

[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 **Tuesday 16 August 2022**.

This application requested access to:

'A copy of the Ministerial Briefs with the titles outlined below (excluding all attachments to the briefs);

Reference	Subject Line
GBCHS22/124	<i>CHS 2021-22 Capital Works Program and Recurrent Initiatives Review – Stage 3</i>
MCHS22/112	<i>Email – Minister for Health – Passing of my Son</i>
MCHS22/172	<i>Initiated Brief: (Minister for Health) Freedom of Information (FOI) Application from (MLA) re Nurse Numbers, recruitment, and contracts (CHSFOI21-22.22)</i>
MCHS22/204	<i>Letter – Referral of correspondence received by Minister Greg Hunt to Minister for Health – Complaint re Care for Cancer and concerns re Communication on behalf of</i>
MCHS22/214	<i>Email – Minister for Health – Complaint re delay to surgery -</i>
MCHS22/236	<i>Email – Minister for Health – Complaint – Cancellation of Cardiac Appointment -</i>
MCHS22/237	<i>Letter – Minister for Health – Expression of concern and review options - - CAHMA -</i>
MCHS22/246	<i>Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (11 to 15 April 2022)</i>
MCHS22/251	<i>Initiated Brief: (Minister for Health) Extension of Funding for Encouraging More Clinical Trials in Australia</i>
MCHS22/258	<i>Request for Advice - Minister for Health - Overview dotties re: Dhulwa</i>
MCHS22/259	<i>Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (18 to 22 April 2022)</i>
MCHS22/261	<i>Initiated Advisory Note: (Minister for Health) Medical Negligence Claim – Judgement Outcome - v ACT</i>
MCHS22/267	<i>Meeting - Minister for Health - ACT Dermatology - Wednesday, 27 April 2022 (11am to 12pm)</i>
MCHS22/268	<i>Initiated Brief: Minister for Health - Variation proposal - Approved capital funding for Building 10 electrical upgrades</i>
MCHS22/277	<i>Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (25 to 29 April 2022)</i>
MCHS22/288	<i>Meeting - Minister for Health - Monday 9 May 2:00 3:00 pm</i>
MCHS22/292	<i>Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (2 to 6 May 2022)</i>

MCHS22/294	Meeting - Minister for Health - Australian Salaried Medical Officers' Federation (ASMOF) - Wednesday 4 May 2022
MCHS22/295	Initiated Brief (Minister for Health) Health System Capacity and Staffing Shortages
MCHS22/196	Email - Minister for Mental Health - Complaint re Bullying and Harassment in the Adult Mental Health Unit
MCHS22/280	Request for Advice: (Minister for Mental Health) Dhulwa Reviews

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 **Tuesday 13 September 2022**.

I have identified 21 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 six documents;
- grant partial access to five documents; and
- refuse access to ten documents.

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

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

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

Full Access

I have decided to grant full access to six documents at references 8-10, 17, 19 and 21.

Refuse Access

I have decided to refuse access to ten 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;
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest;
- Schedule 2, 2.1(a)(iv) ensure effective oversight of expenditure of public funds; and
- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

Public Interest Factors Favouring Non-Disclosure

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

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

- Schedule 2, Schedule 2.2 (a)(xv) prejudice the management function of an agency or the conduct of industrial relations by an agency;
- Schedule 2, Schedule 2.2 (b)(i) is personal information of a child and the disclosure of the information is reasonably considered not to be in the best interests of the child; and
- Schedule 2, Schedule 2.2 (b)(v) is about unsubstantiated allegations of misconduct or unlawful, negligent or improper conduct and disclosure of the information could prejudice the fair treatment of an individual.

Documents at references 1 and 14 are comprised of information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, it is taken to be contrary to the public interest to release. Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision).

Documents at references 2 and 4-7 have been identified containing 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. The information contained in these documents are comprised of personal information and also Health Records. Section 12 of the FOI Act outlines that this Act does not apply to information in a health record.

Document at reference 12 is comprised of information covered under Schedule 1.2, information that is subject to legal professional privilege and it is taken to be contrary to the public interest to release. This document also contains Health Records. Section 12 of the FOI Act outlines that this Act does not apply to information in a health record.

Document at reference 16 is comprised of personal information and personal health information of a child and the disclosure of the information is reasonably considered to be in the best interests of the child. The document also contains unsubstantiated allegations of misconduct and that are the subject of an ongoing investigation. The release of this information would prejudice the management function of an agency and the conduct of industrial relations by the agency. Given there were unsubstantiated allegations of misconduct, disclosure of the information could prejudice the fair treatment of an individual and I consider that the disclosure of this information is on balance, contrary to the public interest. This document also contains Health Records. Section 12 of the FOI Act outlines that this Act does not apply to information in a health record.

Document at reference 20 is comprised of personal information and information that may impede the management function of the agency with ongoing investigations. This document also contains Health Records. Section 12 of the FOI Act outlines that this Act does not apply to information in a health record.

I have given significant consideration to the factors favouring disclosure and I believe the factors favouring non-disclosure outweighed these of the information requested. Therefore, I have determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Partial Access

I have decided to grant partial access to five documents at references 3, 11, 13, 15 and 18 that have been identified containing 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. The information contained in this document is partially comprised of personal information.

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;
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest;
- Schedule 2, 2.1(a)(iv) ensure effective oversight of expenditure of public funds; and
- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

Public Interest Factors Favouring Non-Disclosure

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

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

Document at reference 11 also contains information covered under Schedule 1.2, information that is subject to legal professional privilege and it is taken to be contrary to the public interest to release.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the information would not provide any government information pertinent to your request. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

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

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

Ombudsman review

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

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

The ACT Ombudsman

GPO Box 442

CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au

Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

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

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
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
Canberra Health Services

13 September 2022



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
[REDACTED]	<i>'A copy of the Ministerial Briefs with the titles outlined (excluding all attachments to the briefs)'</i>	CHSFOI22-23.04

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
Minister for Health						
1.	1 - 4	GBCHS22/124 – CHS 2021-22 Capital Works Program and Recurrent Initiatives Review – Stage 3	28 April 2022	Refuse Release	Schedule 1.6 Cabinet	NO
2.	5	MCHS22/112 – Email – Minister for Health – Passing of my Son	26 April 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Personal & Health records	NO
3.	6 - 8	MCHS22/172 – Initiated Brief: (Minister for Health) Freedom of Information (FOI) Application from (MLA) re Nurse Numbers, recruitment, and contracts (CHSFOI21-22.22)	05 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Personal	YES

OFFICIAL

4.	9 - 10	MCHS22/204 – Letter – Referral of correspondence received by Minister Greg Hunt to Minister for Health – Complaint re Care for Cancer and concerns re Communication on behalf of	06 May 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Personal & Health records	NO
5.	11 - 12	MCHS22/214 – Email – Minister for Health – Complaint re delay to surgery -	02 May 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Personal & Health records	NO
6.	13 - 14	MCHS22/236 – Email – Minister for Health – Complaint – Cancellation of Cardiac Appointment -	26 April 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Personal & Health records	NO
7.	15 - 16	MCHS22/237 – Letter – Minister for Health – Expression of concern and review options - - CAHMA -	11 April 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Personal & Health records	NO
8.	17 - 19	MCHS22/246 – Initiated Brief: (Minister for Health) – Canberra Health Services Weekly Brief (11 to 15 April 2022)	14 April 2022	Full Release		YES
9.	20 - 22	MCHS22/251 – Initiated Brief: (Minister for Health) – Extension of Funding for Encouraging More Clinical Trials in Australia	21 April 2022	Full Release		YES
10.	23 - 25	MCHS22/258 – Request for Advice – Minister for Health – Overview dotties re: Dhulwa	14 April 2022	Full Release		YES
11.	26 - 27	MCHS22/259 – Initiated Brief: (Minister for Health) – Canberra Health Services Weekly Brief (18 to 22 April 2022)	21 April 2022	Partial Release	Schedule 1.2 Legal & Schedule 2, 2.2 (a)(ii) Personal	YES
12.	28	MCHS22/261 – Initiated Advisory Note: (Minister for Health) Medical Negligence Claim – Judgement Outcome - v ACT	14 April 2022	Refuse Release	Schedule 1.2 Legal & Health records	NO
13.	29 - 32	MCHS22/267 – Meeting – Minister for Health – ACT Dermatology – Wednesday, 27 April 2022 (11am to 12pm)	22 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Personal	YES
14.	33 - 36	MCHS22/268 – Initiated Brief: Minister for Health – Variation Proposal – Approved Capital Funding for Building 10 electrical upgrades	27 April 2022	Refuse Release	Schedule 1.6 Cabinet	NO

OFFICIAL

15.	37 - 40	MCHS22/277 – Initiated Brief: (Minister for Health) – Canberra Health Services Weekly Brief (25 to 29 April 2022)	27 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Personal	YES
16.	41 - 44	MCHS22/288 – Meeting – Minister for Health - - Monday 9 May 2:00 3:00 pm	06 May 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Personal, Schedule 2, 2.2 (a)(xv) management function, Schedule 2, 2.2 (b)(i) personal information of a child, Schedule 2, 2.2 (b)(v) unsubstantiated allegations & Health records	NO
17.	45 - 48	MCHS22/292 – Initiated Brief: (Minister for Health) – Canberra Health Services Weekly Brief (2 to 6 May 2022)	05 May 2022	Full Release		YES
18.	49 - 54	MCHS22/294 – Meeting – Minister for Health – Australian Salaried Medical Officers’ Federation (ASMOF) – Wednesday 4 May 2022	04 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Personal	YES
19.	55 - 58	MCHS22/295 – Initiated Brief (Minister for Health) Health System Capacity and Staffing Shortages	02 May 2022	Full Release		YES
Minister for Mental Health						
20.	59 - 60	MCHS22/196 – Email – Minister for Mental Health – Complaint re Bullying and Harassment in the Adult Mental Health Unit	19 April 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Personal, Schedule 2, 2.2 (a)(xv) management function & Health records	NO
21.	61 - 62	MCHS22/280 – Request for Advice: (Minister for Mental Health) Dhulwa Reviews	03 May 2022	Full Release		YES
Total Number of Documents						
21						

Canberra Health Services Directorate

UNCLASSIFIED

To: Minister for Health

Tracking No.: MCHS22/172 (CHSFOI21-22.22)

Date: 04/05/2022

From: Dave Pepper, Chief Executive Officer

Subject: Freedom of Information application from [REDACTED] (MLA) regarding nurse numbers, recruitment, and contracts

Critical Date: 04/05/2022

Critical Reason: FOI will be delivered to applicant on this day.

- CEO .../.../...
- DCEO/COO .../.../...

Recommendations

That you note Canberra Health Services' response at Attachment A.

Noted / Please Discuss

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

Minister's Office Feedback

UNCLASSIFIED

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Background

1. On Thursday 10 March 2022, [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the Canberra Health Services' (CHS) requesting:

'All documents/correspondence for the last 18 months to and from the Health Minister's office about nurse numbers, nurse shortages and nurse recruitment in the ACT. Also the number of FTE nurses in permanent employment as well as nurses on contracts and the length/nature of those contracts'

Issues

2. After conducting a search for all relevant documents, CHS identified 21 documents containing the information that meets the scope of the request.
3. The decision letter, schedule and accompanying documents released to [REDACTED] are provided at Attachment A.

Financial Implications

4. Processing fees are not applicable to this request.

ConsultationInternal

5. The Office of the Chief Executive Officer and the People and Culture Division were consulted in preparing the response to this FOI request.

Cross Directorate

6. The ACT Health Directorate also received this FOI request and is responding independently.

External

7. Third party consultation was undertaken with Australian Nursing & Midwifery Federation who responded with no objections to the release of the identified information provided to them.

Work Health and Safety

8. Not applicable.

Benefits/Sensitivities

9. As per the schedule in Attachment A, documents 7-11 and 40-41 have been released in full as they have been released in full under FOI previously.
10. Partial redactions have been made to the documents at Attachment A. The redacted information contains personal information such as personal email addresses and information that is not within the scope of the FOI request.

UNCLASSIFIED

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Communications, media and engagement implications

11. The CHS media team will support your office should any media issues arise.
12. The decision letter and accompanying documents in response to [REDACTED] FOI access application will be uploaded to the ACT Health Directorate Disclosure Log in accordance with the Act.

Signatory Name: Karen Grace Phone: 5124 1577
Executive Director
Nursing & Midwifery and Patient
Support Services

Action Officer: Karley Anderson Phone: 5124 7836
Executive Officer
Nursing & Midwifery and Patient
Support Services

Attachments

Attachment	Title
Attachment A	CHS Response

UNCLASSIFIED



Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/246

Date: 14/04/2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister’s Weekly Brief – 11-15 April 2022

Critical Date: 15/04/2022

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

That you:

1. Note the information contained in the Minister’s Weekly Brief – 11-15 April 2022.

Noted / Please Discuss

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

Minister’s Office Feedback

KEY TOPICS/EMERGING ISSUESKE

Endoscopy Wait List

GEHU AUDIT TEAM	Monday 11 April	Total
Patients Contacted	692	7830
Patients unable to be contacted	342	3263
Patients successfully contacted	350	4567
Patients Removed	29	1674
Procedures complete - 1 July 2021 to 31 March 2022		2781
Procedures complete - Financial Year 2020 - 2021		2725

Quarter 3 Elective Surgery Waitlist Report

The following table details the elective surgery waitlist predictions for the end of financial year (EOFY).

	Target	Q3 Result	YTD Target	Difference	Minimum EOFY Prediction
Canberra Health Services (CHS)	6,050	4,460	4,538	-78	5,947
Calvary Public Hospital Bruce (CPHB)	6,960	4,497	5,220	-723	6,296
Elective Joint Replacement Program (EJRP)	400	446	300	146	532 ^{#1}
Private Provider Program (PPP)	1,190	653	893	-240	951 ^{#1}
High Value Pool (HVP)	200	255	150	105	290 ^{#1}
Total	14,800	10,311	11,100	-789	14,016

Note #1. EJRP, PPP and HVP EOFY predictions are subject to change to ensure that elective surgery external operations remain within available budget.

ICU Expansion Project – Facility Issue

CHS commenced using the new ICU expansion building on 22 March 2022, however, ongoing facilities issues have been identified relating to the achievement and maintenance of negative air pressure levels required to safely accommodate positive COVID19 patients.

A Notice of Defect has been issued to Manteena, Head Contractor of the ICU Expansion Project, in relation to these facilities issue. CHS and Major Projects Canberra are working with Manteena to resolve the current issue quickly.

The solution to rectify the issue has been agreed with Manteena, however due to equipment lead time issues, final rectification works are not expected to be completed until mid-May 2022, subject to clinical operational constraints. In the interim, CHS will continue to utilise the new ICU expansion space for non COVID19 patients while preparations are made to implement the necessary infrastructure changes to avoid/minimise impact to clinical operations.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**Industrial Relations**

The CFMEU has withdrawn their secure workforce dispute in the Fair Work Commission regarding a range of facilities maintenance functions. Discussions continue between the line area and the union as to the way forward regarding those arrangements, including additional recruitment to existing vacancies. Existing outsourced contracts remain in place.

Signatory Name:	Colm Mooney Acting Deputy Chief Executive Officer	Phone:	5124 4680
Action Officer:	Josephine Smith Executive Branch Manager, Strategy and Governance	Phone:	5124 9564

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/251

Date: 11/04/2022

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

Subject: Extension of Funding for Encouraging More Clinical Trials in Australia

Critical Date: 15/04/2022

Critical Reason: To facilitate funding before the end of the 2021-22 financial year

Recommendations

That you:

1. Note the information contained in this brief;

Noted / Please Discuss

2. Sign the attached ACT Schedule (Attachment A); and

Signed / Not Signed / Please Discuss

3. Sign the attached letter to Minister Hunt MP (Attachment B).

Signed / Not Signed / Please Discuss

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

Minister's Office Feedback

Background

1. The Clinical Trials Program Reference Group (CTPRG) was established in 2015 to address issues around the enhancement of Australia's reputation as a destination for international clinical trials.
2. As part of its 2016 election commitments the Commonwealth Government committed \$7 million nationally to assist jurisdictions to implement sustainable reforms in the public health clinical trials sector through the *Encouraging More Clinical Trials in Australia* (EMCTIA) initiative.
3. In 2017 the ACT was awarded \$715,000 under the initial EMCTIA funding round. Following the 2018 development of the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS), EMCTIA funding was transferred from ACTHD to CHS. Activities associated with the program are carried out under the direction of Professor Walter Abhayaratna and the Clinical Trials Management Group (CTMG).

Issues

4. As part of its 2021/2022 budget commitments, the Commonwealth Government announced an extension of the EMCTIA initiative with a further \$6 million nationally.
5. The Commonwealth Department of Health has provided the ACT Schedule, at Attachment A, proposing the ACT receive \$600,000 over four years to continue its EMCTIA activities.
6. The ACT Schedule includes a commitment to participate in the consultation on, and development of, the national One Stop Shop (OSS) and Clinical Trials Front Door (CTFD) proposals. These activities form part of current work of the CTPRG, on which the ACT is represented by Professor Walter Abhayaratna.
7. The activities and milestones covered in the ACT Schedule have the built-in safeguard that development and uptake of the OSS and CTFD will be by agreement of the CTPRG on which all jurisdictions are represented.

Financial Implications

8. The ACT Schedule proposes payment to the ACT, via CHS, of \$600,000 over four years, ending 30 June 2025.
9. Payments of \$150,000 are made on an annual basis, during June, following submission of an annual progress report on the activities and milestones covered in the ACT Schedule.
10. The activities covered in the ACT Schedule form part of the usual activities of clinical trials staff and the CTMG.

ConsultationInternal

11. Walter Abhayaratna, Director of Clinical Trials, Canberra Health Services, agreed 2 March 2022

Cross Directorate

12. August Marchesi, Senior Director Ethics and Governance, ACT Health Directorate, agreed 2 March 2022

External

13. Not applicable.

Work Health and Safety

14. Not applicable.

Benefits/Sensitivities

15. The proposed funding will support the ongoing growth and development of clinical trials at CHS and nationally.
16. The commitment to the OSS and CTFD is mitigated by both projects being subject to agreement through the CTPRG at which all jurisdictions are represented.
17. Further assurance has been given on 2 March 2022, by Ms Terrie O'Brien, Director – Clinical Trials Policy and Evaluation Section with the Australian Government Department of Health, that both the OSS and CTFD are subject to CTPRG agreement.

Communications, media and engagement implications

18. Not applicable.

Signatory Name: Dave Peffer

Phone: 02 5124 4700

Action Officer: Walter Abhayaratna

Phone: 02 5124 4332

Attachments

Attachment	Title
Attachment A	ACT - EMCTIA - Signed Letter of Offer (Hunt) and ACT Schedule
Attachment B	Minister Stephen-Smith letter to Minister Hunt re Encouraging More Clinical Trials - 29 Mar 2022

ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/258	Occupational Violence at Dhulwa
Critical Date	14 April 2022
Chief Executive Officer	Dave Pepper /...../.....

Minister's question/s:

Provide an update on the Occupational Violence at Dhulwa Mental Health Unit (Dhulwa)

Canberra Health Services' response:

- On 8 March 2022 Canberra Health Services (CHS) received a s155 Notice from WorkSafe requesting video footage of 28 January – 3 March of occupational violence incidents – this information was provided by the due date. This was related to one consumer who had been the instigator of a number of occupational violence episodes during this period.
- The follow up meeting from this information is arranged for today 14 April 2022 at 2pm where the inspectors have asked to see the facility for familiarisation
- On Monday 11 April 2022 an HSR from Dhulwa and ANMF put on a cease work against and work related to this same consumer. CHS invited Worksafe to the premises to assist with resolution of this matter. Worksafe found there was no legislative basis for the cease work and it was an inappropriate action
- On Monday 11 April 2022 whilst Worksafe was at Dhulwa a serious occupational violence event occurred with a different consumer. This event related to the delivery of bad news by a staff specialist and resulted in four staff receiving minor injuries. As a result of this incident Worksafe issued a Prohibition Notice and an Improvement Notice on 12 April 2022.
- The wording of the Prohibition Notice was such that it could be interpreted in a way which may have led to greater staff safety risks and issues in the continuity of service and CHS, on the advice of the GSO, requested a review of the wording to more clearly express the intent of the Notice and the activities it was intending to prohibit. The notice was stayed for 24 hours and was reissued on 14 April 2022 with clearer direction. The wording of the Improvement Notice was also requested to be reviewed to provide more clarity. This notice was also stayed for 24 hours and changes were made and it became effective again on 14 April 2022 at 2pm.
- On Thursday 14 April 2022 CHS received a s155 notice requesting video footage in relation to the cease work incident and the serious incident from the 11 April 2022 and a series of documents relating to controls.

- Following the 8 March 2022 request a range of activities were undertaken to minimise risk as far as reasonably practicable. They are as follows:
 - A roster of senior and experienced clinicians from across MHJHADS has been established for DMHU. This additional support was put in place from the week of 14 February 2022 from Monday to Sunday, across both morning and evening shifts. From 21 February, senior management has been made available to the staff on Saturday and Sunday. This provides strong leadership, encouragement, and additional support for staff, to safely interact with consumers aligned to individual Behavioural Support Plans.
 - Environmental assessments have occurred in the physical environments where we care for high-risk consumers. All environmental risks requiring mitigations have been complete.
 - Scenario based training was provided to staff on 15 February 2022 and will continue to be available. This will provide staff with an opportunity to practice techniques and team-based working. Security will also join the team in this training. This aims to support the staff to feel confident in leading effective responses to incidents.
 - All staff at DMHU have now been advised that the Violence Prevention and Management (VPM) training techniques will continue to be in place until at least 80 per cent of staff have been trained in the OV methodology. We will clearly communicate this milestone to staff and the change in methodology once this occurs.
 - DMHU has 5 OV 'Train - the – Trainers' within the staff cohort, more than twice the trainers than any other area of CHS. We have also provided 8 hours of OV training per DMHU staff member, double of what is prescribed in the implementation of the new OV training.
 - People and Culture are working with MHJHADS to establish on site practical scenario based OV training to ensure the new methodology is well understood and implemented insitu. This will be led by the current OV trainers.
 - Staff debrief sessions will continue twice weekly, providing staff with an opportunity to raise any concerns and share key learnings from incidents.
 - The multi-disciplinary team are working together to focus on increasing the availability and accesses to structured activities and engagement in therapeutic group programs.
 - Progression of the implementation of Wardspersons in DMHU is occurring to provide additional support and situational security for staff and consumers. This has been a highly effective model in the Adult Mental Health Unit and will leverage from that model.
 - Guidance on the use of PPE under Clinical Health Emergency Coordination Centre (CHECC) advice 106 has being recirculated, this advice does allow the provision to remove PPE where mask wearing creates a risk to health and safety, and where clear enunciation or visibility of the mouth is essential.

- EAP Critical Incident debriefing was arranged, and staff encouraged to attend these sessions.
- Seated massage sessions have been arranged to support staff well-being and to assist in stress management.
- MHJHADS are working with P&C to roll out a series of role clarification workshops to empower staff to clearly understand their roles and responsibilities and resolve any clarification or role demarcation issues.
- A Senior Nurse has been allocated to focus on OV across MHJHADS for the next three months with a focus on DMHU. The role will support training, education, reporting, governance, coaching, mentoring and the development and implementation of new strategies to reduce OV.
- Following the 11 April incident it was agreed the actions which would be appropriate to address the Prohibition Notice were to
 - Inservice in dynamic risk assessment has commenced at Dhulwa today (14/04/22) under a two week pilot program as follows: A time out safety discussion - just as we do in theatre before surgery commences (because it's a high-risk activity), we pause for a moment, come together as a team and discuss the plan before commencing the activity. We'll do the same for any interaction with clients where there is a risk that someone could get hurt.
 - A new safety huddle following the completion of clinical handover - just as it's important to hand over the latest clinical information on our clients between shifts, it's critical we are sharing information and advice on any escalating behaviours or risks to team members coming onto shift, to ensure everyone is aware of the potential occupational violence risk.
- An action plan is being developed to determine milestone reporting and evidence checking by WorkSafe to allow lifting of the notices.
- GSO and CMTEDD Safety team are providing ongoing support

Noted / Please Discuss

.....

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

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

Signatory Name:	Kalena Smitham	Phone:	5124 9631
Action Officer:	Daniel Guthrie	Phone:	5124 9544



Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/259

Date: 21 April 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister’s Weekly Brief – 18-22 April 2022

Critical Date: 22/04/2022

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

That you:

1. Note the information contained in the Minister’s Weekly Brief – 18-22 April 2022.

Noted / Please Discuss

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

Minister’s Office Feedback

KEY TOPICS/EMERGING ISSUES

Endoscopy Wait List

The Endoscopy Wait List audit did not progress during the week of 11 April 2022. Unfortunately, six CHS staff members were in isolation due to COVID-19. This impacted the ability to complete the audit as staff were either in isolation or relocated to manage operational demand within the Unit.

██████████

Your office has previously been briefed in relation to a medical negligence claim made by ██████████ (MCHS22/84 and MCHS22/184). Most recently through an Advisory Note on the judgement handed down in favour of the Territory, with the plaintiff to pay costs. Recent discussions with the ACT Insurance Authority indicate the Territory will not be seeking to recovering costs.

██
██
██

CHS Disability Action and Inclusion Plan

CHS Disability Action and Inclusion Plan (DAIP) was presented to ACT Disability Reference Group (DRG) on 22 February 2022 for endorsement. DRG provided additional feedback to be incorporated before endorsement. A revised final draft was circulated out of session with DRG endorsement provided on 11 April 2022.

CHS DAIP was also presented to CHS Executive Committee, with some minor feedback received. This has been incorporated with the final DAIP submitted for approval. Once endorsed, CHS DAIP will be lodged with the Human Rights Commission and embedded in our 2022-2023 Corporate Plan and cascading divisional business plans.

CHS DAIP will be provided to your office once internally approved.

Signatory Name:	Colm Mooney Acting Deputy Chief Executive Officer	Phone: 5124 4680
Action Officer:	Josephine Smith Executive Branch Manager Strategy and Governance	Phone: 5124 9564

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/267

Date: 21/04/2022

From: Cathie O'Neill, Acting Chief Executive Officer

Subject: Meeting with [REDACTED] – ACT Dermatology

Critical Date: 26/04/2022

Critical Reason: Meeting is at 2pm on this day

Recommendation

That you:

1. Note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. [REDACTED] has emailed your office requesting an urgent meeting about the current state of the Dermatology Department (the Unit) at Canberra Health Services (CHS). The Division of Medicine anticipates this is regarding medical recruitment, with the inability of the service to manage the Dermatology needs of existing population of the ACT and surrounding region.
2. [REDACTED] has indicated the Australian College of Dermatologists (ACD), in conjunction with the Australian Medical Workforce Advisory Committee, has recommended 1.8 Dermatologists per 100,000 people is required to effectively meet the Dermatology needs of the general population. The Division of Medicine understands that a study was completed by the ACD which verified the recommended ratio to be implemented across Australia.
3. Currently, the Territory has 3.8 FTE of Dermatologists actively practicing, which does not meet demand. CHS employees a Staff Specialist at 0.15 FTE, with the three other Dermatologists engaged on Visiting Medical Officer (VMO) contracts. [REDACTED] estimates the needs of the population would be met at 8 FTE of Dermatologists. [REDACTED] has indicated there is a critical shortage of Dermatologists in the Territory, and this is expected to be exposed further when he retires. As above, [REDACTED] has indicated the community access to Dermatology is currently insufficient to meet demand, and this will be further exacerbated to unmanageable levels within the next two to four years.
4. As there is no succession or training plan to elevate the Dermatologist FTE in the Territory, [REDACTED] has reached out to your office to highlight this issue, and to develop a plan to ensure proper coverage of the growing population of the ACT and surrounding region. [REDACTED] is of the opinion, that suitable training and infrastructure development needs to occur immediately to ensure waiting times to access Dermatology Services do not increase further.
5. Division of Medicine has agreed to a small increase of Staff Specialist FTE following consultation with [REDACTED]. This is an increase of 0.4 FTE bringing the total to 0.55 FTE to only Staff Specialists practicing Dermatology at CHS, in addition to existing VMO commitments.
6. The Division of Medicine understands [REDACTED] is mostly concerned about the existing medical staffing and infrastructure for Dermatology. [REDACTED] believes CHS require further support from the ACT Government to meet the needs of the population.
7. As of 21 April 2022, there are 1048 patients on the Dermatology outpatient waiting list, with 969 waiting for an initial appointment.

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	CAT1	CAT2	CAT3	URG	Grand Total
	17	21	1		39
	30	9	1	1	41
	218	350	63	4	635
	18	179	47		244
Grand Total	283	559	112	5	959

Issues

8. The Unit does not currently have the infrastructure at CHS to support a substantial growth in medical FTE. If the Territory was to be supportive of additional recruitment, it is expected most of the Dermatologists would also need to practice privately. The current CHS infrastructure would not have suitable clinical and non-clinical space to meet the needs of the desired FTE levels of [REDACTED]. The Unit was briefly engaged during initial planning of the Critical Services Building consultation, but the service was advised it was not going to be captured in the initial expansion but should be when the Ambulatory expansion progresses.
9. The existing infrastructure also impacts the Unit's ability to bring in additional trainees. If there were additional Dermatologists, the Unit would be able to engage in the services of at least one additional trainee as the trainee would meet supervision requirements. However, the infrastructure at CHS would not meet the minimum requirements of the ACD to support an increase in trainee FTE.
10. Increases in any one speciality needs to be done in context of waiting lists across all specialities.

Financial Implications

11. The Unit is currently overbudget on medical FTE by approximately \$60,000. [REDACTED] has indicated his desire to increase FTE, and the Division of Medicine has indicated the most practical financial solution is for the existing VMO's to become Staff Specialists. However, this would result in a pay cut for the Dermatologists, but the Division of Medicine understands they would be prepared to do this to benefit the community. Although the Division of Medicine has agreed to an increase of 0.4 Staff Specialist FTE, it is anticipated this overspend will be offset by the underspend of other units within the Division.
12. In addition to the increase of medical FTE, it is expected that the budget for nursing, allied health, and administration support will also require elevation to support the needs of the medical staff and consumers.

Consultation

13. Nil response.

Work Health and Safety

14. Nil response.

Benefits/Sensitivities

15. An increase in occupied Dermatologist FTE, is expected to result in capacity for the service to treat additional patients which is anticipated to reduce outpatient waiting times.

Communications, media and engagement implications

16. Nil response.

Signatory Name: Jacqui Taylor

Phone: 5124 3603

Action Officer: Ryan Murray

Phone: 5124 9898



Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/277

Date: 28 April 2022

CC: Dave Pepper, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister’s Weekly Brief – 25-29 April 2022

Critical Date: 29/04/2022

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

That you:

1. Note the information contained in the Minister’s Weekly Brief – 25-29 April 2022.

Noted / Please Discuss

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

Minister’s Office Feedback

Empty box for Minister’s Office Feedback

KEY TOPICS/EMERGING ISSUES

Endoscopy Wait List

GEHU AUDIT TEAM	Monday 11 April	Total
Patients Contacted	243	8868
Patients unable to be contacted	114	3738
Patients successfully contacted	129	5130
Patients Removed	41	1747
Procedures complete - 1 July 2021 to 31 March 2022		2781
Procedures complete - Financial Year 2020 - 2021		2725

Update on Accreditation

The services of two external consultants have been engaged to assist in the preparation for the Organisation Wide Survey in June. These consultants are highly experienced health care professionals and are currently assessors with the Australian Council on Healthcare Standards (ACHS).

As part of the ongoing preliminary survey, the external assessors will join the team of internal assessors, ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) staff, onsite at CHS from 2 to 6 May 2022 to assess implementation gaps and risks for the Clinical Governance, Comprehensive Care, Preventing and Controlling Healthcare Associated Infections, and Recognising and Responding to Acute Deterioration Standards.

As previously mentioned, Blood Management will be assessed separately given the specialist nature of the requirement in the National Standards.

Preparation of the Organisation Wide Survey in June continues, and contact has been initiated with the lead assessors to advance planning.

Garran Surge Centre COVID-19 Clinic

The COVID-19 Clinic at Garran Surge Centre has treated 2126 presentations since its opening in January 2022 to close of business 26 April 2022. Presentation numbers fluctuate daily between 6 on 17 February 2022 and 49 on 26 April 2022.

Top presentations are COVID-19 related such as respiratory concerns, cough, or sore throat (over 80 per cent), with other infectious diseases, wound dressings and suture removal presentations also regularly treated.

Effective Thursday, 21 April 2022, the COVID-19 Clinic altered its opening hours from 7:30am to 10:00pm to 8:30am to 5:00pm. This change is to provide additional skilled senior nursing staff resources from the clinic to assist with staffing shortages across the ACT's Walk-in Centre network due to COVID-19 quarantine requirements or other personal leave arrangements. The change in operating hours was based on presentation time data, demonstrating a decline in demand after 5:00pm.

The COVID-19 Clinic is also undertaking work to expand its current patient criteria. This includes reviewing expansion of the age criteria to accept children between 12 – 24 months, and is currently being consulted on with stakeholders to inform the outcome.

UPDATES ON KEY PROJECTS/PIECES OF WORK

CHS is commencing a review of the Spiritual Support Services. The review will be conducted over 12 weeks for completion by 31 July 2022. It will examine the existing models of care, workforce structure, governance and consumer needs, and result in recommendations to improve consumers and staff access to evidence based spiritual care services.

A variety of key stakeholders will be consulted including the paid and volunteer workforce, CHS staff who engage with the service, the Spiritual Health Association, faith-based and other relevant community groups, and healthcare consumers.

CHS has partnered with the Spiritual Health Association to provide subject matter expertise and facilitate stakeholder consultations. Stakeholder consultation will be conducted in May 2022 through interviews, surveys and focus groups.

Consultation with Unions will occur, including updates at the quarterly Union Forum. A consultation paper and letter describing the review will be provided to CPSU and HSU in the week commencing 25 April 2022.

The review has been initiated due to the following reasons:

- The Spiritual Support Services are primarily provided by a volunteer workforce. The COVID-19 pandemic has had a substantial impact on this workforce and in the delivery of services, with cessation of volunteers working at CHS throughout the pandemic.
- CHS has not reviewed the service and model of care in more than 20 years. With publication of evidence based Professional Standards and best practice service delivery guides for Spiritual Support Services now available, CHS acknowledges the need to review the current models of care and ensure care is delivered in accordance with recognised best practice.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

Industrial Relations

CHS is the subject of two Fair Work Commission notifications regarding the suspension of four cardiologists pending further investigation of allegations of inappropriate behaviour. One of the disputes has been raised by BAL Lawyers [REDACTED], representing two of the suspended cardiologists. The other has been raised by ASMOF, citing a lack of consultation with remaining team members with respect to the impact on workloads and rosters.

The matters are listed for hearing in the week of 2 May 2022.

Signatory Name:	Colm Mooney Acting Deputy Chief Executive Officer	Phone:	5124 4680
Action Officer:	Josephine Smith Executive Branch Manager Strategy and Governance	Phone:	5124 9564

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/292

Date: 5 May 2022

CC: Dave Pepper, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 2 – 6 May 2022

Critical Date: 06/05/2022

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

That you note the information contained in the Minister's Weekly Brief – 2 – 6 May 2022.

Noted / Please Discuss

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

Minister's Office Feedback

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KEY TOPICS/EMERGING ISSUES

Hospital Demand and Staffing Shortages Update

As of 4 May 2022, two public patients have been transferred for care at National Capital. No other patients have been transferred. Despite ongoing pressures and willingness of the privates to accept patients, there have been a range of issues to work through with the medical staff on how they would bill for their time and their willingness to undertake additional care in the private hospital. Further communication and resolution to outstanding matters has occurred today and more patient transfers are expected to follow.

The emergency recall shift has been used on 11 occasions this week.

Endoscopy Wait List

GEHU AUDIT TEAM	Monday 2nd May	Total
Patients Contacted	70	8938
Patients Attempted to be contacted	20	3758
Patients successfully contacted	50	5180
Patients Removed [reason]	22	1769
Called Twice	17	561
Already Seen		116
Seen Elsewhere		260
Does not want/refused	4	569
Other	1	281
Patients booked into clinic		153
Patients booked for procedures		583
Letters Sent		1853
Waitlists Created		377

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Waitlists Reinstated		77
Needs RN Review	40	1148
Cat 3 RFAs provided to RN for review		61
Needs RN Review prior to booking - remain on WL	40	2456
Suspended		148
WL Suspension Added to Recalls		750

UPDATES ON KEY PROJECTS/PIECES OF WORK

BreastScreen ACT

- This information follows on from an update provided to you in the weekly brief of 7 February 2022 regarding breast screening numbers being below target.
- BreastScreen ACT screening numbers continue to be impacted by clients cancelling as a result of COVID-19 (positive cases or close contacts). On average, there are 40 non-attendances each week across the screening sites at Belconnen, Phillip and Civic. This has particularly impacted the Belconnen site. The most notable impact has occurred over the past two weeks which saw 60 non-attendances each week across the service.
- BreastScreen ACT radiographers, who have school aged children impacted by COVID-19 quarantine requirements, have also been significantly impacted by COVID-19, with two radiographers off each week for the past eight weeks. This has resulted in up to 60 clients being rebooked for screening across the service.
- In the lead up to the Easter public holiday period, the service was screening 450 to 500 clients per week. This has reduced over the past three weeks to 330 women screened per week due to public holidays. However, this will increase again from the week commencing 2 May 2022, to 450 to 500 clients booked for screening.
- The Civic BreastScreen ACT clinic is conducting late clinic times to increase accessibility for working women and to attempt to increase screening numbers.
- The mammography machine tender has been completed and the order for four new mammography machines will be placed in May 2022. We anticipate the new machines will be delivered late 2022, or early 2023. This unavoidable delay is as a result of delays to software availability for the machines.

Radiation Therapy Waiting Times

- There has been a small improvement in wait times for radiation therapy treatments since our last update.

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/294

Date: 03/05/2022

From: Dave Pepper, Chief Executive Officer

Subject: Meeting with ASMOF

Critical Date: 03/05/2022

Critical Reason: Brief required for meeting on 4 May 2022

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. On Friday 29 April, your office contacted Canberra Health Services (CHS) to request a briefing prior to your meeting with the Australian Salaried Medical Officers' Federation (ASMOF) on 4 May 2022. This brief provides information on matters which may be raised for discussion during this meeting.

Issues

Medical Practitioners Enterprise Agreement

2. Negotiations on a new Medical Practitioners Enterprise Agreement (MPEA) are scheduled to commence in detail in May 2022, with on-call/recall and other hours of work issues likely to be at the forefront.

3. As yet, no log of claims has been submitted by any of the bargaining parties, including ASMOF.
4. In the last round of bargaining, the parties agreed to establish a Joint Consultation Committee (JCC). The JCC is largely for oversight of outstanding reviews listed at Annex F of the MPEA.
5. Working groups are being established to complete these reviews. Membership of the review working groups has been settled, with Health system representatives and ASMOF participating on all groups while the Australian Medical Association (AMA) have elected to be involved in only two working groups. The parties are working together focusing on solutions and recommendations which will inform this round of bargaining.
6. The next JCC meeting on 3 May 2022 will consider / endorse the scope of work for each of the review working groups. Once this occurs, the two priority reviews will commence.

Cardiology – Fair Work Commission Hearing

7. ASMOF have lodged a dispute concerning the implications for working arrangements of the suspension of four cardiologists pending further investigation of allegations of misconduct. ASMOF's stated issue is not with the suspensions, but the failure to consult on the resultant impact on others' working arrangements.
8. This matter is due for hearing by the Fair Work Commission on Thursday 5 May.

Cardiology – Workforce Management

9. With the decision made to suspend four cardiologists, CHS is actively managing the workload of the suspended cardiologists and their specific waiting times.
10. The Cardiology unit had prepared a roster to cover for acute inpatient services and emergency cover, which had also considered the planned overseas leave of two cardiologists.
11. CHS had also started concurrent efforts to employ additional staff to help with the roster changes at short notice and has successfully employed several consultants on short-term locum contracts in the meantime.
12. More recently, two consultants have had to take urgent unplanned personal/sick leave, which has placed the unit under additional pressure with extra workload being shared by the remaining consultants. However, CHS has managed to obtain additional cover from two locum cardiologists at very short notice. These locums are providing some respite to remaining staff until those on leave can return to work.
13. The unit has also requested help from remaining staff who are willing to do additional days on the on-call roster depending on their availability.

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14. While it is expected that every staff member has some level of responsibility to respond and contribute to additional workloads, no Medical Officers are under compulsion to increase their days, and it is an entirely voluntary response.
15. While this could place additional pressure on those who volunteer in the short term, the ongoing roster will reflect that they have adequate relief between on calls (especially once we have more people on board).
16. Along with patient safety, staff wellbeing is our priority during this time and CHS is mindful of ensuring that adequate down time is provided to these staff between their on-call days. Staff members who are working extra hours are eligible to claim for reimbursement as per current EBA and are encouraged to do so.
17. In addition to the above arrangements, a recruitment process is also underway to employ additional cardiologists as soon as possible to relieve the pressure on current staff.
18. The risk of stress and injury to staff from an increased workload is being assessed concurrently given the very short notice, and all reasonable measures have been put in place to protect staff members and mitigate this risk.

Cardiology – Workload Management

19. With staff shortages occurring, priority has been given to provide urgent inpatient services, emergency services (including 24/7 primary PCI cover), urgent and Cat 1 procedural and outpatient cover. All steps are in place to continue to provide urgent cardiology patient care in a safe manner and this is one of our key priorities.
20. CHS have made arrangements with a Sydney hospital to divert complex electrophysiology work which we are not able to provide at present.
21. Clinic activity and elective work has been reduced to focus on more urgent services at present. Less urgent Cat 2 and 3 services will experience some delay until more staff have been recruited.
22. A communication has been released (via the CHS General Practitioner Liaison Unit) to General Practitioners regarding the current change in services.
23. Patients are also being informed about the unavailability of certain consultants for their procedures or consultation and they are given the option to be served by a different cardiologist.

Clinical v Non-Clinical Time

24. CHS is committed to ensuring the implementation of all employment conditions under the ACT Public Sector Medical Practitioners Enterprise Agreement 2021–2022 (MPEA), including allocated time for non-clinical work.

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25. Subclauses 23.3–23.6 of the MPEA provide for a general guide to expectations of clinical and non-clinical weighting for core clinical positions of 80% clinical and 20% non-clinical (the 80:20 split), depending on the specific role.
26. In June 2020, CHS conducted the first ever survey of Senior Medical Practitioner's (SMP) access to non-clinical work time. A variable proportion of SMPs at CHS were found to benefit from the 80:20 split under the MPEA.
27. Although the MPEA provides a default provision in the event there is no agreement, the overriding intent is for SMPs and their managers to reach agreement and agreement should not be withheld for the purpose of invoking the default provision.
28. In August 2021, CHS rolled out the *Clinical and Non-Clinical Work for Senior Medical Practitioners* MPEA Factsheet (Attachment A) to inform discussions between SMPs and their managers about SMP access to non-clinical work time.
29. In September 2021, the then Executive Director of Medical Services hosted two Webinar and Q+A Sessions to:
 - a. Meet with Clinical Directors and Medical Unit Directors to talk through what was being asked of the senior medical leadership, and
 - b. Meet with SMPs to talk through what was being asked of SMPs.
30. In April 2022, CHS circulated the first of four Quarterly Surveys to report on the arrangements in place for SMP access to non-clinical work time. The survey closed 31 April 2022.
31. CHS is developing a report on the First Quarter 2022 survey responses for tabling at the May meeting of the Clinical Directors Forum (CDF). The report will present a comparative analysis of June 2020 and First Quarter 2022 data sets. Data will be shared with the medical workforce.

Medical Education Expenses (MEE) / Teaching Education and Study Leave (TESL)

32. There was detailed discussion at the 30 March meeting of the CDF around MEE/TESL and the map of the process, and a new application form was tabled at the 27 April 2022 CDF.
33. CHS has developed a new PDF writable MEE/TESL Application Form (attached to a PDF writable ACT Government Application for Leave Form and an ACT Government Travel Form) that auto-populates common fields across all three forms to streamline the application process for SMPs.
34. The new form will be presented to the wider senior medical workforce at the May 2022 *Medical Officer Webinar and Q+A Session* (10 May), and uploaded onto the CHS SharePoint site.

35. The CHS HR Delegations Manual will be updated to change the delegation allowing Medical Unit Directors to sign-off on ACT Government leave and travel forms. The CEO remains the delegate for international travel.

Medical Engagement and Culture

36. The CHS Improving Medical Engagement and Culture Strategy (IMEC) is the vehicle through which CHS is improving medical workforce culture, communication and engagement. The strategic priority of the IMEC is the CHS strategic priority 'A great place to work'.
37. Results from the 2021 Workplace Culture Survey show the culture in CHS today is the best it has been since surveying began in 2005. However, while CHS is in a consolidation culture, there is a culture of blame for Medical Officers.
38. The 2021 Medical Officer results to the medical workforce at the February 2022 *Medical Officer Webinar and Q+A Session*.
39. There are currently four IMEC Priority Areas, drawn from CHS Medical Officer feedback:
- a. **Engagement** - We will promote a safe and collegiate workplace
 - b. **Communication** - We will improve communication with medical officers
 - c. **Decision-Making** - We will promote a medical voice in organisational decision-making and high-level committees
 - d. **Workload** - We will ensure equitable workloads and reduce administrative burdens
40. Feedback from several medical officers suggests the IMEC is effecting positive change in the engagement and culture of Medical Officers.

Financial Implications

41. Nil response.

Consultation

Internal

42. CHS People and Culture Group provided input to this brief regarding the MPEA and Cardiology matters.
43. CHS Division of Medicine provided input to this brief regarding Cardiology matters.

Cross Directorate

44. ACT Health Directorate (ACTHD) were consulted in preparing this meeting brief. ACTHD advised that they have nil input.

Work Health and Safety

45. Nil response.


Benefits/Sensitivities

46. Nil response.

Communications, media and engagement implications

47. The suspension of the four cardiologists has recently generated media coverage, however CHS does not currently anticipate further media coverage on this matter in the short term.

Signatory Name: Dr Ashwin Swaminathan Phone:
Ag Executive Director
Medical Services
Canberra Health Services

Action Officer: Eliza Beck Phone: 
Business Manager
Medical Services
Canberra Health Services

Attachments

Attachment	Title
Attachment A	<i>Clinical and Non-Clinical Work for Senior Medical Practitioners - MPEA Factsheet</i>

Canberra Health Services

To: Minister for Health

Tracking No.: [Click here to enter text.](#)

Date: 29/04/2022

From: Dave Pepper, Chief Executive Officer

Subject: Current COVID challenges and staffing pressures

Critical Date: Not applicable

Critical Reason: Not applicable

- CEO .../.../...

Recommendations

That you note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. Canberra Health Services (CHS) continues to experience high demand and significant staff shortages due to the impacts of COVID.

Issues

2. Calvary has agreed today to provide up to 10 beds each at Calvary John James and Calvary Bruce Private Hospital to accommodate public patients.
3. Canberra Private Hospital has also agreed to provide 6-8 beds with details to be confirmed later today.
4. CHECC is working with ACTHD on funding mechanisms that will underpin these actions.
5. This is a great example of the health system working together as one across the Territory.
6. The Clinical Health Emergency Coordination Centre (CHECC) will oversee the arrangements.
7. The first of the patients under this agreement will be transferred shortly. This arrangement will remain in place over the next six weeks and will be reviewed at that time with the potential for extension.

Other Strategies

8. CHS Executive are meeting daily to manage demand and staffing. The following actions have been implemented:
 - Clause 94 from the ACT Public Sector Nursing and Midwifery Enterprise Agreement 2020-2022 has been invoked. The following guidance has been sent to Directors of Nursing:

This is not automatic and can only be applied in the following circumstances:

- Staffing the shift in question is deemed to be a significant risk to staff and patient safety; and
- All other avenues have been exhausted.
- The individual to whom the emergency recall applies meets the following:
 - is willing to undertake the additional shifts (ie there is to be no pressure to work);
 - will not work unreasonable hours as a result of the recall shift in the current pay period;
 - has had adequate rest in the preceding week and is not recovering from a recent illness;
 - the additional shift will not contribute significantly to fatigue; and
 - will not have downstream consequences with regards to next rostered shift.
- Must be approved by the Commander (Chief Operating Officer in-hours / On-Call Commander After Hours).

- Additional theatre time has been rostered for both Saturday and Sunday to continue emergency cases and reduce bed days for patients waiting.
- All elective procedures (theatre, gastroenterology and others) are being tightly managed to reduce impact on staffing and beds.
- Evening and night duty shifts are being covered as a priority and indirect staff are being reallocated to daytime clinical shifts.
- Reminder to all teams that the COVID Workforce Response Plan is operational and each unit is to determine (in consultation with senior management), which strategies are required to manage their services safely.
- Hospital in the Home, Home Assessment Acute Response Team and other hospital diversion programs are increasing throughput.
- The ED triage desk has implemented scripting to provide information to patients about wait times and those with non-acute injury/illness about alternative treatment options.

Financial Implications

9. Funding will flow to the private hospitals from ACTHD following CHECC Orders provided to ACTHD.

Consultation

Internal

10. Not applicable

Cross Directorate

11. ACT Health Directorate

External

12. Calvary John James Hospital, Calvary Bruce Private Hospital and Canberra Private Hospital
13. Regular updates are being provided to unions, particularly the ANMF.

Work Health and Safety

14. Not applicable

Benefits/Sensitivities

15. Not applicable

Communications, media and engagement implications

16. Media talking points attached. Note these are pending approval by Calvary and ACT Health Media team.

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Signatory Name: Cathie O'Neill

Phone: 5124 3754

Action Officer: Cathie O'Neill

Phone: 5124 3754

Attachment

Attachment	Title
Attachment A	Media Talking Points

ADVISORY NOTE

Minister for Mental Health

TRIM Ref: MCHS22/280	Request for Advice Dhulwa Reviews
Critical Date	27 April 2022
Chief Executive Officer	Dave Pepper /.../....

Minister's question/s:

In preparation for meetings later next week, Minister Davidson has requested some further information on current and potential reviews at Dhulwa. We are aware that the Human Rights Commission commenced a review at Dhulwa in February 2021 (attached QTB). Could you provide a response to the following questions please:

1. Any updates from the HRC review of Dhulwa?
2. Expected date of completion and when the CHS may receive a report from the HRC?
3. Expected completion date of the ACT WorkSafe review of Dhulwa?
4. Any other plans for reviews of Dhulwa at this time?

Canberra Health Services' response:

1. The Division of Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) has not received any further updates from the Human Rights Commission (HRC) regarding their Commission-initiated consideration (CIC) of Dhulwa.
2. MHJHADS has sent an enquiry to the HRC seeking advice around expected date of completion and are still awaiting a response.
3. Nil advice has been received from Worksafe ACT regarding expected completion date for investigation into Dhulwa.
4. There are a number of initiatives underway:
 - a. An external review of the three incidents which occurred in the last fortnight. This will be undertaken by members of NSW Forensic Mental Health, supported by CHS and is expected commence week commencing 2 May.
 - b. A taskforce will be stood up chaired by ED MHJHADS to oversee all review activity and recommendation implementation to ensure a consistent streamlined and monitored approach. An invitation will be sent to ANMF to participate on this group.
 - c. Continuing to work with both Work Safe and HRC to ensure any recommendations from their respective reviews are managed.

- d. Awaiting further advice from your office regarding any additional review required. The view of CHS is that if anything further is required, it should be to develop a gap analysis and blueprint for ensuring contemporary best practice for forensic mental health in the ACT. Both NSW and Victorian providers have offered assistance should such a process be warranted. In addition, CHS would like to include a human factors expert.

Noted / Please Discuss

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**Emma Davidson MLA
Minister for Mental Health**

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Signatory Name: Katie McKenzie

Phone: 5124 1099

Action Officer: Jenna Kratzel

Phone: 5124 1099