

[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 **Friday 2 September 2022**.

This application requested access to:

'A copy of the Ministerial Briefs with the titles outlined below. I would like my request to include the selected question time briefs for that period as outlined below. (Excluding Duplicate documents as well as attachments);

Record number	Title
MCHS22/271	RECORDS & INFORMATION MANAGEMENT - Advice (N) - Initiated Brief: (Minister for Health) Freedom of Information (FOI) Application from re Documents relating to CHS Cardiology & ICU Reviews, and Riskmans Lodged (CHSFOI-21- 22.27-30)
MCHS22/284	PATIENT SERVICES ADMINISTRATION - Service Delivery - Minister for Health - Email - Women's Cancer in the ACT - Senator Katy Gallagher
MCHS22/303	PATIENT SERVICES ADMINISTRATION - Service Delivery - Email - Minister for Health - Complaint - Inadequate care/breach of duty of care Canberra Hospital relating to care of elderly mother
MCHS22/309	PATIENT SERVICES ADMINISTRATION - Service Delivery - Request for Advice - Minister for Health - Advisory Note - Imaging Costs for Patients
MCHS22/310	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (9 to 13 May 2022)
MCHS22/321	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) New Health Hubs – preferred site locations
MCHS22/325	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (16 to 20 May 2022)
MCHS22/330	PROPERTY EQUIPMENT & FLEET - Construction (N) - Capital works - Request for Advice - Minister for Health - Work with National Capital Private on Canberra Hospital Expansion
MCHS22/371	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (30 May to 3 June 2022)

MCHS22/385	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (6 to 10 June 2022)
MCHS22/311	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (9 to 13 May 2022)
MCHS22/316	RECORDS & INFORMATION MANAGEMENT - Advice (N) - Initiated Brief: (Minister for Mental Health) Freedom of Information (FOI) Application from re Subject Line Information regarding the position of VMO Psychiatrist (CHSFOI 21-22.34)
MCHS22/326	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (16 to 20 May 2022)
MCHS22/343	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (23 to 27 May 2022)
MCHS22/356	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) Dhulwa Mental Health Unit Independent Inquiry - Chair
MCHS22/372	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (30 May to 3 June 2022)
MCHS22/386	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (6 to 10 June 2022)

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 25 October 2022**.

I have identified **16 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. I have identified one document that is a health record for the purposes of the *Health Records (Privacy and Access) Act 1997*. The document identified as record number MCHS22/303 is directly related to correspondence to the ACT Health Minister regarding the treatment, health, illness, or disability of a consumer of CHS. Section 12 of the FOI Act specifies that the FOI Act does not apply to health records. This information has not been assessed in this response.

Decisions

I have decided to:

- grant full access to nine documents, and
- grant partial 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
- The views of relevant third parties, and
- The *Human Rights Act 2004*.

Full Access

I have decided to grant full access to nine documents at references 6, 8-10 and 12-16.

Partial Access

I have decided to grant partial access to seven documents at references 1- 5, 7 and 11.

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, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*, and
- Schedule 2, 2.2(a)(xi) prejudice trade secrets, business affairs or research of an agency or person.

Documents at references 1-4, 7 and 11 are partially comprised of information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act. The information is personal information such as ACT-Government employees' mobile numbers and of third parties that has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy.

Document at reference 5 is partially 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). This document also contains information regarding the business affairs of non-ACT Government entities.

On balance, the factors favouring disclosure did not outweigh the factors 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 and my decision 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 application 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


24 October 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
	<i>'A copy of the Ministerial Briefs with the titles outlined from 10 May 2022 to 10 June 2022. I would like my request to include the selected question time briefs for that period as outlined below. (Excluding Duplicate documents as well as attachments).'</i>	CHSFOI22-23.09

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
Minister for Health						
1.	1 – 4	MCHS22/271 – RECORDS & INFORMATION MANAGEMENT - Advice (N) - Initiated Brief: (Minister for Health) Freedom of Information (FOI) Application from re Documents relating to CHS Cardiology & ICU Reviews, and Riskmans Lodged (CHSFOI-21- 22.27-30)	31 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
2.	5 – 7	MCHS22/284 – PATIENT SERVICES ADMINISTRATION - Service Delivery - Minister for Health - Email - Women's Cancer in the ACT - Senator Katy Gallagher	26 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
3.	8 – 9	MCHS22/309 – PATIENT SERVICES ADMINISTRATION - Service Delivery - Request for Advice - Minister for Health - Advisory Note - Imaging Costs for Patients	13 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

4.	10 – 13	MCHS22/310 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (9 to 13 May 2022)	13 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
5.	14 – 17	MCHS22/321 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) New Health Hubs – preferred site locations	25 May 2022	Partial Release	Schedule 1.6 Cabinet & Schedule 2, 2.2 (a)(xi) Business affairs	YES
6.	18 – 22	MCHS22/325 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (16 to 20 May 2022)	23 May 2022	Full Release		YES
7.	23 – 26	MCHS22/330 – PROPERTY EQUIPMENT & FLEET - Construction (N) - Capital works - Request for Advice - Minister for Health -Work with National Capital Private on Canberra Hospital Expansion	08 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
8.	27 – 28	MCHS22/371 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (30 May to 3 June 2022)	03 June 2022	Full Release		YES
9.	29 – 32	MCHS22/385 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (6 to 10 June 2022)	09 June 2022	Full Release		YES
Minister for Mental Health						
10.	33 – 35	MCHS22/311 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (9 to 13 May 2022)	19 May 2022	Full Release		YES
11.	36 – 38	MCHS22/316 – RECORDS & INFORMATION MANAGEMENT - Advice (N) - Initiated Brief: (Minister for Mental Health) Freedom of Information (FOI) Application from re Subject Line Information regarding the position of VMO Psychiatrist (CHSFOI 21-22.34)	09 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
12.	39 – 41	MCHS22/326 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for	25 May 2022	Full Release		YES

		Mental Health) - Canberra Health Services Weekly Brief (16 to 20 May 2022)				
13.	42 – 45	MCHS22/343 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initied Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (23 to 27 May 2022)	25 May 2022	Full Release		YES
14.	46 – 48	MCHS22/356 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) Dhulwa Mental Health Unit Independent Inquiry - Chair	27 May 2022	Full Release		YES
15.	49 – 52	MCHS22/372 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (30 May to 3 June 2022)	03 June 2022	Full Release		YES
16.	53 – 56	MCHS22/386 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (6 to 10 June 2022)	09 June 2022	Full Release		YES
Total Number of Documents						
16						

Canberra Health Services Directorate

UNCLASSIFIED

To: Minister for Health

Tracking No.: MCHS22/271 (CHSFOI21-22.27, 28 & 29)

Date: 27 May 2022

From: Dave Pepper, Chief Executive Officer

Subject: Freedom of Information application from [REDACTED] (Other) regarding documents relating to CHS Cardiology & ICU Reviews, and Riskmans lodged

Critical Date: 23/05/2022

Critical Reason: FOI delivered to applicant on this day.

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

Recommendation

That you note Canberra Health Services' responses to an FOI request from [REDACTED] [REDACTED] at Attachment A – C.

Noted / Please Discuss

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

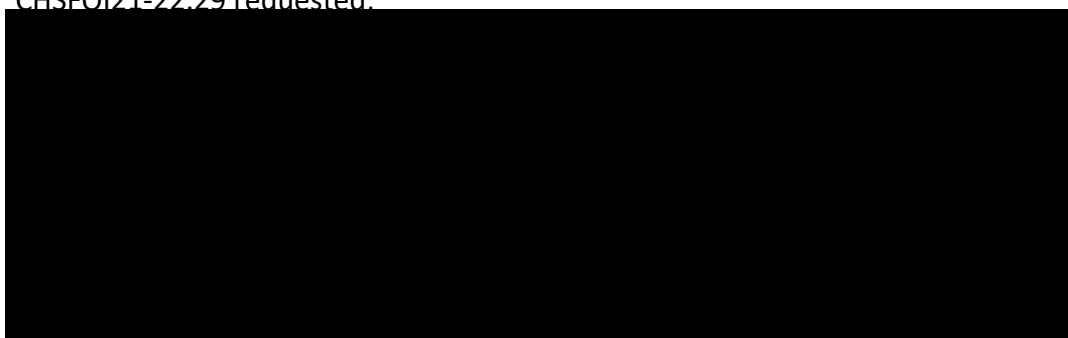
Minister's Office Feedback

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Background

1. On Wednesday 6 April 2022, [REDACTED] (Other) submitted three access applications under the *Freedom of Information Act 2016* (the Act) to Canberra Health Services (CHS).
 - i. CHSFOI21-22.27 requested;
[REDACTED] requests all documents relating to the two recent reviews into the Cardiology Division of Canberra Health Services. Specifically:
 - The Review conducted by [REDACTED] and [REDACTED] – final report.
 - All briefing notes, emails, correspondence and file notes related to and/or provided to the reviewer for the Preliminary Assessment Review conducted by Barbara Deegan.
 - The Preliminary Assessment Review conducted by Barbara Deegan – final report.
 - ii. CHSFOI21-22.28 requested;
[REDACTED] requests all documents relating to the review into the ICU Division of Canberra Health Services being conducted by Barbara Deegan. Specifically:
 - All briefing notes, emails, correspondence and file notes related to and/or provided to the reviewer for the ICU Review conducted by Barbara Deegan.
 - The ICU Review conducted by Barbara Deegan – final report.
 - iii. CHSFOI21-22.29 requested;

**Issues**

2. After conducting a search for all relevant documents, CHS has identified;
 - i. 33 documents containing the information that meets the scope of CHSFOI21-22.27 request regarding the Cardiology reviews;
 - ii. 29 documents containing the information that meets the scope of CHSFOI21-22.28 request regarding the ICU reviews; and
 - iii. [REDACTED]

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3. The decision letter and accompanying documents released to [REDACTED] are at Attachment A - C.

Financial Implications

4. Processing fees are not applicable to this request.

Consultation

Internal

5. Not applicable.

Cross Directorate

6. Not applicable.

External

7. Not applicable.

Work Health and Safety

8. Not applicable.

Benefits/Sensitivities

9. Partial redactions have been made for both CHSFOI21-22.27 and CHSFOI21-22.28. The information redacted contains personal information contrary to the public interest to disclose under the test set out in Section 17 of the Act and the reasoning has been explained to [REDACTED] in the final package provided to him.

10. [REDACTED]

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 applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name:	Kalena Smitham Executive Group Manager People and Culture	Phone:	5124 9631
Action Officer:	Jennifer Elsey Executive Officer People and Culture	Phone:	5124 9635

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Attachments

Attachment	Title
Attachment A	CHSFOI21-22.27 CHS Response
Attachment B	CHSFOI21-22.28 CHS Response
Attachment C	CHSFOI21-22.29 CHS Response

UNCLASSIFIED

ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/284	Women's Cancer Services in the ACT
Critical Date	Not applicable
Chief Executive Officer	Dave Pepper /...../.....

Canberra Health Services' advice:

One in 20 Australian women will have a diagnosis of a gynaecological cancer in their lifetime. The speciality of gynaecology oncology requires an additional three years of subspeciality training after attaining a FRANZCOG.

██████████ ██████████ Royal Hospital for Women (RHW), Randwick has written to political parties within ACT and surrounding NSW strongly advocating for an ACT based Gynaecological Oncology Service ██████████ has a long connection with the ACT and proposes an ACT based service would provide a gold standard of care for women which includes a multidisciplinary team of cancer specialists and health care workers.

Canberra Health Services (CHS) currently offers a Gynaecological Oncology service from Visiting Medical Officer, ██████████ RHW. The service is a fortnightly service, consisting of one theatre list in the morning and one outpatient clinic in the afternoon. CHS is actively working with RHW to discuss the challenges with the Gynaecology Oncology service not just at CHS but also at RHW with ██████████ impending retirement.

At present, CHS have no oversight of referrals to the service. Referrals and appointments are managed by administrative staff based at RHW.

It is the opinion of ██████████ former ██████████ RHW it would be inferior to provide a dedicated local gynaecological oncology service run by a single handed subspecialist gynaecological oncologist. The RANZCOG has determined that there should be one gynaecological oncologist per 500,000 head of population. In ██████████ opinion, *"Canberra could probably support one gynaecologist oncologist, but there is certainly not enough work for two, and it is very difficult, and undesirable, for gynaecological oncologists to work in isolation"*

Most new referrals to the service are from ACT and regional NSW and are seen in Canberra. In addition, most endometrial cancers are treated surgically in Canberra. More high risk/complex cases are operated in Sydney, as these patients require more intense postoperative care, and the relevant consultants need to be present to see them each day.

All radiation therapy is provided by CHS, except Brachytherapy for cervical cancer. This decision was made due to the volume of work not being sufficient to maintain their expertise. All chemotherapy is also provided by CHS.

CHS has undertaken a scoping study to understand the future service direction for the potential development of gynaecological oncology consultation services in the ACT, including:

Option 1 – Local Gynaecological Oncology Service, with Gynaecology Oncology Subspecialist. This option requires significant resourcing spanning across multiple divisions. In addition to Gynaecology Oncology Subspecialist: allied health, cancer support services, research nurse, theatre time, anaesthetic staff, inpatient beds with skilled nursing staff to care for very complex post-operative patients would be required. This option however would:

- minimise displacement for ACT women accessing treatment;
- provide localised consult capability and obstetrical and gynaecological support;
- streamline care with surgery and adjuvant therapy in one centre, in line with other cancer care in the ACT; and
- build research capabilities.

Option 2 – Engage with RHW to secure succession planning for [REDACTED] to continue current outreach service with RHW. This option has ongoing clinical risk unless the pathways for referral and exchange of clinical information are strengthened.

Option 3 – Cease RHW arrangement to provide outreach services to Canberra. CHS would provide diagnostic service and refer all malignancies to RHW for complete gynaecological Oncology service. This option reduces clinical risk, but has significant social impacts for the ACT community.

CHS are considering all options and working with key stakeholders as well as RHW to provide a safe and viable Gynaecological Oncology Service for women of the ACT and surrounding region.

Noted / Please Discuss

.....

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

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

UNCLASSIFIED

Signatory Name: Susan Freiberg
Action Officer: Samantha Lang

Phone: 5124 7389
Phone: 5124 7431

ADVISORY NOTE

Minister for Mental Health

TRIM Ref: MCHS22/309	Medical Imaging Services at the Canberra Hospital
Critical Date	
CEO	Dave Peffer /...../.....

Minister's question/s:

Please provide information on the following:

- Management of neuroendocrine cancer
- Canberra Hospital charges for a PET scan and why
- How does this compare to NSW (Queanbeyan) and other jurisdictions
- Are there any arrangements to cover these costs for patients
- What is the revenue if Canberra Hospital is charging for PET scans

Canberra Health Service response:

Management of Neuroendocrine cancer

Neuroendocrine tumours are considered to be rare tumours, with small numbers of patients presenting to the Canberra Region Cancer Centre.

Canberra Health Services Medical Oncology Department can manage the diagnosis (including DOTATATE PET Scans), referral for surgical interventions, somatostatin analogue therapy, targeted therapy, chemotherapy and followup of patients with neuroendocrine tumours. Patients are discussed at Gastrointestinal Cancer Multidisciplinary Team Meetings.

This query is likely to be with reference to Lutetium DOTATATE therapy, which is used when patients are no longer responding to somatostatin analogue therapy. It is also known as Peptide Receptor Radionuclide Therapy (PRRT) and is a highly specialised therapy that cannot be done by any hospital with a nuclear medicine department. It is restricted to tertiary referral hospitals with the necessary expertise.

There are two Sydney public hospitals that do this treatment; St George Hospital and Royal North Shore Hospital. They have Neuroendocrine Tumours Multidisciplinary Teams that discuss the suitability of this therapy for treatment. We do not have the patient caseload in the ACT, nor the necessary expertise to be able to provide such a service to patients locally.

Lutetium DOTATATE therapy is not subsidised on the Medicare Benefits Schedule and treatments at these two public hospitals are provided by NSW Health funding, which also covers patients from the ACT.

More information is available at [Attachment A](#).

PET Scans at Canberra Hospital

CHS only charges patients for PET scans if they do not meet the clinical indication requirements to have their scan subsidised by Medicare.

In 2021 CHS performed a total of 1062 PET scans, of which 779 were billable to Medicare.

While the majority of PET scans are subsidised by Medicare or performed as inpatient services, patients who do not meet the Medicare eligibility requirements are charged a fee of approximately \$500.00.

If necessary, patients who are charged this fee can request an exemption to have the fee written-off. This request is usually initiated by the treating clinician (on behalf of the patient). The Clinical Director of Medical Imaging at CHS holds the delegation to write off this fee on compassionate grounds.

There are no publicly-funded PET scanners in Queanbeyan or the surrounding areas. The closest PET scanners to Canberra are in Wagga Wagga and Wollongong. The PET scanners in these locations are all owned by private medical imaging companies which operate out of private hospitals.

CHS does not have specific details on the fees charged by these companies, but understands Wagga Wagga charges patients approximately \$953.00 for PET scans which aren't billable to Medicare.

Noted / Please Discuss

.....

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

.../.../...

Signatory Name: Ashwin Swaminathan
Action Officer: Eliza Beck

Phone: [Redacted]
Phone: [Redacted]

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/310

Date: 12 May 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 9 - 13 May 2022

Critical Date: 13/05/2022

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

DCEO .../.../...

Recommendations

That you note the information contained in the Minister's Weekly Brief – 9-13 May 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES**Endoscopy Wait List**

GEHU AUDIT TEAM	Monday 9th May	Total
Patients Contacted	297	9235
Patients Attempted to be contacted	107	3865
Patients successfully contacted	190	5370
Patients Removed [reason]	18	1787
Patients booked into clinic	6	159
Patients booked for procedures		583

OV Incidents and Worksafe Improvement Notices

Three significant incidents occurred at Dhulwa in April 2022:

- 11 April 2022 following attempted OV from a consumer and forceable giving of medication (nil injuries), ANMF attended Dhulwa with 'Entry Permit' and HSR directed a 'cease work' instruction under the WHS Act for Lomandra ward.
- 11 April 2022 assault of VMO by consumer (soft tissue facial injury).
- 22 April 2022 serious finger injury to Nurse when door was slammed shut by consumer.

WorkSafe ACT action:

- 14 April 2022 WorkSafe ACT placed three notices on CHS. A Prohibition notice and Improvement Notice to ensure appropriate controls for high-risk work and risk controls and safe work systems generally. A Section 155 Notice – Requirement to give information and provide documents – including CCTV recordings and documents in respect of the two incidents that occurred on 11 April 2022.
- Actions are in progress for the above notices.
- In addition to the above WorkSafe is conducting a separate investigation of the safety of staff at Dhulwa and the Minister has announced an independent inquiry will commence shortly (terms of reference to be developed).

Accreditation update

- As you are aware, the services of two external consultants have been engaged, in addition to support from the ACT Health Directorate, Quality and Safety Team and Chief Medical Officer, to assist in the preparation for the organisation wide assessment in June.

OFFICIAL

- As part of the ongoing preliminary assessment, the external consultants joined the team of internal assessors at Canberra Health Services (CHS) between 2-6 May 2022 to assess organisation wide readiness for accreditation, with a particular focus on Clinical Governance, Preventing and Controlling Infections and the Comprehensive Care Standard.
- Key findings from the preliminary assessment include some whole of organisation priorities as well as local issues.
- The CHS Executive team has received feedback following the onsite visit by the external consultants and an action plan has been developed to ensure areas are on track to address the issues raised.
- The National Standards Working Group will increase to meeting fortnightly to continue to monitor and coordinate all accreditation readiness activities and progress against issues identified during the preliminary assessment.
- Preparation for the organisation wide assessment in June continues, and contact has been initiated with the lead assessor to commence planning.

UPDATES ON KEY PROJECTS/PIECES OF WORK**Update on the review of CHS Missing Patient Procedure**

- In October 2021, you were briefed (MCHS21/988) about an incident of an absconding patient. In the following Ministers weekly meeting you requested an update on the review of the CHS Missing Patient Procedure and how this procedure is shared with staff.
- The CHS Missing Patient Procedure, which documents the processes all staff are to follow to manage the risk of a patient going missing, and how to respond when a patient is identified as missing, has been reviewed. Mental Health processes have been incorporated with a streamlined process included.
- The Procedure is being communicated to all CHS staff via CHS Check-up email, email to all Directors of Nursing and Assistant Directors of Nursing informing them of the update, and requesting it be communicated through line management to staff at team meetings. Targeted communication is being sent to managers of staff with direct responsibility in the procedure or most likely to refer to it, for example Emergency Department Staff, with a request that the update procedure be communicated at team meetings.
- We are also working with ACT Police to ensure their procedures are aligned and communicated with relevant staff.

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

- A Joint Consultative Committee meeting was held on 3 May to progress a range of reviews agreed under Annex F of the Medical Practitioners EA. Terms of reference for the reviews are currently being finalised.
- Joint investigation with ANU into alleged misconduct of [REDACTED] has commenced, with the investigation being conducted by former Fair Work Commissioner Barbara Deegan.
- The exchange of claims in relation to the Nursing and Midwifery and Medical Practitioners Enterprise Agreements are due to take occur later this month.

Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS22/321
Date:	11/05/2022	
From:	Colm Mooney, A/g Deputy Chief Executive Officer, Canberra Health Services	
Subject:	New Health Hubs – preferred site locations	
Critical Date:	Not applicable	
Critical Reason:	Not applicable	

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

Recommendations

That you:

1. Note the information contained in this brief; and

Noted / Please Discuss

2. Note the shortlisted site locations for the four new Health Hubs that will be subject to further due diligence and analysis before providing a final recommendation.

Noted / Please Discuss

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

Minister's Office Feedback

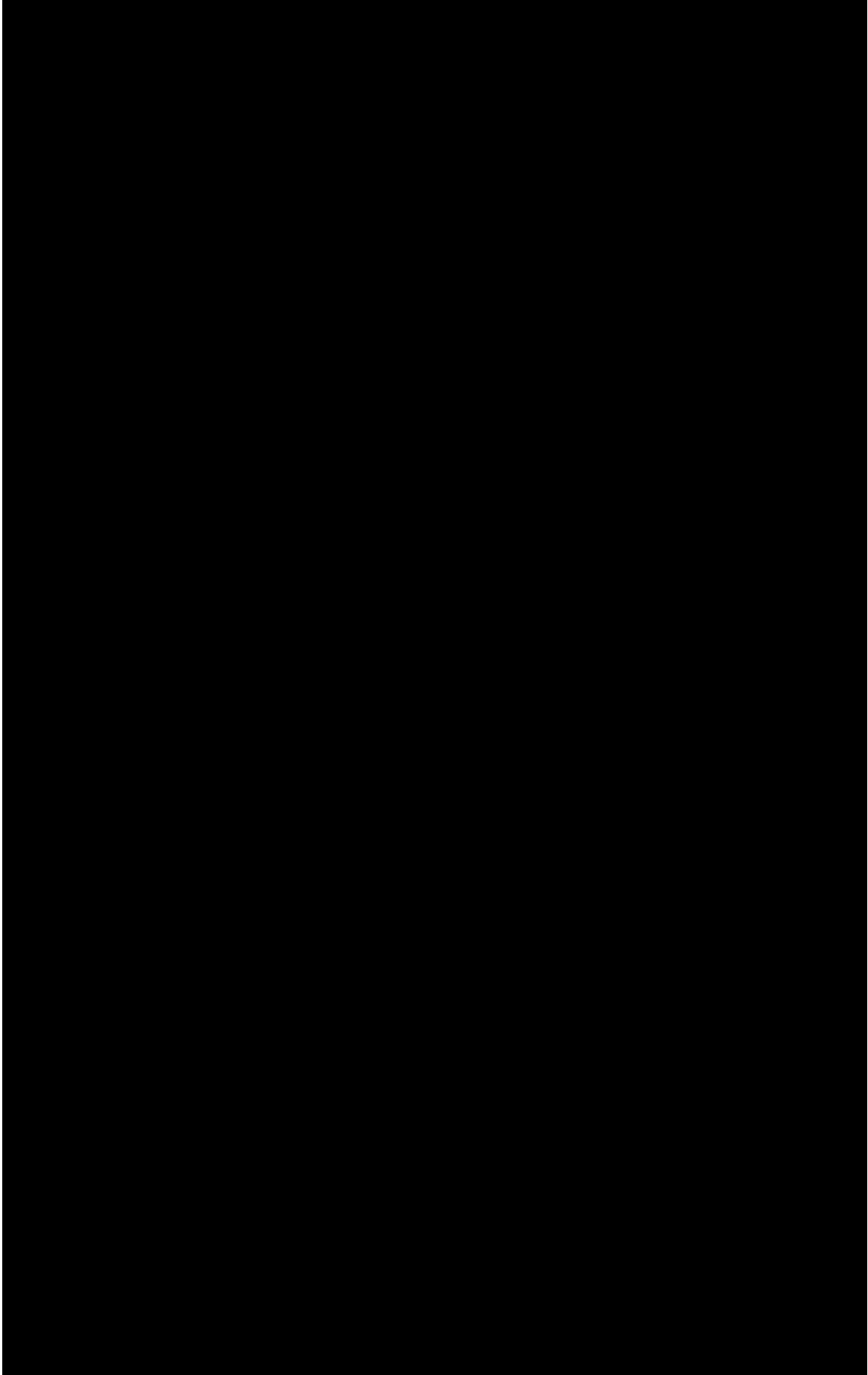
Background

1. The ACT Government has provided funding to complete a feasibility study on the establishment of four new Health Hubs across Canberra's suburbs offering community-based services that are closer to home and provide timely access to integrated multidisciplinary care. A previous Brief detailed the purpose, approach and key milestones of the Integrated Care / Health Hubs Feasibility Project (Refer MCHS22/152).
2. The feasibility study will include site assessments, options analysis, a feasibility study (including concept design and cost plan) for the preferred site options and a detailed business case.
3. Canberra Health Services (CHS) has engaged a consultant to undertake the feasibility study for the new Health Hubs, to be located in North Gungahlin, West Belconnen, the Inner South and South Tuggeranong.

Issues

4. The Consultant has completed a comprehensive market scan report identifying publicly available and off-market properties which may be purchased or leased for health facility use. The scan included ACT Government properties and sites included in the ACT Indicative Land Release Program.
5. Following the market scan, the consultant has undertaken a preliminary assessment of sites deemed suitable for further due diligence and analysis. The assessment considered relevant shortlisting criteria, including permitted land-use zoning, available property size / land area, distance to complementary health services, opportunities to co-locate with other government and community services, and ease of parking and public transport access.
6. A map summarising the sites that have been shortlisted for further due diligence and analysis, including the reasoning for the shortlisted sites, is shown in Attachment A. In addition, a summary of shortlisted sites in order of proposed delivery is provided below.

7. A summary of the shortlisted sites in proposed order of delivery is provided below:



Financial Implications

8. Nil.

Consultation

Internal

9. Infrastructure & Health Support Services, Chief Operating Officer, and Deputy Chief Executive Officer.

Cross Directorate

10. ACT Health Directorate (ACTHD), including Health Service Planning and Strategic Infrastructure areas, Major Projects Canberra, and Environment Planning and Sustainability Development Directorate.

External

11. A coordinated and deliberative consultation approach is being developed by CHS and ACTHD. This includes community and stakeholder engagement activities for the broader Integrated Care Program (including the Health Hubs), the Northside Clinical Services Plan and the Northside Hospital.

Work Health and Safety

12. Nil.

Benefits/Sensitivities

13. The consultant has identified there are limited available sites within the permitted land-use zones in the areas of inner South and South Tuggeranong.
14. There is a risk that stakeholder expectations of the Health Hub locations may not be aligned with the availability of sites across the four locations. Clear communication with key groups will help to manage this risk.

Communications, media and engagement implications

A crucial element of the Integrated Care Program is engagement with community and a range of stakeholders across health care. Targeted strategies are being planned for the Integrated Care Program that will be coordinated with Northside community consultation sessions for associated health projects.

Signatory Name: Colm Mooney Phone: 02 5124 8737

Action Officer: Dave Gilbert Phone: 02 5124 7791

Attachments

Attachment	Title
Attachment A	Preliminary Site Analysis and Preferred Sites for new Health Hubs

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/325

Date: 19 May 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 16 - 20 May 2022

Critical Date: 20/05/2022

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

DCEO .../.../...

Recommendations

That you note the information contained in the Minister's Weekly Brief – 16 - 20 May 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

Endoscopy Wait List

	Monday 16th May	Total
	153	9941
Patients Attempted to be contacted	54	4191
Patients successfully contacted	99	5750
Patients Removed	51	2011
Patients booked into clinic	6	203
Patients booked for procedures		690
Letters Sent	66	2273
Waitlists Created	1	513
Waitlists Reinstated	1	83
Needs RN Review	89	1415
Cat 3 RFAs provided to RN for review	2	64
Needs RN Review prior to booking - remain on WL	87	2772
Suspended	11	176
WL Suspension Added to Recalls		778

OV Incidents and Worksafe Improvement Notices

Occupational Violence (OV) staff incident reports – total for CHS:

Financial Year	Physical OV Incidents	Verbal OV Incidents	OV Other Incidents*	Total OV Incidents
2021/22 FYTD	578	434	21	1033
2020/21 FY	734	369	37	1140
2019/20 FY	744	331	9	1084

*OV 'other' includes the following types of incidents:

- Staff witnessing violence between consumers / patients / in community
- Staff receiving an email / letter with aggressive content / threats
- Staff member named in social media content – defamatory, threats etc
- Staff member reports vehicle damage / vandalism / property damage (where no direct effect on staff)
- Identification of a prohibited item (i.e. weapon, knife, syringe) but no recorded threat to staff

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OV staff incident reports by month - 2021/22 Financial Year to date:

Type	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Physical OV	53	53	53	48	33	40	44	109	61	50	34	-
Verbal OV	43	55	47	37	34	37	31	43	46	38	23	-
Other OV	3	1	3	2	4	3	0	1	2	0	2	-
Total OV	99	109	103	87	71	80	75	153	109	88	59	-

Work areas with highest number of OV staff incident reports 2021/22 FYTD:

Work Area	OV staff incident reports
Adult Mental Health Unit	156
Dhulwa	102
Ward 11A (Acute Care of the Elderly)	62
Emergency Department	56

Dhulwa WorkSafe Notices and other actions

Three significant incidents occurred at Dhulwa in April 2022:

- 11 April 2022 - following attempted OV from a consumer and forceable giving of medication (nil injuries), ANMF attended Dhulwa with 'Entry Permit' and HSR directed a 'cease work' instruction under the WHS Act for Lomandra ward
- 11 April 2022 – serious assault of VMO by consumer (soft tissue facial injury)
- 15 April 2022 - serious finger injury to Nurse when door was slammed shut by consumer.

On 14 April 2022, WorkSafe placed three notices on CHS relating to the incidents that occurred on 11 April 2022 outlined above:

- Prohibition notice - to ensure appropriate controls for high-risk work that may involve occupational violence (OV).
- Improvement Notice - to review and revise all controls relating to OV to ensure safe work systems.
- Section 155 Notice – Requirement to give information and provide documents – including CCTV recordings and documents in respect of the two incidents that occurred on 11 April 2022. Information has been provided as requested to date.

Actions commenced in response to Prohibition Notice include:

- Introduction of 'safety huddles' at the start of each shift to identify risks to safety.
- Introduction of dynamic ISBAR tool (Introduction, Situation, Background Assessment, Recommendations) used in multidisciplinary team huddles to discuss and prepare planned interventions to maintain safety.

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- Review and update of consumer's behaviour support plans. These provide a brief overview of behavioural and cognitive interventions that focus on positive reinforcement and reduced occupational violence.

Agreed, and in progress actions in response to Improvement Notice:

- Development of an Improvement Notice Action Plan to be circulated to staff, unions and stakeholders for consultation by 25 May 2022.
- External support and expertise sought from NSW Health. Malabar Forensic Hospital has provided two key staff to provide professional oversight and support to CHS. A visit to Dhulwa is planned for 19 May 2022 to meet with HSRs and review the unit.
- Appointment of an Executive Branch Manager for additional leadership to coordinate the work relating to WorkSafe ACT Notices and the upcoming Inquiry announced by the Minister.
- Provision of fortnightly updates to WorkSafe ACT on progress under the Action Plan.

Other WorkSafe actions and potential Notices / action

A WorkSafe Inspector visited Canberra Hospital Emergency Department on 9 May and 10 May 2022. This was in response to issues being raised to WorkSafe by staff from ED, ICU and Perioperative services relating to staff shortages. The Inspector met with executive, senior management, and employee representatives with a specific focus on psychosocial related risks e.g., fatigue, stress, work overload, caused by staff shortages.

CHS is expecting to receive an improvement notice or notices in relation to the need to address the risks relating to staff shortages using a systematic risk management approach that includes appropriate consultation and communication with employees.

Elective Surgery performance update

Current modelling indicates that it is likely that less than 14,016 (updated 2021/22 target) elective surgeries will be performed this financial year due to continued demand pressures in Canberra Hospital and Calvary Public Hospital Bruce.

Outsourced elective surgery numbers are holding relatively steady, however, case mix is skewed towards greater number of Category 1 High Value Pool procedures resulting in higher costs. Territory Wide Surgical Services is working with CHS Finance and Business Information team to manage current predicted activity in outsourced elective surgery activity whilst balancing elective surgery bookings in June 2022.

UPDATES ON KEY PROJECTS/PIECES OF WORK**ICU**

The head contractor responsible for the completion of the ICU Expansion project has not been able to achieve the negative pressure environment under their contract.

Major Projects Canberra, working in close collaboration with CHS, has engaged a new contractor, SHAPE to complete the works to achieve the required negative pressure environment.

Subject to final design details, supply chain issues and clinical constraints the required works are anticipated to be completed by the end of June 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

ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/330	CHS Work with National Capital Private on Canberra Hospital Expansion
Critical Date	Not applicable
Chief Executive Officer	Dave Peffer /./.

Minister's question/s:

Can CHS please provide an update on work with National Capital Private Hospital (NCAP) regarding the Critical Services Building (CSB) and the working group that has been established to manage any impacts following the meeting on 19 May.

Canberra Health Service response:

1. CHS collaborated with Healthscope to draft the Terms of Reference for the Working Group, which set a fortnightly meeting frequency for an initial period of two months to progress and resolve the agenda items.
2. Membership to the Working Group included senior representatives from Healthscope, Major Projects Canberra (MPC), ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).
3. The Working Group was planned to be initiated in August 2021, however due to the change in status of the COVID-19 pandemic within the ACT, the Working Group was suspended. The first meeting occurred on 23 September 2021 (refer to MCHS21/803).
4. The meeting series concluded on 13 December 2021. Five meetings were held during this period. Key issues addressed through the meeting series are summarised below.
5. CSB Development Application (DA) Issues
 - a. Healthscope provided a written response to the CSB Development Application (DA) on 18 June 2021.
 - b. MPC provided a written response to Healthscope on 21 October 2021 to the issues raised.
6. Communication Protocols
 - a. The Working Group resolved the communication protocols for planned service disruptions, site access and construction impacts with Healthscope.
 - b. Reoccurring fortnightly meetings are established with Multiplex and Healthscope to manage site issues and impacts to NATCAP.

7. Car Parking:
 - a. The CSB construction site closed the NATCAP car park which removed 80 spaces from staff and patient use.
 - b. A variety of car parking strategies have been deployed across the Campus which has reorientated staff parking to Yamba Drive car parks, the former CIT site, and upper levels of the multi-storey car park for afternoon and night shift staff.
 - c. The Multi-Storey car park has increased the availability and access for public parking on levels 1, 2, 3 and 4.
 - d. Car parking at the Northern end of the Campus is a challenge and will be impeded until the development phases of the Master Plan are implemented.
 - e. CHS has encouraged NATCAP to promote the Canberra Hospital Courtesy Bus service for patients.
8. Hospital Road closure:
 - a. Hospital Road is planned to permanently close through traffic on 31 May 2022 to enable the construction of the CSB logistics tunnel, Welcome Hall, and level 3 clinical link structure connections into Building 2. The main entry into Building 2 from Hospital Road will also be closed.
 - b. The pedestrian redirection pathway through Building 2 was agreed through the Working Group, including the scope of the temporary wayfinding signage.
9. Hospital Road North:
 - a. The CSB will deliver a Northern Plaza which is a paved pedestrian zone in front of Building 4 and the Welcome Hall. Only emergency vehicles and the Building 1 generator diesel fuel truck will be able to access this Plaza.
 - b. All other traffic will be required to terminate at the intersection of Hospital Road and the laneway to exit on Hospital Road to Gilmore Crescent.
 - c. The laneway provides vehicle access the NATCAP staff car park and new short-term restricted car parks for CSB medical staff.
 - d. Two traffic management design options were presented to Healthscope for approval through the Working Group:
 - i. Option 1 provided two roundabouts. The first roundabout was positioned at the Hospital Road intersection and the second was positioned at the eastern end of the laneway to support traffic flow in and out of the NATCAP and CSB car parks. The Hospital Road roundabout encroached into the NATCAP lease boundary. Healthscope did not accept the consequence of the site boundary reduction and this option was discounted.
 - ii. Option 2 provides a right-hand turn at the base of the Northern Plaza which enables vehicles exiting the NATCAP covered drop off to perform a right-hand turn to exit on Hospital Road. A roundabout is positioned at the eastern end of the laneway to support traffic flow in and out of the NATCAP and CSB car parks. This option was preferred by Healthscope.

- e. Three set down spaces will be provided in the laneway next to Building 4, to support NATCAP patient drop off/pick up.
 - f. A loading bay will be provisioned in the laneway adjacent to NATCAP for service delivery vehicles.
10. NATCAP link connection to CSB:
- a. An enclosed pathway from NATCAP to the CSB is provisioned. An existing link bridge connects NATCAP to Building 1 at level 3 which allows access to CSB via the new clinical link bridge connection to Building 2. the CSB.
 - b. CHS facilitated a design presentation to Healthscope on 21 November 2021 on the internal floor playout plans to review potential connection options. NATCAP has responsibility for the design and associated costs to provision a direct link connection between NATCAP and the CSB, if desired.
 - c. The CSB has been designed with future provisioning for a connection point into the level 3 clinical link.
 - d. ACTHD has committed to consult with Healthscope on the development design options for Building 4, which will replace the existing Australian National University Medical School (Building 4) with a new inpatient building, which may offer opportunities for connectivity to both NATCAP and the CSB.
11. Healthscope has recently requested that the Working Group recommence to address several emerging issues, including:
- a. Site fire egress
 - b. Gas bottle/emergency generator access
 - c. Plan for road damage between NCPH and Building 4
 - d. Tradesperson parking issues
 - e. Update on CSB project timelines
 - f. Details on roundabout at the end of lane and drop off bays
 - g. Next stage of work
 - h. Car parking plan
12. The next Working Group will be established to occur in early June 2022.

Noted / Please Discuss

.....

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

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

UNCLASSIFIED

Signatory Name: Chris Tarbuck, Acting Executive Group Manager, Infrastructure & Health Support Services Phone: [REDACTED]

Action Officer: Vanessa Brady, Program Director, Campus Modernisation Phone: [REDACTED]

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/371

Date: 2 June 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 30 May to 3 June 2022

Critical Date: 03/06/2022

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

DCEO .../.../...

Recommendations

That you note the information contained in the Minister's Weekly Brief – 30 May to 3 June 2022.

Noted / Please Discuss

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

Minister's Office Feedback

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KEY TOPICS/EMERGING ISSUES**Endoscopy Wait List**

GEHU AUDIT TEAM	Tuesday 31 May	Total
Patients Contacted	208	10,340
Patients unable to be contacted	97	4,372
Patients successfully contacted	111	5,968
Patients Removed	58	2,077

Dhulwa WorkSafe Notices and other actions

The Canberra Health Services (CHS) Work Health Safety – DHULWA Occupational Violence Staff Incident report for the week commencing 23 May 2022 is at [Attachment A](#) for noting.

UPDATES ON KEY PROJECTS/PIECES OF WORK**Industrial Relations**

A new Medical Practitioners Enterprise Agreement is about to commence, with claims exchanged and an initial meeting scheduled for 31 May 2022.

Claims made on behalf of staff vary little from those made in the previous round and focus mainly on working hours and on-call/recall for senior staff.

Signatory Name: Colm Mooney Phone: 5124 4680
Acting Deputy Chief Executive Officer

Action Officer: Josephine Smith Phone: 5124 9564
Executive Branch Manager
Strategy and Governance

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/385

Date: 9 June 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 6 – 10 June 2022

Critical Date: 10/06/2022

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

DCEO .../.../...

Recommendations

That you note the information contained in the Minister's Weekly Brief – 6 – 10 June 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES**Endoscopy Wait List**

GEHU AUDIT TEAM	Monday 6 June 2022	Total
Patients contacted	50	10390
Patients unable to be contacted	22	4394
Patients successfully contacted	28	5996
Patients Removed from waiting list	83	2229

Dhulwa OV Incidents and WorkSafe Improvement Notices

A draft action plan detailing safety improvement activity is almost complete and is expected to be sent for consultation in the next week with feedback invited from staff and unions. Once finalised, this plan will be a key document used by WorkSafe to measure progress against the Improvement Notice and the Prohibition Notice.

Dhulwa Occupational Violence Staff Incident Report – FY2021-22 – as at 7 June 2022

Refer to attached report.

*OV 'other' includes the following types of incidents:

- Staff witnessing violence between consumers/patients/in community
- Staff receiving an email/letter with aggressive content/threats
- Staff member named in social media content – defamatory, threats etc
- Staff member reports vehicle damage/vandalism/property damage (where no direct effect on staff)
- Identification of a prohibited item (i.e., weapon, knife, syringe) but no recorded threat to staff.

Callum Offices expected WorkSafe Improvement Notice or Notices

WorkSafe visited Child and Adolescent Mental Health Services (CAMHS) at Callum Offices in response to anonymous concerns raised by staff regarding risks to staff and consumers by this building.

Issues identified by the WorkSafe Inspector include consumers accessing several locations of significant height and risks of self-harm or misadventure causing serious injury or worse. Other issues were also discussed including confidentiality of discussion and access to disability toilet. One or more Improvement Notices are expected to be issued to Canberra Health Services (CHS) regarding the above.

Emergency Department/ICU/Perioperative Unit expected WorkSafe Improvement Notice or Notices

WorkSafe has visited the Emergency Department to speak to staff regarding anonymous concerns raised by staff regarding ongoing short staffing issues and work pressure. One or more Improvement Notices are expected to be issued to CHS regarding the above.

A return visit to ICU and the Perioperative Unit is expected in the coming week to meet with staff regarding continued short staffing issues and work pressure in these work areas. Regulator action is expected with regards to these issues.

National Standards Accreditation update

Key Executives from across CHS are meeting weekly with the Chief Operating Officer (COO) to monitor individual area deliverables for accreditation preparedness with work progressing against the action plans.

Two external consultants are onsite this week (6 to 10 June 2022) to provide a further preliminary assessment as well as review progress against recommendations made at the May 2022 assessment.

Additional staff have been engaged to support the National Standards and Accreditation team to further review and coordinate CHS' collection of evidence for the Organisation Wide Assessment (OWA) in June 2022. This work is anticipated to be completed early next week.

The Infection Prevention and Control Consultant engaged by Infrastructure and Health Support Services (IHSS) completed the analysis on CHS' implementation of the Australian Commission on Safety and Quality in Healthcare National Standards Advisory AS/4187. Several recommendations have been made for the consideration of the CHS Infection Prevention and Control Clinical Response Committee. Work is currently underway to monitor recommendations and their implementation. Quality, Safety, Innovation, and Improvement (QSII) have committed to develop project plans for a number of the recommendations ahead of OWA.

The lead external assessor and CHS' Director of National Standards and Accreditation are working together to develop and finalise the timetable for OWA week (27 June to 1 July 2022).

UPDATES ON KEY PROJECTS/PIECES OF WORK**Industrial Relations**

Medical Imaging are having issues staffing weekend additional work for staff specialists. While historically this additional work has been undertaken on voluntary basis, it may soon be necessary to direct staff to undertake this work, which would likely see ASMOF taking the matter to the Fair Work Commission.

Cardiology

CHS has been engaged in three disputes related to the suspension of the Cardiologists. Two disputes were raised on behalf of two of the four suspended Cardiologists. A third dispute was lodged by ASMOF. All three disputes centred on the suspension of the cardiologists, rather than the investigation process itself.

CHS participated in dispute proceedings in the Fair Work Commission.

- The parties were advised by the Commission that the suspensions could not be overturned, with further instructions from the Commission that the parties should continue open channels of discussion concerning the investigation process and providing relevant updates.
- CHS representatives have met with the Applicants and their representatives to continue these discussions, as per the Commission's instructions.
- Subsequently, the three disputes have been discontinued by the Applicants.
- The investigation process is continuing and is on-track.

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

To: Minister for Mental Health Tracking No.: MCHS22/311

Date: 12 May 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Office

Subject: Minister's Weekly Brief – 9 – 13 May 2022

Critical Date: 13/05/2022

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 - 9 – 13 May 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

OV Incidents and Worksafe Improvement Notices

Three significant incidents occurred at Dhulwa in April 2022:

- 11 April 2022 following attempted OV from a consumer and forceable giving of medication (nil injuries), ANMF attended Dhulwa with 'Entry Permit' and HSR directed a 'cease work' instruction under the WHS Act for Lomandra ward
- 11 April 2022 assault of VMO by consumer (soft tissue facial injury)
- 22 April 2022 serious finger injury to Nurse when door was slammed shut by consumer

WorkSafe ACT action:

- 14 April 2022 WorkSafe ACT placed three notices on CHS. A Prohibition notice and Improvement Notice to ensure appropriate controls for high-risk work and risk controls and safe work systems generally. A Section 155 Notice – Requirement to give information and provide documents – including CCTV recordings and documents in respect of the two incidents that occurred on 11 April 2022.
- Actions are in progress for the above notices
- In addition to the above, WorkSafe is conducting a separate investigation of the safety of staff at Dhulwa, and the Minister has announced an independent inquiry will commence shortly (terms of reference to be developed).

Update on COVID-19 Vaccination Rollout in Mental Health Inpatient Facilities

- As of 10 May 2022, 76 vaccinations have been provided to consumers at the Adult Mental Health Unit (AMHU). This includes first and second doses of Pfizer.
- As of 10 May 2022, a total of 62 doses of Pfizer have been provided to consumers at the Adult Mental Health Rehabilitation Unit.

COVID-19 Vaccination Rollout Plan at Dhulwa and Gawanggal Mental Health Units

- The Vaccination Outreach Clinic has attended both Dhulwa and Gawanggal, as of 10 May 2022 they have provided 66 vaccinations to consumers.

COVID-19 Vaccinations at the Alexander Maconochie Centre (AMC)

- As of 5 May 2022, 78 per cent of detainees currently in custody have received their first COVID-19 vaccination and 76 per cent their second dose. It is important to note that this number fluctuates as detainees enter and are released from custody. A small portion of first dose vaccination rates included in this report are attributed to vaccinations given to detainees whilst in the community.
- As of 5 May 2022, 59 per cent of the detainees currently in custody have received their COVID-19 booster vaccination.

COVID-19 Exposure locations at AMC and Mental Health Units

- **AMC:** 34 in total - 5 new receptions and 29 active cases in current outbreak
- **Bimberi:** Nil

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- **Mental Health Units:**
 - **Dhulwa:** Nil
 - **AMHU:** 9 in total

Industrial Relations

- A Joint Consultative Committee meeting was held on 3 May 2022 to progress a range of reviews agreed under Annex F of the Medical Practitioners EA. Terms of reference for the reviews are currently being finalised.

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

Canberra Health Services Directorate

UNCLASSIFIED

To: Minister for Mental Health
Minister for Justice Health

Tracking No.: MCHS22/316(CHSFOI21-22.34)

From: Dave Pepper, Chief Executive Officer

Subject: Freedom of Information application request received from [REDACTED]
(Other) regarding the position of VMO Psychiatrist Canberra Health Services

Critical Date: 08/06/2022

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

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

Recommendations

That you:

1. Note Canberra Health Services' response at Attachment A;
2. Note the Media Talking Points at Attachment B; and

Noted / Please Discuss

Noted / Please Discuss

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

Minister's Office Feedback

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Background

1. On 26 April 2022 [REDACTED] (Other) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the Canberra Health Services' (CHS) requesting:

“Details of employment opportunities advertised within the period from January 2020 to March 2022 for the position of VMO Psychiatrist CHS.

Selection criteria and all information relevant to the advertised position for VMO Consultant Psychiatrist Position CHS.

Outcome of selection process including but not limited to the number of applications received, number of candidates interviewed and any notice of appointments or re-selection of candidates for the VMO psychiatrist for those dates.

Details of the selection process used and outcome for each selection criteria.

Details of number of letters sent to candidates for interview or details of number of letters sent to unsuccessful candidates.

Copies of notes, memorandum and investigations made to support a finding that no suitable candidates available.

Number of applicants that have Australian FRANZCP and equivalent qualifications.

A copy of the advertisement for the Psychiatry VMO Position for CHS the duration of January 2020 to March 2022.

A list of where the job advertisement was posted/published/circulated (including but not limited to print/online); for the said position from January 2020 to March 2022.

List of applicants' qualifications and the corresponding location/s of where the qualifications were obtained”

Issues

2. After conducting a search for all relevant documents, CHS has identified 14 documents containing the information that meets the scope of the request.
3. The decision letter and accompanying documents released to [REDACTED] are at Attachment A.

Financial Implications

4. Processing fees are not applicable to this request.

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ConsultationInternal

5. Canberra Health Services, People and Culture

Cross Directorate

6. Not applicable

External

7. Not applicable

Work Health and Safety

8. Not applicable

Benefits/Sensitivities

9. Not applicable

Communications, media and engagement implications

10. Media talking points have been prepared at Attachment B. The CHS media team will support your offices should any media issues arise.
11. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name: Katie McKenzie Phone: 6244 5686
A/g ED, Mental Health, Justice Health
& Alcohol & Drug Services

Action Officer: Kelly Daly Phone: 5124 7950
Executive Officer
Mental Health, Justice Health &
Alcohol & Drug Services

Attachments

Attachment	Title
Attachment A	CHS Response
Attachment B	Media Talking Points

UNCLASSIFIED

Canberra Health Services

To: Minister for Mental Health Tracking No.: MCHS22/326

Date: 19 May 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Office

Subject: Minister's Weekly Brief – 16 – 20 May 2022

Critical Date: 20/05/2022

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 - 16 – 20 May 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

OV Incidents and Worksafe Improvement Notices

There have been nil staff injuries on the unit between Monday 9 May and Sunday 14 May 2022.

There has been an improvement in staff engagement and the consumer support plans are being utilised more.

Nursing team members appear to be more confident in their clinical judgement and are working as a more cohesive team.

CHS was provided with a four-week extension to meet the Worksafe ACT requirements outlined in the Worksafe Improvement Notices.

Dynamic ISBARs and safety huddles were immediately implemented following Worksafe ACT issuing the Improvement Notices

On Wednesday 18 May 2022, two colleagues from NSW Health Justice Health and Forensic Mental Health Network will visit Dhulwa to provide support and advice to the leadership team

These NSW Health colleagues, along with the Executive Director, MHJHADS and the Dhulwa leadership team will meet with the Dhulwa team members to highlight the continuing efforts being taken to reduce OV and ensure their safety.

Moving forward, there will be an evaluation of the Dynamic ISBARs and safety huddles.

In addition, an interim procedure will be developed to support consistency and understanding in performing the Dynamic ISBARs and safety huddles.

An action plan will be finalised by Wednesday 25 May 2022 to provide oversight and tracking of initiatives. This includes nominated key action officers to drive the initiatives and support the independent inquiry.

Update on COVID-19 Vaccination Rollout in Mental Health Inpatient Facilities

As of 10 May 2022, 76 vaccinations have been provided to consumers at the Adult Mental Health Unit (AMHU). This includes first and second doses of Pfizer.

As of 10 May 2022, a total of 62 doses of Pfizer have been provided to consumers at the Adult Mental Health Rehabilitation Unit.

COVID-19 Vaccination Rollout Plan at Dhulwa and Gawanggal Mental Health Units

The Vaccination Outreach Clinic has attended both Dhulwa and Gawanggal, as of 10 May 2022 they have provided 66 vaccinations to consumers.

COVID-19 Vaccinations at the Alexander Maconochie Centre (AMC)

As of 10 May 2022, 78 per cent of detainees currently in custody have received their first COVID-19 vaccination and 74 per cent their second dose. It is important to note that this number fluctuates as detainees enter and are released from custody. A small portion of first

dose vaccination rates included in this report are attributed to vaccinations given to detainees whilst in the community.

As of 10 May 2022, 57 per cent of the detainees currently in custody have received their COVID-19 booster vaccination.

Due to a COVID-19 outbreak at the AMC, COVID-19 and Flu vaccinations are on hold pending advice from CHECC.

COVID-19 Exposure locations at AMC and Mental Health Units

- **AMC:**
 - 48 COVID positive cases, 17 of whom are Aboriginal or Torres Strait Islander
 - No acute symptoms
 - 29 detainees have been identified as “household contacts”
 - Household contacts to be re-tested every 72 hours
 - COVID positive cases remain contained to three housing units
 - The other housing units will return to “business as usual” from 17 May 2022
 - Workforce, PPE, and communication remains good.
- **Bimberi:**
 - Nil
- **Mental Health Units – Dhulwa:**
 - One positive
- **Mental Health Units – AMHU:**
 - Nil.
 - All COVID-19 positive patients are considered out of isolation as at 17 May 2022

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

Canberra Health Services

To: Minister for Mental Health Tracking No.: MCHS22/343

Date: 26 May 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Office

Subject: Minister's Weekly Brief – 23 - 27 May 2022

Critical Date: 27/05/2022

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 - 23 - 27 May 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES**Dhulwa OV Incidents and Worksafe Improvement Notices**

There have been nil staff injuries on the unit between Monday 16 May and Sunday 22 May 2022.

There has been an improvement in staff engagement and the consumer support plans are being utilised more.

Staff are engaged in safety huddles and Dynamic ISBAR MDT discussions to identify trigger points for aggression each shift.

Nursing team members appear to be more confident in their clinical judgement and are working as a more cohesive team.

CHS was provided with a four-week extension to meet Worksafe ACT requirements outlined in the Worksafe Improvement Notices.

Dynamic ISBARs and safety huddles were immediately implemented following Worksafe ACT issuing the Improvement Notices

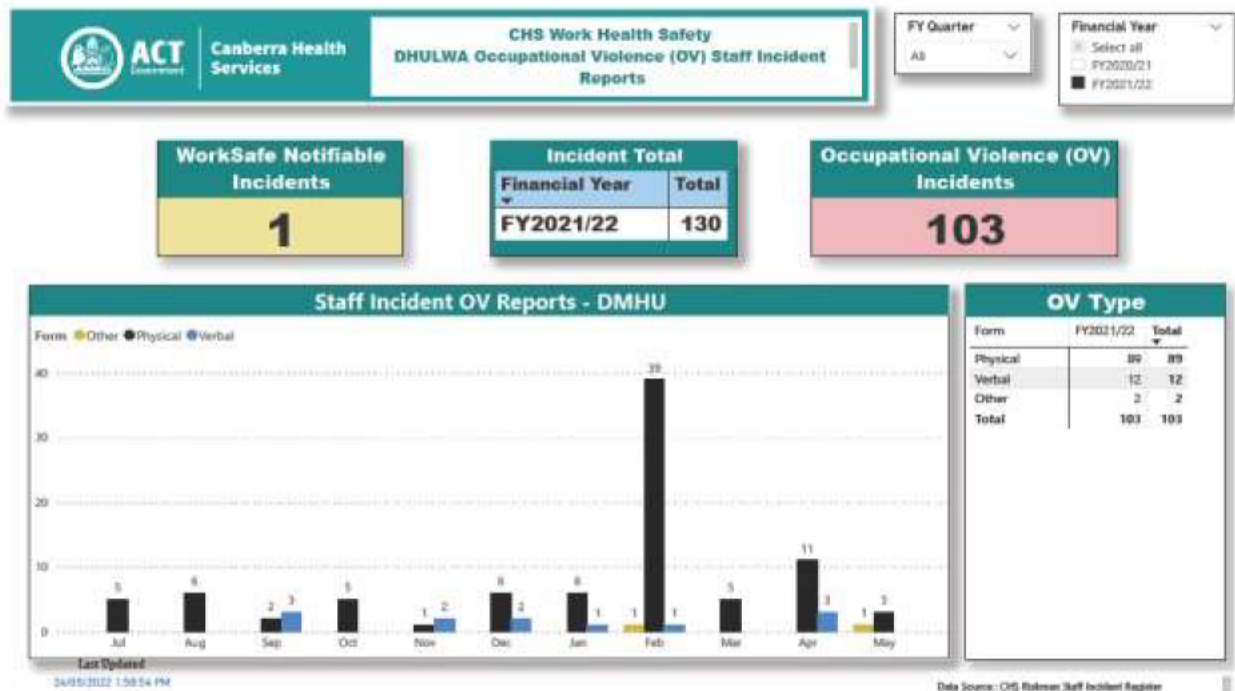
On Wednesday 18, Thursday 19, and Friday 20 May 2022, two colleagues from NSW Health Justice Health and Forensic Mental Health Network visited Dhulwa, providing support and advice to the leadership team

These NSW Health colleagues, along with the Executive Director, MHJHADS and Dhulwa leadership team met with Dhulwa team members to highlight the continuing efforts being taken to reduce OV and ensure their safety. NSW Health colleagues also met informally with staff of all levels at Dhulwa to gain an understanding of issues and concerns.

Moving forward, there will be an evaluation of the Dynamic ISBARs and safety huddles.

In addition, an interim procedure has been developed to support understanding and consistency in performing the Dynamic ISBARs and safety huddles.

An action plan will be sent to staff for consultation by Wednesday 25 May 2022 to provide oversight and tracking of immediate safe work initiatives. This includes nominated key action officers to drive the initiatives of and support the independent inquiry.

Dhulwa Occupational Violence Staff Incident Report – FY2021-22 – as at 24 May 2022

*OV 'other' includes the following types of incidents:

- Staff witnessing violence between consumers/patients/in community
- Staff receiving an email/letter with aggressive content/threats
- Staff member named in social media content – defamatory, threats etc
- Staff member reports vehicle damage/vandalism/property damage (where no direct effect on staff)
- Identification of a prohibited item (i.e., weapon, knife, syringe) but no recorded threat to staff

Update on COVID-19 Vaccination Rollout in Mental Health Inpatient Facilities

As of 23 May 2022, 76 vaccinations have been provided to consumers at the Adult Mental Health Unit. This includes first and second doses of Pfizer.

As of 23 May 2022, a total of 62 doses of Pfizer have been provided to consumers at the Adult Mental Health Rehabilitation Unit.

COVID-19 Vaccination Rollout Plan at Dhulwa and Gawanggal Mental Health Units

The Vaccination Outreach Clinic has attended both Dhulwa and Gawanggal. As of 23 May 2022 they have provided 66 vaccinations to consumers.

COVID-19 Vaccinations at the Alexander Maconochie Centre (AMC)

As of 18 May 2022, 76 per cent of detainees currently in custody have received their first COVID-19 vaccination and 74 per cent their second dose. It is important to note that this number fluctuates as detainees enter and are released from custody. A small portion of first

dose vaccination rates included in this report are attributed to vaccinations given to detainees whilst in the community.

As of 18 May 2022, 57 per cent of detainees currently in custody have received their COVID-19 booster vaccination.

Due to a COVID-19 outbreak at AMC, COVID-19 and Flu vaccinations are on hold pending advice from CHECC.

COVID-19 Exposure locations at AMC and Mental Health Units

- **AMC:**
 - 24 positive cases
- **Bimberi:**
 - Nil
- **Mental Health Units – Dhulwa:**
 - Two positive cases
- **Mental Health Units – AMHU:**
 - One positive case

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

Canberra Health Services

To: Minister for Mental Health

Tracking No.: MCHS22/356

Date: 24/05/2022

CC: Dr Damien West, Deputy Director-General, Workplace Capability and Governance

From: Dave Pepper, Chief Executive Officer

Subject: Dhulwa Independent Inquiry

Critical Date: Not applicable

Critical Reason: Not applicable

CEO/...../.....

Recommendations

That you:

1. Agree to endorse the Terms of Reference at Attachment A;

Agreed / Not Agreed / Please Discuss

2. Agree to endorse Ms Barbara Deegan as the Chair of the Dhulwa Inquiry Expert Advisory Panel; and

Agreed / Not Agreed / Please Discuss

3. Sign the attached letter at Attachment B.

Signed / Not Signed / Please Discuss

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

Minister's Office Feedback

Background

1. On 2 May 2022, on advice from the Australian Nursing and Midwifery Federation (ANMF), you announced an Independent Inquiry into safe work practices at the Dhulwa Mental Health Unit.
2. A number of occupational violence incidents over a number of years, escalating in a spike in 2022, signals the need for such an inquiry.
3. It is envisioned that the Expert Advisory Panel will commence in approximately three weeks and will be time limited up to 18 weeks.

Issues

4. The Expert Advisory Panel comprising three members will be entirely independent and comprise workplace relations, workplace safety and forensic mental health expertise.
5. Ms Barbara Deegan has agreed to be Chair. She is a highly credentialed public sector employment and workplace relations advisor. She has served as a Commissioner for the Fair Work Commission and the Commissioner of the Tasmanian Industrial Commission. Ms Deegan is also recognised for her skill in conducting complex and sensitive workplace investigations.
6. Terms of Reference are at **Attachment A** for your endorsement. These have been developed with input from the ANMF, Canberra Health Services (CHS) and Ms Deegan.
7. The Chair of the committee will report to you.
8. Options for the remaining two panel members will be provided to you for your endorsement.
9. The Panel members will be engaged by, and be supported by Chief Minister, Treasury and Economic Development (CMTEDD) to ensure independence.
10. A letter has been prepared for your signature at **Attachment B** inviting Ms Deegan to take up this position.

Financial Implications

11. Procurement to engage Ms Deegan and the other panel members will be arranged through CMTEDD, Workforce Capability and Governance (WCAG) and funded by CHS.
12. The Secretariat will be provided from WCAG and be funded by CHS.

Consultation

Internal

13. People and Culture, Chief Operating Officer, Chief Executive Officer, and Executive Director Mental Health, Justice Health and Alcohol and Drug Services.

Cross Directorate

Deputy Director-General, WCAG, CMTEDD and Executive Group Manager Workplace Safety and Industrial Relations, CMTEDD.

External

14. Matthew Daniels, ANMF.

Work Health and Safety

15. The Inquiry stems from WH&S concerns and Notices served by WorkSafe ACT.

Benefits/Sensitivities

16. There are a number of sensitivities surrounding the conduct of an Inquiry which potentially could expose information pertaining to consumers' health information and security settings at Dhulwa.

Communications, media and engagement implications

17. It is understood that your office will manage media engagement on this matter.

Signatory Name: Katie McKenzie Phone: 5124 1577

Action Officer: Kelly Daly Phone: 5124 7950

Attachments

Attachment	Title
Attachment A	Terms of Reference
Attachment B	Letter to Ms Barbara Deegan

Canberra Health Services

To: Minister for Mental Health Tracking No.: MCHS22/372

Date: 2 June 2022

CC: Dave Pepper, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Office

Subject: Minister's Weekly Brief – 30 May to 3 June 2022

Critical Date: 03/06/2022

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 - 30 May to 3 June 2022.

Noted / Please Discuss

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

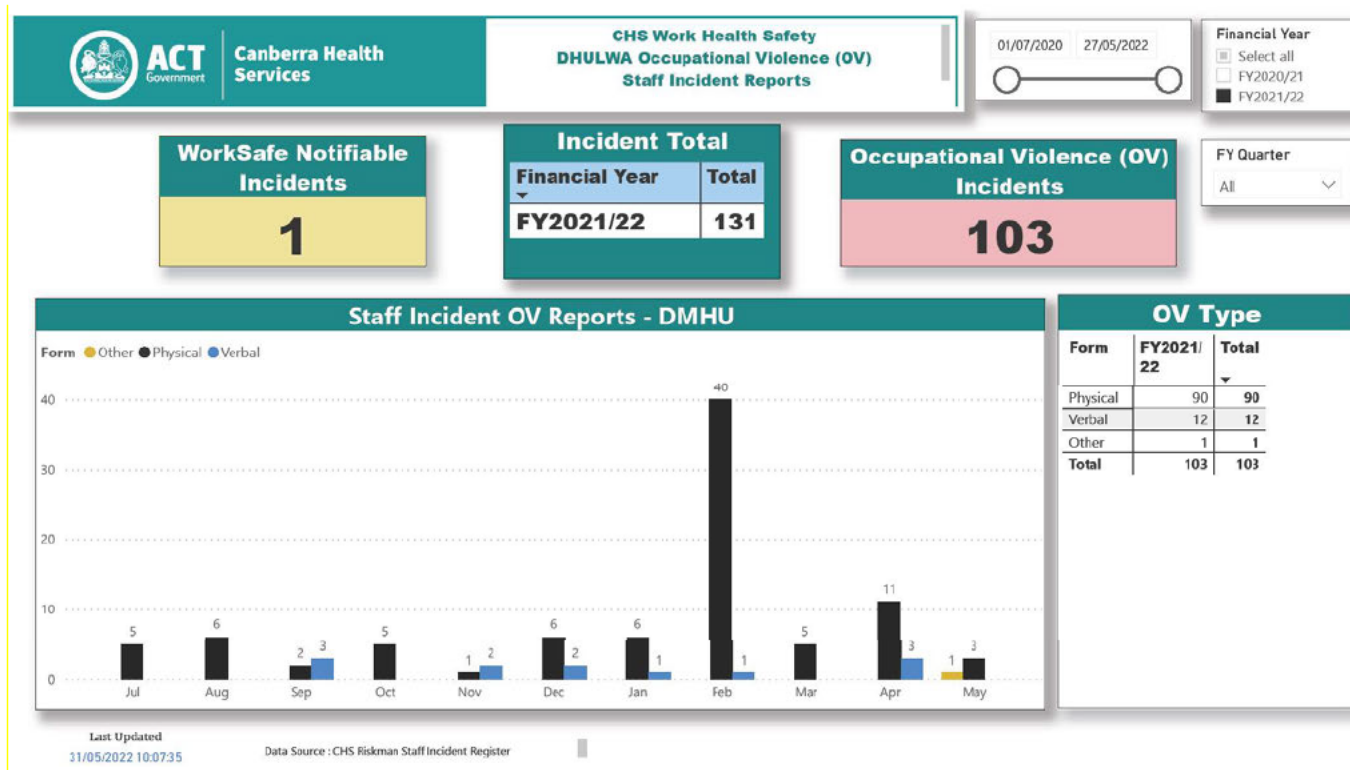
Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

Dhulwa OV Incidents and Worksafe Improvement Notices

WorkSafe has requested further information regarding Dhulwa operational arrangements and procedures and this information has been provided.

A draft action plan detailing safety improvement activity is in development and is expected to be sent out for consultation in the next week with feedback invited from staff and unions. This plan, once finalised, will be a key document used by WorkSafe to measure progress against the Improvement Notice and the Prohibition Notice.

Dhulwa Occupational Violence Staff Incident Report – FY2021-22 – as of 31 May 2022

OV 'other' includes the following types of incidents:

- Staff witnessing violence between consumers/patients/in community
- Staff receiving an email/letter with aggressive content/threats
- Staff member named in social media content – defamatory, threats etc
- Staff member reports vehicle damage/vandalism/property damage (where no direct effect on staff)
- Identification of a prohibited item (i.e., weapon, knife, syringe) but no recorded threat to staff.

An action plan was sent to staff for consultation on Wednesday 25 May 2022 to provide oversight and tracking of immediate safe work initiatives.

This includes nominated key action officers to drive the initiatives and support the independent inquiry.

Feedback is due by Friday 3 June 2022.

Update on COVID-19 Vaccination Rollout in Mental Health Inpatient Facilities

As of 26 May 2022, 76 vaccinations have been provided to consumers at the Adult Mental Health Unit (AMHU). This includes first and second doses of Pfizer.

As of 26 May 2022, a total of 62 doses of Pfizer have been provided to consumers at the Adult Mental Health Rehabilitation Unit.

COVID-19 Vaccination Rollout Plan at Dhulwa and Gawanggal Mental Health Units

The Vaccination Outreach Clinic has attended both Dhulwa and Gawanggal, as of 26 May 2022 they have provided 66 vaccinations to consumers.

COVID-19 Vaccinations at the Alexander Maconochie Centre (AMC)

As of 26 May 2022, 76 per cent of detainees currently in custody have received their first COVID-19 vaccination and 73 per cent their second dose. It is important to note that this number fluctuates as detainees enter and are released from custody. A small portion of first dose vaccination rates included in this report are attributed to vaccinations given to detainees whilst in the community.

As of 26 May 2022, 56 per cent of the detainees currently in custody have received their COVID-19 booster vaccination and 1 per cent have received their second COVID-19 booster vaccination.

As of 26 May 2022, 30 per cent of the detainees have received their flu vaccination.

COVID-19 Exposure locations at AMC and Mental Health Units

- **AMC:**
 - Nil – eight detainees still within their 14-day quarantine period.
- **Bimberi:**
 - Nil
- **Mental Health Units – Dhulwa:**
 - Nil
- **Mental Health Units – AMHU:**
 - Two positive cases

OFFICIAL

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

Canberra Health Services

To: Minister for Mental Health Tracking No.: MCHS22/386

Date: 9 June 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Office

Subject: Minister's Weekly Brief – 6 – 10 June 2022

Critical Date: 10/06/2022

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 - 6 – 10 June 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

Dhulwa OV Incidents and Worksafe Improvement Notices

The Dhulwa draft action plan was sent out for consultation with feedback invited from staff and unions.

The consultation period closed on Friday 3 June 2022 and feedback is currently being reviewed.

The action plan will be finalised and provided to Worksafe ACT to measure progress against the Improvement Notice and the Prohibition Notice.

Dhulwa Occupational Violence Staff Incident Report – FY2021-22 – as at 6 June 2022

Refer to report at [Attachment A](#)

*OV 'other' includes the following types of incidents:

- Staff witnessing violence between consumers/patients/in community
- Staff receiving an email/letter with aggressive content/threats
- Staff member named in social media content – defamatory, threats etc
- Staff member reports vehicle damage/vandalism/property damage (where no direct effect on staff)
- Identification of a prohibited item (i.e., weapon, knife, syringe) but no recorded threat to staff

Callum Offices expected WorkSafe Improvement Notice or Notices

WorkSafe visited Child and Adolescent Mental Health Services (CAMHS) at Callum Offices in response to anonymous concerns raised by staff regarding risks to staff and consumers by this building.

Issues identified by the WorkSafe Inspector include consumers accessing several locations of significant height and risks of self-harm or misadventure causing serious injury or worse. Other issues were also discussed including confidentiality of discussions and access to disability toilet.

One or more Improvement Notices are expected to be issued to CHS regarding the above.

Emergency Department expected WorkSafe Improvement Notice or Notices

WorkSafe has visited the Emergency Department to speak to staff regarding anonymous concerns raised by staff regarding ongoing short staffing issues and work pressure.

One or more Improvement Notices are expected to be issued to CHS regarding the above.

Update on COVID-19 Vaccination Rollout in Mental Health Inpatient Facilities

As of 6 June 2022, 76 vaccinations have been provided to consumers at the Adult Mental Health Unit (AMHU). This includes first and second doses of Pfizer.

As of 6 June 2022, a total of 62 doses of Pfizer have been provided to consumers at the Adult Mental Health Rehabilitation Unit.

COVID-19 Vaccination Rollout Plan at Dhulwa and Gawanggal Mental Health Units

The Vaccination Outreach Clinic has attended both Dhulwa and Gawanggal, as of 6 June 2022 they have provided 66 vaccinations to consumers.

COVID-19 Vaccinations at the Alexander Maconochie Centre (AMC)

As of 1 June 2022, 75 per cent of detainees currently in custody have received their first COVID-19 vaccination and 72 per cent their second dose. It is important to note that this number fluctuates as detainees enter and are released from custody. A small portion of first dose vaccination rates included in this report are attributed to vaccinations given to detainees whilst in the community.

As of 1 June 2022, 56 per cent of the detainees currently in custody have received their COVID-19 booster vaccination and 1 per cent have received their second COVID-19 booster vaccination.

As of 1 June 2022, 29 per cent of the detainees have received their flu vaccination.

COVID-19 Exposure locations at AMC and Mental Health Units

- **AMC:**
 - Nil
- **Bimberi:**
 - Nil
- **Mental Health Units – Dhulwa:**
 - Nil
- **Mental Health Units – AMHU:**
 - 2 positive

Police, Ambulance, Clinician Early Response (PACER) update

- There are currently two PACER teams.
 - PACER AM commenced on 21 February 2022. The team operates from 8:00 to 18:30.
 - PACER PM commenced on 12 December 2019 and operates from 14:00 – 00:30.
- Due to short staffing by ACT Policing, PACER AM has not deployed on the following days:
 - 31 May 2022 Tuesday
 - 2 June 2022 Saturday
 - 3 June 2022 Friday

OFFICIAL

- 4 June 2022 Monday
- 5 June 2022 Tuesday
- 6 June 2022 Friday
- ACT Policing has advised that it is likely that PACER AM will not deploy on 8 and 9 June 2022 due to short staffing.
- Lack of PACER deployment may impact on service delivery for people experiencing mental health crisis, including delayed response, increased workloads for the Home Assessment and Acute Response Team and the Canberra Hospital Emergency Department.

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