

Our reference: **CHSFOI21-22.27**

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 **Wednesday 6 April 2022**.

This application requested access to:

'[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'*

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 originally by **Monday 9 May 2022** and after an agreed extension of an additional 10 working days changed it to **Monday 23 May 2022**.

I have identified 33 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 three documents;
- grant partial access to 22 documents; and
- refuse access to eight 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 three documents at references 5, 8 and 24.

Refuse Access

I have decided to refuse access to eight documents.

Documents at references 6 and 7 are wholly comprised of legal information. Therefore, these documents are taken to be contrary to the public interest to release, under Schedule 1.2 Information subject to legal professional privilege – Information that would be privileged from production or admission into evidence in a legal proceeding on the ground of legal professional privilege

Documents at references 11-12, 14-16 and 22 are wholly 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 as the information contained in these folios is personal information about individuals and information that may prejudice the management function of an agency.

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; and
- Schedule 2, 2.1 (a)(iv) ensure effective oversight of expenditure of public funds.

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)(xii) prejudice an agency's ability to obtain confidential information; and
- Schedule 2, 2.2 (a)(xv) prejudice the management function of an agency or the conduct of industrial relations by an agency.

On balance, the factors favouring disclosure did not outweigh the factors favouring non-disclosure as release of this information would or could reasonably be expected to have a detrimental effect for the agency's ability to conduct future reviews within the organisation as it may reduce engagement and diminish the participation of staff members completing these feedback requests. Therefore, I 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 partially grant access to 22 documents that contains 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.

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; and
- Schedule 2, 2.1 (a)(iv) ensure effective oversight of expenditure of public funds.

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*;
- Schedule 2, 2.2 (a)(iii) prejudice security, law enforcement or public safety;
- Schedule 2, 2.2 (a)(xi) prejudice trade secrets, business affairs or research of an agency or person;
- Schedule 2, 2.2 (a)(xii) prejudice an agency's ability to obtain confidential information;
- Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency; and
- Schedule 2, 2.2 (a)(xv) prejudice the management function of an agency or the conduct of industrial relations by an agency.

Documents at references 2, 9, 13, 18-19, 23, 25, 27 and 32 are partially comprised of personal information of non-ACT Government employees and their contact information. Redactions have also been made to ACT Government employees' mobile numbers. The redacted information would not provide any government information pertinent to your request and therefore, I have decided this factor outweighs the public interest factors in the disclosure of this information.

Documents at references 4 and 31 have redactions to information that could reasonably be expected to be detrimental to the security of the ACT Government. The redacted information contains meeting links and I have concluded that the release of this information would not advantage the public in disclosing this information.

Documents at references 10 and 17 have redactions to personal information of both ACT Government and non-ACT Government employees mobile numbers as well as internal links to Government files.

Documents at references 1 and 33 have redactions to both personal information of non-ACT Government employees and participants' comments/feedback.

Documents at references 26 and 28-30 have redactions to ACT Government employees' mobile numbers, non-ACT Government employees and their contact information, participants' comments/feedback and the preliminary assessment report.

Documents at references 3 and 20-21 have redactions to ACT Government employees' mobile numbers, non-ACT Government employees and their contact information and also financial figures of an external agency.

I have given significant consideration to the factors favouring disclosure and I believe the factors favouring non-disclosure outweighed these as the information requested. It could reasonably be expected to have a detrimental effect for the agency's ability to conduct future reviews within the organisation as it may reduce engagement and diminish the participation of staff members completing these feedback requests. The identities of individuals could be damaging to those involved and discourage staff to not proactively voice concerns when such matters arise.

Therefore, I have determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

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

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

Ombudsman review

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

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

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
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



Kalena Smitham
Executive Group Manager
People & Culture
Canberra Health Services

23 May 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]	<p>[REDACTED] requests all documents relating to the two recent reviews into the Cardiology Division of Canberra Health Services. Specifically:</p> <ul style="list-style-type: none"> 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' 	CHSFOI21-22.27

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 22	Review of Canberra Health Services Cardiology Services	February 2020	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xii) Obtain confidential information	YES
2.	23	Email – Cardiology	15 October 2021	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
3.	24 – 30	Email – RE: Canberra Hospital – some assistance with some cultural behavioural matters	19 November 2021	Partial Release	Schedule 2, 2.2(a)(ii) Privacy, Schedule 2,	YES

					2.2(a)(xi) business affairs & Schedule 2, 2.2(a)(xiii) competitive commercial activities	
4.	31 – 34	Invite and attachment – Cardiology Review Update	29 November 2021	Partial Release	Schedule 2, 2.2(a)(iii) Security	YES
5.	35 – 68	Email and attachment – peter’s presentation	2 December 2021	Full Release		YES
6.	69 – 72	Email – RE: Confirming conversation	3 December 2021	Refuse Release	Schedule 1, 1.2 Legal	NO
7.	73 – 75	Email – RE: Confirming conversation	4 December 2021	Refuse Release	Schedule 1, 1.2 Legal	NO
8.	76 – 117	Email and attachments – All of Cardiology staff communication regarding next steps	6 December 2021	Full Release		YES
9.	118 – 152	Email and attachment – RE: Cardiology Review	7 December 2021	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
10.	153 – 198	Email and attachments – RE: Draft Comms for approval	7 December 2021	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2(a)(iii) Security	YES
11.	199 – 205	Email – FW: Direction to cease/refrain from conversations pertaining to the current process	7 December 2021	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xii) Obtain confidential information & Schedule 2, 2.2 (a)(xv) Industrial relations	NO
12.	206 – 211	Email – FW: Confirming tomorrow – Cardiology interviews	8 December 2021	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xii) Obtain confidential information & Schedule 2, 2.2 (a)(xv) Industrial relations	NO
13.	212	Email – RE: Cultural matters in Cardiology	9 December 2021	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

14.	213 – 216	Email – RE: Cardiology Unit: Review/Preliminary Assessment	13 December 2021	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xii) Obtain confidential information & Schedule 2, 2.2 (a)(xv) Industrial relations	NO
15.	217 – 224	Email – RE: email	14 December 2021	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xii) Obtain confidential information & Schedule 2, 2.2 (a)(xv) Industrial relations	NO
16.	225 – 232	Email – RE: Wednesday’s draft list	14 December 2021	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xii) Obtain confidential information & Schedule 2, 2.2 (a)(xv) Industrial relations	NO
17.	233 – 275	Email and attachments – RE: A message from Jacqui Taylor, Executive Director, Medicine	16 December 2021	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2(a)(iii) Security	YES
18.	276 – 279	Email – FW: Cardiology PA process	27 January 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
19.	280 – 284	Email – RE: Cardiology PA process	28 January 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
20.	285 – 294	Email – RE: Canberra Hospital – some assistance with some cultural behavioural matters	9 February 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy, Schedule 2, 2.2(a)(xi) business affairs & Schedule 2, 2.2(a)(xiii) competitive commercial activities	YES

21.	295 – 299	Email and attachment – RE: Ashurst Tax Invoice	9 February 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy, Schedule 2, 2.2(a)(xi) business affairs & Schedule 2, 2.2(a)(xiii) competitive commercial activities	
22.	300 – 312	Email and attachment – FW: PA issued letters to Cardiology staff	11 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xii) Obtain confidential information & Schedule 2, 2.2 (a)(xv) Industrial relations	NO
23.	313 – 314	Email – RE: Cardiology Review Meeting	1 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
24.	315 – 316	Email – RE: Ashurst cardiology review invoice	3 March 2022	Full Release		YES
25.	317 – 318	Email – RE: Cardiology Review	3 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
26.	319 – 343	Email and attachment – FW: Final report – Preliminary assessment into cardiology unit	9 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xii) Obtain confidential information & Schedule 2, 2.2 (a)(xv) Industrial relations	YES
27.	344 – 345	Email – RE: Cardiology Review	9 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
28.	346 – 370	Email and attachment – Cardiology	10 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xii) Obtain confidential information & Schedule 2, 2.2 (a)(xv) Industrial relations	YES

29.	371 – 380	Email and attachment – RE: Final report – Preliminary assessment into cardiology unit	16 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xii) Obtain confidential information & Schedule 2, 2.2 (a)(xv) Industrial relations	YES
30.	381 – 406	Email and attachment – RE: Cardiology	18 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xii) Obtain confidential information & Schedule 2, 2.2 (a)(xv) Industrial relations	YES
31.	407 – 408	Invite – Cardiology Review Meeting	25 March 2022	Partial Release	Schedule 2, 2.2(a)(iii) Security	YES
32.	409 – 412	Email and attachment – Cardiology Review	30 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
33.	413 – 415	Email – RE: Cardiology	6 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xii) Obtain confidential information	YES
Total Number of Documents						
33						

Review of Canberra Health Services Cardiology Services

Reviewers:

[REDACTED]
[REDACTED]
[REDACTED]

Project Manager (Responsibility):

Ms Kelli Rixon, Business
Manager

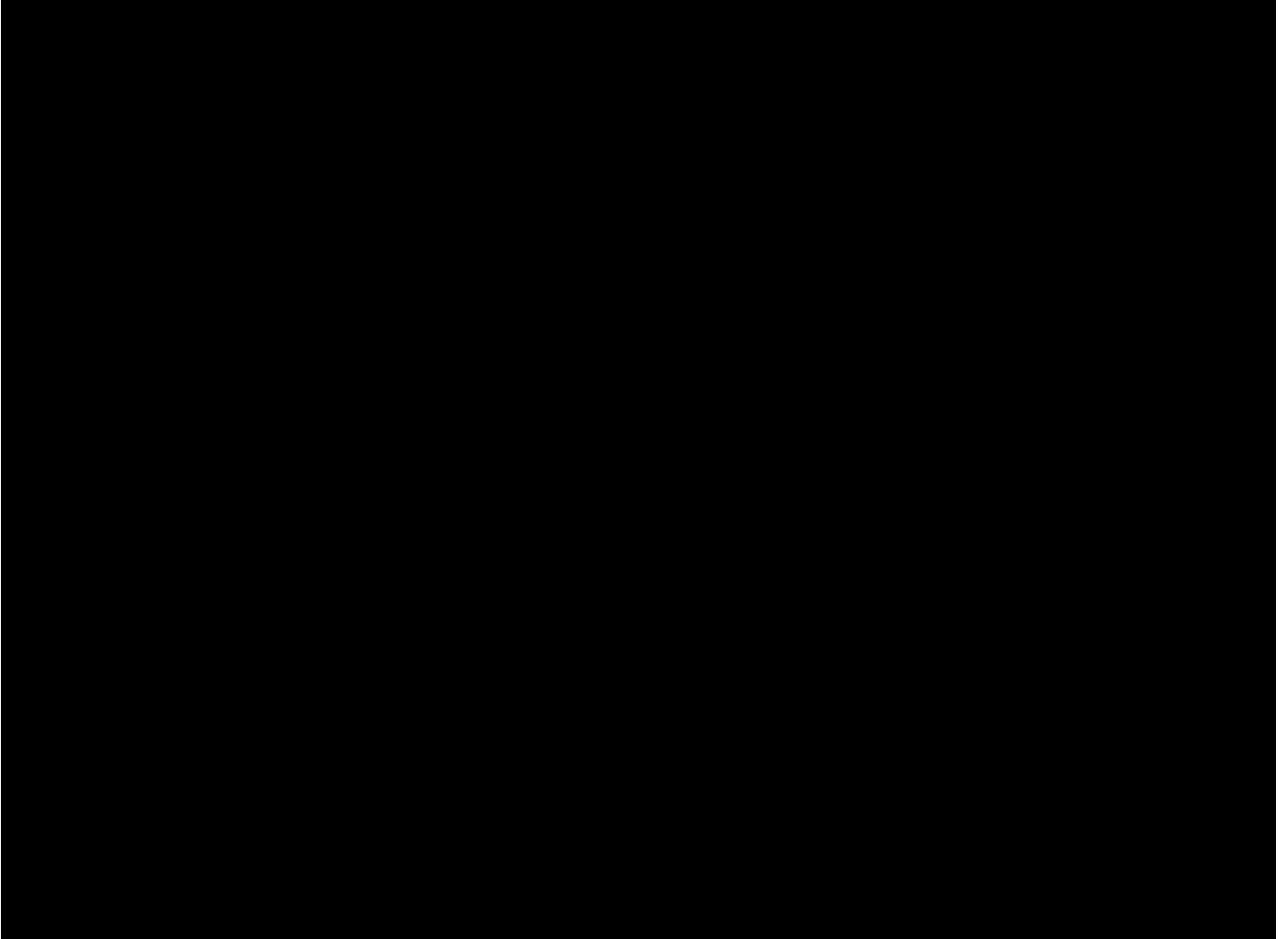
Project Accountability (Project Sponsor):

Dr Paul Dugdale, (former)
Executive Director, Division of
Medical Services

Ms Jacqui Taylor, Executive
Director Division of Medicine

This review was commissioned by the Executive of Canberra Health Services in February 2020.

About the reviewers.



Executive Summary

The purpose of this review is to provide a reflection on the current challenges with the structure and governance of the cardiology services at Canberra Health Services (CHS), and to identify opportunities for improvement to ensure the safety and continuous improvement of the services.

The Terms of Reference for the review were:

1. The management and clinical governance of cardiology services provided by CHS across emergency, inpatient and outpatient settings.
2. Integration of cardiology services within the department, across CHS, and across the ACT including relations with Calvary Public Hospital (Bruce) and the private sector.
3. The efficiency of Cardiology services, with particular attention to outpatient services and diagnostics.
4. Culture issues in cardiology, particularly as they relate to clinical safety and effective collaboration for patient care.
5. To identify challenges and opportunities for improvement.

The review was not a formal part of the planning processes involving cardiology, such as the CHS Clinical Services Plan or the Surgical Procedures Interventional Radiology and Emergency Facility Project. The following issues were out of scope

- Needs-based analysis of anticipated demand
- Cardiology services provided by Calvary Public Hospital Bruce (CPHB)

The review was based on information from the following sources;

- 2019 Health round table data for cardiology diagnostic related groups
- Previous cardiology reviews undertaken in 2007 and 2010
- Results of culture surveys 2015, 2017, 2019
- CHS Clinical Review Committee confidential quality assurance committee extraordinary report related to RCA 2019-13
- Interviews with more than 40 Cardiology staff and other key stake holders conducted via WebEx

The review has identified a number of challenges for cardiology services;

- Poor clinical governance and lack of strategic direction
- Multiple patient safety issues
- Inefficiencies, especially related to diagnostic and outpatient services
- A widespread culture of blame, especially among medical staff

The review has identified 32 opportunities to improve clinical governance, patient safety, efficiency and culture within cardiology. A plan to address the issues raised, should be developed as a matter of priority.

Objective and Terms of Reference

The purpose of this review is to provide a reflection on the current challenges with the structure and governance of the cardiology services at CHS, and to identify challenges and opportunities for improvement to ensure the safety and continuous improvement of the services.

The Terms of Reference for the review were:

1. The management and clinical governance of cardiology services provided by CHS across emergency, inpatient and outpatient settings.
2. Integration of cardiology services within the department, across CHS, and across the ACT including relations with Calvary Public Hospital (Bruce) and the private sector.
3. The efficiency of Cardiology services, with particular attention to outpatient services and diagnostics.
4. Culture issues in cardiology, particularly as they relate to clinical safety and effective collaboration for patient care.
5. To identify challenges and opportunities for improvement.

Background

The CHS cardiology service has undergone reviews in November 2007, by [REDACTED], and in September 2010, by [REDACTED]. These reviews were conducted to inform the service development framework for the future delivery of cardiac services within the ACT, including formalising the model of care between CHS and Calvary Hospital and to provide recommendations on proposed bed numbers and staffing models. Some of the recommendations of these reviews have been implemented including:

- Establishment of the model for STEMI management in the ACT
- Establishment of a Chest Pain Unit in the coronary care unit (CCU)
- Appointment of a Professor/ Director of Cardiology in 2012
- Development of cardiology sub-specialities
 - Electrophysiology
- Updating capital infrastructure

This current review was commissioned after the Chief Executive Officer, Ms Bernadette McDonald, received an Extraordinary Report from the Clinical Review Committee (CRC) relating to an adverse event which occurred during a transoesophageal echocardiogram (TOE) in 2019. The report identified several contributing factors related to systems and processes. In addition, the CRC concluded there was evidence of serious cultural and teamwork issues within the Department of Cardiology. The CRC also expressed the view that the inadequate clinical governance and issues of poor unit culture demonstrated in the investigation, were likely to lead to further adverse clinical outcomes particularly involving, but not limited to, the performance of transoesophageal echocardiography.

The decision to undertake a review of cardiology services was also supported by the poor results of the most recent culture survey in 2019.

Current state of cardiology services

The CHS Cardiology Department provides inpatient and outpatient adult services for the ACT and parts of NSW. This includes a 24/7 service for the treatment of acute coronary syndromes. A paediatric electrocardiography (ECG) service is also provided.

Diagnostic Investigations and Therapeutic Interventions provided

- Electrocardiography
- Stress electrocardiography
- Ambulatory electrocardiography
- Cardiac catheterisation laboratory procedures: Coronary angiography, Right heart catheterisation, Electrophysiology studies, Implantable loop recorders, Permanent pacemakers, Implantable cardioverter defibrillators, Cardiac resynchronisation therapy
- Transthoracic echocardiography
- Stress echocardiography
- TOE

Out-patient Nursing Services

Clinical Nurse Consultant (CNC) –7.91 FTE nursing staff

- Advanced Practice Nurse: Heart Failure
- EP
- Cardiac rehabilitation
- Heart failure rehabilitation
- Cardiology OP nurse

Coronary Care Unit

The CCU is an 18 bed unit providing acute and interventional care to cardiology patients. This includes a 3 bed chest pain evaluation service for patients with low risk chest pain presenting to the Emergency Department.

Nursing 32.89 FTE

Cardiac Catheter Laboratory (including day ward)

6 day ward beds

3 Calvary “treat and return” beds

Nursing FTE 13.78

Ward 6A

Ward 6A is a 32 bed ward for patients admitted under the specialties of Endocrinology, Rheumatology, Respiratory and Cardiology.

Nursing 42.44 FTE.

Cardiology Medical Staff

Senior Specialist 1.74 FTE

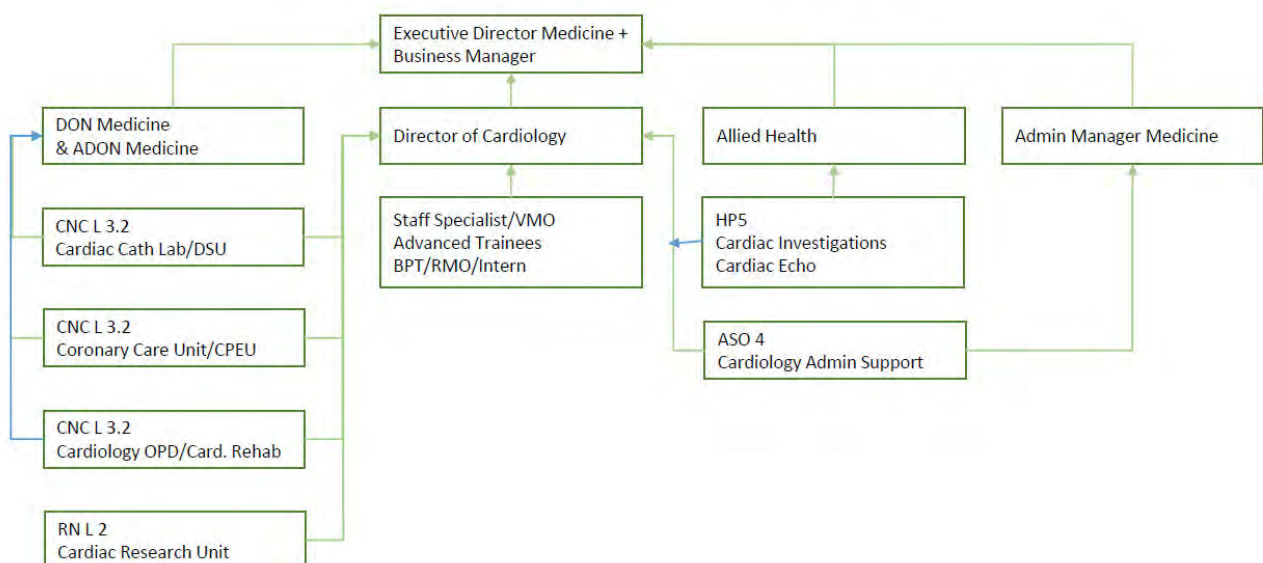
Specialist 2.57 FTE

Registrar 4.86 FTE

Visiting Medical Officers 0.8 FTE

The current organisational structure within cardiology is shown below

Cardiology Service Staffing Structure (Feb 2018)



Review Findings

1. Clinical Governance and Service Management

Clinical governance ensures that everyone in the health service is accountable for assuring the delivery of health care which are safe, effective, integrated, high quality and continuously improving.

To support the delivery of safe and high-quality care for patients and consumers, the Australian Commission on Safety and Quality in Health Care has developed the National Model Clinical Governance Framework¹. This Framework, based on the National Safety and Quality Health Service Standards (NSQHSS), has five components:

1. Governance, leadership and culture
2. Patient safety and quality systems
3. Clinical performance and effectiveness
4. Safe environment for the delivery of care
5. Partnering with consumers

Implementation of the Clinical Governance Framework is mandatory for health services to meet the requirements of the NSQHSS.

CHS cardiology services have been reviewed according to these components, excluding component 5.

1. Governance and Leadership

Management structure within cardiology

- Cardiology is one of seventeen services within the Division of Medicine (Appendix 1)
- The Director of Cardiology reports operationally to the Executive Director, Division of Medicine and professionally to the Clinical Director, Division of Medicine.
- The Director of Cardiology role includes operational, governance and clinical responsibilities. The current Director is 1.0 FTE, with 0.2 FTE allocated to administrative responsibilities. [REDACTED] is the current Director of Cardiology and the other cardiologists report to him.
- There is a clinical lead in electrophysiology (EP), [REDACTED] who reports to the Director.
- Nursing has dual reporting lines to the Director for operational line management, and the Director of Nursing for professional line management.
- Allied health staff (cardiac scientists and sonographers) operationally report to the Director for clinical issues, and professionally to the newly created Director of Allied Health Division of Medicine role.
- The administration team report to the Administration Manager (and Business Manager) for both the Department of Cardiology and the Department of Respiratory and Sleep Medicine (DRSM).
- The Business Manager for Cardiology Department and the DRSM, supports the departments with operational management.

¹ <https://www.safetyandquality.gov.au/our-work/clinical-governance/clinical-governance-standard>

Operational/business plan

- A Cardiology operational/ strategic business plan was not available. If one exists, no staff member who was interviewed, was aware of it.
- [REDACTED]
- The EP service is also vulnerable because there is one nurse coordinator and one scientist with no allocated staff to cover leave, impacting on the provision of the service. We understand recruitment for another scientist is underway and should be expedited.
- A monthly cardiologists' meeting takes place. Feedback from the cardiologists suggests that there is variable attendance, occasional open hostility and a lack of accountability for implementing agreed actions. The Business Manager, Administration Manager and Office Manager also attend these meetings.
- According to a number of cardiologists, the recruitment process for new cardiologists, is not transparent.

2. Patient safety and quality systems

Clinical cardiology meetings

- We have been provided with a departmental meeting schedule. Feedback suggests that attendance at some meetings is variable and some meetings have not taken place because Covid19 restrictions.
- Meetings are not always multidisciplinary.
- There are no attendance records or minutes made available.

Protocols and procedures

- There is a well-established protocol for STEMI management. The door to balloon time metrics from 2018 and 2019 are well within the recommended guidelines, reflecting an exemplary service (Appendix 2).
- The administration staff have procedures in place for scheduling procedures such as cardiac catheterisation laboratory procedures, diagnostic tests and outpatient appointments. However, feedback suggests that physician compliance with CHS mandated processes is patchy and processes are frequently circumvented by individual cardiologist preference.

Follow up and action from TOE incident in 2019

- There does not appear to be any significant change in the protocol or procedure for TOE. We understand that a new protocol has been developed but has not been signed off by the Director. This is a major concern with respect to patient safety.

3. Clinical performance and effectiveness

Credentialing

- The medical credentialing process for cardiologists does not appear to be robust and rigorous. This poses a significant risk to patient safety.
- The scope of practice for each cardiologist is not defined. For instance, interventional cardiologists implant pacing devices and non-echo trained cardiologists perform and report echocardiograms, including TOE.
- It is not clear that procedural numbers are adequate to maintain competence in accordance with CSANZ guidelines for echocardiography, coronary intervention and device insertion.^{2 3 4}

Performance Review and Development (PRD)

- There is a robust PRD process in place for nursing, allied health and administration staff with annual reviews taking place.
- There does not appear to be a PRD process in place for the cardiologists, including the Director of Cardiology. Recently the Department of Medicine has commenced a job planning process involving individual meetings with cardiologists, the Executive Director and Clinical Director for the Division of Medicine. The outcome of these meetings is outside the scope of this review.
- Issues relating to the performance and behaviour of cardiologists have been reported by medical, nursing and allied health staff. Feedback from staff suggests that there is poor follow up and that any recommended changes do not occur.

Teaching and Training

- There are three accredited advanced cardiology training positions in the unit. Feedback suggests that the advanced trainees are not always adequately supervised.
- Cardiology has a low profile for teaching and training of staff outside the unit e.g. Emergency department medical staff.
- Teaching and training opportunities for allied health staff are limited because of the clinical workload and inadequate staffing.

4. Safe environment for the delivery of care

- One of the catheter laboratories was de-commissioned in February 2019. This poses a significant quality and safety risk to staff and patients (poor quality imaging and increased radiation doses compared with newer equipment). There does not appear to be a plan to replace this laboratory.
- Some TOE procedures continue to be performed in same room deemed unfit in the CRC report. There has been an effort to relocate these procedures to the recovery area which provides more space but there are concerns about performing aerosol generating procedures in such a space.

² https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo_2015-February.pdf

³ https://www.csanz.edu.au/wp-content/uploads/2014/12/Competency_in_PCI_2014-August.pdf

⁴ https://www.csanz.edu.au/wp-content/uploads/2017/03/Sub-spec-Training-CIED_2017-March.pdf

Opportunities for Improvement

- *An up to date strategic/business plan for cardiology services aligned with the CHS Corporate Plan should be developed as a priority (Appendix 3).
 - *The plan should be developed with, and made available to, all staff.**
- *The management structure within cardiology must be clearly defined, including reporting lines with a reasonable number of direct reports. The management structure should include clinical leads in the sub-specialties of echocardiography, EP/pacing, intervention, heart failure and cardiology inpatients. Consideration may be given for future lead roles in cardiac CT/MRI and research/teaching. The clinical leads must be provided with clear, measurable goals and accountabilities.*
- *The EP service has significant challenges. The poor professional relationship between [REDACTED] [REDACTED] should be addressed and recruitment for additional support staff should be expedited.*
- *Additional resources are required to support teaching and training of sonographers.*
- *An annual PRD process must be implemented for the senior medical staff. This should include agreed key performance outcomes measures.*
- *There is an opportunity to develop a robust credentialing process to ensure ongoing clinical competence.*
- *There should be greater staff engagement and attendance at regular clinical meetings. Meetings can be conducted face-to-face or via web-based meeting applications.*
- *There should be regular teaching sessions for trainees despite the coronavirus pandemic.*
- *A regular clinical audit process should exist, especially for intervention, EP and inpatient outcomes. There must be a process to act upon recommendations arising from audits, with measurable outcomes.*
- *All meetings should be inclusive with members from the multidisciplinary team represented.*
- *Replacement of the older catheter laboratory should be a priority – if capital funds are not available, a leasing option should be considered.*

2. Integration of cardiology services

Cardiology has important links with many other departments, including the Emergency department, Intensive Care Unit, Radiology and Cardiac Surgery.

Cardiology Department (internal)

- Staff feedback suggests that on the whole, cohesion and collegiality within the sub-specialties is good. However, communication and collaboration between sub-specialty areas is sub-optimal and there is a strong feeling that staff are working in “silos.”
- Interpersonal difficulties, particularly involving some cardiologists, limit the extent of communication and collaboration.

Emergency Department (ED)

- Feedback from the ED suggests the well-defined pathway for STEMI patients works well.
- For other patient conditions, such as out-of-hospital cardiac arrest, there is a wide variation in management which is challenging for ED staff.
- The admission process from the ED appears to be complex and inefficient. The process requires multiple steps in order for a patient to be accepted by Cardiology, increasing the length of stay in the ED.
- There are no formal clinical meetings between the ED and Cardiology.

Intensive Care Unit (ICU)

- Minimal formal interaction e.g. ICU not present at cardiology/cardiac surgery meeting or at cardiology audits
- Impression that cardiologists work as individuals rather than a team and hostility between some cardiologists is known.
- Lack of consistency about clinical management of cardiology patients, especially involving out-of-hospital cardiac arrest patients. Feedback suggests that obtaining a consultant opinion is often challenging with some cardiologists providing phone advice only for critically ill patients. There is no defined pathway for escalating care.
- Goals of care for seriously ill cardiology patients are not always defined, resulting in inappropriate use of the MET system.
- No integration between ICU and cardiology with respect to echocardiography e.g. images obtained by ICU not able to be viewed by cardiology and vice versa.

Cardiac Surgery

- Feedback from the Director of Cardiac Surgery suggests that the relationship between the departments is quite good. In particular, the Coronary Care Unit is felt to work efficiently. However, it is clear that communication is largely at consultant to consultant level, rather than at a unit level.
- The weekly cardiac surgery/cardiology combined meeting is poorly attended by the cardiologists and cases are not formally presented for clinical decision making. There is no agenda and no record of decisions made.
- These meetings have not occurred since March 2020.
- Referrals to cardiac surgery are made via direct communication between cardiologist and surgeon, cardiology AT to cardiac surgery AT or via the cardiac surgery secretary.
- It is apparent that ACT public patients are being referred to Sydney for cardiac surgery without consultation with cardiac surgery. This may be appropriate for some complex patients, but the practice appears widespread.
- Concern was expressed that some patients proceed to coronary intervention without a heart team review to assess the appropriateness of the procedure.

Calvary Public Hospital Bruce (CPHB)

- There is a well-established relationship between cardiology and CPHB.
- There is a regular catheter lab session at CHS, with approximately 4 patients per week undergoing diagnostic and interventional procedures. Patients requiring urgent procedures are treated on a needs basis.
- Post-procedural transfer of patients back to CPHB appears to work efficiently.
- No safety concerns were raised by CPHB unit director.

National Capital Private Hospital (NCPH)

- Most of the cardiologists at CHS also have private practice at NCPH.
- A common issue is that cardiologists leave during private catheterisation lists, to see patients in the public hospital, leading to inefficient use of private catheter lab lists.

Opportunities for Improvement

- *The vision and goals for the department must be clear to all staff as this would facilitate better collaboration and collegiality between sub-specialty areas.*
- *The admission process from ED could be improved*
 - *Referrals triaged by the AT, who is more experienced, rather than the BPT*
 - *Admissions accepted after telephone referral rather than requiring in-person assessment of patients*
- *The referral process of patients to cardiac surgery would be improved by the implementation of a weekly multidisciplinary meeting, using a Heart Team model⁵ ⁶. There should be a list of patients to be discussed, case presentations by ATs, collaborative discussion about the best management strategy for patients based on recognised guidelines and a formal record of the agreed plan. This process requires a commitment by the managing cardiologists to attend the meeting.*
- *Collaboration with ICU would be improved by including ICU in clinical meetings, such as the cardiology/cardiac surgery meeting and providing integration of echo images.*
- *Unit protocols should be developed to reduce variation in management of cardiology patients and to support clinical decision making in ED and ICU.*
- *Goals of care and end of life planning should be defined and documented to support the MET service.*

⁵ Kohl P, Windecker S, Alfonso F, et al. 2014 ESC/EACTS guidelines on myocardial revascularization: The Task Force on Myocardial Revascularization of the European Society of Cardiology [ESC] and the European Association for Cardio-Thoracic Surgery [EACTS] Developed with the special contribution of the European Association of Percutaneous Cardiovascular Interventions [EAPCI]. Eur Heart J 2014; 35:2541–2619.

⁶ Luckraz H, Norell M, Buch M, et al. Structure and functioning of a multidisciplinary 'Heart Team' for patients with coronary artery disease: rationale and recommendations from a joint BCS/BCIS/SCTS working group. Eur J Cardiothorac Surg 2015; 48:524–529.

3. Efficiency of cardiology services

The efficiency of cardiology services was explored, with particular attention to outpatients and diagnostics. Health roundtable data⁷ were provided which suggest that on the whole, inpatient services are reasonably efficient compared with other cardiology units of similar size. The major rate of hospital acquired complications for cardiology inpatients was 2% compared with 3% in like hospitals. However, the average length of stay at CHS for these patients is up to 5 days longer than the best performing service. Improvements could also be made in the length of stay for heart failure patients.

Outpatient clinics

- Outpatient clinics do not operate efficiently.
- Variable patient numbers are seen in clinic, related to cardiologist availability and preference.
- There is an extremely long waiting list (up to two years) with waiting times varying according to cardiologist and procedure.
- Low discharge rates contribute to the long wait times.
- High failure to attend rates (not surprising with such long wait times).
- Feedback suggests nurse-led clinics receive variable cardiologist support.
- Nurse-led clinic staffing levels are insufficient to provide adequate backup for annual or sick leave (the heart failure and EP/pacing clinics are especially vulnerable).
- The outpatient booking system is only capable of booking appointments up to six months ahead. This poses challenges in ensuring patients do not get lost to follow-up, especially for patients with implanted devices.

Diagnostic testing

- There is a process for booking outpatient diagnostic tests, however the process is frequently circumvented by doctors insisting that their patients take precedence. Feedback suggests that private patients are given priority by some cardiologists.
- There is an extremely long waiting list for outpatient echocardiography (approximately 1,500 patients) which presents an extreme clinical risk.
- The reporting of echocardiograms appears to be quite haphazard and delayed – cardiologists do not appear to have clear directions about reporting times or numbers of reports to be completed.
- There is no clear pathway for scientists to report abnormal test results which require early cardiology assessment – cardiologists frequently are not in the department or contactable during their allotted session time and/or are reluctant to provide advice outside their allotted sessional time.

Inpatient services

- The model of care for cardiology inpatients mimics a private practice model i.e. patients are generally managed by individual cardiologists, where a previous relationship exists. This model is inefficient for nursing and junior medical staff and leads to individual practices, rather than unit-based management. This model may lead to delays in scheduling catheter lab procedures, depending on individual referral patterns. It also leads to delays in discharge planning as it depends on individual cardiologist availability.
- Some patients are followed up privately after discharge, which is an accepted practice. Feedback suggests that some public patients are being charged high fees for ongoing investigations and management, making them financially disadvantaged.

1. ⁷ Health Roundtable 06/05/2020 v02 8781-7562884 PDF

Opportunities for Improvement

- *Current waiting lists need to be reviewed and culled where appropriate. This will require a dedicated clinical and administration resourcing.*
- *The model of care for outpatients should include increased discharge rates back to primary care with appropriate documentation.*
- *There needs to be an agreed clinic template with an appropriate number of patients to be seen and cardiologists are required to be accountable.*
- *Nurse-led clinics require increased staffing to ensure continuity of care during periods of leave. Adequate and reliable support must be provided by cardiologists.*
- *Outpatient clinics dedicated to sub-specialties should be considered e.g. heart failure, arrhythmia, valve/structural heart disease and general (this model also provides excellent opportunities for teaching and training).*
- *There should be an echocardiologist rostered to cover the echocardiography service 5 days per week from 08.30h – 16.30h.*
- *The echocardiography reporting roster needs to be transparent and accountable e.g. the cardiologist responsible for the session is required to be on-site and available for consultation and reporting of echocardiograms, particularly where urgent reports are required.*
- *The pathway for scientists to report abnormal tests or escalate patient care, should be very clear and supported by all cardiologists.*
- *There is an opportunity to improve cardiology inpatient management so that patient care is streamlined and consistent, according to agreed evidence-based unit protocols. All patients should be admitted under a single cardiology bed card and managed by the rostered cardiologist. This does not preclude consultation with the patient's usual managing cardiologist. The model of care should apply to all patients regardless of insurance status.*

4. Culture

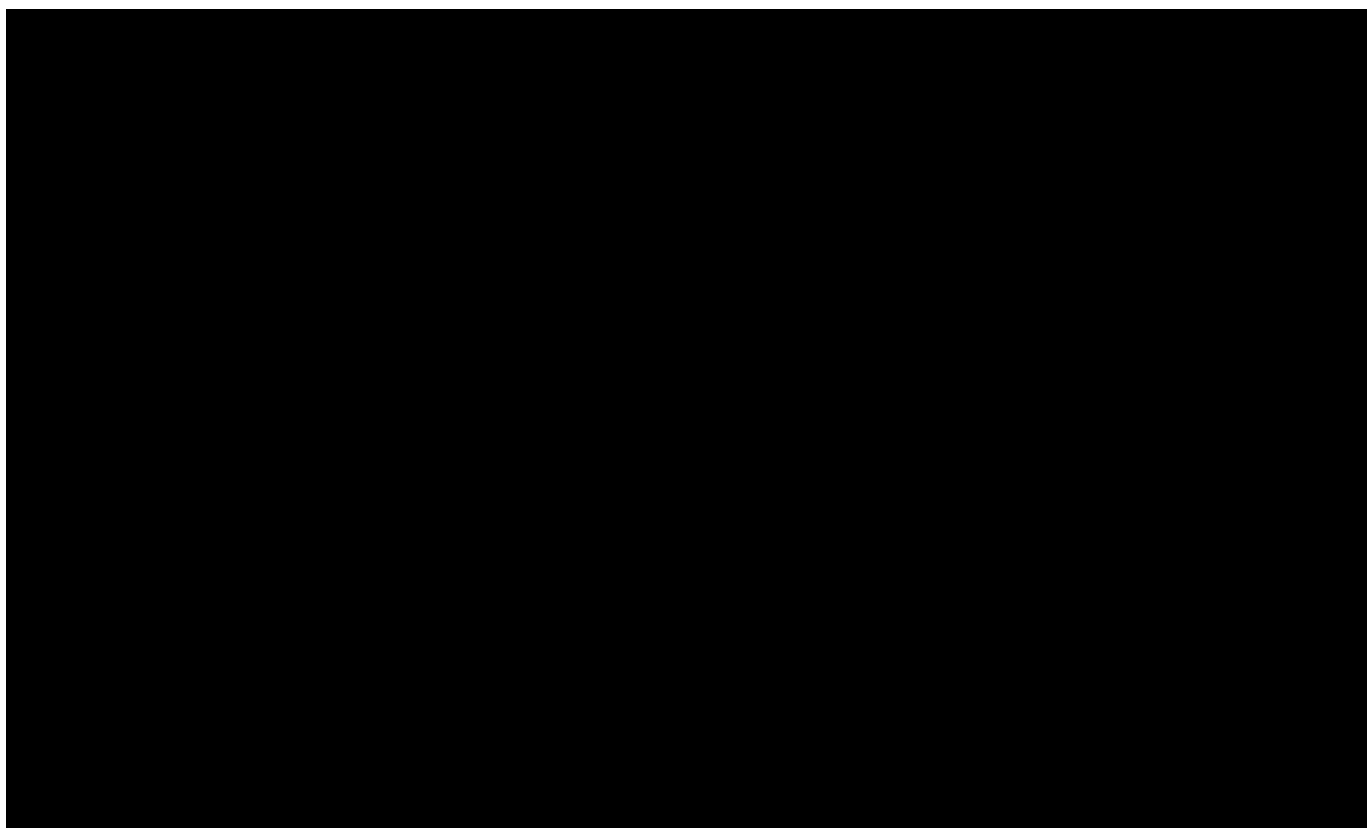
The culture of the cardiology unit was assessed using a number of parameters, including previous culture surveys (appendix 3) and feedback from many departmental staff members. There were also comments about the culture in the department included in the two previous reviews and these were considered.

Our impression is that all staff appear to be working very hard to deliver the best patient care they can. In most areas, staff gave positive feedback about their interactions within their local teams.

The well-recognised and long-standing conflict amongst the medical staff, continues to have a significant impact on the ability of the staff to work effectively.

The overwhelming impression is that a culture of blame exists in many areas of the department. Staff feel overworked, under- appreciated, concerned about patient safety and powerless to makes changes for the better.

The table below includes common reflections from the staff members who were interviewed in October 2020.



Opportunities for Improvement

- *There must be clearly defined values and goals for the department, aligned with the CHS values (appendix 4): reliable, progressive, respectful and kind – these will facilitate better communication and collaboration across the department, which in turn will improve patient safety.*
- *The ACT Public Service Code of Conduct ⁸ should be adhered to, without exception. Breaches must be managed and individuals held to account for poor behaviour.*
- *A culture of mutual respect must be engendered.*
- *Bullying must not be tolerated.*
- *For clinical safety concerns, there must be a clear escalation protocol including responsibilities, which is supported by all staff.*

- [REDACTED]

Limitations of this Review

- Inability to undertake a site visit and face-to-face interviews because of the coronavirus pandemic
- The review did not include feedback from patients and consumers
- The review did not include feedback from referring practitioners
- No information was obtained about current research activities or university relationship

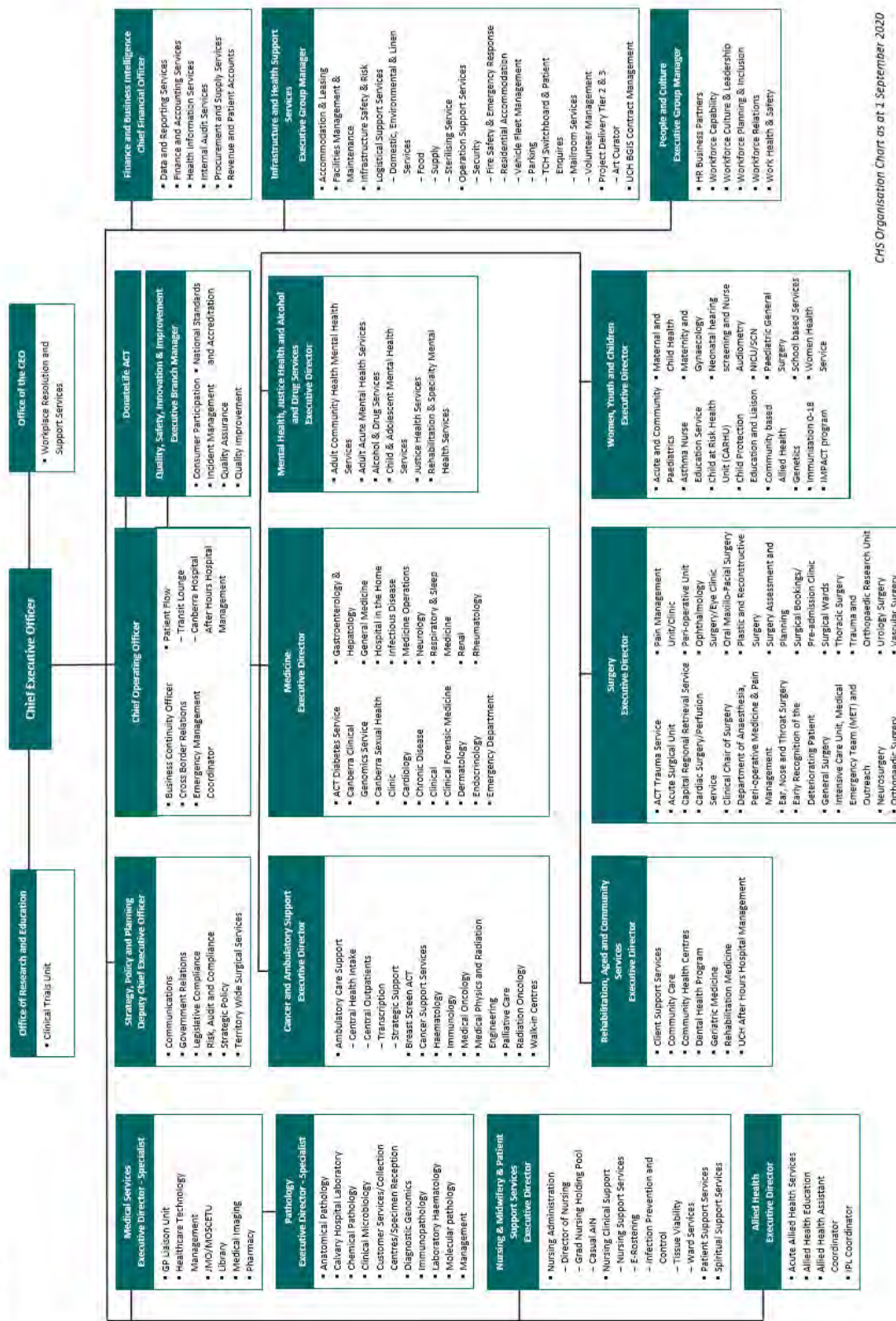
⁸ <https://www.apsc.gov.au/print-demand-aps-values-employment-principles-and-code-conduct>

References

5. <https://www.safetyandquality.gov.au/our-work/clinical-governance/clinical-governance-standard>
6. https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo_2015-February.pdf
7. https://www.csanz.edu.au/wp-content/uploads/2014/12/Competency_in_PCI_2014-August.pdf
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9. Kohl P, Windecker S, Alfonso F, et al. 2014 ESC/EACTS guidelines on myocardial revascularization: The Task Force on Myocardial Revascularization of the European Society of Cardiology [ESC] and the European Association for Cardio-Thoracic Surgery [EACTS] Developed with the special contribution of the European Association of Percutaneous Cardiovascular Interventions [EAPCI]. *Eur Heart J* 2014; 35:2541–2619.
10. Luckraz H, Norell M, Buch M, et al. Structure and functioning of a multidisciplinary 'Heart Team' for patients with coronary artery disease: rationale and recommendations from a joint BCS/BCIS/SCTS working group. *Eur J Cardiothorac Surg* 2015; 48:524–529.
11. Health Roundtable 06/05/2020 v02 8781-7562884 PDF
12. <https://www.apsc.gov.au/print-demand-aps-values-employment-principles-and-code-conduct>

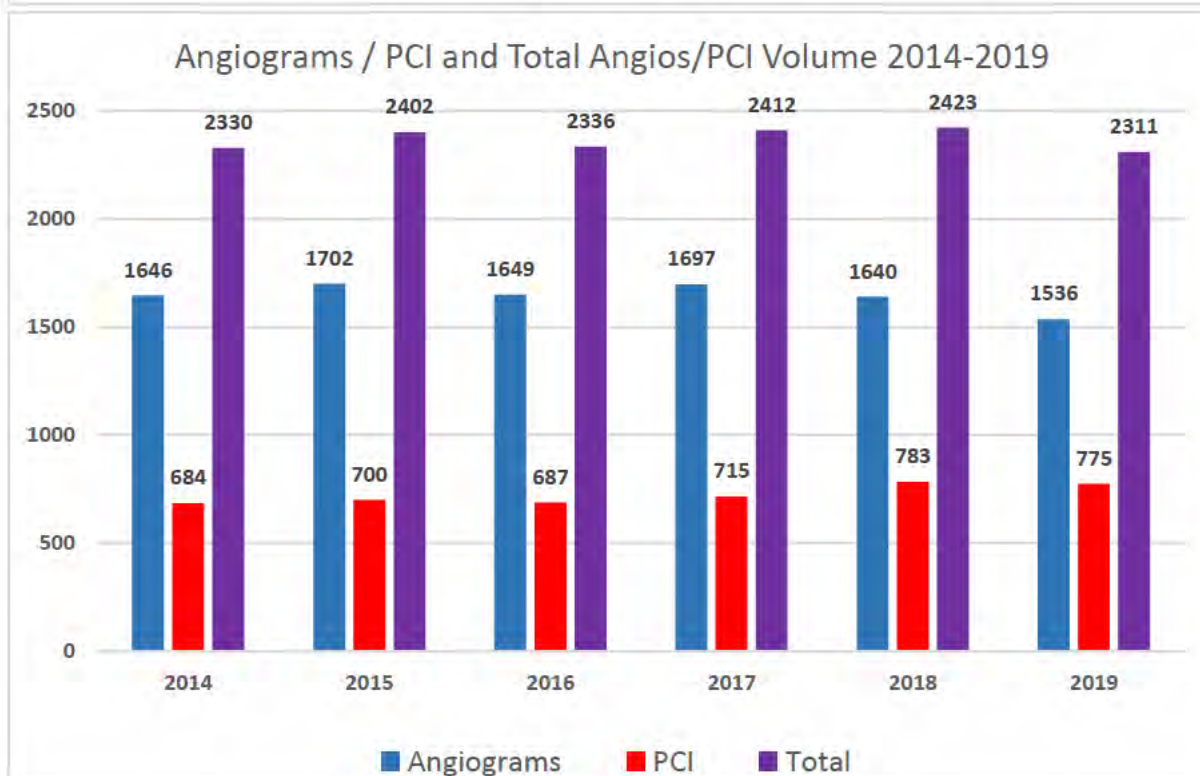
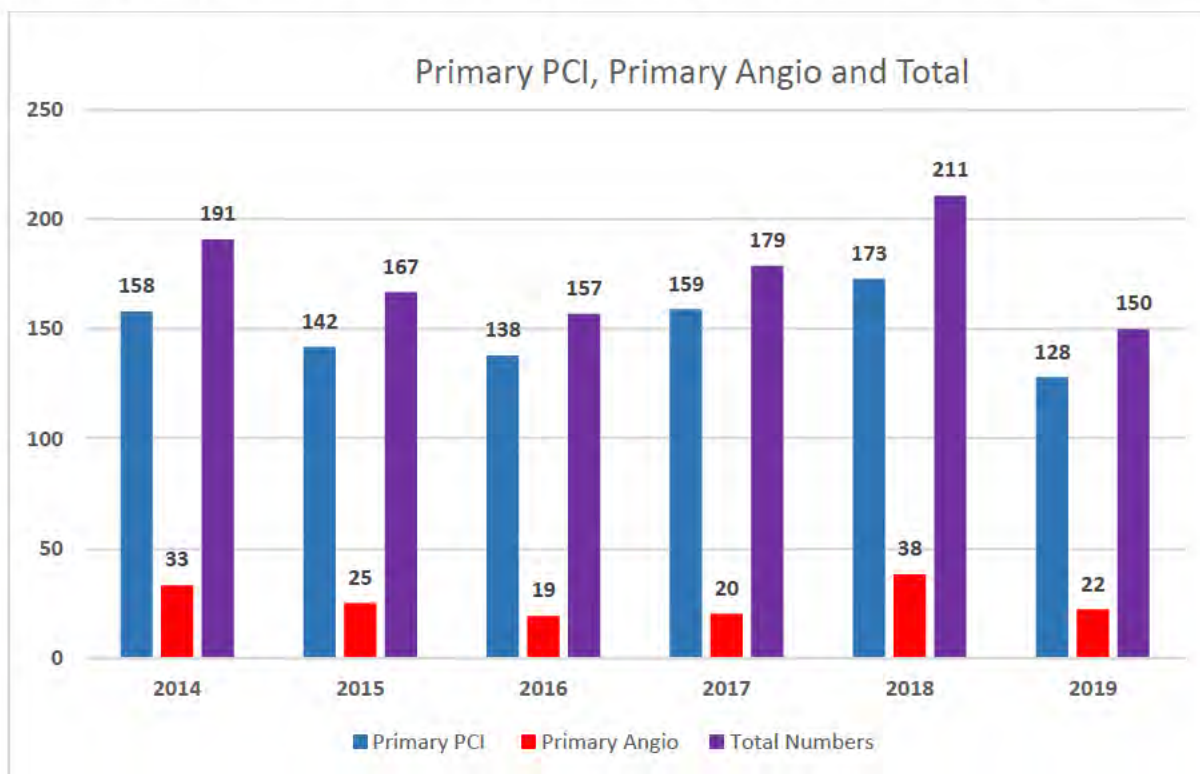
Appendix 1 CHS Organisational Structure 2020

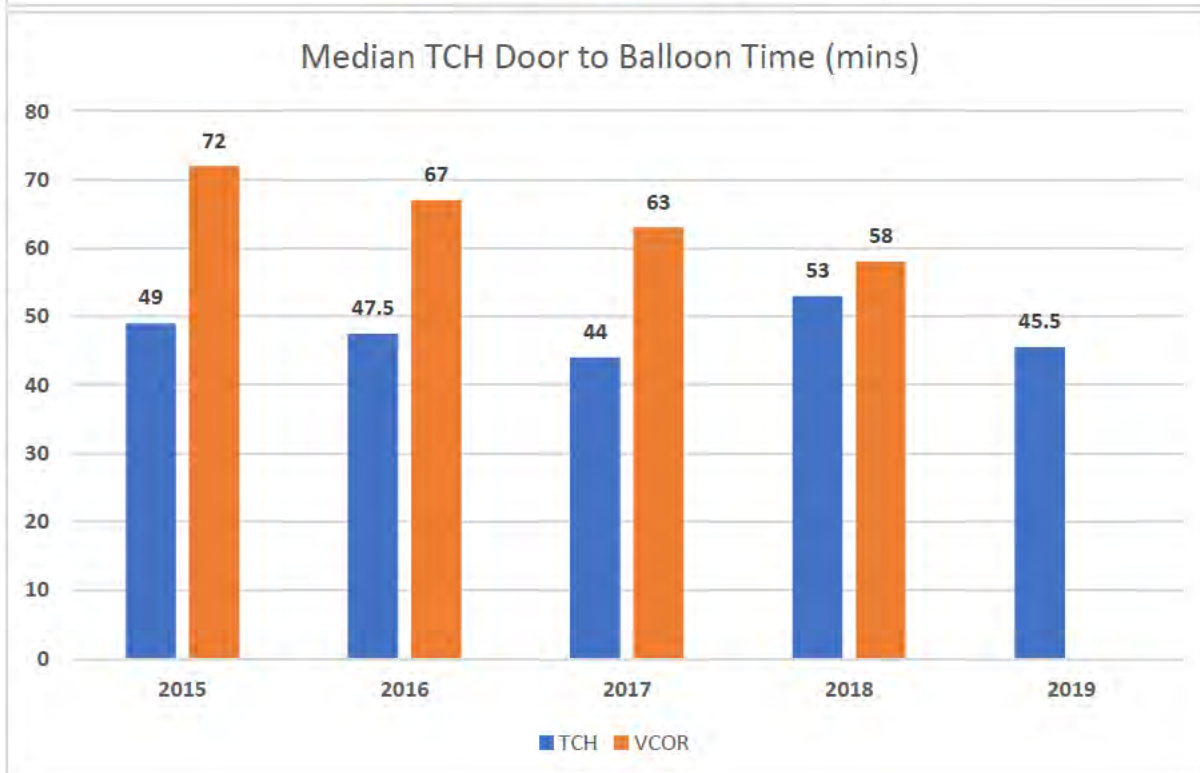
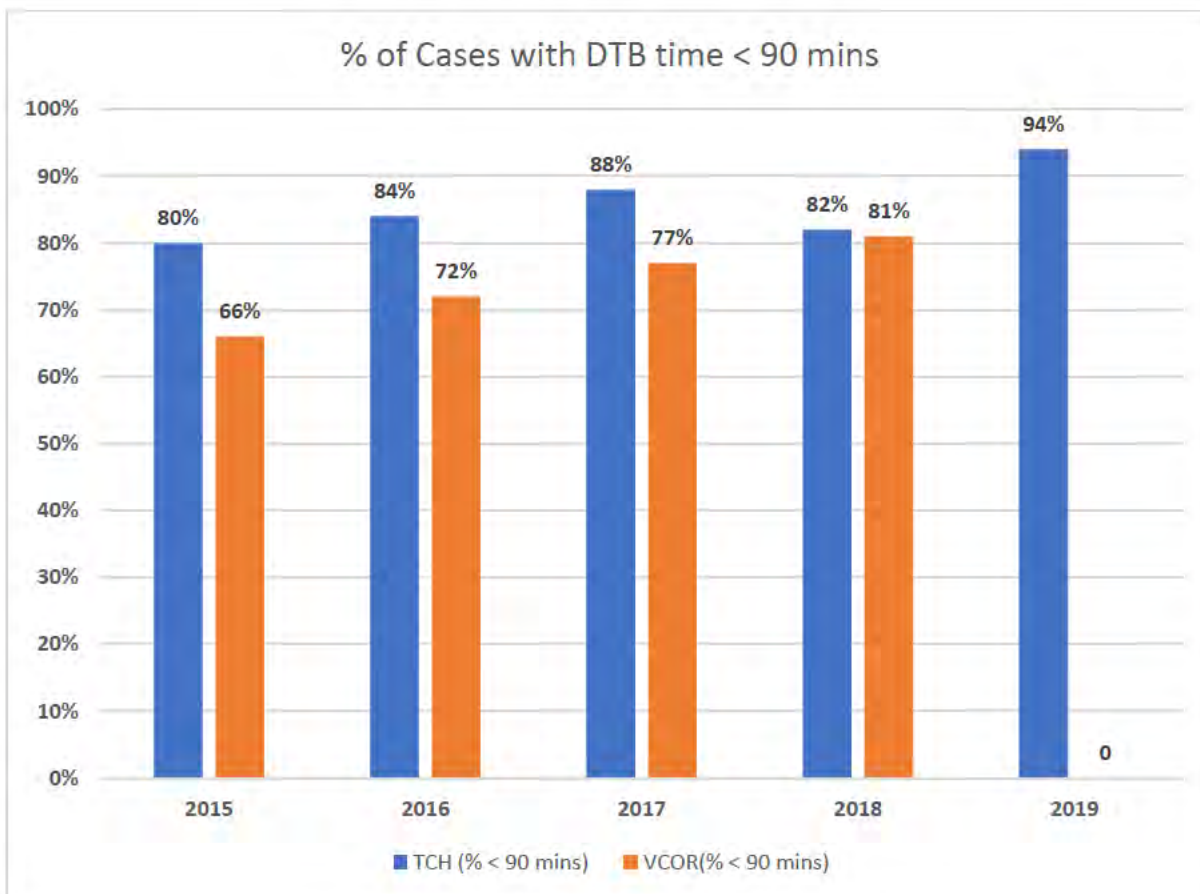
CANBERRA HEALTH SERVICES ORGANISATIONAL CHART

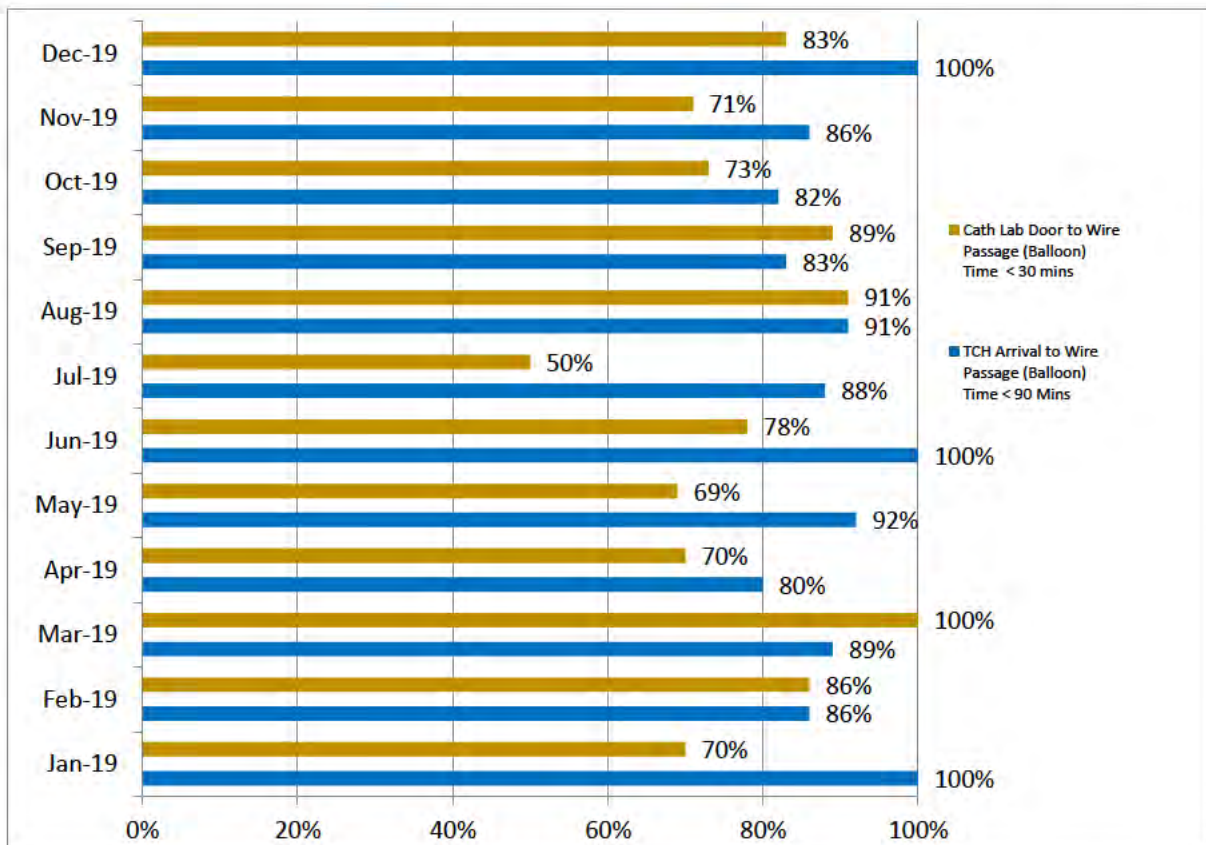
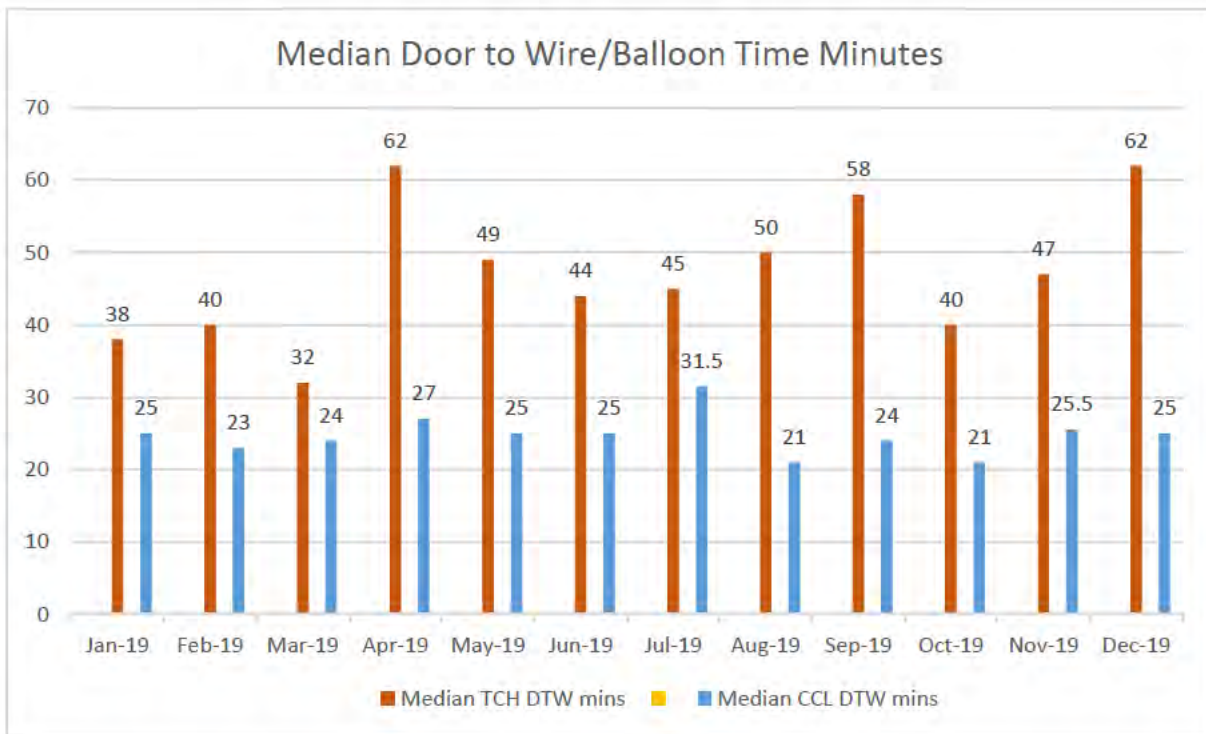


CHS Organisation Chart as at 1 September 2020

Appendix 2 Cardiac Catheter Laboratory Data provided [REDACTED] October 2020







Appendix 3 CHS corporate plan 2020

Canberra Health Services Corporate Plan

Our strategic priorities for July 2020 - June 2021



Strategic priorities	Our initiatives	Our deliverables	How we will measure our performance
Personal health services 	People centred care	> Improve our performance against key safety and quality performance measures to achieve our aim of being the safest health system in the nation Ensure full implementation of the second edition of the National Safety and Quality Health Service Standards across CHS	Reduction in percentage of episodes where the patient had a hospital acquired complication from 2.3% to 1.99% by June 2021 Final National Standards accreditation preparation completed by June 2021
	Timely care and patient flow	> Improve our emergency department performance to ensure people receive the right treatment, at the right time, in the right place	100% of Triage Category 1 and 70% of Category 2 to 5 emergency patients seen within clinically recommended time. 70% of emergency patients have a length of stay in the emergency department of less than four hours
A great place to work 	Culture and leadership	> Enhance workplace culture through improving workforce engagement by developing and implementing a Positive Workplace Strategy	Improvement in quarterly Net Promoter scores for staff engagement survey questions by June 2021
	Safety and reduction in occupational violence	> Implement the CHS Occupational Violence Strategy to improve workplace health and safety with a focus on preventing and minimising occupational violence	5% reduction in occasions of lost time due to occupational violence incidents by June 2021, compared to baseline (2019-20)
A leading specialist provider 	Establish the service profile	> Develop CHS Clinical Services Plan and Garran Campus Master Plan to add better structure and predictability to future services and budget decisions, and ensure services delivered are safe for our profile and service frequency	CHS Clinical Services Plan finalised by June 2021 Garran Campus Master Plan finalised by June 2021
A partner to improve people's health 	Committed to Aboriginal and Torres Strait Islander peoples	> Improve how we care by developing a CHS 'Reflect' Reconciliation Action Plan in collaboration with Aboriginal and Torres Strait Islander peoples Review CHS performance data to establish a key suite of quality and safety measures for Aboriginal and Torres Strait Islander peoples, including benchmark data and targets	CHS 'Reflect' Reconciliation Action Plan developed by December 2020 Develop and commence reporting on an Aboriginal and Torres Strait Islander Health Measurement Plan by December 2020
	Enabler 	Sustainability	> Assess effectiveness of our performance by benchmarking against peers Ensure effective financial management and financial sustainability by implementing savings strategies for budget recovery and repair

From: Smitham, Kalena (Health)
Sent: Friday, 15 October 2021 14:52
To: Peffer, Dave (Health); Taylor, Jacqui (Health)
Subject: Cardiology

Hi both,

Good news we can proceed with using a legal team to do the PA/review for us under Dave's delegation. We will progress to arrange brief and scope.

Kalena Smitham

Executive Group Manager

People and Culture | Canberra Health Services

Level 1, Building 23 | Canberra Hospital

Phone: 5124 9544 | [REDACTED]

Email: kalena.smitham@act.gov.au

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Services**

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C CHECKS O OPTIONS D DEMANDS E ELEVATES

From: Taylor, Jacqui (Health)
Sent: Friday, 19 November 2021 14:37
To: Tosh, Jim (Health); Bacon, Phil (Health); Swaminathan, Ashwin (Health)
Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

OFFICIAL

Hi Jim, yes am happy to support and please take this email as approval to progress

Jac

Jacqui Taylor | Executive Director
Phone: 02 5124 3603 | Email: jacqui.h.taylor@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 24, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Friday, 19 November 2021 1:48 PM
To: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: FW: Canberra Hospital - some assistance with some cultural behavioural matters
Importance: High

OFFICIAL

Hi Phil and Jacqui,

Please see below for approval for single select.

I will call to discuss.

Kind regards

Jim Tosh
**Senior Director, Business Partnerships
People & Culture**
Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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From: [REDACTED]
Sent: Friday, 19 November 2021 12:45 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Cc: [REDACTED]
Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Jim

Scope of Work

ACT Health has asked us to undertake a preliminary and expedient assessment of culture and behaviours within the Cardiology Unit.

This assessment will involve interviewing ■ witnesses and up to ■ subjects.

We will prepare a report which:

- outlines the information obtained with respect to alleged misconduct and culture from the witnesses and the subjects of any alleged behaviours;
- particularises allegations of misconduct which should be the subject of formal investigation; and
- makes observations with respect to the culture within the Cardiology Unit and recommends action that could be taken to improve the culture within the Unit.

We confirm that Barbara can commence work on the assessment immediately.

Proposed personnel

Barbara Deegan, consultant, will undertake the preliminary assessment. Barbara will be assisted by Adam Brett, graduate lawyer, who will take notes during the interviews and assist with the preparation of the investigation report.

Paul Vane-Tempest, partner, will review the report for quality assurance purposes.

Please don't hesitate to contact us to discuss.

Kind regards

Peter

Peter McNulty

Senior Associate

Ashurst

Ashurst Australia, Level 11, 12 Moore Street, Canberra, ACT 2601, Australia

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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Thursday, 18 November 2021 10:00 AM
To: McNulty, Peter 64037 [REDACTED]
Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

OFFICIAL

Thanks Peter,

Apologies for the miscommunication.

Kind regards

Jim

From: [REDACTED]
Sent: Wednesday, 17 November 2021 7:26 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Subject: FW: Canberra Hospital - some assistance with some cultural behavioural matters

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Jim

Apologies for the delay, I had mistakenly thought you were going to confer with the conduct team and come back to us following that discussion to confirm the scope.

We will get the quote to you tomorrow on the basis of the expedient assessment.

Kind regards

Peter

Peter McNulty

Senior Associate

[REDACTED]
Ashurst

[REDACTED]
Ashurst Australia, Level 11, 12 Moore Street, Canberra, ACT 2601, Australia

[REDACTED]
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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Wednesday, 17 November 2021 3:57 PM
To: [REDACTED]
Cc: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Subject: FW: Canberra Hospital - some assistance with some cultural behavioural matters
Importance: High

OFFICIAL

Hi Peter,

Just wondering how you have gone with the quote for the services below since our last conversation.

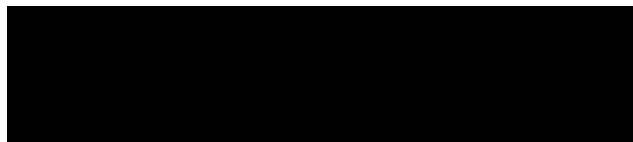
To reiterate, we landed on the expedient assessment, interviewing the numbers of staff outlined below and providing a report with draft allegations.

Kind regards

Jim Tosh
Senior Director, Business Partnerships
People & Culture
Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Monday, 8 November 2021 5:29 PM
To: [REDACTED]
Cc: [REDACTED] Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

OFFICIAL

Thanks Barbara,

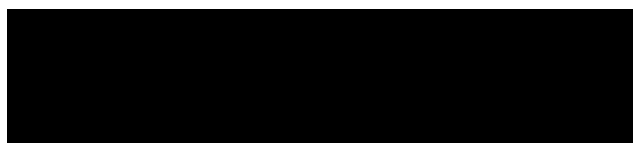
Apologies for the delay, and I hope all is well.

Kind regards

Jim Tosh
Senior Director, Business Partnerships
People & Culture
Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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From: [REDACTED]
Sent: Monday, 8 November 2021 3:58 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Cc: [REDACTED]
Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

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Dear Jim

Thank you for this. We will respond as quickly as possible.

Kind regards

Barbara

Barbara Deegan

Consultant

[REDACTED]
Ashurst
[REDACTED]

Ashurst Australia, Level 11, 12 Moore Street, Canberra, ACT 2601, Australia

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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Monday, 8 November 2021 3:02 PM
To: [REDACTED]
Cc: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

OFFICIAL

Dear Barbara,

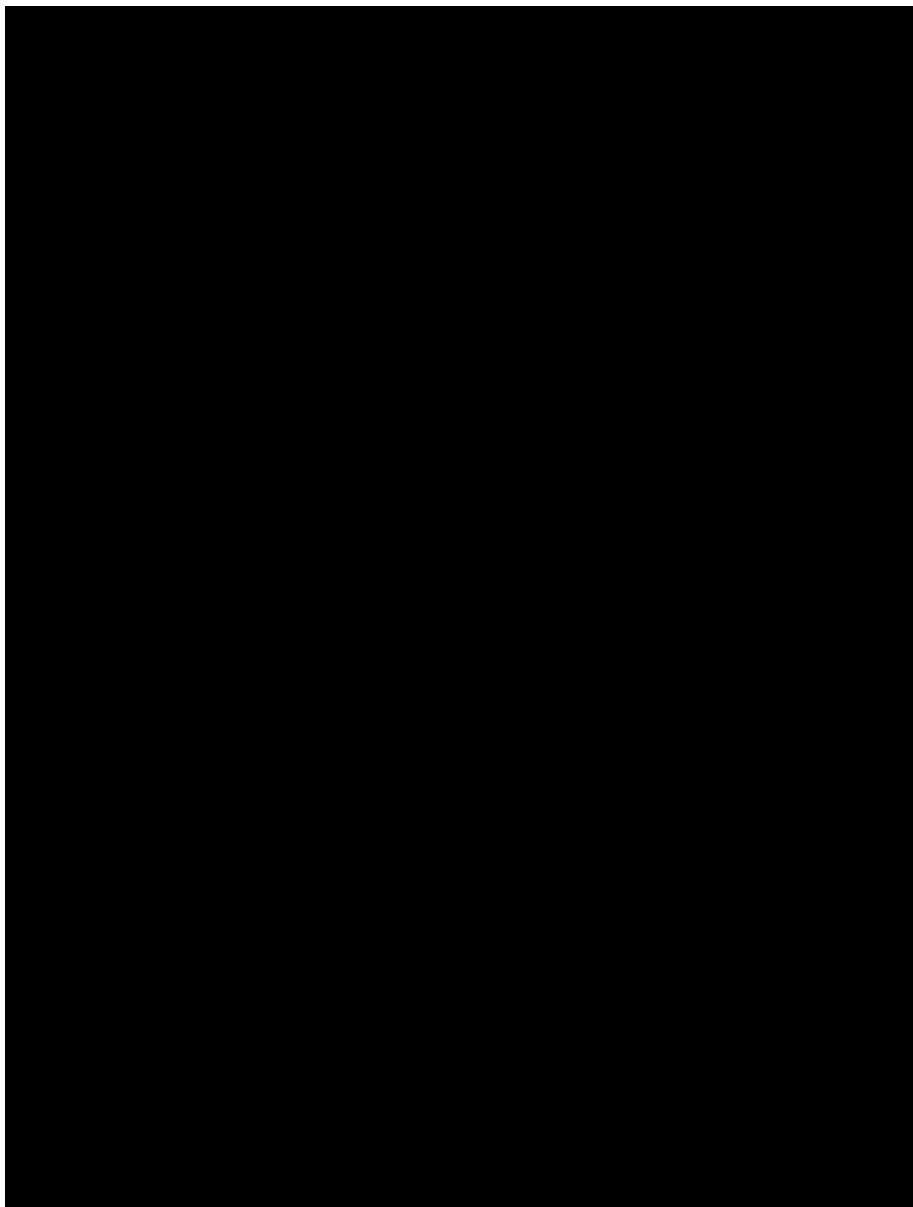
After having spoken to a number of people within the Division of Medicine and conferring with the management team, we have an initial 9 witnesses with potentially [REDACTED] respondents, requiring a total of [REDACTED] interviews. It is possible that this number may expand further.

The scope of the work is as follows:

- Gathering any information that may be relevant to misconduct proceedings arising from your enquiries;
- Drafting any misconduct allegations that arise as a result of your findings, for the purposes of an investigation;
- Making findings in relation to any further work required by Canberra Health Services to improve culture within cardiology; and to make clear our expectations of all staff, including but not limited to senior medical staff.

ACT Government Enterprise Agreements do not contain many limitations in relation to the manner in which such inquiries are to occur, however in order to progress to a misconduct investigation (if that is found to be a relevant

pathway) we would need to satisfy the “Preliminary Assessment” provisions of the Enterprise Agreements which are as follows:



The Agreement can be found in full here: [AE510064 \(fwc.gov.au\)](https://www.fwc.gov.au/ae510064)

In our usual contracting arrangements for preliminary assessments, the following terms of reference conditions normally apply:

(1) The fees for the required services to be calculated based on the following;

- a) rates for the required services are: \$### per hour (GST ex),*
- b) the estimated effort to address the Terms of Reference being up to 55 hours, including;*
 - i. including 13 x interviews (3 hours per interview – including preparation, the interview, and any minute/note taking required); and*
 - ii. 16 hours for finalising a report.*
- c) Obtain CHS’s express permission (via the Nominated Contact Officer) before undertaking further work where it is likely the actual fees for the required services will exceed the fees set out in this letter.*

Given your experience, we are interested in any alternate view as to how we would manage such a process.

On the basis of above, would you be so kind as to provide a quote based on the above terms of reference?

Kind regards

Jim Tosh

Senior Director, Business Partnerships

People & Culture

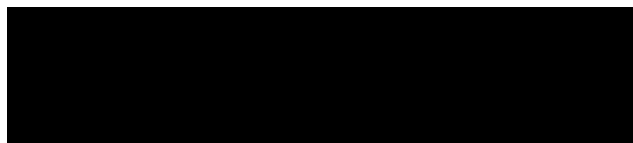
Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: jim.tosh@act.gov.au

Level 1 Building 23, Canberra Hospital

PO Box 11, WODEN ACT 2606

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From: [REDACTED]

Sent: Friday, 15 October 2021 4:22 PM

To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>

Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

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Hi Jim

Would you be available on Monday for a quick call to discuss this. I have capacity as I am just finalising a number of reports. Please let me know when would be a good time and whether you and your colleague would like to discuss via Microsoft Teams?

Kind regards

Barbara

Barbara Deegan

Consultant

[REDACTED]

Ashurst

[REDACTED]

Ashurst Australia, Level 11, 12 Moore Street, Canberra, ACT 2601, Australia

[REDACTED]

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Subject: Cardiology Review Update
Location: Building 8, Level 3, Meeting Room 5 & Webex (link included)

Start: Mon 29/11/2021 17:30
End: Mon 29/11/2021 19:00
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Taylor, Jacqui (Health)

Required Attendees: Baldwin, Alison (Health); Clift, Catherine (Health); Lander, Michelle (Health); Simpson, Karen (Health); Ahmad (home); Alasady, Muayad (Health); Allada, Christopher (Health); Charles (home); Chris Allada (private); Farshid, Ahmad (Health); Itty, Charles (Health); Kalam, Kashif (Health); Kashif (home); Kris (home); Moyazur; Muayad (home); Nowakowski, Kris (Health); O'Connor, Simon (Health); Pathak, Rajeev (Health); Peter Scott (Calvary); Rahman, Moyazur (Health); Rajeev (home); Tan, Ren (Health); Wilson, Sharon (Health); Adam, Deanna (Health); Tate, Kathleen (Health); Giles, Leah (Health); Corney, Anne (Health); Sharp, Ethan (Health); Rixon, Kelli (Health); Noffke, Kellie (Health); Peffer, Dave (Health); Bacon, Phil (Health); Tosh, Jim (Health); Peter Scott (Calvary); French, Peter; Peter French

Optional Attendees: Stuart-Rokvic, Sorsha (Health)

Dear all,

Please see attached agenda.

We would urge you to prioritise and attend in person or via Webex, as it is vital that we update you on the cardiology review and next steps.

The session will be recorded for those who cannot attend.

Regards,

Jacqui Taylor & Ashwin Swaminathan

-- Do not delete or change any of the following text. --

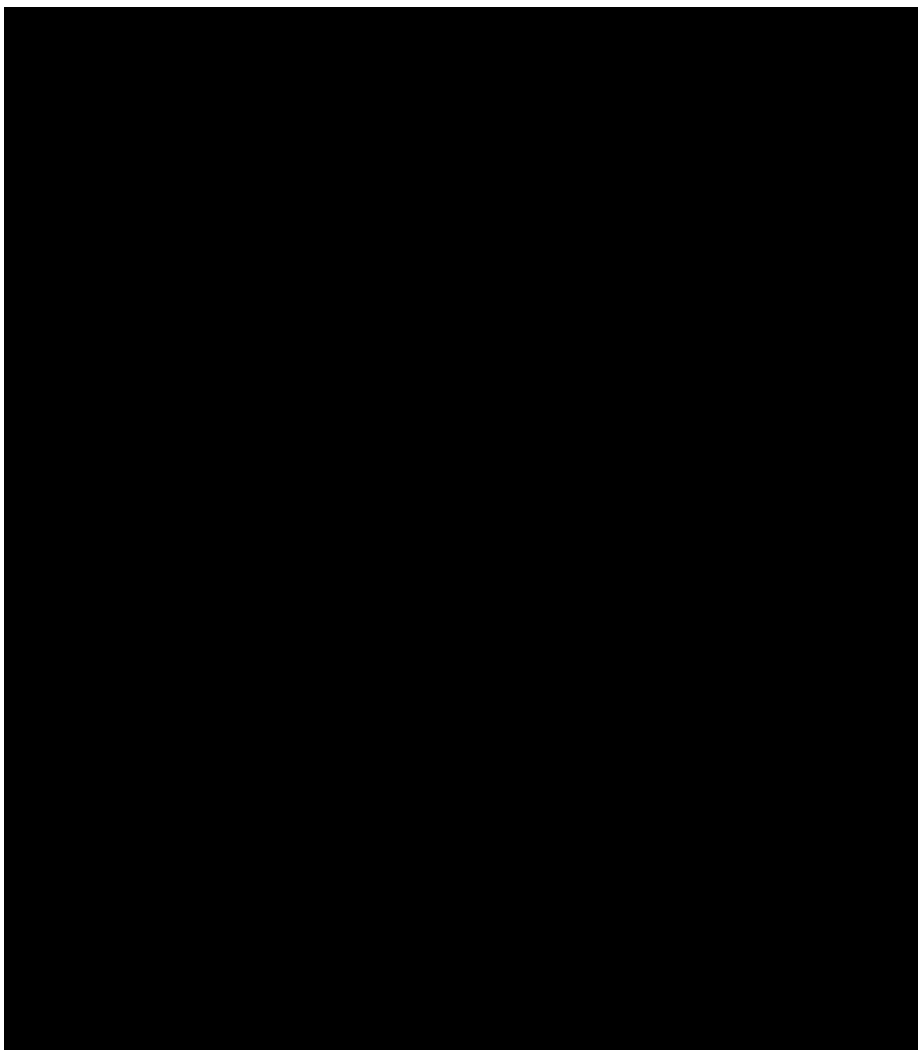
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**Canberra Health
Services**

AGENDA

	Cardiology Review Update
Date	Monday 29 November 2021
Time	5:30pm – 7:00pm
Location	Building 8, Level 3, Meeting Room 5 & Webex

Attendees	Initial	Title / Service / Division	Proxy	Present
Dave Pepper	DP	Chief Executive Officer, Canberra Health Services		
Jacqui Taylor	JT	Executive Director, Division of Medicine		
Ashwin Swaminathan	AS	Clinical Director, Division of Medicine		
Kellie Noffke	KN	Director of Nursing, Division of Medicine		
Phil Bacon	PB	HR Business Partner, People and Culture		
Peter French	PF	Former Unit Director, Cardiology Department, Division of Medicine		
Peter Scott	PS	Director of Cardiology, Calvary		
Jim Tosh	JT	Senior Director, Business Partnerships, People & Culture		
Kelli Rixon	KR	Senior Transformational Lead & Business Partner, Cardiology, Division of Medicine		
Deanna Adam	DA	Office Manager, Cardiology Department, Division of Medicine		
Kathleen Tate	KT	Office Manager, Cardiology Department, Division of Medicine		
Leah Giles	LG	Manager, Cardiac Physiology/Sonography, Division of Medicine		
Anne Corney	AC	A/g Assistant Director of Nursing, Division of Medicine		
Ethan Sharp	ES	Administration Manager, Division of Medicine		
Liza Marando	LM	Operational Director, Division of Medicine		
Muayad Alasady	MA	Cardiologist, Cardiology Department, Division of Medicine		
Christopher Allada	CA	Cardiologist, Cardiology Department, Division of Medicine		
Ahmad Farshid	AF	Cardiologist, Cardiology Department, Division of Medicine		
Charles Itty	CI	Cardiologist, Cardiology Department, Division of Medicine		
Kashif Kalam	KK	Cardiologist, Cardiology Department, Division of Medicine		
Kris Nowakowski	KN	Cardiologist, Cardiology Department, Division of Medicine		
Simon O'Connor	SO	Cardiologist, Cardiology Department, Division of Medicine		
Rajeev Pathak	RP	Cardiologist, Cardiology Department, Division of Medicine		
Moyazur Rahman	MR	Cardiologist, Cardiology Department, Division of Medicine		
Ren Tan	RT	Cardiologist, Cardiology Department, Division of Medicine		
Sharon Wilson	SW	Cardiologist, Cardiology Department, Division of Medicine		
Alison Baldwin	AB	CNC, Cardiac Catheter Laboratory, Division of Medicine		
Catherine Clift	CC	CNC, COVID Ward 8B, Division of Medicine		
Michelle Lander	ML	CNC, Cardiology Outpatients, Division of Medicine		
Karen Simpson	KS	CNC, Coronary Care Unit, Division of Medicine		



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AGENDA ITEM 1: Acknowledgement of Country

AGENDA ITEM 2: Attendance and Apologies

AGENDA ITEM 3: Business to Discuss

No.	Item	Responsibility
1	Welcome & Introduction	Jacqui Taylor – Executive Director Ashwin Swaminathan – Clinical Director
2	Interim Unit Director Feedback	Peter French – Former Unit Director
3	Culture Review Feedback	Dave Peffer – Chief Executive Officer
4	Next steps	Jim Tosh – Senior Director, Business Partnerships, People & Culture Phil Bacon – Human Resource Business Partner, People & Culture
5	Discussion	All

From: Rixon, Kelli (Health)
Sent: Thursday, 2 December 2021 10:02
To: Bacon, Phil (Health); Tosh, Jim (Health)
Subject: peter's presentation
Attachments: P French Presentation TCH Cardiology 2021 Final Version.pdf

OFFICIAL

Kelli Rixon | Senior Transformational Lead + Business Manager (Cardiology)

Accredited Clinical Physiologist (ACP) Level 2 (Sleep)

Phone: 02 5124 8199 | Email: kelli.rixon@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

Canberra Hospital Building 28 Level 1 - PO Box 11, Woden ACT 2605 | health.act.gov.au


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Please note: Monday to Thursday are my usual office hours, available via email on Fridays

CARDIOLOGY 2021



Review of Canberra Health Services Cardiology Services



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Canberra Health Services

Reviewers	
Dr Jennifer Johns	Ms Carolyn Naismith
MBBS FRACP FCSANZ	RN MN

Executive Summary

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CARDIOLOGY 2021

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ACT Government Canberra Health Services

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- The information I will be presenting tonight, was as painful for me to hear the first time, as some may find it painful to hear tonight as well.
- This information **is not** my personal interpretation but information and verbatim comments, from staff members in Cardiology.

MY BACKGROUND



- **1976-1978:** Woden Valley Hospital & Royal Canberra Hospital
- **1979-1982:** Advanced Trainee-Cardiology
- **1883-1984:** NHF Research Fellow RPAH
- **1985-2017:** Calvary Hospital Canberra
- **June 2021:** Interim Director of Cardiology TCH
June 2021-September 2021
- **TCH Executive** explained the reasons for the External Review of Cardiology Services (2020) by Dr. Jennifer Johns
- **Johns Report** made 32 recommendations, all of which are fully supported by Management of The Canberra Hospital.

CARDIOLOGY 2021




INITIAL PRIORITY : Series of in-depth meetings, with Senior Staff Members in the Cardiology Department including-

- Office Managers
- CCU - Senior Nursing Staff
- Outpatient Services/Rehabilitation Services - Senior Staff
- Allied Health - Senior Staff
- Cardiac Catheter Laboratory - Senior Staff
- Ward 6A -CNC
- Advanced Trainees in Cardiology

CARDIOLOGY 2021

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SUBSEQUENT MEETING WITH CRAFT GROUPS.

- Prior to the meeting, copies of Executive Summary of the Johns Report was distributed to all members of each group.
- All were reminded the Report was both **sensitive and confidential** and should not be distributed beyond the Hospital.

MEETING WITH CRAFT GROUPS

Review of Canberra Health Services Cardiology Services

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Attendees

- Interim Director (Chair).
- Senior leaders.
- +/- Management Team Representative.
- Members of group.

Format

- Address by Chair, explaining the reason for the meeting.
- Requesting open, frank discussion.
- Group assured of confidentiality.
- Staff assured TCH Management committed to implementing all the recommendations of the Johns Report.

CARDIOLOGY 2021



NEED FOR GROUP MEETINGS WITH CARDIOLOGISTS?

- This had already occurred during the External Review, (via WebEx).

Subsequent meetings occurred during

- Monthly Business Meetings
- Monday Morning educational meetings
- Monday evening Heart Team meetings
- Working Group meetings
- Meetings with individual cardiologists regarding Departmental issues

SUMMARY OF FEEDBACK

Review of Canberra Health
Services Cardiology Services



Canberra Health
Services

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- **NEGATIVE FEEDBACK:** Unfortunately there were approximately 175 negative comments in relation to a variety of matters.
- **NOTE:** Some staff were reluctant/afraid to provide negative feedback, for fear of being targeted.
- **POSITIVE FEEDBACK:** There were approximately 30 positive comments.

NEGATIVE FEEDBACK

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SUMMARY

- CATH LAB:72
- ALLIED HEALTH :52 (Variety of Issues)

OTHER AREAS

- CLINICS (CONSULT/DEVICES)
- OUTPATIENT/REHAB
- OUTPATIENT PROCEDURES
- SAFETY
- STAFFING
- EDUCATION
- MORALE

CARDIOLOGY 2021

Review of Canberra Health
Services Cardiology Services



Canberra Health
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POSITIVE FEEDBACK: SUMMARY

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- **THERE WERE APPROXIMATELY 30 POSITIVE COMMENTS, MAINLY RELATED TO THE SUPPORT THAT WAS PROVIDED BY INDIVIDUAL CARDIOLOGISTS, IN A VARIETY OF (AT TIMES DIFFICULT) CIRCUMSTANCES**

NEGATIVE FEEDBACK FROM THE CATH LAB⁴⁶

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Canberra Health
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Inappropriate behaviours included -

- Shouting, screaming and consultants arguing with one another
- Swearing, kicking of doors, throwing of objects,
- Failure to observe and maintain appropriate lines of communication.

- Bullying & unprofessional behaviour were still perceived as ongoing problems.

- Reports of **multiple and recurrent breaches** of recommended **safety protocols** provided by members of both the Cardiology Department and other Departments, involved in procedures in the lab (emails, phone calls and Riskman Reports).

CARDIOLOGY 2021



ADMINISTRATION-FRONT OFFICE

I was told TCH Cardiology was not considered a happy Department; it was not a place staff chose to work & there was a high turnover in the office.

My observation: I believe this is definitely changing, due to the new office management structure.

Unfortunately other areas feel understaffed, overworked & morale is low.

BASIC PHYSICIAN TRAINEES - 1



COMMENTS REGARDING BPT ROTATIONS IN CARDIOLOGY

- “Morale amongst TCH BPTs is low-generally.”
- There is lack of interest in Cardiology as a term, amongst BPTs.
- Cardiology is considered a ‘Service’ term BPTs have to do, rather than one they want to do, as in other hospitals.

BASIC PHYSICIAN TRAINEES - 2



REGARDING BPT ROTATIONS IN CARDIOLOGY

- As a preferred specialty, in a recent survey, Cardiology ranked last as a choice; this was mainly due to the rostering issues, especially after hours.
- However, on a positive note, the Director of BPT training said that those rostered on during the day enjoyed their work and did receive good teaching.

ADVANCED TRAINEES - 1



- COMMENTS REGARDING ADVANCED TRAINEE REGISTRARS
- Separate groups independently commented that, in their opinion, Advanced Trainees in Cardiology were not treated well by some specialists.
- They also commented they believed the ATs were afraid to speak up, for fear of being ostracised and sidelined in their training.

ADVANCED TRAINEES - 2



Concerns were expressed by different registrars in relation to issues such as -

- Outpatient Clinics, in a variety of forms
- Rosters.
- Clinical rotations.
- Formal teaching by consultants.
- Training in Echocardiography.

Similar concerns were also made by members of the different craft groups, in relation to the Advanced Trainees.

ADVANCED TRAINEES - RACP



IMPLICATIONS OF ATs CONCERNS

- TCH Cardiology is about to be reviewed by the RACP, regarding the next 5 year accreditation cycle for AT training, and the paperwork has been submitted.
- The College is aware of the External Review of 2020.
- It is unknown if this will adversely affect the granting of further, unrestricted accreditation for ATs.
- It is quite possible the ATs will be interviewed regarding their concerns.

CARDIOLOGY 2021



COMMENTS REGARDING BEHAVIOUR BY SOME CARDIOLOGISTS INCLUDED-

- “There is a lack of respect for co-workers, displayed by some doctors, in the department.”
- “Communication between some consultants, during meetings, was often heated.”
- “Angry discussions and arguments have taken place, in front of other doctors, including ATs, junior doctors, Nurses and Allied Health.”

CARDIOLOGY 2021



OTHER COMMENTS INCLUDED-

- “Communication between cardiologists and senior staff, at times, is a problem and needs to improve.”
- Behaviour on the wards has been a problem and it was felt that arguments, between consultants, should not occur in the corridors or close to other staff.

SOME ISSUES IN THE CATH LAB



- Some felt it was hard for nurses, or other staff members' concerns to be heard, and unfortunately, in the opinion of many staff, nothing had changed.
- Lab staff believed **bullying was still occurring**, even though this had been noted in the Johns Report as unacceptable.

From the perspective of many staff, they said they were “**just over it .**”

PATIENT SAFETY - 1



Staff members stated that, in relation to patient safety, doctors who are rostered on for duty were-

- Often not actually in the hospital.
- Were often not contactable.
- Would not always answer their phones.

PATIENT SAFETY - 2



Also stated -

“if those doctors were present in the hospital, depending upon the circumstances, they would.....”

- “Often ‘**handball**’ the problem to someone else, like the Advanced Trainee” or
- Make comments like
 - “**Let them go**” or
 - “**You deal with it,**” and
 - **Refuse** to see the patient.

OTHER COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS

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- “The bad behaviour is ongoing. ‘
- “There are different personalities and some of them clash.”
- “Some create a tense atmosphere which many members of the staff find stressful.”
- “A number of doctors say inappropriate things and raise their voice.”
- “A number of the doctors are very difficult to deal with.”

COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS



Many of the support staff in the Cath Lab often feel

- Underrated, and undervalued,
- Are often not included in the decision-making, even though their presence is required for any case to go ahead.”
- “It is as bad, if not worse, and something needs to change.”
- “It is still no better, nothing has changed.”
- “We keep saying these things, but no one listens and nothing changes.’
- “Many things happen here, which do not happen in Labs elsewhere, where I worked previously.”

COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS



- “Some of the Cardiologists who work in the Cardiology Department give the impression they do not enjoy being here.”
- “Feedback is rarely provided, unless it is negative; there is limited open discussion and the opinion of staff is often ignored.”

OTHER COMMENTS



- “A lot of things are written down as policy and said to be done, but the reality is that they are not!”
- “Some of the cardiologists do not support Canberra Hospital meetings on a regular basis, such as Educational meetings and the Cath Lab meeting.”
- “This is totally different from meetings a few years ago, when the majority of cardiologist attended most of the meetings on a regular basis.”

OTHER COMMENTS



- Some specialists, with fractional appointments, were often not in the Public Hospital, even when they were meant to be here.
- “Some indeed have not been sighted for quite a long time.”

FURTHER COMMENTS



- “Many of the doctors clearly have interpersonal conflicts.”
- “We have seen them arguing and talking negatively about each other.”
- “It is completely unprofessional, distracting and creates a bad culture.”

CARDIOLOGY 2021



COMMENTS FROM OTHER DEPARTMENTS

From 'corridor conversations' I have had with members of other Departments, the Cardiology Department does not appear to have a good reputation.

Comments included -

- "Why would you want to take that on?"
- "Good luck with that."
- "There had not been a lot of change, everyone is just 'keeping their heads down' and eventually will probably re-emerge, to continue the same behaviour that has led to this investigation."

That is not to say other Departments do not have their own problems, but that does not preclude Cardiology from putting its own 'House in Order.'

CONSIDER THESE OBSERVATIONS AND IMPORTANT QUESTIONS

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Review of Canberra Health Services Cardiology Services



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- Based upon an Elaborate External review, TCH Management is dealing with a fractured and diverse group of clinicians.
- It would appear Management intends to use Executive power, and Authority, to reign over, and establish discipline, amongst a rather 'unruly crowd'.

Consider these 3 questions -

- Q1) Is it fair to say that all problems in TCH cardiology are the sole responsibility of the cardiologists?
- Q2) Have there been poor decisions and lack of support, from higher levels, which have also contributed to this?
- Q3) Have there been issues with attitudes and behaviour at more grass root level (nursing, allied health, admin) which have added to the problem?
- Whilst it may be an unpopular and awkward answer, the truth is (most likely) a resounding 'Yes!'

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THE SOLUTION

It is important to recognise and accept -

- Each cardiologist **has the responsibility** to set an example and lead the team.
- Each cardiologist **can and should** be able to influence the team, in the right direction.
- So, how does Cardiology move forward from here?

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CONSIDER THESE OBSERVATIONS AND IMPORTANT QUESTIONS⁶⁷

Reviewers

Dr Jennifer Johns	Ms Carolyn Nalsmith
MBBS FRACP FCSANZ	RN MN

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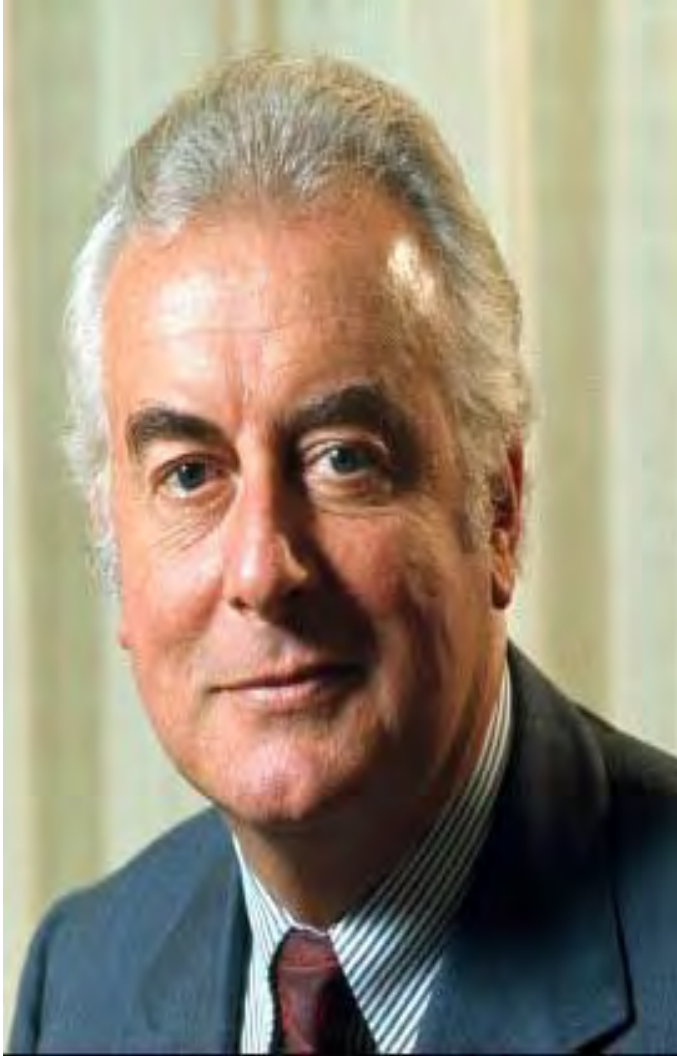
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THE SOLUTION

- The formation of the new Leadership Team was the **first move**, in a new direction, to make **strong positive changes**, for the betterment of the Department, the service and Canberra Hospital.
- Management must now do a deep dive, to address the cultural issues, which still continue to negatively impact upon Department.

THE SOLUTION



- So, the solution to solving these issues is mainly in **YOUR** hands.
- The most important ‘ingredient’ of that statement is **Y.O.U.**
- As Gough Whitlam said in 1972-
 - **“It’s Time!”**

Thank you for your attention

From: Tosh, Jim (Health)
Sent: Monday, 6 December 2021 09:22
To: Taylor, Jacqui (Health)
Cc: Bacon, Phil (Health)
Subject: All of Cardiology staff communication regarding next steps
Attachments: P French Presentation TCH Cardiology 2021 Final Version.pdf; Peffer Bullying Canberra Times.pdf; A message from the CEO - 12 November 2021

OFFICIAL

Hi Jacqui/Sorsha,

Please see below, and please be sure to attach the French presentation, and Peffer attachments.

Kind regards

Jim

Dear Cardiology staff,

Thank you to those who attended the Cardiology Review update meeting on Monday.

During the meeting, Dr Peter French provided an overview of his time in the Unit Director role, with a particular focus on behaviours and culture. While Peter provided a balanced view, citing the good work that many of our staff continue to do within the Unit, it was sobering to hear some of the behaviours that had been reported to him during this time. Some behaviours included:

- Staff Shouting at, or otherwise intimidating colleagues;
- Sexualised commentary directed at other staff;
- Throwing instruments in the Cath lab;
- Kicking doors.

Peter's powerpoint appears as an attachment to this email.

CEO, Dave Peffer provided an overview of his expectations, consistent with the attached article, underlining his commitment to improve culture by holding people accountable for behaviours.

Jim Tosh, Senior Director from People & Culture, advised that Ms Barbara Deegan, former Commissioner of the Fair Work Commission, would be undertaking a preliminary assessment of the complaints and behaviours described above. Ms Deegan will gather material and assist in drafting of misconduct allegations where necessary, as well as providing advice on how to ensure that the health service is appropriately discharging its health and safety and other employment obligations to our staff within Cardiology.

Jim also advised that approaching any complainants or perceived complainants in a manner which could be construed as exerting influence not to speak to Ms Deegan is serious, and may be construed as misconduct resulting in sanction up to and including immediate (summary) termination. Ms Deegan is interested to hear from anyone who has witnessed or experienced firsthand any of the behaviours above.

Please contact Phil Bacon or Jim Tosh for a confidential discussion should you wish to speak with Barbara. Please reach out if you have any questions.

Kind regards

From: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Sent: Monday, 6 December 2021 8:59 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Subject: FW: Cardiology Meeting on Monday Night and All of Cardiology staff communication about it and the next steps?

OFFICIAL

Good morning Jim,

Just after an update on the Cardiology comms to go out to the department. Would be good to get this out to them asap.

Kind regards,

Sorsha Stuart-Rokvic | A/g Executive Assistant to Jacqui Taylor, Executive Director
 Phone: 5124 3603 | Email: sorsha.stuart-rokvic@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
 Building 28, Level 2 The Canberra Hospital, Yamba Drive, Garran, ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Wednesday, 1 December 2021 6:18 PM
To: Rixon, Kelli (Health) <Kelli.Rixon@act.gov.au>; Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Cc: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Scott, Peter (Health) <Peter.J.Scott@act.gov.au>
Subject: RE: Cardiology Meeting on Monday Night and All of Cardiology staff communication about it and the next steps?

OFFICIAL

Hi Kelli,

Totally agree re Comms. I will work something up with Phil and get back to you.

Jim

From: Rixon, Kelli (Health) <Kelli.Rixon@act.gov.au>
Sent: Wednesday, 1 December 2021 5:15 PM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Tosh, Jim (Health) <Jim.Tosh@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>

Cc: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Scott, Peter (Health) <Peter.J.Scott@act.gov.au>

Subject: Cardiology Meeting on Monday Night and All of Cardiology staff communication about it and the next steps?

Importance: High

OFFICIAL

Hi Ashwin, Phil and Jim

Thanks for organising and presenting at Monday's meeting. As a next step, I think it REALLY important that some "All of Cardiology Staff" communication be sent out, explaining that the meeting occurred, what was discussed and the next steps. Given not all of the 96 Department staff were present at the meeting, I think it is important they are all informed.

You are no doubt aware that the Department can be quite the rumour-mill at the best of times. Furthermore, the cardiologists were advised that approaching staff about issues was inappropriate. So I think it is valuable that the wider department knows this, and has reassurance that if they are approached that this is unacceptable, etc.

There has already been an instance that I have been made aware of today with one Cardiologist spreading incorrect information after the meeting.

I understand that the meeting has been recorded; however, I think it would be unwise to release the recording to the department in the event that it is leaked.

I hope that all makes sense. Happy to review any communication which will be sent to the department about this.

Thanks for your time.

Kind regards, Kelli

Kelli Rixon | Senior Transformational Lead + Business Manager (Cardiology)

Accredited Clinical Physiologist (ACP) Level 2 (Sleep)

Phone: 02 5124 8199 | Email: kelli.rixon@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

Canberra Hospital Building 28 Level 1 - PO Box 11, Woden ACT 2605 | health.act.gov.au


RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

Please note: Monday to Thursday are my usual office hours, available via email on Fridays

CARDIOLOGY 2021



Review of Canberra Health Services Cardiology Services



ACT
Government

Canberra Health Services

Reviewers	
Dr Jennifer Johns	Ms Carolyn Naismith
MBBS FRACP FCSANZ	RN MN

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CARDIOLOGY 2021

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- The information I will be presenting tonight, was as painful for me to hear the first time, as some may find it painful to hear tonight as well.
- This information **is not** my personal interpretation but information and verbatim comments, from staff members in Cardiology.

MY BACKGROUND



- **1976-1978:** Woden Valley Hospital & Royal Canberra Hospital
- **1979-1982:** Advanced Trainee-Cardiology
- **1883-1984:** NHF Research Fellow RPAH
- **1985-2017:** Calvary Hospital Canberra
- **June 2021:** Interim Director of Cardiology TCH
June 2021-September 2021
- **TCH Executive** explained the reasons for the External Review of Cardiology Services (2020) by Dr. Jennifer Johns
- **Johns Report** made 32 recommendations, all of which are fully supported by Management of The Canberra Hospital.

CARDIOLOGY 2021




INITIAL PRIORITY : Series of in-depth meetings, with Senior Staff Members in the Cardiology Department including-

- Office Managers
- CCU - Senior Nursing Staff
- Outpatient Services/Rehabilitation Services - Senior Staff
- Allied Health - Senior Staff
- Cardiac Catheter Laboratory - Senior Staff
- Ward 6A -CNC
- Advanced Trainees in Cardiology

CARDIOLOGY 2021

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SUBSEQUENT MEETING WITH CRAFT GROUPS.

- Prior to the meeting, copies of Executive Summary of the Johns Report was distributed to all members of each group.
- All were reminded the Report was both **sensitive and confidential** and should not be distributed beyond the Hospital.

MEETING WITH CRAFT GROUPS

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Canberra Health Services

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Attendees

- Interim Director (Chair).
- Senior leaders.
- +/- Management Team Representative.
- Members of group.

Format

- Address by Chair, explaining the reason for the meeting.
- Requesting open, frank discussion.
- Group assured of confidentiality.
- Staff assured TCH Management committed to implementing all the recommendations of the Johns Report.

CARDIOLOGY 2021



NEED FOR GROUP MEETINGS WITH CARDIOLOGISTS?

- This had already occurred during the External Review, (via WebEx).

Subsequent meetings occurred during

- Monthly Business Meetings
- Monday Morning educational meetings
- Monday evening Heart Team meetings
- Working Group meetings
- Meetings with individual cardiologists regarding Departmental issues

SUMMARY OF FEEDBACK

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Services Cardiology Services



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- **NEGATIVE FEEDBACK:** Unfortunately there were approximately 175 negative comments in relation to a variety of matters.
- **NOTE:** Some staff were reluctant/afraid to provide negative feedback, for fear of being targeted.
- **POSITIVE FEEDBACK:** There were approximately 30 positive comments.

NEGATIVE FEEDBACK

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SUMMARY

- CATH LAB:72
- ALLIED HEALTH :52 (Variety of Issues)

OTHER AREAS

- CLINICS (CONSULT/DEVICES)
- OUTPATIENT/REHAB
- OUTPATIENT PROCEDURES
- SAFETY
- STAFFING
- EDUCATION
- MORALE

CARDIOLOGY 2021

Review of Canberra Health
Services Cardiology Services



Canberra Health
Services

POSITIVE FEEDBACK: SUMMARY

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- THERE WERE APPROXIMATELY **30** POSITIVE COMMENTS, MAINLY RELATED TO THE SUPPORT THAT WAS PROVIDED BY INDIVIDUAL CARDIOLOGISTS, IN A VARIETY OF (AT TIMES DIFFICULT) CIRCUMSTANCES

NEGATIVE FEEDBACK FROM THE CATH LAB⁸⁹

Review of Canberra Health
Services Cardiology Services



Canberra Health
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Inappropriate behaviours included -

- Shouting, screaming and consultants arguing with one another
- Swearing, kicking of doors, throwing of objects,
- Failure to observe and maintain appropriate lines of communication.

- Bullying & unprofessional behaviour were still perceived as ongoing problems.

- Reports of **multiple and recurrent breaches** of recommended **safety protocols** provided by members of both the Cardiology Department and other Departments, involved in procedures in the lab (emails, phone calls and Riskman Reports).

CARDIOLOGY 2021



ADMINISTRATION-FRONT OFFICE

I was told TCH Cardiology was not considered a happy Department; it was not a place staff chose to work & there was a high turnover in the office.

My observation: I believe this is definitely changing, due to the new office management structure.

Unfortunately other areas feel understaffed, overworked & morale is low.

BASIC PHYSICIAN TRAINEES - 1



COMMENTS REGARDING BPT ROTATIONS IN CARDIOLOGY

- “Morale amongst TCH BPTs is low-generally.”
- There is lack of interest in Cardiology as a term, amongst BPTs.
- Cardiology is considered a ‘Service’ term BPTs have to do, rather than one they want to do, as in other hospitals.

BASIC PHYSICIAN TRAINEES - 2



REGARDING BPT ROTATIONS IN CARDIOLOGY

- As a preferred specialty, in a recent survey, Cardiology ranked last as a choice; this was mainly due to the rostering issues, especially after hours.
- However, on a positive note, the Director of BPT training said that those rostered on during the day enjoyed their work and did receive good teaching.

ADVANCED TRAINEES - 1



- COMMENTS REGARDING ADVANCED TRAINEE REGISTRARS
- Separate groups independently commented that, in their opinion, Advanced Trainees in Cardiology were not treated well by some specialists.
- They also commented they believed the ATs were afraid to speak up, for fear of being ostracised and sidelined in their training.

ADVANCED TRAINEES - 2



Concerns were expressed by different registrars in relation to issues such as -

- Outpatient Clinics, in a variety of forms
- Rosters.
- Clinical rotations.
- Formal teaching by consultants.
- Training in Echocardiography.

Similar concerns were also made by members of the different craft groups, in relation to the Advanced Trainees.

ADVANCED TRAINEES - RACP



IMPLICATIONS OF ATs CONCERNS

- TCH Cardiology is about to be reviewed by the RACP, regarding the next 5 year accreditation cycle for AT training, and the paperwork has been submitted.
- The College is aware of the External Review of 2020.
- It is unknown if this will adversely affect the granting of further, unrestricted accreditation for ATs.
- It is quite possible the ATs will be interviewed regarding their concerns.

CARDIOLOGY 2021



COMMENTS REGARDING BEHAVIOUR BY SOME CARDIOLOGISTS INCLUDED-

- “There is a lack of respect for co-workers, displayed by some doctors, in the department.”
- “Communication between some consultants, during meetings, was often heated.”
- “Angry discussions and arguments have taken place, in front of other doctors, including ATs, junior doctors, Nurses and Allied Health.”

CARDIOLOGY 2021



OTHER COMMENTS INCLUDED-

- “Communication between cardiologists and senior staff, at times, is a problem and needs to improve.”
- Behaviour on the wards has been a problem and it was felt that arguments, between consultants, should not occur in the corridors or close to other staff.

SOME ISSUES IN THE CATH LAB



- Some felt it was hard for nurses, or other staff members' concerns to be heard, and unfortunately, in the opinion of many staff, nothing had changed.
- Lab staff believed **bullying was still occurring**, even though this had been noted in the Johns Report as unacceptable.

From the perspective of many staff, they said they were “**just over it .**”

PATIENT SAFETY - 1



Staff members stated that, in relation to patient safety, doctors who are rostered on for duty were-

- Often not actually in the hospital.
- Were often not contactable.
- Would not always answer their phones.

PATIENT SAFETY - 2



Also stated -

“if those doctors were present in the hospital, depending upon the circumstances, they would.....”

- “Often ‘**handball**’ the problem to someone else, like the Advanced Trainee” or
- Make comments like
 - “**Let them go**” or
 - “**You deal with it,**” and
 - **Refuse** to see the patient.

OTHER COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS

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- “The bad behaviour is ongoing. ‘
- “There are different personalities and some of them clash.”
- “Some create a tense atmosphere which many members of the staff find stressful.”
- “A number of doctors say inappropriate things and raise their voice.”
- “A number of the doctors are very difficult to deal with.”

COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS



Many of the support staff in the Cath Lab often feel

- Underrated, and undervalued,
- Are often not included in the decision-making, even though their presence is required for any case to go ahead.”
- “It is as bad, if not worse, and something needs to change.”
- “It is still no better, nothing has changed.”
- “We keep saying these things, but no one listens and nothing changes.’
- “Many things happen here, which do not happen in Labs elsewhere, where I worked previously.”

COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS



- “Some of the Cardiologists who work in the Cardiology Department give the impression they do not enjoy being here.”
- “Feedback is rarely provided, unless it is negative; there is limited open discussion and the opinion of staff is often ignored.”

OTHER COMMENTS



- “A lot of things are written down as policy and said to be done, but the reality is that they are not!”
- “Some of the cardiologists do not support Canberra Hospital meetings on a regular basis, such as Educational meetings and the Cath Lab meeting.”
- “This is totally different from meetings a few years ago, when the majority of cardiologist attended most of the meetings on a regular basis.”

OTHER COMMENTS



- Some specialists, with fractional appointments, were often not in the Public Hospital, even when they were meant to be here.
- “Some indeed have not been sighted for quite a long time.”

FURTHER COMMENTS



- “Many of the doctors clearly have interpersonal conflicts.”
- “We have seen them arguing and talking negatively about each other.”
- “It is completely unprofessional, distracting and creates a bad culture.”

CARDIOLOGY 2021



COMMENTS FROM OTHER DEPARTMENTS

From 'corridor conversations' I have had with members of other Departments, the Cardiology Department does not appear to have a good reputation.

Comments included -

- "Why would you want to take that on?"
- "Good luck with that."
- "There had not been a lot of change, everyone is just 'keeping their heads down' and eventually will probably re-emerge, to continue the same behaviour that has led to this investigation."

That is not to say other Departments do not have their own problems, but that does not preclude Cardiology from putting its own 'House in Order.'

CONSIDER THESE OBSERVATIONS AND IMPORTANT QUESTIONS

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Review of Canberra Health Services Cardiology Services



Reviewers

Dr Jennifer Johns	Ms Carolyn Nalsmith
MBBS FRACP FCSANZ	RN MN

Executive Summary

The purpose of this review is to provide a reflection on the current challenges with the structure and governance of the cardiology services at Canberra Health Services (CHS), and to identify opportunities for improvement to ensure the safety and continuous improvement of the services.

The Terms of Reference for the review were:

1. The management and clinical governance of cardiology services provided by CHS across emergency, inpatient and outpatient settings.
2. Integration of cardiology services within the department, across CHS, and across the ACT including relations with Calvary Public Hospital (Bruce) and the private sector.
3. The efficiency of Cardiology services, with particular attention to outpatient services and diagnostics.
4. Culture issues in cardiology, particularly as they relate to clinical safety and effective collaboration for patient care.
5. To identify challenges and opportunities for improvement.

The review was not a formal part of the planning processes involving cardiology, such as the CHS Clinical Services Plan or the Surgical Procedures Interventional Radiology and Emergency Facility Project. The following issues were out of scope

- Needs-based analysis of anticipated demand
- Cardiology services provided by Calvary Public Hospital Bruce (CPHB)

The review was based on information from the following sources:

- 2019 Health round table data for cardiology diagnostic related groups
- Previous cardiology reviews undertaken in 2007 and 2010
- Results of culture surveys 2015, 2017, 2019
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- Interviews with more than 40 Cardiology staff and other key stake holders conducted via WebEx

- Based upon an Elaborate External review, TCH Management is dealing with a fractured and diverse group of clinicians.
- It would appear Management intends to use Executive power, and Authority, to reign over, and establish discipline, amongst a rather 'unruly crowd'.

Consider these 3 questions -

- Q1) Is it fair to say that all problems in TCH cardiology are the sole responsibility of the cardiologists?
- Q2) Have there been poor decisions and lack of support, from higher levels, which have also contributed to this?
- Q3) Have there been issues with attitudes and behaviour at more grass root level (nursing, allied health, admin) which have added to the problem?
- Whilst it may be an unpopular and awkward answer, the truth is (most likely) a resounding 'Yes!'

THE SOLUTION

It is important to recognise and accept -

- Each cardiologist **has the responsibility** to set an example and lead the team.
- Each cardiologist **can and should** be able to influence the team, in the right direction.
- So, how does Cardiology move forward from here?

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THE SOLUTION

- The formation of the new Leadership Team was the **first move**, in a new direction, to make **strong positive changes**, for the betterment of the Department, the service and Canberra Hospital.
- Management must now do a deep dive, to address the cultural issues, which still continue to negatively impact upon Department.

THE SOLUTION



- So, the solution to solving these issues is mainly in **YOUR** hands.
- The most important ‘ingredient’ of that statement is **Y.O.U.**
- As Gough Whitlam said in 1972-
 - **“It’s Time!”**

Thank you for your attention



12 NOV, 2021

Boss puts staff in ACT's health system on notice

Canberra Times, Canberra



Page 1 of 2

Boss puts staff in ACT's health system on notice

Lucy Bladen

SOME senior staff in Canberra Health Services may be shown the door with the new boss of the organisation saying it's time for those who bully to face the consequences.

Staff from parts of the ACT's public health system have said bullying was still a huge problem, more than two years after a damning review that highlighted the extent of the issue.

A review into the culture of the territory's public health system found more needed to be done to ensure there were better expectations of workplace behaviour and that leaders in the system were addressing poor behaviour.

While some staff reported that bullying had decreased, most, particularly in Canberra Health Services, indicated bullying was still rife and little had changed.

"There is no respect for nurses - the behaviour has got worse," one person said.

Another said: "There have been no changes in staff when there should have been, known perpetrators are still in their positions."

Canberra Health Services chief executive Dave Peffer said people who had consistently exhibited poor behaviour would be exiting the organisation over the

coming year.

"A primary focus for us over the next 12 months is looking at some of those individuals, and some of them are in quite senior roles in the organisation and shouldn't be," he said. "We will need to make change because we have some great teams doing some terrific work with good culture but equally we have some teams that don't have that same beneficial culture and it's about to change."

The second annual review into the implementation of recommendations from the damning 2019 culture review was tabled in the ACT Legislative Assembly on Thursday.

The independent review, which was released in March 2019, found there were troubling levels of mistrust and bullying throughout the system. There were 20 recommendations made in that review for widespread reform across Canberra Health Services, ACT Health and the Calvary Public Hospital to tackle the cultural issues.

The review of the implementation, released on Thursday, found good foundational work had taken place to address issues but better emphasis was needed on areas that would most impact staff. This was mostly around setting expectations of positive workplace behaviour.

Health Minister Rachel

Stephen-Smith said, while important work had been undertaken, there was still more to do.

"It is obviously a concern when we hear from front-line staff that they are not setting in all cases the impacts on the ground of the foundational work that we've undertaken to date," she said.

Eight recommendations from the culture review have been completed to date.

Opposition health spokeswoman Giulia Jones said the response to date of implementing the cultural review recommendations had been disappointing.

"With only eight of the 20 recommendations fully implemented, the findings of this review show that the problems go on and the Labor-Greens government does not have a transparent way of showing actual progress of the experience of staff working in the public health system in the ACT," Mrs Jones said.

There is no respect for nurses - the behaviour has got worse.

Feedback in culture review of ACT's health system



12 NOV, 2021

Boss puts staff in ACT's health system on notice

Canberra Times, Canberra



Canberra Health Services chief executive Dave Peffer says staff who don't exhibit good behaviour will be exiting the organisation. **Picture: Elesa Kurtz**

From: Tzavalas, Olivia (Health) on behalf of Peffer, Dave (Health)
Sent: Friday, 12 November 2021 16:56
To: ##All Staff, Canberra Health Services
Subject: A message from the CEO - 12 November 2021

OFFICIAL

[View this email in your web browser](#)



ACT
Government

**Canberra Health
Services**

A message from Dave Peffer

Chief Executive Officer



12 November 2021

Dear Team CHS,

It's been an action-packed week and I've got a fair bit to share. Long emails can be tough (especially on a Friday arvo), so I've dropped in some headings for you to scroll to the parts that interest you.

Improving our workplace culture

Yesterday you would've received an email about the annual update on the Independent Review into the Workplace Culture within ACT Public Health Services.

This year's review is a mixed bag. We've done a lot of important work building good foundations to make CHS a great place to work. We've got a vision, values, frameworks and strategies, backed up by toolkits and training. All of these things make it clear the behaviours we want in CHS. If these behaviours remain a mystery for you – it's now up to you to close that gap.

We're drawing a line in the sand. Bullying, racism and sexual harassment are behaviours that will earn you a one-way ticket to your next opportunity, and that won't be with CHS.

If you've witnessed or been the victim of this sort of behaviour, I need you to report

it. Odds are if someone's been bullying you, you're not the only one. Encourage those around you to also speak up.

If you've raised a concern and haven't heard back about it, I'd like to hear about that too.

And if you're reading this, thinking it's ok to yell at people on the phone because you're under pressure, or talk down to junior team members who don't have the experience you have, or make a racist comment about one of our team members here in CHS, start sharpening up your CV.

There are too many great team members in CHS for us not to do the hard yards and give everyone a great place to work.

Workplace Culture Survey

A reminder the Workplace Culture Survey is still live and will close at 11.59pm Monday 15 November. We've extended it to cover the weekend and Monday – any longer and we wouldn't have the results back for a couple months, with Christmas thrown in there. If you haven't completed yours yet, scroll back through your emails and find the survey link from BPA. It takes half an hour but will help shape the next few years. More information is on [HealthHub](#).

CEO Awards

On Wednesday I hosted the second annual CHS CEO Awards to celebrate some of the exceptional individuals and teams at CHS. Thanks to everyone who tuned into our virtual awards ceremony to cheer on your colleagues and (I assume) laugh heartily at my jokes. It wasn't quite the evening event we'd be hoping for, but it was great we could still recognise some of the great work across our organisation.

Congratulations to all the winners and nominees for your commitment to delivering exceptional health care.

25 Year Anniversary Medal of Excellence for Outstanding Service - Karen Simpson

Unsung Hero - Karina Kennedy

Exceptional Care – Person Centred Care Improvements - Mercy Lukose

Exceptional Care – Innovative Initiatives - Coronary Care Unit

Work Health Safety - Leadership Excellence - Michael Warylo

Work Health Safety Champion - Sue-ella McGufficke

Leadership - Christopher Burton

Values in Action - Kind - Joleen Hing

Values in Action - Respectful - BreastScreen ACT

Values in Action - Progressive - Leukaemia Interest Group

Values in Action - Reliable - Barb Bolton

Excellence in Direct Service Delivery - Allied Health - Diabetes High Risk Foot Service

Excellence in Direct Service Delivery - Administrative and Professional - Donna Azzopardi

For those of you who tuned in, I can report back that Dr Nick Coatsworth did indeed pay up and deliver the red frogs to the comms team.

Booster vaccinations

Booster vaccinations are available to anyone who completed their vaccination six months ago. If you are eligible, please book in via the bookings line on **5124 7700**. Health care workers can also simply walk in at the AIS and airport locations once eligible.

12 months until Digital Health Record goes live...

Today marks one year until the Digital Health Record (DHR) goes live. This is a big one for CHS and an important project for us to land well. There's going to be some Q&A sessions this month, both virtual and face-to-face. All information can be found on the [DHR intranet site](#).

Enterprise Agreement reminder

The voting period for the proposed ACT Public Sector Support Services Enterprise Agreement 2021-2022 commenced Monday 8 November 2021 and will close on Monday 15 November 2021. Before the vote opened on Monday, the Australian Election Company sent an email (and provided postal packs where relevant) to all eligible employees providing instructions on how to cast your vote. If you have already voted, thank you. If you haven't yet lodged your vote, I encourage you to do so.

Shout out

This week is National Radiographer and Radiation Therapist Week (NRRTW). To mark this, today's shout out goes to one of our Radiation Therapist stars, Juliette Phillips. Juliette, your team members say you embody the CHS values every day. They told me that you're incredibly caring, considerate of others, and very patient focussed – helping to make the workplace culture a positive one in Radiation Oncology. Thank you so much for your dedication, Juliette, and for making CHS a great place to work for your team mates.

Stay positive by staying negative.

We acknowledge the Traditional Custodians of the ACT, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

From: Steve Ross [REDACTED]
Sent: Tuesday, 7 December 2021 10:29
To: Tosh, Jim (Health); Smitham, Kalena (Health)
Cc: Bacon, Phil (Health)
Subject: RE: Cardiology Review

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Thanks Jim,
Could you please just expand on the point about Preliminary Assessments please?
Regards

Steve Ross
Executive & Industrial Officer
ASMOF (ACT)
Part Time – available Tues, Wed, Thurs
Mobile: [REDACTED]
Email: [REDACTED]
Web: www.asmof.org.au



This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose to any person.

From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Monday, 6 December 2021 6:20 PM
To: Steve Ross [REDACTED] Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Cc: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Subject: Cardiology Review

OFFICIAL

Dear Steve,

As discussed today, we are currently undertaking a review of the culture within Cardiology. Ms Barbara Deegan, former Commissioner of the Fair Work Commission, has been commissioned to:

- Gathering any information that may be relevant to misconduct proceedings in a manner that satisfies the Preliminary Assessment process outlined in c112 of the Enterprise Agreement; and
- Making findings in relation to any further work required by Canberra Health Services to improve culture within cardiology. This includes providing advice on how to ensure that the health service is appropriately discharging its health and safety and other employment obligations to our staff within Cardiology in light of some of the reported behaviours.

Dr Peter French recently provided an overview to Cardiology staff of his time as the Interim Unit Director, with a particular focus on some behaviours reported to him by Basic Physician Trainees, Advanced Trainees and Registrars, along with Health Professionals, Nurses and Administrative staff. While Peter provided a balanced view of Cardiology, citing the good work that many of our staff continue to do within the Unit, it was sobering to hear some of the behaviours that had been reported to him during this time. These behaviours have been alleged to have been displayed by a small number of Senior Staff Specialises, and included:

- Shouting, swearing at, or otherwise intimidating colleagues;
- Sexualised commentary;
- Throwing instruments in the Cath lab;
- Kicking doors.

Peter's powerpoint appears as an attachment to this email.

Canberra Health Services would welcome your members involvement in this process. There were a number of Senior Staff Specialists that spoke out in favour of changing the culture, and addressing the above behaviours.

Please encourage your members to reach out to Phil Bacon or myself for a confidential discussion should they wish to speak with Barbara. Please reach out if you have any questions.

Kind regards

Jim Tosh

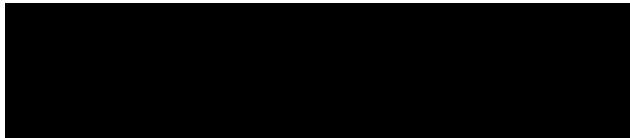
**Senior Director, Business Partnerships
People & Culture**

Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au

Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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CARDIOLOGY 2021



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ACT
Government

Canberra Health
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CARDIOLOGY 2021

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ACT Government Canberra Health Services

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- The information I will be presenting tonight, was as painful for me to hear the first time, as some may find it painful to hear tonight as well.
- This information **is not** my personal interpretation but information and verbatim comments, from staff members in Cardiology.

MY BACKGROUND

122



- **1976-1978:** Woden Valley Hospital & Royal Canberra Hospital
- **1979-1982:** Advanced Trainee-Cardiology
- **1883-1984:** NHF Research Fellow RPAH
- **1985-2017:** Calvary Hospital Canberra
- **June 2021:** Interim Director of Cardiology TCH
June 2021-September 2021
- **TCH Executive** explained the reasons for the External Review of Cardiology Services (2020) by Dr. Jennifer Johns
- **Johns Report** made 32 recommendations, all of which are fully supported by Management of The Canberra Hospital.

CARDIOLOGY 2021




INITIAL PRIORITY : Series of in-depth meetings, with Senior Staff Members in the Cardiology Department including-

- Office Managers
- CCU - Senior Nursing Staff
- Outpatient Services/Rehabilitation Services - Senior Staff
- Allied Health - Senior Staff
- Cardiac Catheter Laboratory - Senior Staff
- Ward 6A -CNC
- Advanced Trainees in Cardiology

CARDIOLOGY 2021

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SUBSEQUENT MEETING WITH CRAFT GROUPS.

- Prior to the meeting, copies of Executive Summary of the Johns Report was distributed to all members of each group.
- All were reminded the Report was both **sensitive and confidential** and should not be distributed beyond the Hospital.

MEETING WITH CRAFT GROUPS

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Attendees

- Interim Director (Chair).
- Senior leaders.
- +/- Management Team Representative.
- Members of group.

Format

- Address by Chair, explaining the reason for the meeting.
- Requesting open, frank discussion.
- Group assured of confidentiality.
- Staff assured TCH Management committed to implementing all the recommendations of the Johns Report.

CARDIOLOGY 2021



NEED FOR GROUP MEETINGS WITH CARDIOLOGISTS?

- This had already occurred during the External Review, (via WebEx).

Subsequent meetings occurred during

- Monthly Business Meetings
- Monday Morning educational meetings
- Monday evening Heart Team meetings
- Working Group meetings
- Meetings with individual cardiologists regarding Departmental issues

SUMMARY OF FEEDBACK

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Services Cardiology Services



Canberra Health
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- **NEGATIVE FEEDBACK:** Unfortunately there were approximately 175 negative comments in relation to a variety of matters.
- **NOTE:** Some staff were reluctant/afraid to provide negative feedback, for fear of being targeted.
- **POSITIVE FEEDBACK:** There were approximately 30 positive comments.

NEGATIVE FEEDBACK

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SUMMARY

- CATH LAB:72
- ALLIED HEALTH :52 (Variety of Issues)

OTHER AREAS

- CLINICS (CONSULT/DEVICES)
- OUTPATIENT/REHAB
- OUTPATIENT PROCEDURES
- SAFETY
- STAFFING
- EDUCATION
- MORALE

CARDIOLOGY 2021

Review of Canberra Health
Services Cardiology Services



Canberra Health
Services

POSITIVE FEEDBACK: SUMMARY

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The review was not a formal part of the planning processes involving cardiology, such as the CHS Clinical Services Plan or the Surgical Procedures Interventional Radiology and Emergency Facility Project. The following issues were out of scope

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- Cardiology services provided by Calvary Public Hospital Bruce (CPHB)

The review was based on information from the following sources:

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- Previous cardiology reviews undertaken in 2007 and 2010
- Results of culture surveys 2015, 2017, 2019
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- Interviews with more than 40 Cardiology staff and other key stake holders conducted via WebEx

- **THERE WERE APPROXIMATELY 30 POSITIVE COMMENTS, MAINLY RELATED TO THE SUPPORT THAT WAS PROVIDED BY INDIVIDUAL CARDIOLOGISTS, IN A VARIETY OF (AT TIMES DIFFICULT) CIRCUMSTANCES**

NEGATIVE FEEDBACK FROM THE CATH LAB ¹³⁰

Review of Canberra Health Services Cardiology Services



Canberra Health Services

Reviewers

Dr Jennifer Johns	Ms Carolyn Naismith
MBBS FRACP FCSANZ	RN MN

Executive Summary

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Inappropriate behaviours included -

- Shouting, screaming and consultants arguing with one another
- Swearing, kicking of doors, throwing of objects,
- Failure to observe and maintain appropriate lines of communication.

- Bullying & unprofessional behaviour were still perceived as ongoing problems.

- Reports of **multiple and recurrent breaches** of recommended **safety protocols** provided by members of both the Cardiology Department and other Departments, involved in procedures in the lab (emails, phone calls and Riskman Reports).

CARDIOLOGY 2021



ADMINISTRATION-FRONT OFFICE

I was told TCH Cardiology was not considered a happy Department; it was not a place staff chose to work & there was a high turnover in the office.

My observation: I believe this is definitely changing, due to the new office management structure.

Unfortunately other areas feel understaffed, overworked & morale is low.

BASIC PHYSICIAN TRAINEES - 1



COMMENTS REGARDING BPT ROTATIONS IN CARDIOLOGY

- “Morale amongst TCH BPTs is low-generally.”
- There is lack of interest in Cardiology as a term, amongst BPTs.
- Cardiology is considered a ‘Service’ term BPTs have to do, rather than one they want to do, as in other hospitals.

BASIC PHYSICIAN TRAINEES - 2



REGARDING BPT ROTATIONS IN CARDIOLOGY

- As a preferred specialty, in a recent survey, Cardiology ranked last as a choice; this was mainly due to the rostering issues, especially after hours.
- However, on a positive note, the Director of BPT training said that those rostered on during the day enjoyed their work and did receive good teaching.

ADVANCED TRAINEES - 1



- COMMENTS REGARDING ADVANCED TRAINEE REGISTRARS
- Separate groups independently commented that, in their opinion, Advanced Trainees in Cardiology were not treated well by some specialists.
- They also commented they believed the ATs were afraid to speak up, for fear of being ostracised and sidelined in their training.

ADVANCED TRAINEES - 2



Concerns were expressed by different registrars in relation to issues such as -

- Outpatient Clinics, in a variety of forms
- Rosters.
- Clinical rotations.
- Formal teaching by consultants.
- Training in Echocardiography.

Similar concerns were also made by members of the different craft groups, in relation to the Advanced Trainees.

ADVANCED TRAINEES - RACP



IMPLICATIONS OF ATs CONCERNS

- TCH Cardiology is about to be reviewed by the RACP, regarding the next 5 year accreditation cycle for AT training, and the paperwork has been submitted.
- The College is aware of the External Review of 2020.
- It is unknown if this will adversely affect the granting of further, unrestricted accreditation for ATs.
- It is quite possible the ATs will be interviewed regarding their concerns.

CARDIOLOGY 2021



COMMENTS REGARDING BEHAVIOUR BY SOME CARDIOLOGISTS INCLUDED-

- “There is a lack of respect for co-workers, displayed by some doctors, in the department.”
- “Communication between some consultants, during meetings, was often heated.”
- “Angry discussions and arguments have taken place, in front of other doctors, including ATs, junior doctors, Nurses and Allied Health.”

CARDIOLOGY 2021



OTHER COMMENTS INCLUDED-

- “Communication between cardiologists and senior staff, at times, is a problem and needs to improve.”
- Behaviour on the wards has been a problem and it was felt that arguments, between consultants, should not occur in the corridors or close to other staff.

SOME ISSUES IN THE CATH LAB



- Some felt it was hard for nurses, or other staff members' concerns to be heard, and unfortunately, in the opinion of many staff, nothing had changed.
- Lab staff believed **bullying was still occurring**, even though this had been noted in the Johns Report as unacceptable.

From the perspective of many staff, they said they were “**just over it .**”

PATIENT SAFETY - 1



Staff members stated that, in relation to patient safety, doctors who are rostered on for duty were-

- Often not actually in the hospital.
- Were often not contactable.
- Would not always answer their phones.

PATIENT SAFETY - 2



Also stated -

“if those doctors were present in the hospital, depending upon the circumstances, they would.....”

- “Often ‘**handball**’ the problem to someone else, like the Advanced Trainee” or
- Make comments like
 - “**Let them go**” or
 - “**You deal with it,**” and
 - **Refuse** to see the patient.

OTHER COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS

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- “The bad behaviour is ongoing. ‘
- “There are different personalities and some of them clash.”
- “Some create a tense atmosphere which many members of the staff find stressful.”
- “A number of doctors say inappropriate things and raise their voice.”
- “A number of the doctors are very difficult to deal with.”

COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS



Many of the support staff in the Cath Lab often feel

- Underrated, and undervalued,
- Are often not included in the decision-making, even though their presence is required for any case to go ahead.”
- “It is as bad, if not worse, and something needs to change.”
- “It is still no better, nothing has changed.”
- “We keep saying these things, but no one listens and nothing changes.’
- “Many things happen here, which do not happen in Labs elsewhere, where I worked previously.”

COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS



- “Some of the Cardiologists who work in the Cardiology Department give the impression they do not enjoy being here.”
- “Feedback is rarely provided, unless it is negative; there is limited open discussion and the opinion of staff is often ignored.”

OTHER COMMENTS



- “A lot of things are written down as policy and said to be done, but the reality is that they are not!”
- “Some of the cardiologists do not support Canberra Hospital meetings on a regular basis, such as Educational meetings and the Cath Lab meeting.”
- “This is totally different from meetings a few years ago, when the majority of cardiologist attended most of the meetings on a regular basis.”

OTHER COMMENTS



- Some specialists, with fractional appointments, were often not in the Public Hospital, even when they were meant to be here.
- “Some indeed have not been sighted for quite a long time.”

FURTHER COMMENTS



- “Many of the doctors clearly have interpersonal conflicts.”
- “We have seen them arguing and talking negatively about each other.”
- “It is completely unprofessional, distracting and creates a bad culture.”

CARDIOLOGY 2021



COMMENTS FROM OTHER DEPARTMENTS

From 'corridor conversations' I have had with members of other Departments, the Cardiology Department does not appear to have a good reputation.

Comments included -

- "Why would you want to take that on?"
- "Good luck with that."
- "There had not been a lot of change, everyone is just 'keeping their heads down' and eventually will probably re-emerge, to continue the same behaviour that has led to this investigation."

That is not to say other Departments do not have their own problems, but that does not preclude Cardiology from putting its own 'House in Order.'

CONSIDER THESE OBSERVATIONS AND IMPORTANT QUESTIONS

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Review of Canberra Health Services Cardiology Services



Reviewers

Dr Jennifer Johns	Ms Carolyn Nalsmith
MBBS FRACP FCSANZ	RN MN

Executive Summary

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- Based upon an Elaborate External review, TCH Management is dealing with a fractured and diverse group of clinicians.
- It would appear Management intends to use Executive power, and Authority, to reign over, and establish discipline, amongst a rather 'unruly crowd'.

Consider these 3 questions -

- Q1) Is it fair to say that all problems in TCH cardiology are the sole responsibility of the cardiologists?
- Q2) Have there been poor decisions and lack of support, from higher levels, which have also contributed to this?
- Q3) Have there been issues with attitudes and behaviour at more grass root level (nursing, allied health, admin) which have added to the problem?
- Whilst it may be an unpopular and awkward answer, the truth is (most likely) a resounding 'Yes!'

THE SOLUTION

It is important to recognise and accept -

- Each cardiologist **has the responsibility** to set an example and lead the team.
- Each cardiologist **can and should** be able to influence the team, in the right direction.
- So, how does Cardiology move forward from here?

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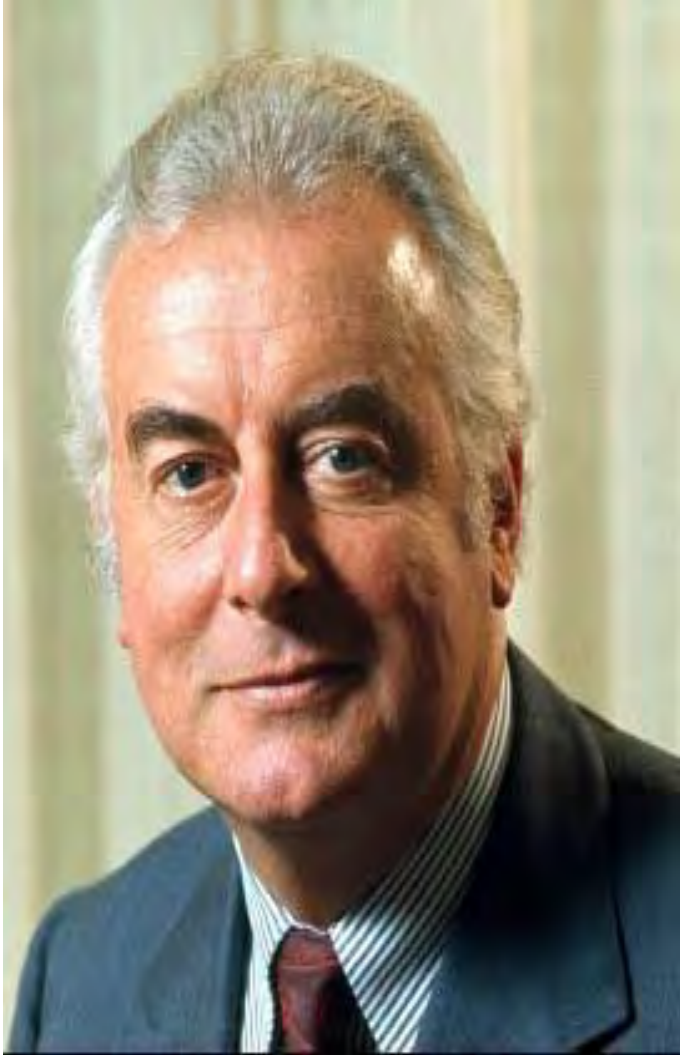
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THE SOLUTION

- The formation of the new Leadership Team was the **first move**, in a new direction, to make **strong positive changes**, for the betterment of the Department, the service and Canberra Hospital.
- Management must now do a deep dive, to address the cultural issues, which still continue to negatively impact upon Department.

THE SOLUTION



- So, the solution to solving these issues is mainly in **YOUR** hands.
- The most important ‘ingredient’ of that statement is **Y.O.U.**
- As Gough Whitlam said in 1972-
 - **“It’s Time!”**

Thank you for your attention

From: Tosh, Jim (Health)
Sent: Tuesday, 7 December 2021 14:31
To: Taylor, Jacqui (Health)
Cc: Bacon, Phil (Health)
Subject: RE: Draft Comms for approval

OFFICIAL

Hi Jacqui, I am comfortable with this going.

Jim

From: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Sent: Tuesday, 7 December 2021 2:29 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Subject: FW: Draft Comms for approval

OFFICIAL

Jacqui Taylor | Executive Director
Phone: 02 5124 3603 | Email: jacqui.h.taylor@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 24, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Taylor, Jacqui (Health)
Sent: Tuesday, 7 December 2021 2:11 PM
To: Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Subject: RE: Draft Comms for approval

OFFICIAL

Minor addition re information not being shared

Jacqui Taylor | Executive Director
Phone: 02 5124 3603 | Email: jacqui.h.taylor@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 24, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>
Sent: Tuesday, 7 December 2021 2:03 PM
To: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Subject: RE: Draft Comms for approval

OFFICIAL

I have added a sentence (red text) about where staff can locate the audio recording. Please amend or move within the paragraphs as needed.

Kind regards,

Sorsha Stuart-Rokvic | A/g Executive Assistant to Jacqui Taylor, Executive Director
 Phone: 5124 3603 | Email: sorsha.stuart-rokvic@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
 Building 28, Level 2 The Canberra Hospital, Yamba Drive, Garran, ACT 2605 | health.act.gov.au
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ACT
Government

**Canberra Health
Services**

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From: Taylor, Jacqui (Health)
Sent: Tuesday, 7 December 2021 11:33 AM
To: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Subject: FW: Draft Comms for approval
Importance: High

OFFICIAL

Hi Ashwin, pls see amended version below. I do feel we should share the Peters presentation as we agreed this with team.

Sorsha has check the Webex recording but unfortunately it is not able to be opened. She has the recording from the handheld device (good quality audio) which is a file too large to be attached.

She will speak with Kelli Rixon about placing in a cardiology Q drive folder that only the relevant staff have access to and directing them there to listen.

Kind regards,

Jacqui Taylor | Executive Director
 Phone: 02 5124 3603 | Email: jacqui.h.taylor@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
 Building 24, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Tuesday, 7 December 2021 10:14 AM
To: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: RE: Draft Comms for approval
Importance: High

OFFICIAL

Clean copy below, and annotated one lower down. I was happy with most of Ashwin's changes...we just need to include the powerpoint and Dave articles.

A message from
Jacqui Taylor
 Executive Director, Medicine

Cardiology Review Update

Dear Cardiology staff,

Thank you to those who attended the Cardiology Review update meeting on Monday. **The audio recording of the meeting can be found in the following Q Drive folder - [REDACTED]**

During the meeting, Dr Peter French provided an overview of his time in the Unit Director role, with a particular focus on behaviours and culture. While Peter provided a balanced view, citing the good work that many of our staff continue to do within the Unit, it was sobering to hear some of the behaviours that had been reported to him during this time. Some alleged behaviours included disrespectful, unprofessional and aggressive conduct in the Cath lab and in the Department more generally, and disregard for policies related to patient and staff safety.

These alleged behaviours are detailed in Dr French's PowerPoint attached (**all information discussed and presented at the meeting are not for distribution outside of the cardiology team**)

CEO, Dave Pepper provided an overview of his expectations, consistent with the attached article, underlining his commitment to improve culture by holding people accountable for behaviours.

Jim Tosh, Senior Director from People & Culture, advised that Ms Barbara Deegan, former Commissioner of the Fair Work Commission, would be undertaking a preliminary assessment of the complaints and behaviours described above. Where misconduct allegations are substantiated, we will take appropriate steps to ensure that we are discharging our employment obligations to maintain the health and safety of our staff within Cardiology.

Jim also advised that approaching any complainants or perceived complainants in a manner which could be construed as exerting influence to not speak to Ms Deegan is serious, and may be construed as misconduct resulting in sanction up to and including immediate (summary) termination. Ms Deegan is interested to hear from anyone who has witnessed or experienced firsthand any of the behaviours above. We have had some reports that people have been approaching others in relation to this process. I ask that if you have been approached that you report it to Phil Bacon or I.

We would also strongly advise that staff not speculate on the reports or on the nature of the investigation in general. Speculation is not helpful and can only serve to further anxieties.

Please contact Phil Bacon [REDACTED] for a confidential discussion should you wish to speak with Barbara. Please reach out if you have any questions.

Kind regards

Jacqui Taylor & Ashwin Swaminathan

From: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Sent: Tuesday, 7 December 2021 8:54 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Subject: FW: Draft Comms for approval

OFFICIAL

From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Monday, 6 December 2021 10:51 PM
To: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Subject: RE: Draft Comms for approval

Hi jac and phil

I think including the PDF of the presentation would only stir up more innuendo and intrigue within the department and would advise not including it. I have inserted a paragraph in green below which summarises the allege poor behaviour.

It would be important to say somewhere that "We take such reports seriously and, where misconduct allegations are substantiated, will take appropriate steps to ensure we are appropriately discharging our employment obligations to maintain the health and safety of our staff within Cardiology". See suggested placement below

Ashwin

From: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Sent: Monday, December 6, 2021 12:17 PM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>
Subject: FW: Draft Comms for approval

OFFICIAL

Hi Ashwin, pls see below. Good to go from HR point of view. Anything you want to add?

Sorsha are we including the WebEx recording too?

Jac

Jacqui Taylor | Executive Director
Phone: 02 5124 3603 | Email: jacqui.h.taylor@act.gov.au

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Building 24, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Sent: Monday, 6 December 2021 12:14 PM
To: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: FW: Draft Comms for approval

OFFICIAL

Hi Jacqui

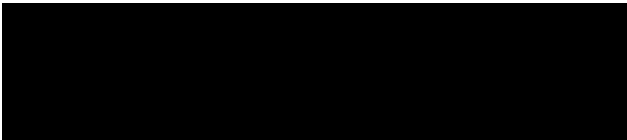
Yes happy for that to stay in. If this does extract others from the woodwork then the more the merrier.

Cheers
Phil

Phil Bacon
HR Business Partnerships | People & Culture
Medicine Division
Infrastructure & Support Services Division
Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** Phil.Bacon@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

<https://healthhub.act.gov.au/employment-resources/people-and-culture>



From: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Sent: Monday, 6 December 2021 12:10 PM
To: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Subject: FW: Draft Comms for approval

OFFICIAL

Hi, can you have a look at the message from Jim...do you want the las bit in as you've already sorted the conversations ?

Jac

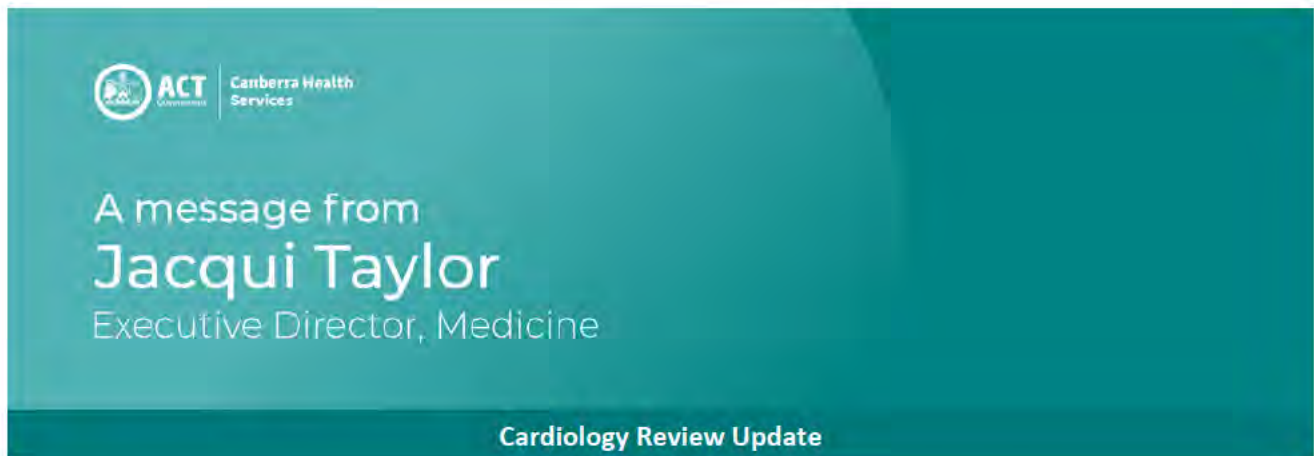
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From: Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>
Sent: Monday, 6 December 2021 10:48 AM

To: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
 Subject: Draft Comms for approval

OFFICIAL

Is this the sort of comms you are after? For proofing



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- ~~Staff Shouting at, or otherwise intimidating colleagues;~~
- ~~Sexualised commentary directed at other staff;~~
- ~~Throwing instruments in the Cath lab;~~
- ~~Kicking doors.~~

~~Peter's PowerPoint appears as an attachment to this email. Consider removing this [I think we've got to keep it in. We were going to share the recording, until it was corrupted, and we did say to staff that that recording would be shared for those that could not attend.]~~

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CARDIOLOGY 2021



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ACT Government | Canberra Health Services

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CARDIOLOGY 2021

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Reviewers	
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MBBS FRACP FCSANZ	RN MN

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- The information I will be presenting tonight, was as painful for me to hear the first time, as some may find it painful to hear tonight as well.
- This information **is not** my personal interpretation but information and verbatim comments, from staff members in Cardiology.

MY BACKGROUND



- **1976-1978:** Woden Valley Hospital & Royal Canberra Hospital
- **1979-1982:** Advanced Trainee-Cardiology
- **1883-1984:** NHF Research Fellow RPAH
- **1985-2017:** Calvary Hospital Canberra
- **June 2021:** Interim Director of Cardiology TCH
June 2021-September 2021
- **TCH Executive** explained the reasons for the External Review of Cardiology Services (2020) by Dr. Jennifer Johns
- **Johns Report** made 32 recommendations, all of which are fully supported by Management of The Canberra Hospital.

CARDIOLOGY 2021




INITIAL PRIORITY : Series of in-depth meetings, with Senior Staff Members in the Cardiology Department including-

- Office Managers
- CCU - Senior Nursing Staff
- Outpatient Services/Rehabilitation Services - Senior Staff
- Allied Health - Senior Staff
- Cardiac Catheter Laboratory - Senior Staff
- Ward 6A -CNC
- Advanced Trainees in Cardiology

CARDIOLOGY 2021

Review of Canberra Health Services Cardiology Services



ACT Government

Canberra Health Services

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SUBSEQUENT MEETING WITH CRAFT GROUPS.

- Prior to the meeting, copies of Executive Summary of the Johns Report was distributed to all members of each group.
- All were reminded the Report was both **sensitive and confidential** and should not be distributed beyond the Hospital.

MEETING WITH CRAFT GROUPS

Review of Canberra Health Services Cardiology Services



Canberra Health Services

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Attendees

- Interim Director (Chair).
- Senior leaders.
- +/- Management Team Representative.
- Members of group.

Format

- Address by Chair, explaining the reason for the meeting.
- Requesting open, frank discussion.
- Group assured of confidentiality.
- Staff assured TCH Management committed to implementing all the recommendations of the Johns Report.

CARDIOLOGY 2021



NEED FOR GROUP MEETINGS WITH CARDIOLOGISTS?

- This had already occurred during the External Review, (via WebEx).

Subsequent meetings occurred during

- Monthly Business Meetings
- Monday Morning educational meetings
- Monday evening Heart Team meetings
- Working Group meetings
- Meetings with individual cardiologists regarding Departmental issues

SUMMARY OF FEEDBACK

Review of Canberra Health
Services Cardiology Services



Canberra Health
Services

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- **NEGATIVE FEEDBACK:** Unfortunately there were approximately 175 negative comments in relation to a variety of matters.
- **NOTE:** Some staff were reluctant/afraid to provide negative feedback, for fear of being targeted.
- **POSITIVE FEEDBACK:** There were approximately 30 positive comments.

NEGATIVE FEEDBACK

Review of Canberra Health
Services Cardiology Services



Canberra Health
Services

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SUMMARY

- CATH LAB:72
- ALLIED HEALTH :52 (Variety of Issues)

OTHER AREAS

- CLINICS (CONSULT/DEVICES)
- OUTPATIENT/REHAB
- OUTPATIENT PROCEDURES
- SAFETY
- STAFFING
- EDUCATION
- MORALE

CARDIOLOGY 2021

Review of Canberra Health
Services Cardiology Services



Canberra Health
Services

POSITIVE FEEDBACK: SUMMARY

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- **THERE WERE APPROXIMATELY 30 POSITIVE COMMENTS, MAINLY RELATED TO THE SUPPORT THAT WAS PROVIDED BY INDIVIDUAL CARDIOLOGISTS, IN A VARIETY OF (AT TIMES DIFFICULT) CIRCUMSTANCES**

NEGATIVE FEEDBACK FROM THE CATH LAB ¹⁷⁰

Review of Canberra Health Services Cardiology Services



Canberra Health Services

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Inappropriate behaviours included -

- Shouting, screaming and consultants arguing with one another
- Swearing, kicking of doors, throwing of objects,
- Failure to observe and maintain appropriate lines of communication.

- Bullying & unprofessional behaviour were still perceived as ongoing problems.

- Reports of **multiple and recurrent breaches** of recommended **safety protocols** provided by members of both the Cardiology Department and other Departments, involved in procedures in the lab (emails, phone calls and Riskman Reports).

CARDIOLOGY 2021



ADMINISTRATION-FRONT OFFICE

I was told TCH Cardiology was not considered a happy Department; it was not a place staff chose to work & there was a high turnover in the office.

My observation: I believe this is definitely changing, due to the new office management structure.

Unfortunately other areas feel understaffed, overworked & morale is low.

BASIC PHYSICIAN TRAINEES - 1



COMMENTS REGARDING BPT ROTATIONS IN CARDIOLOGY

- “Morale amongst TCH BPTs is low-generally.”
- There is lack of interest in Cardiology as a term, amongst BPTs.
- Cardiology is considered a ‘Service’ term BPTs have to do, rather than one they want to do, as in other hospitals.

BASIC PHYSICIAN TRAINEES - 2



REGARDING BPT ROTATIONS IN CARDIOLOGY

- As a preferred specialty, in a recent survey, Cardiology ranked last as a choice; this was mainly due to the rostering issues, especially after hours.
- However, on a positive note, the Director of BPT training said that those rostered on during the day enjoyed their work and did receive good teaching.

ADVANCED TRAINEES - 1



- COMMENTS REGARDING ADVANCED TRAINEE REGISTRARS
- Separate groups independently commented that, in their opinion, Advanced Trainees in Cardiology were not treated well by some specialists.
- They also commented they believed the ATs were afraid to speak up, for fear of being ostracised and sidelined in their training.

ADVANCED TRAINEES - 2



Concerns were expressed by different registrars in relation to issues such as -

- Outpatient Clinics, in a variety of forms
- Rosters.
- Clinical rotations.
- Formal teaching by consultants.
- Training in Echocardiography.

Similar concerns were also made by members of the different craft groups, in relation to the Advanced Trainees.

ADVANCED TRAINEES - RACP



IMPLICATIONS OF ATs CONCERNS

- TCH Cardiology is about to be reviewed by the RACP, regarding the next 5 year accreditation cycle for AT training, and the paperwork has been submitted.
- The College is aware of the External Review of 2020.
- It is unknown if this will adversely affect the granting of further, unrestricted accreditation for ATs.
- It is quite possible the ATs will be interviewed regarding their concerns.

CARDIOLOGY 2021



COMMENTS REGARDING BEHAVIOUR BY SOME CARDIOLOGISTS INCLUDED-

- “There is a lack of respect for co-workers, displayed by some doctors, in the department.”
- “Communication between some consultants, during meetings, was often heated.”
- “Angry discussions and arguments have taken place, in front of other doctors, including ATs, junior doctors, Nurses and Allied Health.”

CARDIOLOGY 2021



OTHER COMMENTS INCLUDED-

- “Communication between cardiologists and senior staff, at times, is a problem and needs to improve.”
- Behaviour on the wards has been a problem and it was felt that arguments, between consultants, should not occur in the corridors or close to other staff.

SOME ISSUES IN THE CATH LAB



- Some felt it was hard for nurses, or other staff members' concerns to be heard, and unfortunately, in the opinion of many staff, nothing had changed.
- Lab staff believed **bullying was still occurring**, even though this had been noted in the Johns Report as unacceptable.

From the perspective of many staff, they said they were “**just over it .**”

PATIENT SAFETY - 1



Staff members stated that, in relation to patient safety, doctors who are rostered on for duty were-

- Often not actually in the hospital.
- Were often not contactable.
- Would not always answer their phones.

PATIENT SAFETY - 2



Also stated -

“if those doctors were present in the hospital, depending upon the circumstances, they would.....”

- “Often ‘**handball**’ the problem to someone else, like the Advanced Trainee” or
- Make comments like
 - “**Let them go**” or
 - “**You deal with it,**” and
 - **Refuse** to see the patient.

OTHER COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS

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- “The bad behaviour is ongoing. ‘
- “There are different personalities and some of them clash.”
- “Some create a tense atmosphere which many members of the staff find stressful.”
- “A number of doctors say inappropriate things and raise their voice.”
- “A number of the doctors are very difficult to deal with.”

COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS



Many of the support staff in the Cath Lab often feel

- Underrated, and undervalued,
- Are often not included in the decision-making, even though their presence is required for any case to go ahead.”
- “It is as bad, if not worse, and something needs to change.”
- “It is still no better, nothing has changed.”
- “We keep saying these things, but no one listens and nothing changes.’
- “Many things happen here, which do not happen in Labs elsewhere, where I worked previously.”

COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS



- “Some of the Cardiologists who work in the Cardiology Department give the impression they do not enjoy being here.”
- “Feedback is rarely provided, unless it is negative; there is limited open discussion and the opinion of staff is often ignored.”

OTHER COMMENTS



- “A lot of things are written down as policy and said to be done, but the reality is that they are not!”
- “Some of the cardiologists do not support Canberra Hospital meetings on a regular basis, such as Educational meetings and the Cath Lab meeting.”
- “This is totally different from meetings a few years ago, when the majority of cardiologist attended most of the meetings on a regular basis.”

OTHER COMMENTS



- Some specialists, with fractional appointments, were often not in the Public Hospital, even when they were meant to be here.
- “Some indeed have not been sighted for quite a long time.”

FURTHER COMMENTS



- “Many of the doctors clearly have interpersonal conflicts.”
- “We have seen them arguing and talking negatively about each other.”
- “It is completely unprofessional, distracting and creates a bad culture.”

CARDIOLOGY 2021



COMMENTS FROM OTHER DEPARTMENTS

From 'corridor conversations' I have had with members of other Departments, the Cardiology Department does not appear to have a good reputation.

Comments included -

- "Why would you want to take that on?"
- "Good luck with that."
- "There had not been a lot of change, everyone is just 'keeping their heads down' and eventually will probably re-emerge, to continue the same behaviour that has led to this investigation."

That is not to say other Departments do not have their own problems, but that does not preclude Cardiology from putting its own 'House in Order.'

CONSIDER THESE OBSERVATIONS AND IMPORTANT QUESTIONS

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- Based upon an Elaborate External review, TCH Management is dealing with a fractured and diverse group of clinicians.
- It would appear Management intends to use Executive power, and Authority, to reign over, and establish discipline, amongst a rather 'unruly crowd'.

Consider these 3 questions -

- Q1) Is it fair to say that all problems in TCH cardiology are the sole responsibility of the cardiologists?
- Q2) Have there been poor decisions and lack of support, from higher levels, which have also contributed to this?
- Q3) Have there been issues with attitudes and behaviour at more grass root level (nursing, allied health, admin) which have added to the problem?
- Whilst it may be an unpopular and awkward answer, the truth is (most likely) a resounding 'Yes!'

THE SOLUTION

It is important to recognise and accept -

- Each cardiologist **has the responsibility** to set an example and lead the team.
- Each cardiologist **can and should** be able to influence the team, in the right direction.
- So, how does Cardiology move forward from here?

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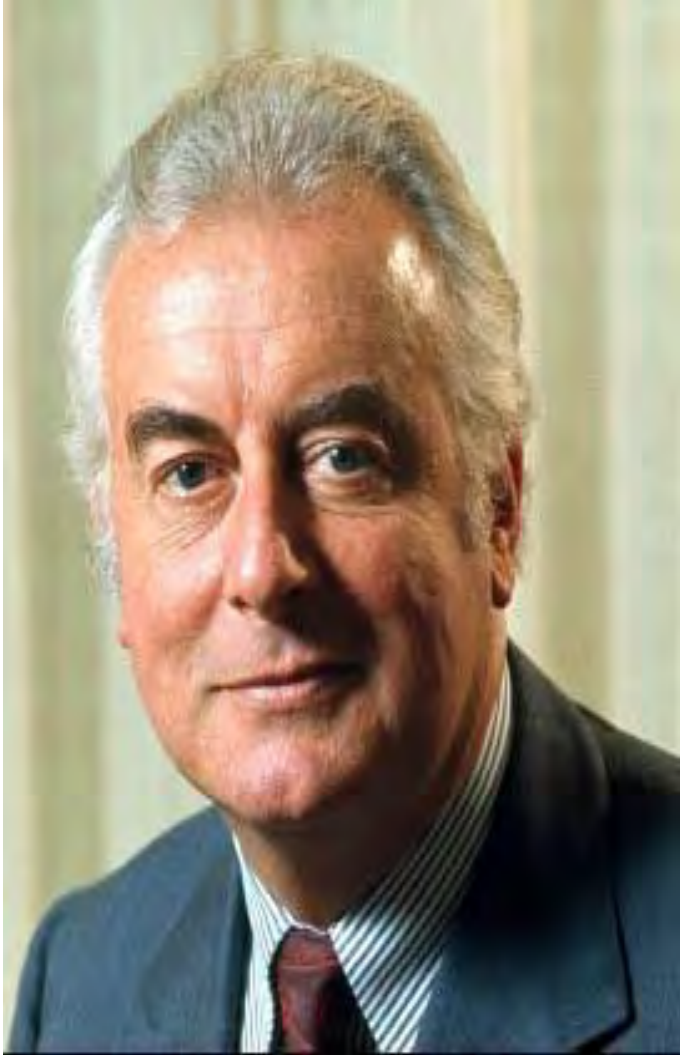
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THE SOLUTION

- The formation of the new Leadership Team was the **first move**, in a new direction, to make **strong positive changes**, for the betterment of the Department, the service and Canberra Hospital.
- Management must now do a deep dive, to address the cultural issues, which still continue to negatively impact upon Department.

THE SOLUTION



- So, the solution to solving these issues is mainly in **YOUR** hands.
- The most important ‘ingredient’ of that statement is **Y.O.U.**
- As Gough Whitlam said in 1972-
 - **“It’s Time!”**

Thank you for your attention



12 NOV, 2021

Boss puts staff in ACT's health system on notice

Canberra Times, Canberra



Page 1 of 2

Boss puts staff in ACT's health system on notice

Lucy Bladen

SOME senior staff in Canberra Health Services may be shown the door with the new boss of the organisation saying it's time for those who bully to face the consequences.

Staff from parts of the ACT's public health system have said bullying was still a huge problem, more than two years after a damning review that highlighted the extent of the issue.

A review into the culture of the territory's public health system found more needed to be done to ensure there were better expectations of workplace behaviour and that leaders in the system were addressing poor behaviour.

While some staff reported that bullying had decreased, most, particularly in Canberra Health Services, indicated bullying was still rife and little had changed.

"There is no respect for nurses - the behaviour has got worse," one person said.

Another said: "There have been no changes in staff when there should have been, known perpetrators are still in their positions."

Canberra Health Services chief executive Dave Peffer said people who had consistently exhibited poor behaviour would be exiting the organisation over the

coming year.

"A primary focus for us over the next 12 months is looking at some of those individuals, and some of them are in quite senior roles in the organisation and shouldn't be," he said. "We will need to make change because we have some great teams doing some terrific work with good culture but equally we have some teams that don't have that same beneficial culture and it's about to change."

The second annual review into the implementation of recommendations from the damning 2019 culture review was tabled in the ACT Legislative Assembly on Thursday.

The independent review, which was released in March 2019, found there were troubling levels of mistrust and bullying throughout the system. There were 20 recommendations made in that review for widespread reform across Canberra Health Services, ACT Health and the Calvary Public Hospital to tackle the cultural issues.

The review of the implementation, released on Thursday, found good foundational work had taken place to address issues but better emphasis was needed on areas that would most impact staff. This was mostly around setting expectations of positive workplace behaviour.

Health Minister Rachel

Stephen-Smith said, while important work had been undertaken, there was still more to do.

"It is obviously a concern when we hear from front-line staff that they are not setting in all cases the impacts on the ground of the foundational work that we've undertaken to date," she said.

Eight recommendations from the culture review have been completed to date.

Opposition health spokeswoman Giulia Jones said the response to date of implementing the cultural review recommendations had been disappointing.

"With only eight of the 20 recommendations fully implemented, the findings of this review show that the problems go on and the Labor-Greens government does not have a transparent way of showing actual progress of the experience of staff working in the public health system in the ACT," Mrs Jones said.

There is no respect for nurses - the behaviour has got worse.

Feedback in culture review of ACT's health system



12 NOV, 2021

Boss puts staff in ACT's health system on notice

Canberra Times, Canberra



Canberra Health Services chief executive Dave Peffer says staff who don't exhibit good behaviour will be exiting the organisation. **Picture: Elesa Kurtz**

From: Tzavalas, Olivia (Health) on behalf of Peffer, Dave (Health)
Sent: Friday, 12 November 2021 16:56
To: ##All Staff, Canberra Health Services
Subject: A message from the CEO - 12 November 2021

OFFICIAL

[View this email in your web browser](#)



ACT
Government

**Canberra Health
Services**

A message from Dave Peffer

Chief Executive Officer



12 November 2021

Dear Team CHS,

It's been an action-packed week and I've got a fair bit to share. Long emails can be tough (especially on a Friday arvo), so I've dropped in some headings for you to scroll to the parts that interest you.

Improving our workplace culture

Yesterday you would've received an email about the annual update on the Independent Review into the Workplace Culture within ACT Public Health Services.

This year's review is a mixed bag. We've done a lot of important work building good foundations to make CHS a great place to work. We've got a vision, values, frameworks and strategies, backed up by toolkits and training. All of these things make it clear the behaviours we want in CHS. If these behaviours remain a mystery for you – it's now up to you to close that gap.

We're drawing a line in the sand. Bullying, racism and sexual harassment are behaviours that will earn you a one-way ticket to your next opportunity, and that won't be with CHS.

If you've witnessed or been the victim of this sort of behaviour, I need you to report

it. Odds are if someone's been bullying you, you're not the only one. Encourage those around you to also speak up.

If you've raised a concern and haven't heard back about it, I'd like to hear about that too.

And if you're reading this, thinking it's ok to yell at people on the phone because you're under pressure, or talk down to junior team members who don't have the experience you have, or make a racist comment about one of our team members here in CHS, start sharpening up your CV.

There are too many great team members in CHS for us not to do the hard yards and give everyone a great place to work.

Workplace Culture Survey

A reminder the Workplace Culture Survey is still live and will close at 11.59pm Monday 15 November. We've extended it to cover the weekend and Monday – any longer and we wouldn't have the results back for a couple months, with Christmas thrown in there. If you haven't completed yours yet, scroll back through your emails and find the survey link from BPA. It takes half an hour but will help shape the next few years. More information is on [HealthHub](#).

CEO Awards

On Wednesday I hosted the second annual CHS CEO Awards to celebrate some of the exceptional individuals and teams at CHS. Thanks to everyone who tuned into our virtual awards ceremony to cheer on your colleagues and (I assume) laugh heartily at my jokes. It wasn't quite the evening event we'd be hoping for, but it was great we could still recognise some of the great work across our organisation.

Congratulations to all the winners and nominees for your commitment to delivering exceptional health care.

25 Year Anniversary Medal of Excellence for Outstanding Service - Karen Simpson

Unsung Hero - Karina Kennedy

Exceptional Care – Person Centred Care Improvements - Mercy Lukose

Exceptional Care – Innovative Initiatives - Coronary Care Unit

Work Health Safety - Leadership Excellence - Michael Warylo

Work Health Safety Champion - Sue-ella McGufficke

Leadership - Christopher Burton

Values in Action - Kind - Joleen Hing

Values in Action - Respectful - BreastScreen ACT

Values in Action - Progressive - Leukaemia Interest Group

Values in Action - Reliable - Barb Bolton

Excellence in Direct Service Delivery - Allied Health - Diabetes High Risk Foot Service

Excellence in Direct Service Delivery - Administrative and Professional - Donna Azzopardi

For those of you who tuned in, I can report back that Dr Nick Coatsworth did indeed pay up and deliver the red frogs to the comms team.

Booster vaccinations

Booster vaccinations are available to anyone who completed their vaccination six months ago. If you are eligible, please book in via the bookings line on **5124 7700**. Health care workers can also simply walk in at the AIS and airport locations once eligible.

12 months until Digital Health Record goes live...

Today marks one year until the Digital Health Record (DHR) goes live. This is a big one for CHS and an important project for us to land well. There's going to be some Q&A sessions this month, both virtual and face-to-face. All information can be found on the [DHR intranet site](#).

Enterprise Agreement reminder

The voting period for the proposed ACT Public Sector Support Services Enterprise Agreement 2021-2022 commenced Monday 8 November 2021 and will close on Monday 15 November 2021. Before the vote opened on Monday, the Australian Election Company sent an email (and provided postal packs where relevant) to all eligible employees providing instructions on how to cast your vote. If you have already voted, thank you. If you haven't yet lodged your vote, I encourage you to do so.

Shout out

This week is National Radiographer and Radiation Therapist Week (NRRTW). To mark this, today's shout out goes to one of our Radiation Therapist stars, Juliette Phillips. Juliette, your team members say you embody the CHS values every day. They told me that you're incredibly caring, considerate of others, and very patient focussed – helping to make the workplace culture a positive one in Radiation Oncology. Thank you so much for your dedication, Juliette, and for making CHS a great place to work for your team mates.

Stay positive by staying negative.

We acknowledge the Traditional Custodians of the ACT, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

From: Tosh, Jim (Health)
Sent: Thursday, 9 December 2021 10:01 AM
To: Smitham, Kalena (Health)
Subject: RE: Cultural matters in Cardiology

UNOFFICIAL

Thanks Kalena,

Jim

From: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Sent: Thursday, 9 December 2021 7:56 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>; Ahmad Farshid [REDACTED]
[REDACTED] O'Connor, Simon (Health) <Simon.O'Connor@act.gov.au>; Tan, Ren (Health)
<Ren.Tan@act.gov.au>; [REDACTED]; Kris Nowakowski [REDACTED] Abhayaratna,
Walter (Health) <Walter.P.Abhayaratna@act.gov.au>; Walter.abhayartna@act.gov.au; [REDACTED]
[REDACTED] Kashif Kalam [REDACTED] Scott, Peter (Health)
<Peter.J.Scott@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Sharon Wilson
[REDACTED] Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Swaminathan, Ashwin
(Health) <Ashwin.Swaminathan@act.gov.au>; Steve Ross [REDACTED] Allada, Christopher (Health)
<Christopher.Allada@act.gov.au>
Subject: Cultural matters in Cardiology

UNOFFICIAL

Hi team,

I understand there is a desire to immediately start doing things to improve the culture in the team, however this will need to be done in a considered and planned way. During the next few weeks, understandably, team members may be experiencing a range of emotions and feeling vulnerable, exposed, unsure, distrusting and maybe even hopeful for the future. It would be best if for the moment, as a team, we focus on leading with our very best individual behaviours aligning to CHS values and ensuring we are respectful and kind in our communication.

Some team based work on interventions to improve communication, morale and ways of working will kick off in the coming weeks.

Regards

Kalena Smitham

Executive Group Manager

People and Culture | Canberra Health Services

Level 1, Building 23 | Canberra Hospital

Phone: 5124 9631 | [REDACTED]

Email: kalena.smitham@act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



ACT
Government

**Canberra Health
Services**

From: Tosh, Jim (Health)
Sent: Thursday, 16 December 2021 10:04
To: Bacon, Phil (Health); Swaminathan, Ashwin (Health); Stuart-Rokvic, Sorsha (Health)
Cc: Taylor, Jacqui (Health)
Subject: RE: A message from Jacqui Taylor, Executive Director, Medicine

OFFICIAL

All good, ready to go – and yes, that would be great Ashwin. Call if needed.

From: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Sent: Thursday, 16 December 2021 8:27 AM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Tosh, Jim (Health) <Jim.Tosh@act.gov.au>; Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>
Cc: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: RE: A message from Jacqui Taylor, Executive Director, Medicine

OFFICIAL

Agree well worded and should come from Ashwin which changes the opening address.

From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Thursday, 16 December 2021 6:43 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>
Cc: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: Re: A message from Jacqui Taylor, Executive Director, Medicine

OFFICIAL

Also, should it be from me in Jacs absence? Could slightly change the wording

Get [Outlook for Android](#)

From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Thursday, December 16, 2021 6:41:38 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>
Cc: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: Re: A message from Jacqui Taylor, Executive Director, Medicine

Looks good Jim.

Suggest change "everyone" to "anyone" in the 5th para.

Ashwin

Get [Outlook for Android](#)

From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Wednesday, December 15, 2021 4:27:34 PM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Bacon, Phil (Health)

<Phil.Bacon@act.gov.au>; Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>

Cc: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>

Subject: RE: A message from Jacqui Taylor, Executive Director, Medicine

OFFICIAL

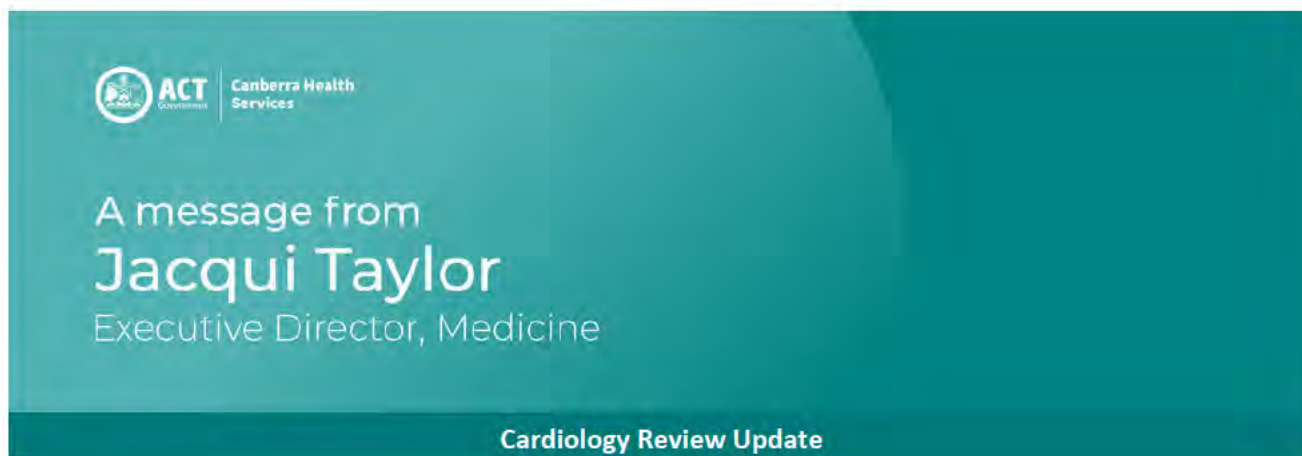
Hi Team,

In Jacqui's absence, I wonder if you could review the message below. The main purpose being to update staff on progress (given that Barbara is recommencing in January).

Kind regards

Jim

OFFICIAL



Dear Cardiology staff,

On 7 December 2021, I wrote to all Cardiology staff to inform you of the preliminary assessment process being undertaken by Ms Barbara Deegan, a former Fair Work Commissioner, in relation to behaviours within the unit.

There has been a lot of interest in meeting with Ms Deegan, and I want to thank everyone for their involvement in the process to date.

I understand, due to Ms Deegan's prior commitments, that further interviews will take place in January of 2022. This being said, I expect that the process will be completed by the end of January to help us move forward together early in the new year.

I would encourage everyone who has not come forward but would like to, or otherwise have questions about the process, to reach out to Phil Bacon, our HR Business Partner.

I understand that this process has been uncomfortable for many within Cardiology. I am certain that this process will assist us to navigate a way forward to clarify expected behaviours and interactions, and help us function as a truly multidisciplinary team focused on providing the best cardiology services to the Canberra community and surrounds.

Please contact Phil Bacon [REDACTED] for a confidential discussion or should you have any questions.

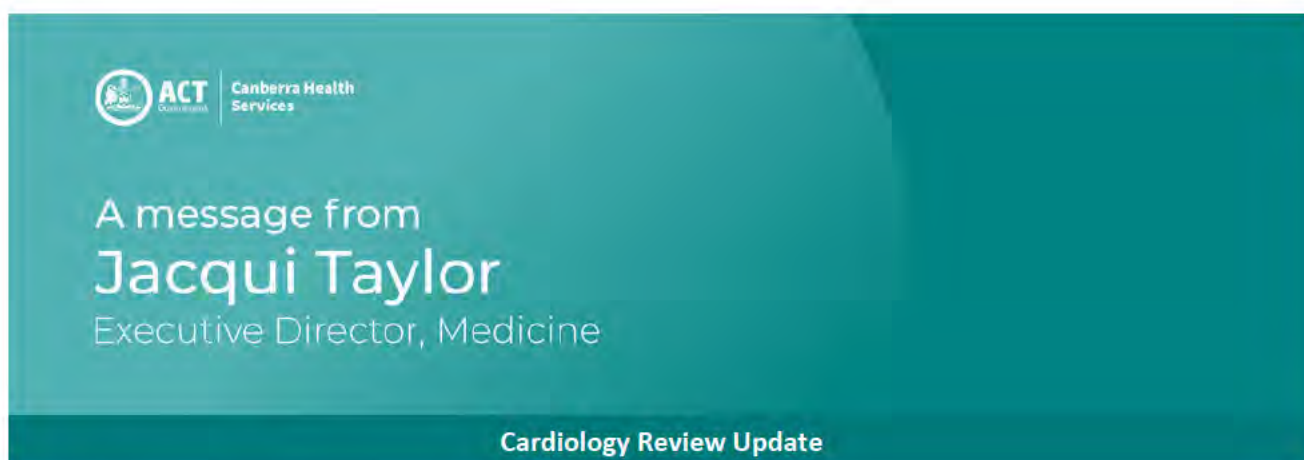
Kind regards

Jacqui Taylor & Ashwin Swaminathan

www.health.act.gov.au

From: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Sent: Tuesday, 7 December 2021 4:08 PM
To:
Subject: A message from Jacqui Taylor, Executive Director, Medicine

OFFICIAL



Dear Cardiology staff,

Thank you to those who attended the Cardiology Review update meeting on Monday. The audio recording of the meeting can be found in the following Q Drive folder - [REDACTED]

During the meeting, Dr Peter French provided an overview of his time in the Unit Director role, with a particular focus on behaviours and culture. While Peter provided a balanced view, citing the good work that many of our staff continue to do within the Unit, it was sobering to hear some of the behaviours that had been reported to him during this time. Some alleged behaviours included disrespectful, unprofessional and aggressive conduct in the Cath lab and in the Department more generally, and disregard for policies related to patient and staff safety.

These alleged behaviours are detailed in Dr French's PowerPoint attached (all information discussed and presented at the meeting are not for distribution outside of the cardiology team).

CEO, Dave Pepper provided an overview of his expectations, consistent with the attached article, underlining his commitment to improve culture by holding people accountable for behaviours.

Jim Tosh, Senior Director from People & Culture, advised that Ms Barbara Deegan, former Commissioner of the Fair Work Commission, would be undertaking a preliminary assessment of the complaints and behaviours described above. Where misconduct allegations are substantiated, we will take appropriate steps to ensure that we are discharging our employment obligations to maintain the health and safety of our staff within Cardiology.

Jim also advised that approaching any complainants or perceived complainants in a manner which could be construed as exerting influence to not speak to Ms Deegan is serious, and may be construed as misconduct resulting in sanction up to and including immediate (summary) termination. Ms Deegan is interested to hear from anyone who has witnessed or experienced firsthand any of the behaviours above. We have had some reports that people have been approaching others in relation to this process. I ask that if you have been approached that you report it to Phil Bacon or I.

We would also strongly advise that staff not speculate on the reports or on the nature of the investigation in general. Speculation is not helpful and can only serve to further anxieties.

Please contact Phil Bacon [REDACTED] for a confidential discussion should you wish to speak with Barbara. Please reach out if you have any questions.

Kind regards


Jacqui Taylor & Ashwin Swaminathan

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CARDIOLOGY 2021



Review of Canberra Health Services Cardiology Services


ACT
Government

Canberra Health Services

Reviewers	
Dr Jennifer Johns	Ms Carolyn Naismith
MBBS FRACP FCSANZ	RN MN

Executive Summary

The purpose of this review is to provide a reflection on the current challenges with the structure and governance of the cardiology services at Canberra Health Services (CHS), and to identify opportunities for improvement to ensure the safety and continuous improvement of the services.

The Terms of Reference for the review were:

1. The management and clinical governance of cardiology services provided by CHS across emergency, inpatient and outpatient settings.
2. Integration of cardiology services within the department, across CHS, and across the ACT including relations with Calvary Public Hospital (Bruce) and the private sector.
3. The efficiency of Cardiology services, with particular attention to outpatient services and diagnostics.
4. Culture issues in cardiology, particularly as they relate to clinical safety and effective collaboration for patient care.
5. To identify challenges and opportunities for improvement.

The review was not a formal part of the planning processes involving cardiology, such as the CHS Clinical Services Plan or the Surgical Procedures Interventional Radiology and Emergency Facility Project. The following issues were out of scope

- Needs-based analysis of anticipated demand
- Cardiology services provided by Calvary Public Hospital Bruce (CPHB)

The review was based on information from the following sources:

- 2019 Health round table data for cardiology diagnostic related groups
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CARDIOLOGY 2021

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ACT Government Canberra Health Services

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- The information I will be presenting tonight, was as painful for me to hear the first time, as some may find it painful to hear tonight as well.
- This information **is not** my personal interpretation but information and verbatim comments, from staff members in Cardiology.

MY BACKGROUND



- **1976-1978:** Woden Valley Hospital & Royal Canberra Hospital
- **1979-1982:** Advanced Trainee-Cardiology
- **1883-1984:** NHF Research Fellow RPAH
- **1985-2017:** Calvary Hospital Canberra
- **June 2021:** Interim Director of Cardiology TCH
June 2021-September 2021
- **TCH Executive** explained the reasons for the External Review of Cardiology Services (2020) by Dr. Jennifer Johns
- **Johns Report** made 32 recommendations, all of which are fully supported by Management of The Canberra Hospital.

CARDIOLOGY 2021




INITIAL PRIORITY : Series of in-depth meetings, with Senior Staff Members in the Cardiology Department including-

- Office Managers
- CCU - Senior Nursing Staff
- Outpatient Services/Rehabilitation Services - Senior Staff
- Allied Health - Senior Staff
- Cardiac Catheter Laboratory - Senior Staff
- Ward 6A -CNC
- Advanced Trainees in Cardiology

CARDIOLOGY 2021

Review of Canberra Health Services Cardiology Services



Canberra Health Services

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SUBSEQUENT MEETING WITH CRAFT GROUPS.

- Prior to the meeting, copies of Executive Summary of the Johns Report was distributed to all members of each group.
- All were reminded the Report was both **sensitive and confidential** and should not be distributed beyond the Hospital.

MEETING WITH CRAFT GROUPS

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Attendees

- Interim Director (Chair).
- Senior leaders.
- +/- Management Team Representative.
- Members of group.

Format

- Address by Chair, explaining the reason for the meeting.
- Requesting open, frank discussion.
- Group assured of confidentiality.
- Staff assured TCH Management committed to implementing all the recommendations of the Johns Report.

CARDIOLOGY 2021



NEED FOR GROUP MEETINGS WITH CARDIOLOGISTS?

- This had already occurred during the External Review, (via WebEx).

Subsequent meetings occurred during

- Monthly Business Meetings
- Monday Morning educational meetings
- Monday evening Heart Team meetings
- Working Group meetings
- Meetings with individual cardiologists regarding Departmental issues

SUMMARY OF FEEDBACK

Review of Canberra Health
Services Cardiology Services



Canberra Health
Services

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- **NEGATIVE FEEDBACK:** Unfortunately there were approximately 175 negative comments in relation to a variety of matters.
- **NOTE:** Some staff were reluctant/afraid to provide negative feedback, for fear of being targeted.
- **POSITIVE FEEDBACK:** There were approximately 30 positive comments.

NEGATIVE FEEDBACK

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Services Cardiology Services



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SUMMARY

- CATH LAB:72
- ALLIED HEALTH :52 (Variety of Issues)

OTHER AREAS

- CLINICS (CONSULT/DEVICES)
- OUTPATIENT/REHAB
- OUTPATIENT PROCEDURES
- SAFETY
- STAFFING
- EDUCATION
- MORALE

CARDIOLOGY 2021

Review of Canberra Health
Services Cardiology Services



Canberra Health
Services

POSITIVE FEEDBACK: SUMMARY

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- **THERE WERE APPROXIMATELY 30 POSITIVE COMMENTS, MAINLY RELATED TO THE SUPPORT THAT WAS PROVIDED BY INDIVIDUAL CARDIOLOGISTS, IN A VARIETY OF (AT TIMES DIFFICULT) CIRCUMSTANCES**

NEGATIVE FEEDBACK FROM THE CATH LAB ²⁴⁷

Review of Canberra Health Services Cardiology Services



Canberra Health Services

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Inappropriate behaviours included -

- Shouting, screaming and consultants arguing with one another
- Swearing, kicking of doors, throwing of objects,
- Failure to observe and maintain appropriate lines of communication.

- Bullying & unprofessional behaviour were still perceived as ongoing problems.

- Reports of **multiple and recurrent breaches** of recommended **safety protocols** provided by members of both the Cardiology Department and other Departments, involved in procedures in the lab (emails, phone calls and Riskman Reports).

CARDIOLOGY 2021



ADMINISTRATION-FRONT OFFICE

I was told TCH Cardiology was not considered a happy Department; it was not a place staff chose to work & there was a high turnover in the office.

My observation: I believe this is definitely changing, due to the new office management structure.

Unfortunately other areas feel understaffed, overworked & morale is low.

BASIC PHYSICIAN TRAINEES - 1



COMMENTS REGARDING BPT ROTATIONS IN CARDIOLOGY

- “Morale amongst TCH BPTs is low-generally.”
- There is lack of interest in Cardiology as a term, amongst BPTs.
- Cardiology is considered a ‘Service’ term BPTs have to do, rather than one they want to do, as in other hospitals.

BASIC PHYSICIAN TRAINEES - 2



REGARDING BPT ROTATIONS IN CARDIOLOGY

- As a preferred specialty, in a recent survey, Cardiology ranked last as a choice; this was mainly due to the rostering issues, especially after hours.
- However, on a positive note, the Director of BPT training said that those rostered on during the day enjoyed their work and did receive good teaching.

ADVANCED TRAINEES - 1



- COMMENTS REGARDING ADVANCED TRAINEE REGISTRARS
- Separate groups independently commented that, in their opinion, Advanced Trainees in Cardiology were not treated well by some specialists.
- They also commented they believed the ATs were afraid to speak up, for fear of being ostracised and sidelined in their training.

ADVANCED TRAINEES - 2



Concerns were expressed by different registrars in relation to issues such as -

- Outpatient Clinics, in a variety of forms
- Rosters.
- Clinical rotations.
- Formal teaching by consultants.
- Training in Echocardiography.

Similar concerns were also made by members of the different craft groups, in relation to the Advanced Trainees.

ADVANCED TRAINEES - RACP



IMPLICATIONS OF ATs CONCERNS

- TCH Cardiology is about to be reviewed by the RACP, regarding the next 5 year accreditation cycle for AT training, and the paperwork has been submitted.
- The College is aware of the External Review of 2020.
- It is unknown if this will adversely affect the granting of further, unrestricted accreditation for ATs.
- It is quite possible the ATs will be interviewed regarding their concerns.

CARDIOLOGY 2021



COMMENTS REGARDING BEHAVIOUR BY SOME CARDIOLOGISTS INCLUDED-

- “There is a lack of respect for co-workers, displayed by some doctors, in the department.”
- “Communication between some consultants, during meetings, was often heated.”
- “Angry discussions and arguments have taken place, in front of other doctors, including ATs, junior doctors, Nurses and Allied Health.”

CARDIOLOGY 2021



OTHER COMMENTS INCLUDED-

- “Communication between cardiologists and senior staff, at times, is a problem and needs to improve.”
- Behaviour on the wards has been a problem and it was felt that arguments, between consultants, should not occur in the corridors or close to other staff.

SOME ISSUES IN THE CATH LAB



- Some felt it was hard for nurses, or other staff members' concerns to be heard, and unfortunately, in the opinion of many staff, nothing had changed.
- Lab staff believed **bullying was still occurring**, even though this had been noted in the Johns Report as unacceptable.

From the perspective of many staff, they said they were “**just over it .**”

PATIENT SAFETY - 1



Staff members stated that, in relation to patient safety, doctors who are rostered on for duty were-

- Often not actually in the hospital.
- Were often not contactable.
- Would not always answer their phones.

PATIENT SAFETY - 2



Also stated -

“if those doctors were present in the hospital, depending upon the circumstances, they would.....”

- “Often ‘**handball**’ the problem to someone else, like the Advanced Trainee” or
- Make comments like
 - “**Let them go**” or
 - “**You deal with it,**” and
 - **Refuse** to see the patient.

OTHER COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS

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- “The bad behaviour is ongoing. ‘
- “There are different personalities and some of them clash.”
- “Some create a tense atmosphere which many members of the staff find stressful.”
- “A number of doctors say inappropriate things and raise their voice.”
- “A number of the doctors are very difficult to deal with.”

COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS



Many of the support staff in the Cath Lab often feel

- Underrated, and undervalued,
- Are often not included in the decision-making, even though their presence is required for any case to go ahead.”
- “It is as bad, if not worse, and something needs to change.”
- “It is still no better, nothing has changed.”
- “We keep saying these things, but no one listens and nothing changes.’
- “Many things happen here, which do not happen in Labs elsewhere, where I worked previously.”

COMMENTS BY MEMBERS IN OTHER CRAFT GROUPS



- “Some of the Cardiologists who work in the Cardiology Department give the impression they do not enjoy being here.”
- “Feedback is rarely provided, unless it is negative; there is limited open discussion and the opinion of staff is often ignored.”

OTHER COMMENTS



- “A lot of things are written down as policy and said to be done, but the reality is that they are not!”
- “Some of the cardiologists do not support Canberra Hospital meetings on a regular basis, such as Educational meetings and the Cath Lab meeting.”
- “This is totally different from meetings a few years ago, when the majority of cardiologist attended most of the meetings on a regular basis.”

OTHER COMMENTS



- Some specialists, with fractional appointments, were often not in the Public Hospital, even when they were meant to be here.
- “Some indeed have not been sighted for quite a long time.”

FURTHER COMMENTS



- “Many of the doctors clearly have interpersonal conflicts.”
- “We have seen them arguing and talking negatively about each other.”
- “It is completely unprofessional, distracting and creates a bad culture.”

CARDIOLOGY 2021



COMMENTS FROM OTHER DEPARTMENTS

From 'corridor conversations' I have had with members of other Departments, the Cardiology Department does not appear to have a good reputation.

Comments included -

- "Why would you want to take that on?"
- "Good luck with that."
- "There had not been a lot of change, everyone is just 'keeping their heads down' and eventually will probably re-emerge, to continue the same behaviour that has led to this investigation."

That is not to say other Departments do not have their own problems, but that does not preclude Cardiology from putting its own 'House in Order.'

CONSIDER THESE OBSERVATIONS AND IMPORTANT QUESTIONS

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Review of Canberra Health Services Cardiology Services



Reviewers

Dr Jennifer Johns	Ms Carolyn Nalsmith
MBBS FRACP FCSANZ	RN MN

Executive Summary

The purpose of this review is to provide a reflection on the current challenges with the structure and governance of the cardiology services at Canberra Health Services (CHS), and to identify opportunities for improvement to ensure the safety and continuous improvement of the services.

The Terms of Reference for the review were:

1. The management and clinical governance of cardiology services provided by CHS across emergency, inpatient and outpatient settings.
2. Integration of cardiology services within the department, across CHS, and across the ACT including relations with Calvary Public Hospital (Bruce) and the private sector.
3. The efficiency of Cardiology services, with particular attention to outpatient services and diagnostics.
4. Culture issues in cardiology, particularly as they relate to clinical safety and effective collaboration for patient care.
5. To identify challenges and opportunities for improvement.

The review was not a formal part of the planning processes involving cardiology, such as the CHS Clinical Services Plan or the Surgical Procedures Interventional Radiology and Emergency Facility Project. The following issues were out of scope

- Needs-based analysis of anticipated demand
- Cardiology services provided by Calvary Public Hospital Bruce (CPHB)

The review was based on information from the following sources:

- 2019 Health round table data for cardiology diagnostic related groups
- Previous cardiology reviews undertaken in 2007 and 2010
- Results of culture surveys 2015, 2017, 2019
- CHS Clinical Review Committee confidential quality assurance committee extraordinary report related to RCA 2019-13
- Interviews with more than 40 Cardiology staff and other key stake holders conducted via WebEx

- Based upon an Elaborate External review, TCH Management is dealing with a fractured and diverse group of clinicians.
- It would appear Management intends to use Executive power, and Authority, to reign over, and establish discipline, amongst a rather 'unruly crowd'.

Consider these 3 questions -

- Q1) Is it fair to say that all problems in TCH cardiology are the sole responsibility of the cardiologists?
- Q2) Have there been poor decisions and lack of support, from higher levels, which have also contributed to this?
- Q3) Have there been issues with attitudes and behaviour at more grass root level (nursing, allied health, admin) which have added to the problem?
- Whilst it may be an unpopular and awkward answer, the truth is (most likely) a resounding 'Yes!'

THE SOLUTION

It is important to recognise and accept -

- Each cardiologist **has the responsibility** to set an example and lead the team.
- Each cardiologist **can and should** be able to influence the team, in the right direction.
- So, how does Cardiology move forward from here?

Reviewers

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THE SOLUTION

- The formation of the new Leadership Team was the **first move**, in a new direction, to make **strong positive changes**, for the betterment of the Department, the service and Canberra Hospital.
- Management must now do a deep dive, to address the cultural issues, which still continue to negatively impact upon Department.

Reviewers

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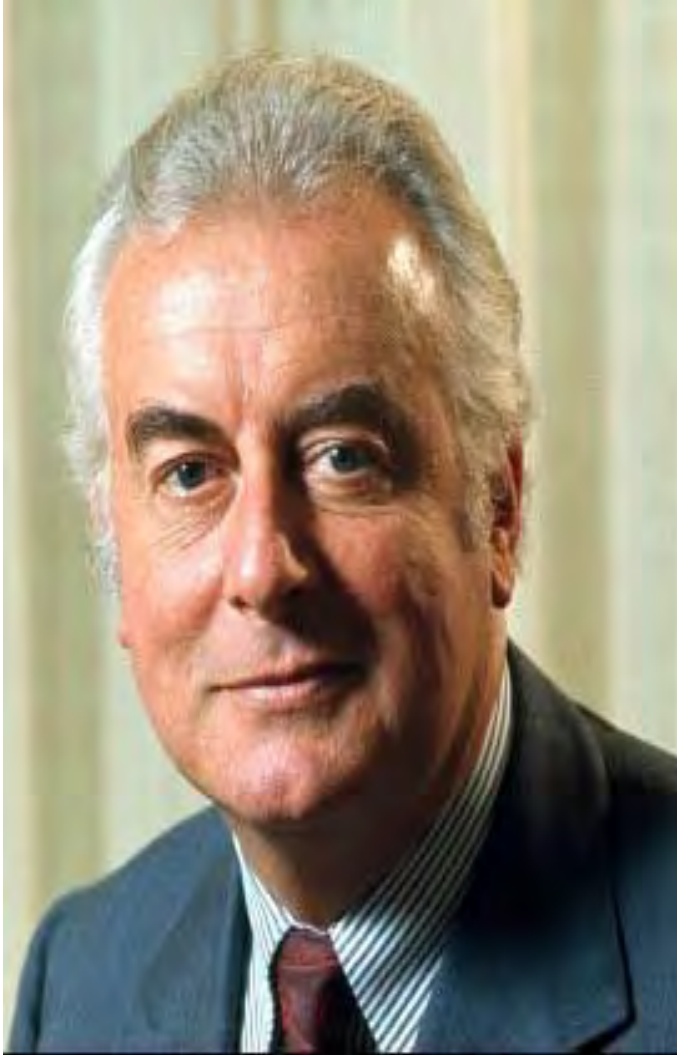
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- Interviews with more than 40 Cardiology staff and other key stake holders conducted via WebEx

THE SOLUTION



- So, the solution to solving these issues is mainly in **YOUR** hands.
- The most important ‘ingredient’ of that statement is **Y.O.U.**
- As Gough Whitlam said in 1972-
 - **“It’s Time!”**

Thank you for your attention



12 NOV, 2021

Boss puts staff in ACT's health system on notice

Canberra Times, Canberra



Page 1 of 2

Boss puts staff in ACT's health system on notice

Lucy Bladen

SOME senior staff in Canberra Health Services may be shown the door with the new boss of the organisation saying it's time for those who bully to face the consequences.

Staff from parts of the ACT's public health system have said bullying was still a huge problem, more than two years after a damning review that highlighted the extent of the issue.

A review into the culture of the territory's public health system found more needed to be done to ensure there were better expectations of workplace behaviour and that leaders in the system were addressing poor behaviour.

While some staff reported that bullying had decreased, most, particularly in Canberra Health Services, indicated bullying was still rife and little had changed.

"There is no respect for nurses - the behaviour has got worse," one person said.

Another said: "There have been no changes in staff when there should have been, known perpetrators are still in their positions."

Canberra Health Services chief executive Dave Peffer said people who had consistently exhibited poor behaviour would be exiting the organisation over the

coming year.

"A primary focus for us over the next 12 months is looking at some of those individuals, and some of them are in quite senior roles in the organisation and shouldn't be," he said. "We will need to make change because we have some great teams doing some terrific work with good culture but equally we have some teams that don't have that same beneficial culture and it's about to change."

The second annual review into the implementation of recommendations from the damning 2019 culture review was tabled in the ACT Legislative Assembly on Thursday.

The independent review, which was released in March 2019, found there were troubling levels of mistrust and bullying throughout the system. There were 20 recommendations made in that review for widespread reform across Canberra Health Services, ACT Health and the Calvary Public Hospital to tackle the cultural issues.

The review of the implementation, released on Thursday, found good foundational work had taken place to address issues but better emphasis was needed on areas that would most impact staff. This was mostly around setting expectations of positive workplace behaviour.

Health Minister Rachel

Stephen-Smith said, while important work had been undertaken, there was still more to do.

"It is obviously a concern when we hear from front-line staff that they are not setting in all cases the impacts on the ground of the foundational work that we've undertaken to date," she said.

Eight recommendations from the culture review have been completed to date.

Opposition health spokeswoman Giulia Jones said the response to date of implementing the cultural review recommendations had been disappointing.

"With only eight of the 20 recommendations fully implemented, the findings of this review show that the problems go on and the Labor-Greens government does not have a transparent way of showing actual progress of the experience of staff working in the public health system in the ACT," Mrs Jones said.

There is no respect for nurses - the behaviour has got worse.

Feedback in culture review of ACT's health system



12 NOV, 2021

Boss puts staff in ACT's health system on notice

Canberra Times, Canberra



Canberra Health Services chief executive Dave Peffer says staff who don't exhibit good behaviour will be exiting the organisation. **Picture: Elesa Kurtz**

From: Tzavalas, Olivia (Health) on behalf of Peffer, Dave (Health)
Sent: Friday, 12 November 2021 16:56
To: ##All Staff, Canberra Health Services
Subject: A message from the CEO - 12 November 2021

OFFICIAL

[View this email in your web browser](#)



ACT
Government

**Canberra Health
Services**

A message from Dave Peffer

Chief Executive Officer



12 November 2021

Dear Team CHS,

It's been an action-packed week and I've got a fair bit to share. Long emails can be tough (especially on a Friday arvo), so I've dropped in some headings for you to scroll to the parts that interest you.

Improving our workplace culture

Yesterday you would've received an email about the annual update on the Independent Review into the Workplace Culture within ACT Public Health Services.

This year's review is a mixed bag. We've done a lot of important work building good foundations to make CHS a great place to work. We've got a vision, values, frameworks and strategies, backed up by toolkits and training. All of these things make it clear the behaviours we want in CHS. If these behaviours remain a mystery for you – it's now up to you to close that gap.

We're drawing a line in the sand. Bullying, racism and sexual harassment are behaviours that will earn you a one-way ticket to your next opportunity, and that won't be with CHS.

If you've witnessed or been the victim of this sort of behaviour, I need you to report

it. Odds are if someone's been bullying you, you're not the only one. Encourage those around you to also speak up.

If you've raised a concern and haven't heard back about it, I'd like to hear about that too.

And if you're reading this, thinking it's ok to yell at people on the phone because you're under pressure, or talk down to junior team members who don't have the experience you have, or make a racist comment about one of our team members here in CHS, start sharpening up your CV.

There are too many great team members in CHS for us not to do the hard yards and give everyone a great place to work.

Workplace Culture Survey

A reminder the Workplace Culture Survey is still live and will close at 11.59pm Monday 15 November. We've extended it to cover the weekend and Monday – any longer and we wouldn't have the results back for a couple months, with Christmas thrown in there. If you haven't completed yours yet, scroll back through your emails and find the survey link from BPA. It takes half an hour but will help shape the next few years. More information is on [HealthHub](#).

CEO Awards

On Wednesday I hosted the second annual CHS CEO Awards to celebrate some of the exceptional individuals and teams at CHS. Thanks to everyone who tuned into our virtual awards ceremony to cheer on your colleagues and (I assume) laugh heartily at my jokes. It wasn't quite the evening event we'd be hoping for, but it was great we could still recognise some of the great work across our organisation.

Congratulations to all the winners and nominees for your commitment to delivering exceptional health care.

25 Year Anniversary Medal of Excellence for Outstanding Service - Karen Simpson

Unsung Hero - Karina Kennedy

Exceptional Care – Person Centred Care Improvements - Mercy Lukose

Exceptional Care – Innovative Initiatives - Coronary Care Unit

Work Health Safety - Leadership Excellence - Michael Warylo

Work Health Safety Champion - Sue-ella McGufficke

Leadership - Christopher Burton

Values in Action - Kind - Joleen Hing

Values in Action - Respectful - BreastScreen ACT

Values in Action - Progressive - Leukaemia Interest Group

Values in Action - Reliable - Barb Bolton

Excellence in Direct Service Delivery - Allied Health - Diabetes High Risk Foot Service

Excellence in Direct Service Delivery - Administrative and Professional - Donna Azzopardi

For those of you who tuned in, I can report back that Dr Nick Coatsworth did indeed pay up and deliver the red frogs to the comms team.

Booster vaccinations

Booster vaccinations are available to anyone who completed their vaccination six months ago. If you are eligible, please book in via the bookings line on **5124 7700**. Health care workers can also simply walk in at the AIS and airport locations once eligible.

12 months until Digital Health Record goes live...

Today marks one year until the Digital Health Record (DHR) goes live. This is a big one for CHS and an important project for us to land well. There's going to be some Q&A sessions this month, both virtual and face-to-face. All information can be found on the [DHR intranet site](#).

Enterprise Agreement reminder

The voting period for the proposed ACT Public Sector Support Services Enterprise Agreement 2021-2022 commenced Monday 8 November 2021 and will close on Monday 15 November 2021. Before the vote opened on Monday, the Australian Election Company sent an email (and provided postal packs where relevant) to all eligible employees providing instructions on how to cast your vote. If you have already voted, thank you. If you haven't yet lodged your vote, I encourage you to do so.

Shout out

This week is National Radiographer and Radiation Therapist Week (NRRTW). To mark this, today's shout out goes to one of our Radiation Therapist stars, Juliette Phillips. Juliette, your team members say you embody the CHS values every day. They told me that you're incredibly caring, considerate of others, and very patient focussed – helping to make the workplace culture a positive one in Radiation Oncology. Thank you so much for your dedication, Juliette, and for making CHS a great place to work for your team mates.

Stay positive by staying negative.

We acknowledge the Traditional Custodians of the ACT, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

From: Taylor, Jacqui (Health)
Sent: Thursday, 27 January 2022 11:50 AM
To: Tosh, Jim (Health); Bacon, Phil (Health); Smitham, Kalena (Health)
Subject: FW: Cardiology PA process.

OFFICIAL

Hi Jim,

thanks for the update. Whilst we don't agree the Manager/Supervisor can't be the same person....this has been raised before by Steve in the MF case and resulted in us escalating to the EDMS to conclude the investigation. Therefore think its better of this comes from Kalena but happy to discuss

Thanks

Jac

Jacqui Taylor | Executive Director

Phone: 02 5124 3603 | Email: jacqui.h.taylor@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

Building 24, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Thursday, 27 January 2022 11:16 AM
To: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Linton, Steven (Health) <Steven.Linton@act.gov.au>
Subject: RE: Cardiology PA process.

OFFICIAL

Hi team,

What are your thoughts on below, particularly who will make a decision to investigate if that occurs?

I think Steve Ross has previously argued that the Manager/Supervisor cannot be the same person, but we don't accept this argument. Would it be better to have Kalena exercise this power, or possibly Cathie?

Dear Steve,

Thank you for your email.

1. *I am uncertain of the arrival date. I will be discussing this with Barbara Deegan today or tomorrow and can provide an update shortly;*
2. *Jacqui Taylor, **Ashwin Swaminathan** and I;*
3. *The relevant Manager/Supervisor is Jacqui Taylor, Executive Director;*
4. *Assuming that this delegation is exercised, the delegated HoS will be [insert]*
5. *At this stage we await recommendations from Ms Deegan. I don't think it appropriate to contemplate any step, process or action prior to receiving a report.*

Kind regards

Cheers,

Jim

From: Steve Ross [REDACTED]
Sent: Thursday, 27 January 2022 10:32 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Cc: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Subject: Cardiology PA process.

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Jim,

I refer to your email below.

While reserving ASMOF's position as to whether the process being conducted by Barbara Deegan is in fact a PA in compliance with clause 111 of the MPEA 2017-2021, could you please provide an update on the process including answers to the following questions:

- 1 Will the report be completed by the end of this month?
- 2 Who will the report be provided to?
- 3 For the purposes of clause 111, who is the relevant manager/supervisor?
- 4 For the purposes of clause 111, who is the head of service?
- 5 What other steps or processes are underway or contemplated in this matter?

Regards

Steve Ross
 Executive & Industrial Officer
 ASMOF (ACT)
 Part Time – available Tues, Wed, Thurs
 Mobile: [REDACTED]
 Email: [REDACTED]
 Web: www.asmof.org.au



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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Friday, 17 December 2021 4:50 PM
To: Steve Ross [REDACTED]
Cc: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Subject: FW: A message from Ashwin Swaminathan, Clinical Director, Medicine

OFFICIAL

Hi Steve,

I just tried calling you to wish you a Merry Christmas (I am off on leave shortly – back 4 January), and provide a brief update on the Cardiology PA/Review.

Please see minor adjustment to timeframes below, with Barbara recommencing interviews on 10 January – and delivering a report by the end of that month.

Have a fantastic holiday, and we will no doubt talk early in the New Year.

Should you have any questions next week, Phil would be happy to provide an update.

Kind regards

Jim Tosh
 Senior Director, Business Partnerships
 People & Culture
 Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: jim.tosh@act.gov.au
 Level 1 Building 23, Canberra Hospital
 PO Box 11, WODEN ACT 2606

Reliable | Progressive | Respectful | Kind



ACT
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**Canberra Health
 Services**

From: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Sent: Thursday, 16 December 2021 3:47 PM
To:
Subject: A message from Ashwin Swaminathan, Clinical Director, Medicine

OFFICIAL

Cardiology Review Update

Dear Cardiology staff,

On 7 December 2021, I wrote to all Cardiology staff to inform you of the preliminary assessment process being undertaken by Ms Barbara Deegan, a former Fair Work Commissioner, in relation to behaviours within the unit.

There has been a lot of interest in meeting with Ms Deegan, and I want to thank everyone for their involvement in the process to date.

I understand, due to Ms Deegan's prior commitments, that further interviews will take place in January of 2022. This being said, I expect that the process will be completed by the end of January to help us move forward together early in the new year.

I would encourage anyone who has not come forward but would like to, or otherwise have questions about the process, to reach out to Phil Bacon, our HR Business Partner.

I understand that this process has been uncomfortable for many within Cardiology. I am certain that this process will assist us to navigate a way forward to clarify expected behaviours and interactions, and help us

function as a truly multidisciplinary team focused on providing the best cardiology services to the Canberra community and surrounds.

Please contact Phil Bacon [REDACTED] for a confidential discussion or should you have any questions.

Kind regards

Ashwin Swaminathan

www.health.act.gov.au

This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.

From: Taylor, Jacqui (Health)
Sent: Friday, 28 January 2022 17:15
To: Tosh, Jim (Health); Linton, Steven (Health); Smitham, Kalena (Health); Bacon, Phil (Health)
Subject: RE: Cardiology PA process.

Hi Jim, happy with this

Jac

From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Friday, 28 January 2022 3:09 PM
To: Linton, Steven (Health) <Steven.Linton@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: RE: Cardiology PA process.

OFFICIAL

Hi Team,

Me again, with a brief update:

I have spoken to Barbara, and there is a delay in report delivery due to the volume of material she is going through,

Phil and I met today to go through a list of all actions taken (PA's, performance issues etc) against Cardiologists to provide Barb with sufficient detail to determine which issues that have been raised have already been dealt with. We will be meeting with Barb on Wednesday, 9 Feb to go through the detail of what we have, prior to a final report being delivered.

I have updated the message below. Jacqui, I have left out Ashwin, thinking that perhaps we could use him as a delegate at some point (perhaps an investigation referral delegate). What are your thoughts?

Dear Steve,

Thank you for your email.

I respond to your queries as follows:

1. I have had the opportunity to discuss with Barbara today regarding the ETA of the report. Barbara is close to finalising it, but is aiming for completion by approximately 11 February or thereabouts. Unfortunately, Barbara has a family emergency to attend to interstate next week, and additionally has a significant volume of material to work her way through (more than anticipated);
2. Jacqui Taylor and I;
3. The relevant Manager/Supervisor is Jacqui Taylor, Executive Director;
4. Consistent with the response to point 5 below, we have not yet made a determination of who the HoS should be at this stage until we see the nature of the recommendations;
5. At this stage we await recommendations from Ms Deegan. I don't think it appropriate to contemplate any step, process or action prior to receiving a report.

Kind regards

Cheers,

Jim

From: Linton, Steven (Health) <Steven.Linton@act.gov.au>
Sent: Friday, 28 January 2022 9:30 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: RE: Cardiology PA process.

OFFICIAL

Hi Jim,

Just a thought on point 4, is it worth seeing what the nature of the recommendations are before deciding on a HOS delegate? I think that would be consistent with your point at 5.

Otherwise I think the response is fine.

Steve

From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Thursday, 27 January 2022 11:16 AM
To: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Linton, Steven (Health) <Steven.Linton@act.gov.au>
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3. The relevant Manager/Supervisor is Jacqui Taylor, Executive Director;
4. Consistent with the response to point 5 below, we have not yet made a determination of who the HoS should be at this stage until we see the nature of the recommendations;
5. At this stage we await recommendations from Ms Deegan. I don't think it appropriate to contemplate any step, process or action prior to receiving a report.

Kind regards

Cheers,

Jim

From: Steve Ross [REDACTED]
Sent: Thursday, 27 January 2022 10:32 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Cc: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Subject: Cardiology PA process.

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Dear Jim,

I refer to your email below.

While reserving ASMOF's position as to whether the process being conducted by Barbara Deegan is in fact a PA in compliance with clause 111 of the MPEA 2017-2021, could you please provide an update on the process including answers to the following questions:

- 1 Will the report be completed by the end of this month?
- 2 Who will the report be provided to?
- 3 For the purposes of clause 111, who is the relevant manager/supervisor?
- 4 For the purposes of clause 111, who is the head of service?
- 5 What other steps or processes are underway or contemplated in this matter?

Regards

Steve Ross
 Executive & Industrial Officer
 ASMOF (ACT)
 Part Time – available Tues, Wed, Thurs
 Mobile: [REDACTED]
 Email: [REDACTED]
 Web: www.asmof.org.au



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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Friday, 17 December 2021 4:50 PM
To: Steve Ross [REDACTED]
Cc: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Subject: FW: A message from Ashwin Swaminathan, Clinical Director, Medicine

OFFICIAL

Hi Steve,

I just tried calling you to wish you a Merry Christmas (I am off on leave shortly – back 4 January), and provide a brief update on the Cardiology PA/Review.

Please see minor adjustment to timeframes below, with Barbara recommencing interviews on 10 January – and delivering a report by the end of that month.

Have a fantastic holiday, and we will no doubt talk early in the New Year.

Should you have any questions next week, Phil would be happy to provide an update.

Kind regards

Jim Tosh
Senior Director, Business Partnerships
People & Culture
Canberra Health Services | ACT Government

Phone: [REDACTED] Email: jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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ACT
Government

**Canberra Health
Services**

From: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Sent: Thursday, 16 December 2021 3:47 PM
To:
Subject: A message from Ashwin Swaminathan, Clinical Director, Medicine

OFFICIAL

Cardiology Review Update

Dear Cardiology staff,

On 7 December 2021, I wrote to all Cardiology staff to inform you of the preliminary assessment process being undertaken by Ms Barbara Deegan, a former Fair Work Commissioner, in relation to behaviours within the unit.

There has been a lot of interest in meeting with Ms Deegan, and I want to thank everyone for their involvement in the process to date.

I understand, due to Ms Deegan's prior commitments, that further interviews will take place in January of 2022. This being said, I expect that the process will be completed by the end of January to help us move forward together early in the new year.

I would encourage anyone who has not come forward but would like to, or otherwise have questions about the process, to reach out to Phil Bacon, our HR Business Partner.

I understand that this process has been uncomfortable for many within Cardiology. I am certain that this process will assist us to navigate a way forward to clarify expected behaviours and interactions, and help us function as a truly multidisciplinary team focused on providing the best cardiology services to the Canberra community and surrounds.

Please contact Phil Bacon [REDACTED] for a confidential discussion or should you have any questions.

Kind regards

Ashwin Swaminathan

www.health.act.gov.au

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From: [REDACTED]
Sent: Wednesday, 9 February 2022 09:18
To: Tosh, Jim (Health)
Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

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Many thanks Jim.

Peter McNulty

Senior Associate

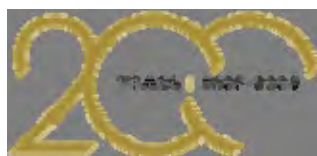
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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Wednesday, 9 February 2022 9:16 AM
To: McNulty, Peter 64037 [REDACTED]
Cc: Vane-Tempest, Paul 64036 [REDACTED]; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

OFFICIAL

Hi Peter,

I don't anticipate that will be an issue.

Kind regards

Jim Tosh

Senior Director, Business Partnerships

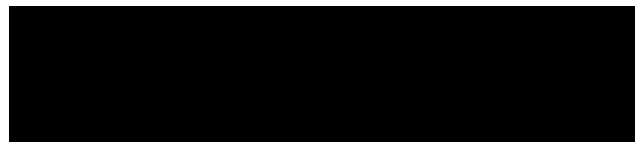
People & Culture

Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au

Level 1 Building 23, Canberra Hospital

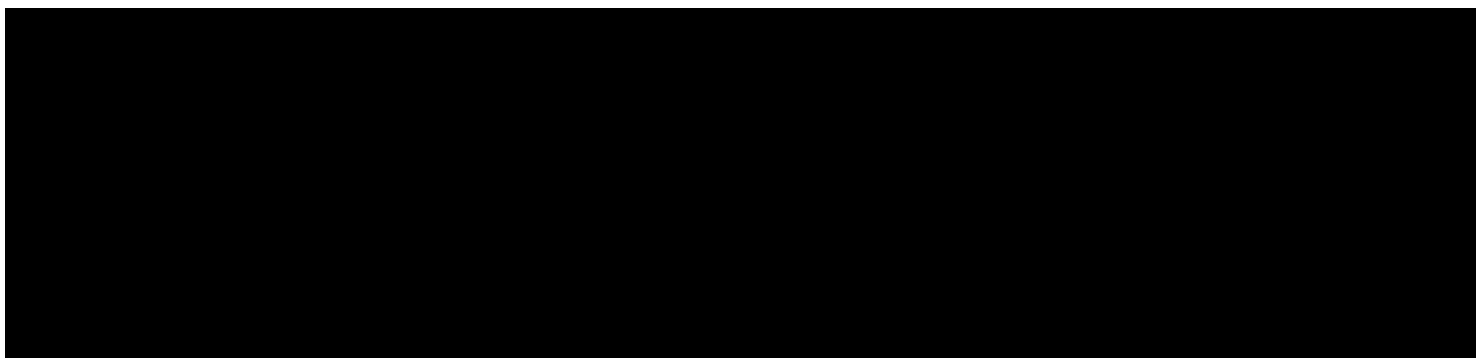
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From: [Redacted]
Sent: Wednesday, 9 February 2022 8:24 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Cc: [Redacted]
Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

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Dear Jim



Please do not hesitate to contact me to discuss.

Kind regards

Peter

Peter McNulty

Senior Associate



Ashurst



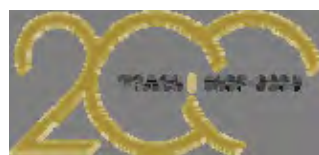
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From: McNulty, Peter 64037

Sent: Friday, 19 November 2021 12:45 PM

To: 'Jim.Tosh@act.gov.au' <Jim.Tosh@act.gov.au>

Cc: Vane-Tempest, Paul 64036 [REDACTED] Deegan, Barbara 64042

Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

Dear Jim

Scope of Work

ACT Health has asked us to undertake a preliminary and expedient assessment of culture and behaviours within the Cardiology Unit.

This assessment will involve interviewing [REDACTED] witnesses and up to [REDACTED] subjects.

We will prepare a report which:

- outlines the information obtained with respect to alleged misconduct and culture from the witnesses and the subjects of any alleged behaviours;
- particularises allegations of misconduct which should be the subject of formal investigation; and
- makes observations with respect to the culture within the Cardiology Unit and recommends action that could be taken to improve the culture within the Unit.

We confirm that Barbara can commence work on the assessment immediately.

Proposed personnel

Barbara Deegan, consultant, will undertake the preliminary assessment. Barbara will be assisted by Adam Brett, graduate lawyer, who will take notes during the interviews and assist with the preparation of the investigation report.

Paul Vane-Tempest, partner, will review the report for quality assurance purposes.

[REDACTED]

Please don't hesitate to contact us to discuss.

Kind regards

Peter

Peter McNulty

Senior Associate

[REDACTED]
Ashurst

[REDACTED]
Ashurst Australia, Level 11, 12 Moore Street, Canberra, ACT 2601, Australia

[REDACTED]
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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Thursday, 18 November 2021 10:00 AM
To: McNulty, Peter 64037 [REDACTED]
Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

OFFICIAL

Thanks Peter,

Apologies for the miscommunication.

Kind regards

Jim

From: [REDACTED]
Sent: Wednesday, 17 November 2021 7:26 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Subject: FW: Canberra Hospital - some assistance with some cultural behavioural matters

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Jim

Apologies for the delay, I had mistakenly thought you were going to confer with the conduct team and come back to us following that discussion to confirm the scope.

We will get the quote to you tomorrow on the basis of the expedient assessment.

Kind regards

Peter

Peter McNulty
Senior Associate

[REDACTED]
Ashurst

[REDACTED]
Ashurst Australia, Level 11, 12 Moore Street, Canberra, ACT 2601, Australia

[REDACTED]
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[VISIT OUR CONTENT HUB](#) FOR HELP UNDERSTANDING THE LEGAL AND BUSINESS IMPLICATIONS OF COVID-19

From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Wednesday, 17 November 2021 3:57 PM
To: McNulty, Peter 64037 [REDACTED]
Cc: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>

Subject: FW: Canberra Hospital - some assistance with some cultural behavioural matters
Importance: High

OFFICIAL

Hi Peter,

Just wondering how you have gone with the quote for the services below since our last conversation.

To reiterate, we landed on the expedient assessment, interviewing the numbers of staff outlined below and providing a report with draft allegations.

Kind regards

Jim Tosh
Senior Director, Business Partnerships
People & Culture
Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Monday, 8 November 2021 5:29 PM
To: [REDACTED]
Cc: [REDACTED] Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

OFFICIAL

Thanks Barbara,

Apologies for the delay, and I hope all is well.

Kind regards

Jim Tosh
Senior Director, Business Partnerships
People & Culture
Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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[REDACTED]

From: [REDACTED]
Sent: Monday, 8 November 2021 3:58 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Cc: [REDACTED]
Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

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Dear Jim

Thank you for this. We will respond as quickly as possible.

Kind regards

Barbara

Barbara Deegan

Consultant

[REDACTED]
Ashurst
[REDACTED]

Ashurst Australia, Level 11, 12 Moore Street, Canberra, ACT 2601, Australia

[REDACTED]
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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Monday, 8 November 2021 3:02 PM
To: Deegan, Barbara 64042 [REDACTED]
Cc: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

OFFICIAL

Dear Barbara,

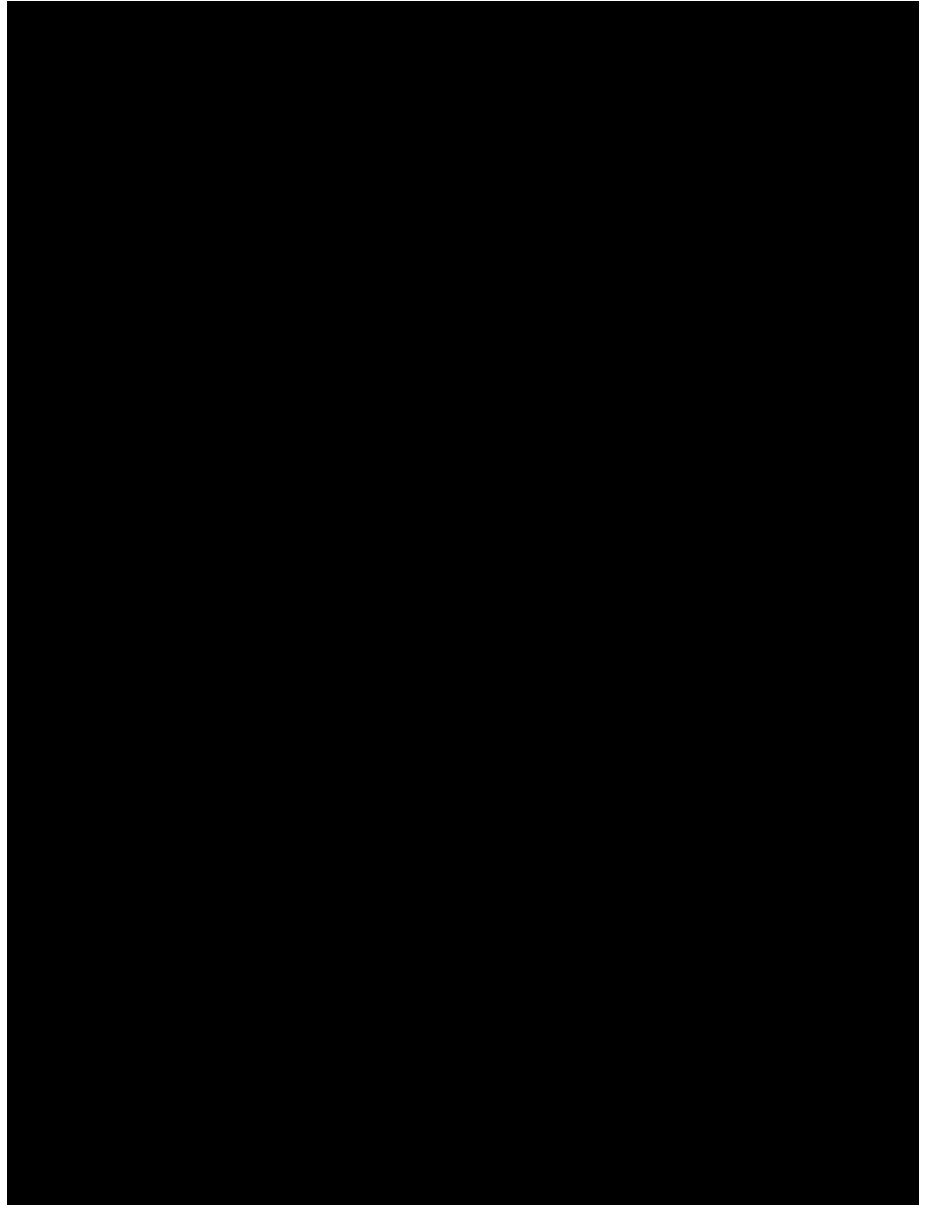
After having spoken to a number of people within the Division of Medicine and conferring with the management team, we have an initial [REDACTED] witnesses with potentially [REDACTED] respondents, requiring a total of [REDACTED] interviews. It is possible that this number may expand further.

The scope of the work is as follows:

- Gathering any information that may be relevant to misconduct proceedings arising from your enquiries;
- Drafting any misconduct allegations that arise as a result of your findings, for the purposes of an investigation;

- Making findings in relation to any further work required by Canberra Health Services to improve culture within cardiology; and to make clear our expectations of all staff, including but not limited to senior medical staff.

ACT Government Enterprise Agreements do not contain many limitations in relation to the manner in which such inquiries are to occur, however in order to progress to a misconduct investigation (if that is found to be a relevant pathway) we would need to satisfy the “Preliminary Assessment” provisions of the Enterprise Agreements which are as follows:



The Agreement can be found in full here: [AE510064 \(fwc.gov.au\)](https://www.fwc.gov.au/ae510064)

In our usual contracting arrangements for preliminary assessments, the following terms of reference conditions normally apply:

(1) The fees for the required services to be calculated based on the following;

- a) rates for the required services are: \$### per hour (GST ex),*
- b) the estimated effort to address the Terms of Reference being up to 55 hours, including;*
 - i. including 13 x interviews (3 hours per interview – including preparation, the interview, and any minute/note taking required); and*

ii. 16 hours for finalising a report.

- c) Obtain CHS's express permission (via the Nominated Contact Officer) before undertaking further work where it is likely the actual fees for the required services will exceed the fees set out in this letter.

Given your experience, we are interested in any alternate view as to how we would manage such a process.

On the basis of above, would you be so kind as to provide a quote based on the above terms of reference?

Kind regards

Jim Tosh

Senior Director, Business Partnerships

People & Culture

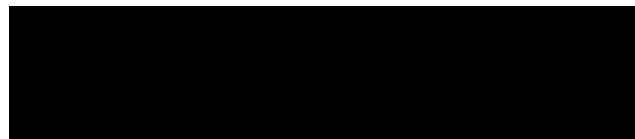
Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: jim.tosh@act.gov.au

Level 1 Building 23, Canberra Hospital

PO Box 11, WODEN ACT 2606

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From: [REDACTED]

Sent: Friday, 15 October 2021 4:22 PM

To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>

Subject: RE: Canberra Hospital - some assistance with some cultural behavioural matters

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Hi Jim

Would you be available on Monday for a quick call to discuss this. I have capacity as I am just finalising a number of reports. Please let me know when would be a good time and whether you and your colleague would like to discuss via Microsoft Teams?

Kind regards

Barbara

Barbara Deegan

Consultant



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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>

Sent: Friday, 15 October 2021 9:40 AM

To: Deegan, Barbara 64042 [REDACTED]

Cc: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>

Subject: Canberra Hospital - some assistance with some cultural behavioural matters

OFFICIAL

Dear Barbara,

My colleague and I were hoping to steal some of your valuable time next week (if you are available) to discuss some assistance we require in a particular medical unit within Canberra Hospital.

A very brief overview

The Unit is a high-profile one, and we have held concerns in relation to the culture of the unit for some time. There have been a number of reviews over the years, but none directed solely at behaviours.

Our HR team have, up until now, struggled to get any specifics regarding behaviours, however [REDACTED] names of [REDACTED] [REDACTED] keep coming up. What we have had in specifics we have dealt with through counselling and performance conversations.

There is now a greater willingness for staff to come forward, and we are hoping to strategise with you on approaching these issues on both an individual and global level.

I am wondering what your capacity is like at the moment, and whether you would be able to spare some time for us next week to give you a better overview so that we can get an idea of strategy and potential cost. I am not sure if you recall, however I have been before you a number of times in conciliation in my time at the University of Canberra, and I really value your approach to such matters.

Feel free to reach out to me by return email, or on the number below.

Kind regards

Jim Tosh

Senior Director, Business Partnerships

People & Culture

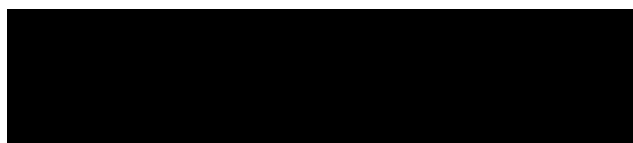
Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au

Level 1 Building 23, Canberra Hospital

PO Box 11, WODEN ACT 2606

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From: Stuart-Rokvic, Sorsha (Health)
Sent: Wednesday, 9 February 2022 12:57
To: Bacon, Phil (Health)
Cc: Taylor, Jacqui (Health); Tosh, Jim (Health)
Subject: RE: Ashurst Tax Invoice [ASH-AUS.FID30583478]
Attachments: Invoice_260007203_Proforma_856663_2022.2.1.pdf.pdf

OFFICIAL

Hi Phil,

Of course, I'll arrange for this to be processed.

Kind regards,

Sorsha Stuart-Rokvic | A/g Executive Assistant to Jacqui Taylor, Executive Director
Phone: 512 43603 | Email: sorsha.stuart-rokvic@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Yamba Drive, Garran, ACT 2605 | health.act.gov.au
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From: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Sent: Wednesday, 9 February 2022 11:41 AM
To: Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>
Cc: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Subject: FW: Ashurst Tax Invoice [ASH-AUS.FID30583478]

OFFICIAL

Hi Sorsha

Can I leave this in your capable hands please.

Cheers

Phil

Phil Bacon
HR Business Partnerships | People & Culture
Medicine Division
Infrastructure & Support Services Division
Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: Phil.Bacon@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

<https://healthhub.act.gov.au/employment-resources/people-and-culture>

From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Wednesday, 9 February 2022 9:15 AM
To: Bacon, Phil (Health) <Phil.Bacon@act.gov.au>
Subject: FW: Ashurst Tax Invoice [ASH-AUS.FID30583478]

OFFICIAL

Hi Phil,

Who should this go to in the Division?

Jim

From: [REDACTED]
Sent: Wednesday, 2 February 2022 11:16 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Subject: Ashurst Tax Invoice [ASH-AUS.FID30583478]

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Good morning

Please find attached our invoice for payment.

If you have any questions do not hesitate to contact me directly.

Kind regards

Teyarna Matheson

Practice Executive

[REDACTED]
Ashurst
[REDACTED]

Ashurst Australia, Level 9, Civic Quarter, 68 Northbourne Avenue, Canberra, ACT 2601, Australia

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From: Tosh, Jim (Health)
Sent: Tuesday, 1 March 2022 16:06
To: Stuart-Rokvic, Sorsha (Health)
Subject: RE: Cardiology Review Meeting

Importance: High

OFFICIAL

Hi Sorsha, Can we move the meeting to Thursday?

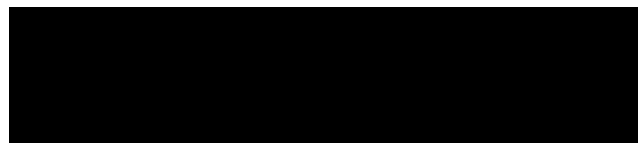
I've not yet received the report. Call on the mobile below to organise if you need to.

Kind regards

Jim Tosh
**Senior Director, Business Partnerships
People & Culture**
Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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From: Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>
Sent: Tuesday, 1 March 2022 1:11 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Subject: Cardiology Review Meeting

OFFICIAL

Good afternoon Jim,

Are you available to attend the cardiology review meeting tomorrow morning at 9am?

Kind regards,

Sorsha Stuart-Rokvic | A/g Executive Assistant to Jacqui Taylor, Executive Director
Phone: 512 43603 | Email: sorsha.stuart-rokvic@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Yamba Drive, Garran, ACT 2605 | health.act.gov.au
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From: Tosh, Jim (Health)
Sent: Thursday, 3 March 2022 12:16
To: Smitham, Kalena (Health)
Subject: RE: ashurst cardiology review invoice

OFFICIAL

Hi Kalena,

Sorry I missed this one. Medicine were funding it, but I think it should be costed to Culture Review, as per ICU.

Let's discuss later today.

Jim

From: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Sent: Thursday, 24 February 2022 4:37 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Subject: FW: ashurst cardiology review invoice

OFFICIAL

Are we not covering this from culture review cost centre?

From: Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>
Sent: Thursday, 24 February 2022 4:06 PM
To: Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Cc: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Subject: RE: ashurst cardiology review invoice

OFFICIAL

Thanks Narelle, do you mean cardiology itself or our operational cost code?

Kind regards,

Sorsha Stuart-Rokvic | A/g Executive Assistant to Jacqui Taylor, Executive Director
Phone: 512 43603 | Email: sorsha.stuart-rokvic@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Yamba Drive, Garran, ACT 2605 | health.act.gov.au
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From: Griffiths, Narelle (Health) <Narelle.Griffiths@act.gov.au> **On Behalf Of** Canberra Health Services People and Culture

Sent: Thursday, 24 February 2022 4:05 PM
To: Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>
Cc: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Subject: FW: ashurst cardiology review invoice

OFFICIAL

Hi Sorsha

These fees are to be paid by the line area. So, Jacquie's cost centre

Thanks

Narelle Griffiths

Executive Assistant to Kalena Smitham, Executive Group Manager, People and Culture

Working days: Tuesday, Wednesday, Thursday, Friday

Phone: 02 512 49847
Level 1, Building 23 Canberra Health Services
CHSPeople-Culture@act.gov.au

From: Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>
Sent: Thursday, 24 February 2022 3:24 PM
To: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Subject: ashurst cardiology review invoice

OFFICIAL

Good afternoon Kalena,

I have to process this invoice relating to the cardiology review.

Do you know what cost centre this will come out of?

Kind regards,

Sorsha Stuart-Rokvic | A/g Executive Assistant to Jacqui Taylor, Executive Director
Phone: 512 43603 | Email: sorsha.stuart-rokvic@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Yamba Drive, Garran, ACT 2605 | health.act.gov.au
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From: Tosh, Jim (Health)
Sent: Thursday, 3 March 2022 13:46
To: [REDACTED]
Cc: Taylor, Jacqui (Health); Swaminathan, Ashwin (Health)
Subject: RE: Cardiology Review

OFFICIAL: Sensitive

Thanks Peter,

Jim

From: [REDACTED]
Sent: Thursday, 3 March 2022 1:20 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Cc: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Subject: RE: Cardiology Review

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Jim

I will follow up with Paul Vane-Tempest and let you know when you can expect the report.

Kind regards

Peter

Peter McNulty

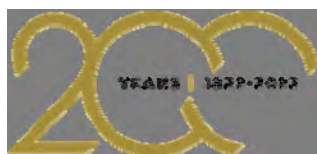
Senior Associate

[REDACTED]
Ashurst
[REDACTED]

Ashurst Australia, Level 9, Civic Quarter, 68 Northbourne Avenue, Canberra, ACT 2601, Australia

[REDACTED]
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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Thursday, 3 March 2022 12:38 PM
To: McNulty, Peter 64037 [REDACTED]
Cc: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Subject: Cardiology Review

OFFICIAL: Sensitive

Hi Peter,

I am meeting with Jacqui Taylor (Executive responsible for Cardiology) at 5pm tonight to consider the report.

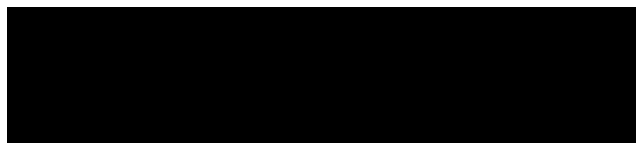
Could you let me know if I should be pushing this meeting time back?

Kind regards & hope all is well

Jim Tosh
**Senior Director, Business Partnerships
People & Culture**
Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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From: Tosh, Jim (Health)
Sent: Wednesday, 9 March 2022 3:35 PM
To: Smitham, Kalena (Health)
Subject: FW: Final report - Preliminary assessment into cardiology unit [ASH-AUS.FID30583480]
Attachments: 220303 - Preliminary assessment into the cardiology unit.pdf

OFFICIAL: Sensitive - Legal Privilege

Hi Kalena,

Please see report attached.

I will send through an implementation plan shortly. Apologies for the delay.

Kind regards

Jim Tosh
**Senior Director, Business Partnerships
People & Culture**
Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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From: [REDACTED]
Sent: Thursday, 3 March 2022 3:36 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Cc: [REDACTED]
Subject: Final report - Preliminary assessment into cardiology unit [ASH-AUS.FID30583480]

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Dear Jim

I **attach** Barbara's report from her preliminary assessment of the cardiology unit.

If you can please let me know which of the incidents outlined in the report you consider most concerning and in need of further investigation, I will begin making contact with the witnesses to obtain further details.

Kind regards

Adam

Adam Brett

Lawyer

Ashurst

Ashurst Australia, Level 9, Civic Quarter, 68 Northbourne Avenue, Canberra, ACT 2601, Australia

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From: Tosh, Jim (Health)
Sent: Wednesday, 9 March 2022 3:51 PM
To: Steve Ross
Cc: Smitham, Kalena (Health)
Subject: RE: Cardiology Review

OFFICIAL

Hi Steve,

Apologies for the delayed response.

Hopefully this email suffices, however please let me know if you have any specific questions following this email.

I can update as follows:

- We have now received the Report from Barbara Deegan, and I am currently working through a draft implementation plan for Jacqui Taylor.
- We are currently considering the recommendations.
- The immediate steps we are considering (in chronological order) is as follows:
 - Speak directly with those employees who have provided information in relation to misconduct (to provide support and assurance if we intend to utilise that information for an investigation);
 - Speak with “respondents” to finalise any preliminary assessment;
 - Determine which matters may require investigation;
 - Refer any matters for investigation and/or take any relevant administrative action.
- There are a range of non-conduct performance and work structure recommendations. We will be meeting with Cardiology staff to discuss these recommendations, and how we intend to implement them.

I will provide dates to the above once I have discussed an implementation plan with Jacqui Taylor. Feel free to give me a call on the mobile, or reach out to meet in the meantime.

Kind regards

Jim Tosh
**Senior Director, Business Partnerships
People & Culture**
Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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ACT
Government

**Canberra Health
Services**

From: Steve Ross [REDACTED]
Sent: Wednesday, 2 March 2022 8:39 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>

Cc: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>

Subject: Cardiology Review

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Dear Jim,

When we met recently I had understood you were going to send me a letter outlining where matters were up to with the Cardiology Review and what were the next steps being undertaken.

I haven't received that letter as yet. Could you please advise where this is up to.

Regards

Steve Ross

Executive & Industrial Officer

ASMOF (ACT)

Part Time – available Tues, Wed, Thurs

Mobile: [REDACTED]

Email: [REDACTED]

Web: www.asmof.org.au



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From: Tosh, Jim (Health)
Sent: Thursday, 10 March 2022 13:32
To: Smitham, Kalena (Health)
Subject: Cardiology
Attachments: 220303 - Preliminary assessment into the cardiology unit.pdf

Importance: High

OFFICIAL: Sensitive - Legal Privilege

Hi Kalena,

Need to work through a draft implementation plan with Jacqui, but the immediate steps we are as follows:

- Chase Barb for the meeting notes (to attribute each claim to an actual witness);
- Speak directly with each employee that has provided information in relation to misconduct (to provide support and assurance if we intend to utilise that information for an investigation);
- Draft corro and speak with “respondents” to finalise any preliminary assessment;
- Refer each of the [REDACTED] for investigation;
- Counsel those who were mentioned, but are not in the [REDACTED] we are sending for investigation;
- Draft corro for performance records for each cardiologist;

There non-conduct & performance observations to be provided to the Unit Director to manage and implement.

Jacqui, Ashwin and I will meet with Peter (Unit Director) to brief him, but keep him clean to assist in implementation. Will send through timeframes to the above tomorrow. Just need to complete [REDACTED] urgent PA's first.

Kind regards

From: Tosh, Jim (Health)
Sent: Wednesday, 9 March 2022 3:35 PM
To: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Subject: FW: Final report - Preliminary assessment into cardiology unit [ASH-AUS.FID30583480]

OFFICIAL: Sensitive - Legal Privilege

Hi Kalena,

Please see report attached.

I will send through an implementation plan shortly. Apologies for the delay.

Kind regards

Jim Tosh
**Senior Director, Business Partnerships
People & Culture**
Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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[REDACTED]

From: [REDACTED]
Sent: Thursday, 3 March 2022 3:36 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Cc: [REDACTED]
Subject: Final report - Preliminary assessment into cardiology unit [ASH-AUS.FID30583480]

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Dear Jim

I **attach** Barbara's report from her preliminary assessment of the cardiology unit.

If you can please let me know which of the incidents outlined in the report you consider most concerning and in need of further investigation, I will begin making contact with the witnesses to obtain further details.

Kind regards

Adam

Adam Brett

Lawyer
[REDACTED]

Ashurst
[REDACTED]

Ashurst Australia, Level 9, Civic Quarter, 68 Northbourne Avenue, Canberra, ACT 2601, Australia

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From: [REDACTED]
Sent: Wednesday, 16 March 2022 16:28
To: Tosh, Jim (Health)
Cc: [REDACTED]
Subject: RE: Final report - Preliminary assessment into cardiology unit [ASH-AUS.FID30583480]
Attachments: 220316 - Specific incidents w witness names.pdf

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Dear Jim

We have some concerns with providing our notes from each interview – these are rough and were intended only for our internal purposes in preparing the report. Further, the notes contain some information provided by witnesses way of background or context in the understanding that it would not be included in the report or tied to them.

We have prepared the **attached** document which identifies the witness(es) who reported each specific incident mentioned in the report, which we are hoping will be sufficient to assist the investigators with their next steps.

Please let us know if you have any questions.

Kind regards

Adam

Adam Brett

Lawyer
[REDACTED]

Ashurst
[REDACTED]

Ashurst Australia, Level 9, Civic Quarter, 68 Northbourne Avenue, Canberra, ACT 2601, Australia
[REDACTED]

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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Tuesday, 15 March 2022 5:25 PM
To: Brett, Adam 64164 [REDACTED]
Cc: Deegan, Barbara 64042 [REDACTED]
Subject: RE: Final report - Preliminary assessment into cardiology unit [ASH-AUS.FID30583480]

OFFICIAL: Sensitive - Personal Privacy

Dear Adam and Barbara,

Thank you for your work on this, I am now progressing with implementation.

I was hoping you were able to provide notes from each interview, to help us tie each incident to a witness/es to assist the investigator with next steps.

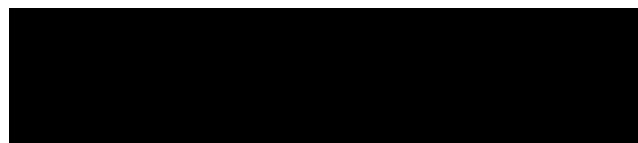
Do you have that information at hand?

Kind regards

Jim Tosh
Senior Director, Business Partnerships
People & Culture
Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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From: [REDACTED]
Sent: Thursday, 3 March 2022 3:36 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Cc: [REDACTED]
Subject: Final report - Preliminary assessment into cardiology unit [ASH-AUS.FID30583480]

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Dear Jim

I **attach** Barbara's report from her preliminary assessment of the cardiology unit.

If you can please let me know which of the incidents outlined in the report you consider most concerning and in need of further investigation, I will begin making contact with the witnesses to obtain further details.

Kind regards

Adam

Adam Brett

Lawyer



Ashurst



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From: Scott, Peter (Health)
Sent: Friday, 18 March 2022 17:21
To: Tosh, Jim (Health); Swaminathan, Ashwin (Health); Taylor, Jacqui (Health)
Subject: RE: Cardiology

OFFICIAL: Sensitive - Legal Privilege

Thanks Jim,

Just read the report. I will await your implementation plan.

I unfortunately was called into the cath lab to help with the list, so have not had the chance to discuss with Sharon. Will update you all on Monday.

Have a good weekend.

Peter

Dr Peter Scott; Director of Cardiology

Phone: 02 5124 0971 | Email: peter.j.scott@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

Canberra Hospital Building 28 Level 1 - PO Box 11, Woden ACT 2605 | health.act.gov.au

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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Friday, 18 March 2022 11:37 AM
To: Scott, Peter (Health) <Peter.J.Scott@act.gov.au>; Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: FW: Cardiology
Importance: High

OFFICIAL: Sensitive - Legal Privilege

Hi Team,

I am working through a draft implementation plan today, but the immediate steps we are as follows:

- **DONE** Chase Barb for the meeting notes (to attribute each claim to an actual witness);
- Speak directly with each employee that has provided information in relation to misconduct (to provide support and assurance if we intend to utilise that information for an investigation);
- Draft corro and speak with "respondents" to finalise any preliminary assessment;
- Refer each of the [REDACTED] for investigation;
- Counsel those who were mentioned, but are not in the [REDACTED] we are sending for investigation;
- Draft corro for performance records for each cardiologist;

There non-conduct & performance observations to be provided to the Unit Director to manage and implement.

I will send through timeframes to the above shortly.

Kind regards

Jim Tosh
**Senior Director, Business Partnerships
People & Culture**
Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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From: Tosh, Jim (Health)
Sent: Wednesday, 9 March 2022 3:35 PM
To: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Subject: FW: Final report - Preliminary assessment into cardiology unit [ASH-AUS.FID30583480]

OFFICIAL: Sensitive - Legal Privilege

Hi Kalena,

Please see report attached.

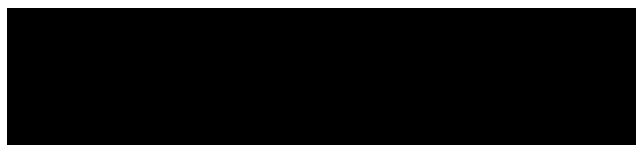
I will send through an implementation plan shortly. Apologies for the delay.

Kind regards

Jim Tosh
**Senior Director, Business Partnerships
People & Culture**
Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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From: [REDACTED]
Sent: Thursday, 3 March 2022 3:36 PM

To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>

Cc: [REDACTED]

Subject: Final report - Preliminary assessment into cardiology unit [ASH-AUS.FID30583480]

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Dear Jim

I **attach** Barbara's report from her preliminary assessment of the cardiology unit.

If you can please let me know which of the incidents outlined in the report you consider most concerning and in need of further investigation, I will begin making contact with the witnesses to obtain further details.

Kind regards

Adam

Adam Brett

Lawyer

[REDACTED]

Ashurst

[REDACTED]

Ashurst Australia, Level 9, Civic Quarter, 68 Northbourne Avenue, Canberra, ACT 2601, Australia

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Subject: Cardiology Review Meeting
Location: CHS-B28-L2-Meeting Room 4

Start: Fri 25/03/2022 13:30
End: Fri 25/03/2022 14:30
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Taylor, Jacqui (Health)
Required Attendees Itty, Charles (Health); Scott, Peter (Health); Swaminathan, Ashwin (Health); Peffer, Dave (Health); Bacon, Phil (Health); Tosh, Jim (Health)

Kind regards,

Sorsha Stuart-Rokvic | A/g Executive Assistant to Jacqui Taylor, Executive Director
Phone: 512 43603 | Email: sorsha.stuart-rokvic@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Yamba Drive, Garran, ACT 2605 | health.act.gov.au
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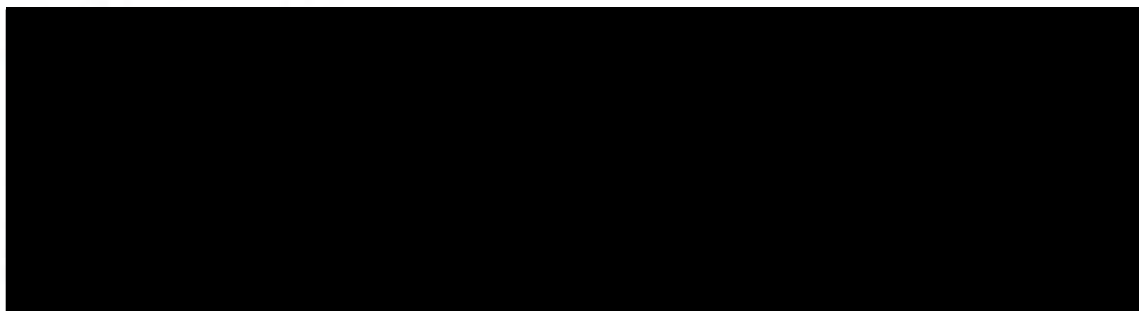
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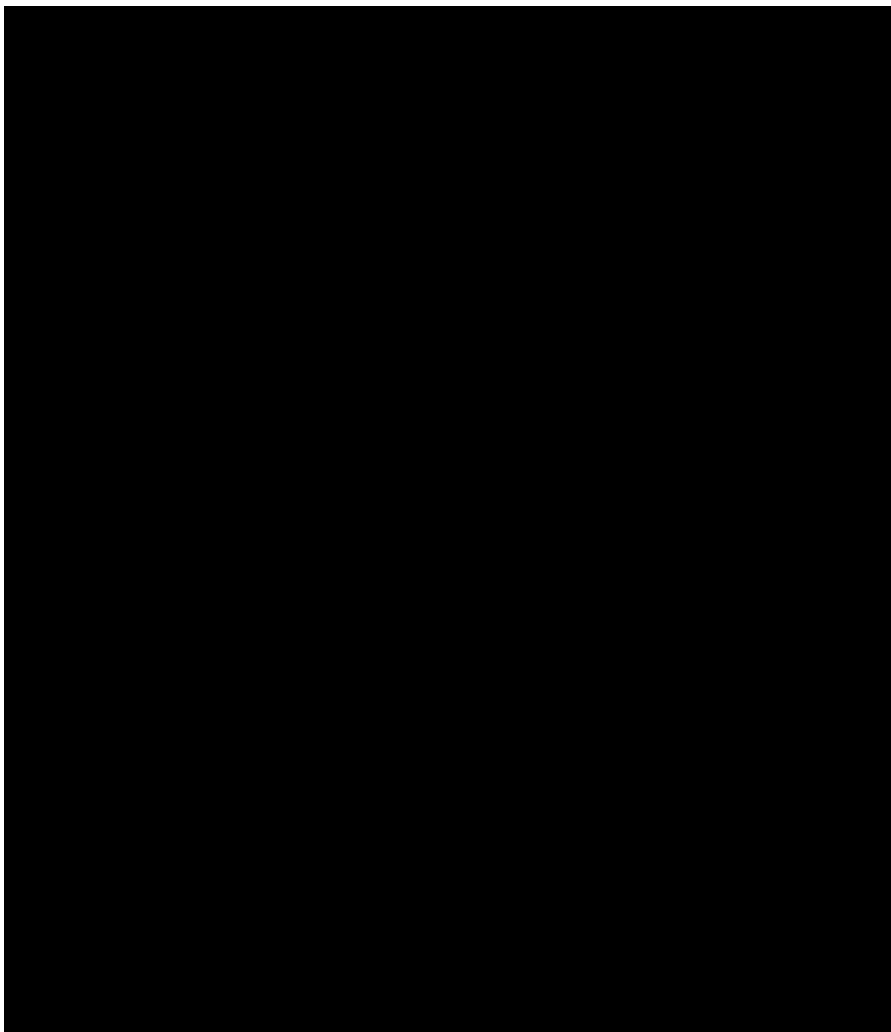
-- Do not delete or change any of the following text. --

When it's time, join your Webex meeting here.

[Join meeting](#)

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From: Steve Ross [REDACTED]
Sent: Wednesday, 30 March 2022 11:04
To: Peffer, Dave (Health); CEOHealth; Taylor, Jacqui (Health)
Cc: Smitham, Kalena (Health); Swaminathan, Ashwin (Health); Tosh, Jim (Health); Scott, Peter (Health)
Subject: Cardiology Review
Attachments: 220330 ASMOF to CEO - cardiology.pdf

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Dave and Jacqui,
Please see attached correspondence.
Regards

Steve Ross
Executive & Industrial Officer
ASMOF (ACT)
Part Time – available Tues, Wed, Thurs
Mobile: [REDACTED]
Email: [REDACTED]
Web: www.asmof.org.au



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30 March 2022

Dave Peffer
CEO Canberra Health Services

Jacqui Taylor
Executive Director Division of Medicine

BY EMAIL

Dear Dave and Jacqui,

Re: Cardiology Department

We refer to your correspondence to Cardiology staff of 28 April 2022 and associated actions. ASMOF understands that at least four Senior Medical Practitioners have been suspended. ASMOF has a number of significant concerns that we seek to have addressed. These are separate from the allegations against the Senior Medical Practitioners. Those allegations must be dealt with through a fair and objective process and ASMOF will seek to ensure that this occurs.

The decision to suspend.

The ACTPS MPEA 2021 – 2022 provides a head of service with the power to suspend. That decision requires the head of service to be satisfied that the suspension is in the public interest, the interests of the ACTPS or the interests of the Directorate. In December 2021 members reported to ASMOF that the CEO had at a meeting on Monday 29 November with cardiologists and directors of medicine advised that Barbara Deegan had been appointed to review numerous complaints. It was reported to ASMOF that the CEO stated at that meeting that the employment contracts of some cardiologists may and likely will be terminated. That statement, if correct, anticipates the outcome of the Deegan review and raises real questions about the objectivity of the brief provided for that review and the intentions of the executive in undertaking the review.

- Does the Deegan review make any recommendations for the suspension of any of the cardiologists suspended?
- If not, how has the head of service satisfied themselves in relation to the matters set out in clause 122.2 of the MPEA?

Workload and patient care implications

Your correspondence makes note that those remaining will have to ‘pick up additional duties or adjust to revised rosters and work arrangements.’ Cardiology workloads are already high and that situation is exasperated by the overlays of Covid, accreditation, DHR implementation and staff shortages.

- In the case of each of the suspended specialists, how many patients/procedures do they have booked in for the next three months?
- What is the current waiting time for procedures for each of the suspended specialists?
- Given that, in ASMOF’s understanding, at least two further cardiologists are either on leave or about to proceed on leave, what roster changes are proposed for both remaining Senior Medical Practitioners and also Medical Officers?
- What measures are being put in place to protect Medical Officers from being pressured to take up extra work as a consequence of this staffing crisis?

- What measures are being put in to place to ensure the remaining Senior Medical Practitioners are protected from excessive workloads and/or are remunerated for the additional hours they will inevitably have to work.
- What risk assessment has been undertaken to identify any adverse consequences for the health and safety of staff, including stress related injury, and what measures have been put in place to mitigate against that risk?
- What risk assessment has been undertaken to identify clinical risk and what measures have been put in to place to mitigate against that risk?
- What communication is going to be issued to the general public and patients who have procedures delayed or cancelled or their specialist changed?

ASMOF reminds you of your obligations under clause 130 of the ACTPS MPEA 2021 – 2022. There needs to be urgent discussions on these matters.

The role of the Executive

Given that in your email you identify that some of the problems in cardiology have existed for over a decade, and given the culture survey results as they relate to the executive of the Canberra Hospital, what investigations have occurred into the extent poor executive decision making and poor executive management and behaviour have contributed to the problems identified in cardiology?

Communications

In your email to cardiology staff you 'ask that discussions or speculation about any part of the process not occur.' Frankly, this is absurd. Firstly, CHS has currently engaged Barbara Deegan to conduct at least one other review into a department and CHS staff rightly should be concerned about that process. Secondly, the implications for workloads and work-flow extends beyond just the cardiology department and CHS staff would naturally be concerned about this. Thirdly, human nature is such that there will be discussions. By seeking to impose a prohibition on discussions you are likely creating an environment where, contrary to CHS values, staff feel unsafe when they speak. ASMOF suggests that rather than seeking to shut down discussions and directing people to the responsible officer in P&C, you should be offering EAP and related services to any staff with concerns and also open up lines of communication to yourselves.

Accreditation

What consideration has been given for any implications on the accreditation of the department for training, an issue identified in the last cardiology review?

Your urgent response to these matters would be appreciated.

Regards

Sent electronically

Steve Ross
Executive and Industrial Officer
ASMOF – ACT Branch

**Cc: People and Culture, EDMS, CD Cardiology,
Other relevant unions
ASMOF will report the contents of this letter and any reply to its members**

From: Tosh, Jim (Health)
Sent: Wednesday, 6 April 2022 12:59
To: Taylor, Jacqui (Health); Smitham, Kalena (Health); Swaminathan, Ashwin (Health); Bacon, Phil (Health); Rixon, Kelli (Health); Itty, Charles (Health); Stuart-Rokvic, Sorsha (Health)
Subject: RE: Cardiology

OFFICIAL

Hi Jac and team,

It might be worth adding (but I assume that you may be doing some or all of these things anyway):

- Charles reiterating that he shares the same open door policy as Peter in his absence;
- Checking in weekly with allied health, nursing and admin teams to review how the service is running, and whether any changes are required to service planning Peter and Charles have implemented;
- Checking in with staff after the Critical incident counselling to see if there are any further needs.

How are we going with the recruitment side?

Jim

From: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Sent: Wednesday, 6 April 2022 12:27 PM
To: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Tosh, Jim (Health) <Jim.Tosh@act.gov.au>; Bacon, Phil (Health) <Phil.Bacon@act.gov.au>; Rixon, Kelli (Health) <Kelli.Rixon@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>
Subject: FW: Cardiology

Dear all, pls see actions taken so far

In addition I have reached out to nursing and scientific senior staff to offer individual meetings to discuss concerns following contact from Kalena yesterday

We will also establish a weekly meeting with the teams to provide further opportunities to escalate and discuss any issues (Sorsha can you kindly action)

Please let us know if think any additional actions are required

Kind regards

Jacqui

From: Rixon, Kelli (Health) <Kelli.Rixon@act.gov.au>
Sent: Wednesday, 6 April 2022 11:16 AM
To: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>
Subject: RE: Cardiology

OFFICIAL

Hi Jacqui

By way of update of what has been done and communicated with staff in Cardiology, please see my dot points below:

- 28/4/22: Cardiology Senior Manager (med, nursing, allied health and admin) met with Exec and CEO to be advised of the suspension of some senior staff, pending investigations into allegations of misconduct.
- 28/4/22: all of Cardiology staff email was sent by Kelli Rixon, written by Jacqui Taylor and Dave Pepper advising of the suspension of some senior staff, pending investigations into allegations of misconduct
- 29/4/22: senior managers met with their teams to discuss the email and advise that no conversations are to be had about this process. Admin staff were advised that when changing appointments for patients to only advise that the staff member is on leave.
- Week of 28/4: Peter and Charles worked hard to set-up clinical roster to ensure all aspects of the service were covered or accounted for the rest of April. I have been supporting this and arranging VMO locum contracts for several external cardiologists to support the service.
- 2/4/22: Canberra Times article. Office Managers were advised to support their team with any patient enquiries; specifically the script is that staff are not to name anyone who has been stood down, they can say that a staff member is on leave and that our services continue to operate.
- 4/4/22: Peter met with the following teams (allied health, nursing and admin) to allow them to ask questions about the current situation and advise that clinical cover is either arranged or being arranged for the next few months. Prior to these meetings, Peter has had an open door policy for anyone to discuss issues or concerns with him
- 4/4/22 and 5/4/22: Clinical roster for this week was released to senior managers. At this stage the roster will be released one week at a time, until we can confirm that cover is in place. There was concern on Monday morning that CCU did not know who was on-call, as the roster had not been released then. However, they were advised shortly afterwards.
- 4/4/22: A BPT who was supporting MA's clinic had some abuse from a patient during the appointment and at the reception area; the patient was expecting to see MA. The BPT was counselled by Peter Scott and the staff specialists supporting the clinic were advised. I advised the office manager to create a Riskman incident for this also.
- 5/4/22 Peter Scott is now on leave and returns 26/4/22
- 7/4 and 8/4: Critical Incident Counselling Support (EAP) will be available for all staff to utilise
- 11/4/22: Cardiology Business Monthly Meeting is scheduled, which is attended by all cardiologists and senior managers in the department

Please let me know if there is anything I have missed.

Cheers, Kelli

From: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>

Sent: Wednesday, 6 April 2022 9:27 AM

To: DAmbrosio, Flavia (Health) <Flavia.DAmbrosio@act.gov.au>; Stuart-Rokvic, Sorsha (Health) <Sorsha.Stuart-Rokvic@act.gov.au>; Rixon, Kelli (Health) <Kelli.Rixon@act.gov.au>

Cc: [REDACTED]
Marando, Liza (Health) <Liza.Marando@act.gov.au>

Subject: RE: Cardiology

Thanks Flavia,

[REDACTED] happy to meet ASAP to discuss concerns and Sorsha will kindly sort us a convenient time

Kelli, more than welcome to join us

Kind regards

Jacqui

From: DAmbrosio, Flavia (Health) <Flavia.DAmbrosio@act.gov.au>

Sent: Wednesday, 6 April 2022 9:09 AM

To: Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>

Cc: [REDACTED]

Subject: Cardiology

OFFICIAL

Good morning Jacqui

As discussed with Kalena yesterday afternoon, [REDACTED] (both cc'd in), look forward to discussing with you their concerns and solutions to those concerns.

Kind regards

Flavia

Flavia D'Ambrosio | Senior Director, Workforce Culture and Leadership

Phone: (02) 512 49585 | Email: flavia.dambrosio@act.gov.au

People and Culture | Canberra Health Services | ACT Government

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