 1 and 2 June, with the Reception officially opening on Monday 3 June 2024.
5. The sliding glass doors will be locked at the entrance to the Gallery Walk to prevent public access to Building 5. All CCTV cameras will be operational and monitored by the Security Operations Centre located in Building 1.
6. Canberra Health Services (CHS) will co-ordinate the notification to staff and consumers about this access change.

### Training Program

7. During the 90 day Go Live Readiness Assessment Workshop on 26 March 2024, areas were not confident about the process for Super Users, the time commitment required, and the training plan for non-Super User team members in preparation for Go Live of services in Building 5.
8. Further discussions have occurred with the Deputy Chief Executive Officer and Clinical Directors to determine how resourcing could best work to adequately cover the Training Program, whilst maintaining operational coverage of clinical rosters within Canberra Hospital. The advantages of this approach include:
  - a. Reduced impact to clinical rosters
  - b. Prioritisation of high-impact training modules to clinical staff
  - c. Increased support network of trainers through July and support post-go live in August.
9. Non-clinical Super Users are being sourced from Corporate Services.
10. The Super User training booking program is ready for publication and release. Sixty-six programs have been built to date, which are tailored to each area relocating. They include a Super User variant where additional training materials will be housed to support the Building 5 Super User cohort.
11. Vendor facilitated training is confirmed, it commences on 13 May 2024 and concludes on 24 May 2024.

### Site Access Plan

12. The 'Operational Commissioning Site Access Plan' has been endorsed by the Operational Commissioning Project Control Group which sets out the protocols for

authorised persons controlled access to Building 5, and the emergency response procedures during the 10-week operational commissioning program.

#### Imprest Storeroom Supply Strategy

13. Building 5 has 35 imprest storerooms. Campus Modernisation will stock and prepare 31 imprest storerooms in June 2024. Perioperative Services will prepare and install the supply to four sterile storerooms several weeks prior to go live.
14. The proposed supply management strategy is:
  - a. commence a reduced stock ordering list from 1 August 2024;
  - b. reduce the quantity of slow-moving stock by 50 per cent; and
  - c. stock Building 5 storerooms with 50 per cent of each item prior to go live.
  - d. Relocate residual stock from the existing storerooms the day after go live.  
Campus Modernisation will co-ordinate and manage the installation of this stock.

#### Philips Cardiac Catheterisation Laboratory Transfer Plan from Building 1

15. The Phillips Azurion 7 M12 PRO Cardiac Catheterisation equipment was approved in November 2023 to transfer from Building 1 to Building 5 as a two-staged plan. Stage 1 had the Phillips Azurion 7 M12 PRO decommissioned and relocated prior to go live. Stage 2 involved commissioning and testing of the laboratory post-go live.
16. This plan required a reduced service capacity with only one Cardiac Catheterisation Laboratory available in Building 1 for a period of four days. Further assessment of this plan raised risks with performance reliability issues with the existing Siemens Laboratory.
17. The Phillips Azurion 7 M12 PRO Cardiac Catheterisation Laboratory will be relocated and commissioned post go live, whilst the service operates from two Laboratories in Building 5 – (1) Large Cardiac Catheterisation Laboratory and (2) multi-functional Electrophysiology /Cardiac Catheterisation Laboratory.
18. MPC will facilitate the decommissioning, relocation and recommissioning of the Phillips Azurion 7 M12 PRO through the Multiplex and Philips contract. Likely timing of the commencement of these works will be after 21 August 2024.

#### Hospital Road Name Change

19. CHS team members provided 237 name suggestions to the Hospital Road survey that closed on 12 March 2024.

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20. Five names have been shortlisted and are being submitted to the “Place Names” Committee managed by Environment, Planning and Sustainable Development Directorate (EPSDD) to ensure that there are no duplicate uses of these names.
21. The names are:
  - a. Care Place
  - b. Wellness Place
  - c. Healing Place
  - d. Recovery Place
  - e. Compassion Place

### Pathology

22. Tempus 600 Pneumatic Tube installation in the Emergency Department has been confirmed to commence 20 May. The duration of the works program is not yet known.

### Pharmacy

23. Pharmacy has raised concerns over the Automatic Medication Cabinet (ADC) to bed ratio in the inpatient wards. The ADC vendor has confirmed that delivery of four additional ADCs can be fulfilled prior to go live. A location provisioned with power and data has been identified.

### ICT

24. Network switch incompatibility with some building systems has necessitated changeover of some networks switches. Work is underway by Digital Solution Division (DSD) to define the number of switches required to also accommodate transferring devices as some older equipment will also be incompatible with the new switches.
25. Capsule Tech - Good progress has been made on the capsule integration which links critical mobile medical equipment to the Digital Health Record (DHR) is being investigated by Multiplex. DSD will provide a resourcing solution on move day to support the transfer of ICU medical devices and connectivity to the capsule and data capture in DHR.
26. Paging - DSD has completed the procurement process for the paging system. Significant cabling infrastructure works are required on level 1, level 2, level 3, level 5 and level 8 plant rooms. The vendor can commence installation on 6 May 2024.
27. Mobile Duress – A contract has been signed with ASCOM. A program for the RTLS survey and device commissioning during operational commissioning is critical. The vendor is delayed with sourcing and procuring the upgraded servers. This represents a risk as the installation is required to be completed end of June.
28. Digital Operating Theatres - DSD and Multiplex are determining how patient images are exported from the Wilhelm system for the patient record. The same system has

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been installed in North Canberra Hospitals' (NCH) digital operating theatres with a file storage server which could be leveraged for Canberra Hospital.

29. Data Port Patching – DSD/DDTS are required to patch (commission) more data ports than anticipated and are planning for this.

### Recruitment

30. The international bulk recruitment has resulted in 93 nurses being offered a position across all Building 5 specialities at 17 April 2024. These nurses are currently at various stages of onboarding including reference checks, VISA nominations and submissions of required documents. There are more candidates pending virtual interview to fill remaining vacancies. Some areas are now fully recruited with additional applications being directed to NCH vacancies.
31. Phase 2 of the recruitment campaign is live with approximately 260 expressions of interest received for nursing and midwifery positions. 23 applicants have progressed to interviews through our general Registered Nurse Level 1 recruitment and 51 have been identified for the talent pool so far.
32. The dashboard for ongoing reporting has been finalised. See Attachment A – Building 5 (Tranche 1 & 2) and Attachment B – Other initiatives (Including expansion of MET and third Cardiac Cath Lab) for status as of 17 April 2024.
33. Recruitment under progress refers to recruitment with active advertisements, or advertisements recently closed and undergoing the recruitment process (shortlisting, interviewing, and candidate onboarding processes).
34. Recruiting to the MET profile has begun, with advertising and interviewing occurring across the Registered Nurse Level 2, Data Manager, Clinical Nurse Consultant and Advanced Practice Nurse positions.
35. Other successful applicants in various stages of onboarding include MI4 Cardiac Sonographer, MI5 Allied Health Manager, Cardiology Registered Medical Officer, and ED Senior Registered Medical Officers.
36. The staffing profile for the building 12 Obstetric Operating Rooms is being finalised.

### **Financial Implications**

37. Nil issues for the reporting period.

### **Consultation**

#### Internal

38. Nil issues for the reporting period.

#### Cross Directorate

39. Nil issues for the reporting period.



External

40. The Forum was held on 21 March 2024 with the presentation content focussed on closing out the feedback received on the Training and Orientation Plan; and the Helicopter test flight and clinical scenario.
41. No issues were raised during the reporting period.

**Work Health and Safety**

42. The Forum was held on 28 March 2024, the agenda focussed on:
  - training program milestone dates in May, June and July; and
  - helicopter test flight clinical scenario.
43. No issues were raised during the reporting period.

**Benefits/Sensitivities**

Aboriginal & Torres Strait Islander Welcome Lounge

44. Aboriginal and Torres Strait Islander Consumer Reference Group confirmed that the Welcome Lounge will not be opened as a service until completion of Stage 2 works. Aboriginal Liaison Officers (ALO) may use the office and meeting room occasionally once Stage 1 works are completed.
45. ALO team investigating transitioning 'Wamburrang' name once services go live post Stage 2 hand over.
46. A 5th delay has been declared by Multiplex. Current expected completion date was last April, potential revised date is unknown. CHS has recommended MPC set the handover date to early July 2024 to enable the prioritisation of all construction resources to complete Building 5 on 31 May 2024.

**Communications, media and engagement implications**

47. The external facing communications campaign commenced in April 2024 which provides information to the community about the enhanced services and how to access them. It includes above the line (paid) and below the line (non-paid) communication activities, as well as the guided tours that will take place in June 2024, enabling CHS team members, community members and stakeholders the opportunity to familiarise themselves with the facility.

Action Officer: Vanessa Brady

Phone: 