

Dear 

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 **Thursday 9 February 2023**. This application requested access to:

'Copies of the following briefs (excluding attachments):

8. *MCHS22/317*
9. *MCHS22/383*
10. *MCHS22/400'*

Your second application made under the FOI Act, received by the ACT Health Directorate (ACTHD) on **Friday 17 February 2023** requested access to:

'Copies of the following briefs (excluding attachments):

1. *MCHS22/401*
2. *MCHS22/437*
3. *MCHS22/441*
4. *MCHS22/442*
5. *MCHS22/465*
6. *MCHS22/480*
7. *MCHS22/507*
8. *MCHS22/515*
9. *MCHS22/516*
10. *MCHS22/519'*

I am an Information Officer appointed by the Chief Executive Officer of CHS under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Monday 20 March 2023**.

Your initial application and subsequent application received have been considered as one application in accordance with section 43(2) of the FOI Act – *A respondent is entitled to consider 2 or more applications as 1 application if the applications are related and are made by the same applicant or by people acting together in relation to the applications.*

I have identified 13 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 on access

I have decided to:

- grant full access to six documents; and
- grant partial access to seven documents.

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

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

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

Full Access

I have decided to grant full access to six documents at references 2-5 and 10-11.

Partial Access

I have decided to grant partial access to seven documents at references 1, 6-9 and 12-13 as it 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 FOI Act.

Documents at references 1, 6-9 and 13 are partially comprised of information the mobile phone number of ACT Government employees and names of non-ACT Government employees.

Document at reference 12 is partially comprised of information that may prejudice the competitive commercial activities of the 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; and
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2, 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*; and
- Schedule 2, Schedule 2.2(a)(xiii) prejudice the competitive commercial activities of an agency.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure. Therefore, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

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

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

Ombudsman review

My decision on your access application is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the FOI 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 FOI 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 via email at HealthFOI@act.gov.au.

Yours sincerely,



David Jean

Acting Executive Branch Manager

Strategy and Governance

Canberra Health Services

20 March 2023




FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<p><i>'Copies of the following briefs (excluding attachments):</i></p> <ul style="list-style-type: none">8. MCHS22/3179. MCHS22/38310. MCHS22/400.' <p><i>'Copies of the following briefs (excluding attachments):</i></p> <ul style="list-style-type: none">1. MCHS22/4012. MCHS22/4373. MCHS22/4414. MCHS22/4425. MCHS22/4656. MCHS22/4807. MCHS22/5078. MCHS22/5159. MCHS22/51610. MCHS22/519'	<p>CHSFOI22-23.43</p>

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 4	MCHS22/317 Initiated Brief: (Minister for Health) Freedom of Information (FOI) Application from MLA re Subject Line A copy of the Ministerial Briefs with outlined titles (CHSFOI 21-22.35)	13 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
2.	5 – 9	MCHS22/383 Meeting - Minister for Health - ACT Health Elective Joint Replacement Program – Professor Paul Smith – Wednesday 27 July 2022 2:30pm - 3:30pm	22 July 2022	Full Release		YES
3.	10 – 16	MCHS22/400 Request for Advice: (Minister for Health) Finding of Cardiology/ICU Reviews	13 July 2022	Full Release		YES
4.	17 – 19	MCHS22/401 Request for Advice: (Minister for Health) ASMOF Correspondence questions	13 July 2022	Full Release		YES
5.	20 – 21	MCHS22/437 Request for Advice: (Minister for Health) Opportunities available regarding use of locum/agency workforce and what could occur into the future	08 August 2022	Full Release		YES
6.	22 – 24	MCHS22/441 Initiated Brief: (Minister for Health) Freedom of Information (FOI) Application from MLA re All documents/ correspondence since the 1/2/2022 between Ministers office and Ministerial and Governance Services relating to Questions On Notice	20 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
7.	25 – 27	MCHS22/442 Initiated Brief: (Minister for Health) Freedom of Information FOI Application from (MLA) re Subject Line A copy of all final ministerial briefs (excluding all attachments to the briefs) from 10/03/2022 - 10/04/2022 CHSFOI 21-22.38	13 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
8.	28	MCHS22/465 Email - Minister for Health - Representations - Need for a paediatric gastro team at TCH -	20 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
9.	29 – 31	MCHS22/480 Initiated Brief: (Minister for Health) Freedom of Information FOI Application from (MLA) re Subject line of all final ministerial briefs from 10 April 2022 to 10 May 2022	11 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

		(CHSFOI 21-22.40)				
10.	32 – 33	MCHS22/507 Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (11 to 15 July 2022)	15 July 2022	Full Release		YES
11.	34 – 36	MCHS22/515 Initiated Brief: Minister for Health - Accreditation - Australian Council on Healthcare Standards (ACHS) National Safety and Quality Health Services (NSQHS) Standards Second Edition Version 2 Organisation-Wide Assessment - Draft Report 2022	29 July 2022	Full Release		YES
12.	37 – 39	MCHS22/516 Initiated Brief - Minister for Health – Preferred site in “redacted”	14 July 2022	Partial Release	Schedule 2, 2.2 (a)(xiii) Commercial	YES
13.	40 – 42	MCHS22/519 Initiated Brief - Minister for Health - CHS Facilities Management, IHSS - Consultation Process on Health Infrastructure Contracts	25 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
Total Number of Documents						
13						

Canberra Health Services Directorate

UNCLASSIFIED

To: Minister for Health

Tracking No.: MCHS22/317 (CHSFOI21-22.35)

From: Dave Pepper, Chief Executive Officer**Subject:** Freedom of Information application from [REDACTED] (MLA) regarding a copy of the Ministerial Briefs with outlined titles, excluding all attachments to the briefs**Critical Date:** 12/07/2022**Critical Reason:** FOI will be delivered to applicant on this day.

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

Recommendation

That you:

1. Note Canberra Health Services' response at Attachment A

Noted / Please Discuss

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

Minister's Office Feedback

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Background

1. On 2 May 2022 [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the Canberra Health Services' (CHS) requesting:

"A copy of the Ministerial Briefs with the titles outlined below"

<i>GOVERNMENT & STAKEHOLDER RELATIONS – Government & Assembly Matters – Initiated Advisory Note: (Minister for Health) Coronial Inquest – Ruth McKay (Hearing Scheduled for 16 March 2022)</i>	<i>MCHS22/160</i>
<i>RECORDS & INFORMATION MANAGEMENT – Advice (N) – Initiated Brief: (Minister for Health) Freedom of Information (FOI) Application from “redacted” (CHSFOI21-22.19) Guidelines, rules, memoranda, documents police attendance when vulnerable people under ‘welfare’ checks</i>	<i>MCHS22/136</i>
<i>GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters Initiated Brief: (Minister for Health)- Canberra Health Services Weekly Brief (28 February to 4 March 2022)</i>	<i>MCHS22/129</i>
<i>GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters Initiated Brief: (Minister for Health)- Canberra Health Services Weekly Brief (21 to 25 February 2022)</i>	<i>MCHS22/120</i>
<i>PATIENT SERVICES ADMINISTRATION – Service Delivery – Maternity services – Email – Minister for Health – Complaint – Maternity Options Service- “redacted”</i>	<i>MCHS22/109</i>
<i>RECORDS & INFORMATION MANAGEMENT – Advice (N) – Request for Advice – Minister for Health – Freedom of Information (FOI) Application from “redacted” (CHSFOI21-22.17) – Information related to appointments with “redacted”, Pain Management Unit, Canberra Hospital</i>	<i>MCHS22/108</i>
<i>GOVERNMENT & STAKEHOLDER RELATIONS – Planning (N) – Initiated Brief – Minister for Health – Governance Review Outcome</i>	<i>MCHS22/106</i>
<i>GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters Initiated Brief: (Minister for Health)- Canberra Health Services Weekly Brief (14 to 18 February 2022)</i>	<i>MCHS22/96</i>
<i>GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters Initiated Advisory Note: (Minister for Health) Dispute Lodged with Fair Work Commission re payment (“redacted”)</i>	<i>MCHS22/91</i>
<i>PATIENT SERVICES ADMINISTRATION – Service Delivery – Request for Advice – Minister for Health – Elective Surgery Forward Plan</i>	<i>MCHS22/87</i>
<i>GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters Initiated Brief: (Minister for Health) – medical Negligence Claim – “redacted”</i>	<i>MCHS22/84</i>
<i>GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Request for Advice – Minister for Health – Insourcing Activities/Taskforce</i>	<i>MCHS22/77</i>
<i>GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters Initiated Brief: (Minister for Health)- Canberra Health Services Weekly Brief (7 to 11 February 2022)</i>	<i>MCHS22/75</i>
<i>HUMAN RESOURCES – Remuneration – Minister for Health – VMO Locum Pay Rates – “redacted”</i>	<i>MCHS22/58</i>

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2. An intension to refuse letter was sent to [REDACTED] on 31 May 2022 as it was an unreasonable and substantial diversion of resources. [REDACTED] responded with a rescoped application of:

'A copy of the Ministerial Briefs with the titles outlined, excluding all attachments to the briefs'

Issues

3. A search was conducted of all relevant records systems. CHS has identified 13 documents containing the information that meets the scope of the request.
4. The decision letter and accompanying documents released to [REDACTED] are at Attachment A.

Financial Implications

5. Processing fees are not applicable to this request.

Consultation

Internal

6. Consultation was undertaken with authoring Divisions.

Cross Directorate

7. ACT Health Directorate (ACTHD)

External

8. Not applicable.

Work Health and Safety

9. Not applicable.

Benefits/Sensitivities

10. Nil.

Communications, media and engagement implications

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

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Signatory Name: Josephine Smith Phone: 5124 9564
Executive Branch Manager
Strategy and Governance

Action Officer: Kate Schorsch Phone: 5124 2728
Business Manager
Office of the Deputy Chief Executive

Attachment

Attachment	Title
Attachment A	CHS Response

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

Tracking No.: MCHS22/383

Date: 22/07/2022**From:** Dave Pepper, Chief Executive Officer**Subject:** Elective Joint Replacement Program – Correspondence from Professor Paul Smith**Critical Date:** 27/07/2022**Critical Reason:** Meeting date set for 27 July 2022

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

Recommendation

That you:

1. Note the information contained in this brief.

Noted / Please Discuss

Choose an item. MLA/...../.....

Minister's Office Feedback

Background

1. Professor Paul Smith wrote to your office ([Attachment A](#)) raising concerns regarding the waitlist for elective joint replacement and the number of joint replacement procedures to be delivered through Elective Joint Replacement Program (EJRP) from 2021-22 onwards.
2. We have provided the following information to assist in informing your upcoming meeting with Professor Smith on 27 July 2022.

3. EJP commences in August 2014 and is managed by the Director of Territory Wide Surgical Services.
4. EJP is predominantly based at Calvary John James Hospital (CJJH) however joint replacements are also undertaken at Calvary Public Hospital Bruce (CPHB) and Canberra Hospital (CH).
5. The Deed with CJJH currently ends in July 2023 with a possibility of a two-year extension. The Private Provider Program (PPP) panel is currently undergoing a Procurement process.

Issues

Elective Surgery activity

6. As of 30 June 2022:
 - 497 joint replacement surgeries had been completed in 2021-22 against a target of 500.
 - There were 712 patients on the wait list for elective joint replacement surgery at CJJH.
 - Of these 712 patients, 102 were overdue – 29 Category 2 (to be seen in 90 days) and 76 Category 3 (to be seen in 365 days) patients.
 - In comparison with the overall waitlist for Elective Surgery, 1,364 patients were overdue - 674 were overdue Category 2 representing 50 per cent of the overdue cohort.
 - The overdue EJP patients represent 8 per cent of the overdue cohort across the Territory.
7. Readmission rate data from April 2022 was 0 per cent.
8. In quarter 3 of 2021-22 (January 2022 to March 2022), there was a focus on delivering more elective joint replacement surgeries for Category 2 overdue patients. This resulted in a reduction in the median wait time for this cohort from 81 to 39 days.
9. Table 1 outlines the EJP median wait time compared to all ACT Hospitals – joints waitlisted by category.

Table 1:

	June 2021 EJP	End June 2022 All ACT Hospitals
Median wait time – Category 2	92 days – hip 90 days - knee	98 days - hip 93 days - knee
Median wait time – Category 3	382 days – hip 392 days - knee	381 days – hip 386 days - knee

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10. Table 2 outlines the 2020-21 overall median wait times for hip and knee replacements for the ACT versus national data.

Table 2:

	EJRP end June 2022	Nationally
Median wait time – hip replacement	183 days	179 days
Median wait time – knee replacement	344 days	308 days

11. In planning for the DHR implementation disruptions in quarter 2 of 2022-23, the target number of elective joint replacement procedures was increased from 400 to 500 in 2021-22 and decreased from 400 to 300 in 2022-23.
12. The Clinical Services Building coming online and associated staff recruitment in 2024 will also increase capacity to deliver additional elective surgeries.

Good Life with Arthritis: Denmark (GLA:D®) program

13. GLA:D® is continuing to assist in reducing pressure on the elective surgery waitlist by providing preventative education and exercise programs for people with hip and knee osteoarthritis.
14. The program is scheduled to run until end of June 2022 pending the outcome of a business case to continue to deliver the program in the 2022-23 financial year.
15. The program currently has 10 patients enrolled and four waiting to join. 64 patients have completed the program since June 2021.
16. The program has been well received by the community with many participants wanting to return for a 'top-up' in 12 months' time.
17. Clinicians facilitating the program have already received feedback from patients wishing to delay or cancel joint surgery. Anecdotal evidence shows patients are feeling the benefits of increased activity, improved function, and decreased pain.
18. CHS will receive full patient outcomes data from GLA:D® Australia once the trial finishes as per the program guidelines. CHS expects to receive this data after 30 June 2022 pending survey responses from patients to GLA:D® Australia.

Financial Implications

19. EJRP is currently base funded for 375 joint replacements per year.
20. The cost of a joint replacement surgery is three and a half times the cost of other procedures delivered through the PPP. The cost of an additional 100 elective joint replacements is \$3.5 million.
21. The Base budget for EJRP is approximately \$13 million per annum.

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22. There is no net increase in joint surgery within EJP for 2022-25 due to the large expense versus number of cases completed for given cost, and the need to consider relative clinical urgency of all patients within the constraints of health funding.
23. CJH agreed to decrease joint cases in 2022-23 to 300, in order to facilitate the use of these operating lists for elective work that cannot be completed at CHS during DHR implementation. The 2022-23 elective surgery budget business case is predicated on this move, and CHS has had its elective surgery target decreased by 10 per cent. Private Provider Program (PPP) and Calvary Public Hospital Bruce (CPHB) targets have increased.
24. Moving PPP funding to target more joint surgeries would decrease the ability to achieve the target of 14,800 surgeries for 2022-23. The average cost of a PPP case is \$10,500. The average cost of a joint patient is \$34,000.
25. A considerable portion of PPP spending is targeted to category 1 head and neck cancer and vascular patients due to the urgency of their surgeries. Very few joint patients are category 1 patients.
26. There are a large number of complex joint patients who are overdue and need surgery in first six months of 2022-23. This may have significant financial impacts over the course of the financial year.
27. A number of orthopaedic surgeons implant very expensive primary joint replacement prosthetics (greater than \$10,500) within EJP. Some of these implants are double the national average cost. There is little to no clinical evidence that expensive implants do better in the over 65-year-old age groups.

ConsultationInternal

28. Not applicable.

Cross Directorate

29. Not applicable.

External

30. Not applicable.

Work Health and Safety

31. Nil.

Benefits/Sensitivities

32. Nil.

Communications, media and engagement implications

33. Elective Surgery wait times and cancellations continue to receive media attention.

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Signatory Name: Janet Zagari Phone: 5124 2728

Action Officer: Kate Schorsch Phone: 5124 2728

Canberra Health Services

To: Minister for Health Tracking No.: MCHS22/400

Date: 13/07/2022

CC: Cathie O'Neill, Chief Operating Officer

From: Dave Pepper, Chief Executive Officer

Subject: CHS Cardiology and ICU Reviews

Critical Date: 18/07/2022

Critical Reason: To ensure you are briefed on the recent reviews

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

Recommendations

That you note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. To provide advice about the ongoing investigations into the Cardiology and ICU departments at Canberra Health Services (CHS).
2. To provide oversight as to progress against the 'John's Review' recommendations.

Issues

3. Recent Reviews and Preliminary Assessments were undertaken in the ICU and Cardiology departments following reports of poor culture and inappropriate behaviours within the two departments. CHS is continuing to undertake appropriately targeted cultural work to address these concerns. This includes greater accountability for proactively improving culture across CHS to all leaders at all levels. CHS submit the following.

Intensive Care Unit

4. The CHS Staff Survey conducted in November 2021 revealed numerous concerning trends within the ICU Department. The results of this survey demonstrated that overall ICU performance had decreased quite considerably with several areas of concern. Specifically:
 - Patient safety;
 - Management response to concerns of staff;
 - Action from last survey;
 - Communication;
 - Identified a toxic work environment;
 - Identified senior medical staff yelling, abusive and disrespectful to nurses and junior medical staff;
 - Poor education supports for staff; and
 - Identified favouritism and racism
5. As a result of this survey and observations, Ms Barbara Deegan was commissioned to undertake a review of the Culture within the unit. Ms Deegan delivered her report identifying a range of specific concerns pertaining to a range of staff members within the unit. The report also spoke to a range of other workplace concerns.
6. An investigation has been commissioned to address the specific concerns identified in Ms Deegan's report. An external investigation company has been appointed by the Public Sector Standards Commissioner. Under the terms of the contract arrangements, their final report is due within 45 days of commencing the investigation process.
7. CHS has a range of supports which are available to ensure the wellbeing of employees directly and indirectly impacted by the ongoing investigation process and CHS will ensure these supports continue.
8. CHS will keep you informed and updated as the matter progresses, including responses to any related media queries.

9. With respect to the broader matters raised in Ms Deegan's report, the next steps for the ICU department are:
- a) Advise the broader ICU team that the report has been received;
 - b) Advise that the report will not be circulated, as it was noted that contributions to the ICU review would remain confidential;
 - c) That the recommendations pertaining to culture would be included in the draft ICU Culture Action Plan, and
 - d) That a working group will be established to finalise the ICU Culture Action Plan and progress implementation of the actions

Cardiology

10. A report delivered in 2020, known as the "Johns Review", was commissioned largely to review the services provided by the Cardiology Unit with a view to improving the service delivery quality of the unit to the Community and following an Extraordinary Report from the Clinical Review Committee (CRC) relating to an adverse event which occurred during a transoesophageal echocardiogram (TOE) in 2019. The CRC concluded there was evidence of cultural and teamwork issues within the Department which required addressing to ensure better clinical outcomes. The decision to undertake this Review was also supported by negative unit results in the CHS staff culture survey in 2019.
11. The purpose of the John's Review was to provide reflection on the current structure and governance of cardiology services at CHS, and to provide recommendations to ensure the safety and continuous improvement of these services. Specifically, the Review considered the following key items:
- *The management and clinical governance of cardiology services provided by CHS across emergency, inpatient and outpatient settings.*
 - *Integration of cardiology services within the department, across CHS, and across the ACT including relations with CPHB and the private sector.*
 - *The efficiency of Cardiology services, with particular attention to outpatient services and diagnostics.*
 - *Culture issues in cardiology, particularly as they relate to clinical safety and effective collaboration for patient care.*
12. The review report identified specific areas of concern relating to poor clinical governance and lack of strategic direction, patient safety issues, inefficiencies – particularly related to diagnostic and outpatient services, and a widespread culture of blame, especially amongst medical staff. There were 32 recommended opportunities for improvement related to four key areas of: Clinical Governance, Patient Safety, Efficiency and Culture.

13. In October 2021, a Transformation Lead was appointed to project manage the 32 identified recommendations. Of the 32 recommendations, five are complete, 18 are in progress and nine are yet to commence. A summary of the key actions and deliverables are as follows.
14. The organisational structure and governance structure of the department has changed to align with the multidisciplinary department, including creation of two deputy unit director roles, to improve inclusion and communication. This multi-disciplinary team meets fortnightly.
15. Monthly meetings are being held across the entirety of the function to ensure consistent and accurate messaging and inclusion of the correct stakeholders. Behavioural standards have been established and implemented for all staff specialists.
16. Multi-disciplinary Working groups have been establishment to support department operations. This group meets monthly to assess and review:
 - *Coronary Care Unit and Ward 6A*
 - *Electrophysiology*
 - *Imaging*
 - *Interventional Service*
 - *Ambulatory Service*
 - *Training and Development*
17. The unit has created a clearly defined team purpose:

“Our Cardiology Team delivers an exceptional and caring service for our community and each other.

CHS does this by:

 - **Listening to our patients** (Personal Health Services)
 - **Working as a team and upholding CHS values** (A Great Place to Work)
 - **Embracing education, development and research** (A Leading Specialist Provider), and
 - **Empowering our patients to manage their health** (A Partner to Improve People’s Health)”
18. Cardiology waitlists for outpatient medical consultations, investigations and procedures have been audited. This resulted in 1,282 patients no longer needing an appointment.

20. The reporting of echocardiographic studies was previously allocated to the cardiologist who requested the investigation. This resulted in a significant backlog of unreported investigations and issues when the cardiologist who was allocated to report was not rostered onsite at CHS at the time of the investigation, resulting in poor escalation processes. There is now an echocardiography reporting roster in place, whereby a cardiologist is allocated a reporting session. This means that reports can be completed the same day and cardiac sonographers can escalate clinical concerns directly and expeditiously.
21. Medical clinic structures are being reviewed to ensure that clinic numbers are streamlined; with an emphasis on discharging patients back to primary care and increasing the number of initial appointments to approximately 50 per cent of all clinics. This will eliminate the variability in patient numbers in clinics and reduce the wait times.
22. The model for the weekly heart team meeting has been reviewed, with attendance deemed mandatory for staff specialists.
23. The immediate priorities, in relation to the recommended opportunities for improvement, are as follows:
 - Replacement of the Philips Cardiac Catheter Laboratory;
 - Finalisation of staff specialist work plans and FOCIS-SED plans;
 - Standardising all medical clinic structures, effective from 1 August 2022;
 - Development the Cardiology Strategic and Business Plan aligned with the CHS Corporate Plan, and
 - Improving relationship and patient pathways between cardiology and ICU and Emergency.

Suspension of four cardiologists

24. In general, the Cardiology Unit is comprised of approximately 99 staff, including 14 cardiologist, 57 nurses, 13 allied health and 10 administrative personnel. The small group of four cardiologists suspended on 28 March 2022 (prior to their suspension) worked hours equivalent to a total of 2.04 Full Time Equivalent (FTE).
25. CHS continues to actively manage the workload of the four suspended cardiologists and their specific waiting times. Any required cardiac procedures are being triaged and either performed locally or planned for referral to a Sydney hospital.

26. CHS recognises the staff shortage and priority has been given to provide urgent inpatient services, emergency services including 24/7 primary Percutaneous Coronary Intervention cover, urgent and Category 1 procedural and outpatient cover. In addition to rostering and clinical changes, CHS has engaged the services of four Visiting Medical Officers (VMOs), who will cover some interventional work, on-call, medical clinics and echocardiograph reporting. CHS is in the process of engaging at least three more (to provide temporary cover). CHS has also reduced clinic activity and elective work to focus on urgent services at present.
27. The administrative team, who are the front line for the service, have been advising patients/consumers that CHS has some cardiologists on leave currently and that they will still be seen as planned or rescheduled to a later date. The GP Liaison Unit (GPLU) also published an update in their newsletter to patients.
28. A communication has also been released to General Practitioners regarding the current change in services by the GPLU. In addition, patients are also being informed about the unavailability of certain consultants for their procedures or consultation and they are given the option to be served by a different cardiologist.

Financial Implications

29. Funding for the two reviews conducted by Ms Deegan and the subsequent external investigations has been budgeted and accounted for.

Consultation

Internal

30. CHS Cardiology and ICU

Cross Directorate

31. Not applicable.

External

32. Not applicable.

Work Health and Safety

33. In addition to the operational changes enacted in points 24 – 29, CHS has internal and external support services available (including EAP) to assist employees as needed. CHS will continue to provide proactive support to our staff and ensure their safety and wellbeing is paramount.

Benefits/Sensitivities

34. Ongoing media sensitivities are anticipated and will continue to be addressed proactively.

Communications, media and engagement implications

35. CHS notes previous media interest in this matter and will continue to provide information and talking points as required.

Signatory Name: Kalena Smitham Phone: 5124 9631

Action Officer: Andrew White Phone: 5124 9553

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

Tracking No.: MCHS22/401

Date: 13/07/2022**CC:** Cathie O'Neill, Chief Operating Officer**From:** Dave Pepper, Chief Executive Officer**Subject:** ASMOF correspondence - answers to the questions**Critical Date:** 18/07/2022**Critical Reason:** To ensure you are briefed on a CHS response to ASMOF

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

Recommendations

That you note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. To provide advice regarding questions asked by the Australian Salaried Medical Officers Federation (ASMOF) on 30 March 2022, in relation to the Canberra Health Services Health Services (CHS) Cardiology department.

Issues

2. On 30 March 2022, ASMOF wrote to CHS, asking a range of specific questions in relation to the Cardiology department, the suspension of four Cardiologists and specific actions that had been implemented for the purpose of risk mitigation.
3. Further to this correspondence, a dispute notification was lodged in the Fair Work Commission by ASMOF and was heard before Commissioner McKinnon on 5 May 2022. During the conference, the Commissioner encouraged the parties to continue open dialogue and directed that CHS provide written responses to ASMOF on certain specific questions asked.
4. A copy of the correspondence issued to ASMOF, as per the directions of Commissioner McKinnon, is attached. (Attachment A)

Financial Implications

5. Not applicable.

ConsultationInternal

6. Not applicable.

Cross Directorate

7. Not applicable.

External

8. Not applicable.

Work Health and Safety

9. Not applicable.

Benefits/Sensitivities

10. Ongoing media sensitivities are anticipated and will continue to be addressed proactively.

Communications, media and engagement implications

11. CHS notes previous media interest in this matter and will continue to provide information and talking points to the Minister.

Signatory Name: Kalena Smitham Phone: 5124 9631

Action Officer: Andrew White Phone: 5124 9553

OFFICIAL

Attachments

Attachment	Title
Attachment A	Email from Kalena Smitham to Steve Ross: C2022/2507 – ASMOF v CHS (Cardiology Dispute)

ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/437	Advisory Note on the opportunities that are available regarding use of locum/agency workforce and what could occur into the future
Critical Date	Not applicable
Chief Executive Officer	Dave Pepper /...../.....

Canberra Health Services' advice:

The use of locum agencies is a common practice in Canberra Health Services (CHS) for sourcing both senior and junior locums however, locums are premium labour and their use is limited wherever possible.

The use of Junior Medical Officer (JMO) locums has historically been linked primarily to seasonal need at the registrar level, for example in the period around Christmas. 2022 has seen an increase in the use of locum Resident Medical Officers (RMOs) due to staffing shortages, including COVID-19 related absences. It is anticipated that this additional demand will reduce with the arrival of additional staff in September 2022.

The use of Senior Medical Officer locums is generally for either short-term leave relief, as an interim solution to staffing shortages or in the case of services where demand is such that only minimal or ad-hoc workload exists.

There have been instances of locums at the senior level being used in the same capacity as a temporary employee. For example, in Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) however, steps are in place to phase out such arrangements.

Long-term, CHS would ideally see an overall reduction in the use of locums.

It is also anticipated that there will be increasing pressure from unions to further reduce the use of locums, consistent with the Secure Work Policy.

If a new service became available, it would certainly be considered as a means of sourcing locums. The primary advantage in the emergence of another provider would be competition and the potential reduction in agency costs, however agency costs are only one factor in the cost of locums. The cost of locums is impacted by a number of factors:

- The cost of travel and accommodation for locums traveling from interstate;
- The fees charged by locum agencies (usually approximately 20 per cent);
- The contractual stipulations set out by locum agencies (i.e., minimum rates, additional entitlements such as cars, etc.); and

- the hourly rates set for Visiting Medical Officers (VMOs) under their core conditions determination.

The available pool of talent is unlikely to be increased by the introduction of a new provider.

Opportunities for more flexible and cost-effective use of senior locums are constrained by the provisions of the *Health Act 1993* and the associated Notifiable Instrument which set out the core conditions for VMOs and often require the payment of a significant premium for such resources.

Noted / Please Discuss

.....

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

.../.../...

Signatory Name:	Kalena Smitham	Phone:	5124 9631
Action Officer:	Steven Linton	Phone:	5124 9599

Canberra Health Services Directorate

UNCLASSIFIED

To: Minister for HealthTracking No.: MCHS22/441
(CHSFOI21-22.37)**Date:** 20/07/2022**From:** Dave Pepper, Chief Executive Officer**Subject:** Freedom of Information application request received from [REDACTED] (MLA) regarding all documents/correspondence since the 1/2/2022 between the Ministers office and the Ministerial and Governance Services relating to Questions On Notice**Critical Date:** 20/07/2022**Critical Reason:** FOI will be delivered to applicant on this day.

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

Recommendations

That you:

1. Note Canberra Health Services' response at Attachment A; and **Noted / Please Discuss**
2. Note the Media Talking Points at Attachment B; and **Noted / Please Discuss**

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

Minister's Office Feedback

UNCLASSIFIED

UNCLASSIFIED

Background

1. On 24 May 2022 [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the Canberra Health Services' (CHS) requesting:

'All documents / correspondence for the last 18 months to and from the Health Minister's Office as well as all inter and intra directorate communication for all questions On notice from Canberra Liberal MLAs''

2. The request was rescoped on 22 June 2022 to:

'All documents/correspondence since the 1/2/2022 between the Ministers office and the Ministerial and Governance Services relating to Questions On Notice'

Issues

3. After conducting a search for all relevant documents, CHS has identified 67 documents containing the information that meets the scope of the request.
4. The decision letter and accompanying documents released to [REDACTED] are at Attachment A.

Financial Implications

5. Processing fees are not applicable to this request.

ConsultationInternal

6. The CHS Directorate Liaison Officer.

Cross Directorate

7. Nil.

External

8. Nil.

Work Health and Safety

9. Nil.

Benefits/Sensitivities

10. Nil.

Communications, media and engagement implications

11. Media talking points have been prepared at Attachment B. The CHS media team will support your offices should any media issues arise.

UNCLASSIFIED

UNCLASSIFIED

12. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACT Health Directorate Disclosure Log in accordance with the Act.

Signatory Name: Josephine Smith Phone: 5124 9564
 Executive Branch Manager
 Strategy and Governance

Action Officer: Kate Schorsch Phone: 5124 2728
 Business Manager, Deputy Chief
 Executive Office

Attachments

Attachment	Title
Attachment A	CHS Response
Attachment B	Media Talking Points

UNCLASSIFIED

Canberra Health Services Directorate

UNCLASSIFIED

To: Minister for Health

Tracking No.: MCHS22/442 (CHSFOI21-22.38)

From: Dave Pepper, Chief Executive Officer**Subject:** Freedom of Information application request received from [REDACTED] (MLA) regarding a copy of all final ministerial briefs from 10 March 2022 – 10 April 2022 (excluding all attachments to the briefs)**Critical Date:** 12/07/2022**Critical Reason:** FOI will be delivered to applicant on this day.

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

Recommendation

That you:

1. Note Canberra Health Services' response at Attachment A

Noted / Please Discuss

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

Minister's Office Feedback

UNCLASSIFIED

Background

1. On 24 May 2022 [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the Canberra Health Services' (CHS) requesting:

'A copy of all final ministerial briefs from 10th of March 2022 to 10th of April 2022 generated for or directed to any ACT Government Minister. This request includes briefs prepared for Question Time, but not for Estimates or Annual Reports.'

2. An intension to refuse letter was sent to [REDACTED] on 8 June 2022 as it was an unreasonable and substantial diversion of resources. [REDACTED] responded with a rescoped application of;

'A copy of all final ministerial briefs from 10th of March 2022 to 10th of April 2022 generated for or directed to any ACT Government Minister, excluding all attachments to the briefs. This request includes briefs prepared for Question Time, but not for Estimates or Annual Reports.'

Issues

3. A search was conducted of all relevant records systems. CHS has identified 27 documents containing the information that meets the scope of the request. These cross over both the Health and Mental Health portfolios.
4. The decision letter and accompanying documents released to [REDACTED] are at [Attachment A](#).
5. Documents relating to your portfolio responsibilities are pages one to 68 of [Attachment A](#).

Financial Implications

6. Processing fees are not applicable to this request.

ConsultationInternal

7. Chief Operating Officer; Divisions of People and Culture; Mental Health, Justice Health, Alcohol and Drug; Medical Services; Infrastructure, Health Support Services; Cancer and Ambulatory Services.

Cross Directorate

8. ACT Health Directorate.

External

9. Not applicable.

UNCLASSIFIED

UNCLASSIFIED

Work Health and Safety

10. Not applicable.

Benefits/Sensitivities

11. Nil.

Communications, media and engagement implications

12. The CHS media team will support your offices should any media issues arise.
13. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name: Josephine Smith Phone: 5124 9564
 Executive Branch Manager
 Strategy and Governance

Action Officer: Kate Schorsch Phone: 5124 2728
 Business Manager
 Office of the Deputy Chief Executive

Attachment

Attachment	Title
Attachment A	CHS Response

UNCLASSIFIED

ADVISORY NOTE

Minister for Health

TRIM Ref.: MCHS22/465	Correspondence from [REDACTED] regarding need for gastroenterology paediatric team at Canberra Hospital
Critical Date	Not applicable
Chief Executive Officer	Dave Peffer /.../....

Minister's Office question:

Can the Minister please have an Advisory Note to accompany this response that outlines what is available and any options for this kind of role either on its own or as part of a larger initiative.

Canberra Health Services' advice:

Canberra Health Services (CHS) provides a Paediatric Gastroenterology service through the Paediatric outpatients department at Centenary Hospital for Women and Children.

The service provides care and treatment for babies, children and teenagers with problems affecting the digestive system and liver. At present, a dual-trained gastroenterologist within the general paediatrics team manages a growing specialist paediatric gastroenterology service.

The Paediatric Gastroenterology clinic operates 10 outpatient sessions per month, however this can be impacted by on-call responsibilities and leave.

CHS is committed to providing a sustainable service model that supports the growing Paediatric Gastroenterology service. As part of this commitment recruitment has commenced for a Nurse Specialist who will facilitate service innovation, care coordination and provide a case management approach to complex patients within the gastroenterology service.

Noted / Please Discuss

.....

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

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

Signatory Name: Susan Freiberg
 Action Officer: Samantha Lang

Phone: 5124 7389
 Phone: 5124 7431

Canberra Health Services Directorate

UNCLASSIFIED

To: A/g Minister for Health

Tracking No.: MCHS22/480 (CHSFOI21-22.40)

From: Dave Pepper, Chief Executive Officer**Subject:** Freedom of Information application request received from [REDACTED] (MLA) regarding the subject line of all final ministerial briefs from 10th of April 2022 to 10th of May 2022**Critical Date:** 14/07/2022**Critical Reason:** FOI will be delivered to applicant on this day.

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

RecommendationsThat you note Canberra Health Services' response at Attachment A**Noted / Please Discuss**

Yvette Berry MLA/...../.....

Minister's Office Feedback

UNCLASSIFIED

Background

1. On 16 June 2022 [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the Canberra Health Services' (CHS) requesting:

'The subject line of all final ministerial briefs from 10th of April 2022 to 10th of May 2022 generated for or directed to any ACT Government Minister.

This request includes, wherever possible, the date of the brief, the internal reference, position of authority it was written by, and which Minister it was addressed to.

This request includes briefs prepared for Question Time, but not for Estimates or Annual Reports.

Issues

2. A search was conducted of all relevant records systems. CHS has produced a document containing the data extracted that meets the scope of the request.
3. The decision letter and accompanying documents released to [REDACTED] are at [Attachment A](#).
4. Documents relating to your portfolio responsibilities are on page one of [Attachment A](#).

Financial Implications

5. Processing fees are not applicable to this request.

ConsultationInternal

6. Not applicable.

Cross Directorate

7. ACT Health Directorate (ACTHD); Chief Minister, Treasury and Economic Development Directorate; Community Services Directorate, Education Directorate; Environment Planning and Sustainable Development Directorate; Justice and Community Safety Directorate; Transport Canberra and City Services Directorate; and Major Projects Canberra. Each of these directorates received this FOI request and are responding independently.

External

8. Not applicable.

Work Health and Safety

9. Not applicable.

UNCLASSIFIED

UNCLASSIFIED

Benefits/Sensitivities

10. Partial redactions have been made to the document which contains names of non-ACT Government employees. This is contrary to the public interest to disclose under the test set out in section 17 of the Act.

Communications, media and engagement implications

11. Media talking points have not been prepared due to the broad nature of this request and can be prepared by CHS media team should any media issues arise.
12. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name: Josephine Smith Phone: 5124 9564
 Executive Branch Manager
 Strategy and Governance

Action Officer: Kate Schorsch Phone: 5124 2728
 Business Manager
 Deputy Chief Executive Office

Attachment

Attachment	Title
Attachment A	CHS Response

UNCLASSIFIED

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

Tracking No.: MCHS22/507

Date: 14 July 2022**CC:** Dave Peffer, Chief Executive Officer**From:** Janet Zagari, Deputy Chief Executive Officer**Subject:** Minister's Weekly Brief – 11 – 15 July 2022**Critical Date:** 15/07/2022**Critical Reason:** To ensure you are briefed on current issues and events

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

Recommendations

That you note the information contained in the Minister's Weekly Brief – 11 – 15 July 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

Emergency Department expected WorkSafe Improvement Notice or Notices

As previously advised, WorkSafe visited the Emergency Department (ED) to speak with management and staff regarding anonymous concerns raised regarding ongoing short staffing issues and work pressure.

No Improvement Notices have been issued, however WorkSafe have indicated there will likely be several Notices issued (four to five notices) relating to ED staff shortages e.g., consultation and communication with staff, fatigue concerns, and systems of risk management.

UPDATES ON KEY PROJECTS/PIECES OF WORK

Statement of Commitment

In 2020, Canberra Health Services (CHS) committed to work in partnership with the CHS Aboriginal and Torres Strait Islander Consumer Reference Group (CRG) to develop a Statement of Commitment.

In 2021, Indigenous Allied Health Australia (IAHA) facilitated a workshop with our Executive team and CRG to develop the Statement. It was then designed to incorporate the Aboriginal artwork by Natalie Bateman.

The Statement of Commitment will be displayed on an A1 poster on the wall in the main foyer area of Canberra Hospital. Alongside this will be an A1 poster providing information on the artist, Natalie Bateman, and the meaning of the artwork. A QR code on this poster will direct people to the Aboriginal and Torres Strait Islander page on the CHS website. The main display will be a large banner (4m high and 3m wide) hanging from the double height ceiling in the foyer. This will be in place by 9 August 2022, to celebrate International Day of Indigenous Peoples. A morning tea is also proposed. This is subject to COVID visitor restrictions. An events proposal for Minister attendance will be progressed if the proposal goes ahead.

A video log about the creation of the Statement of Commitment including the hanging of the banner will be created and posted on the CHS Website, HealthHub, and on social media.

Signatory Name:	Janet Zagari Deputy Chief Executive Officer	Phone:	5124 4680
Action Officer:	Josephine Smith Executive Branch Manager Strategy and Governance	Phone:	5124 9564

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

Tracking No.: MCHS22/515

Date: 29/07/2022**From:** Dave Pepper, Chief Executive Officer**Subject:** Canberra Health Services Organisation-Wide Accreditation Assessment Draft Report**Critical Date:** Not applicable**Critical Reason:** Not applicable

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

Recommendation

That you note the ACHS NSQHS Standards Second Edition Version 2 Organisation-Wide Assessment, Draft Report outlined in Attachment A.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. On 27 June to 1 July 2022, Canberra Health Services (CHS) underwent a National Safety and Quality Health Service (NSQHS) Standards Second Edition Version 2 Organisation-Wide Assessment (NS2.1 OWA). The NS2.1 OWA required 10 assessors for a period of five days.
2. The Australian Council on Healthcare Standards (ACHS), CHS' accrediting agency, issued a draft report (Attachment A) ahead of the final report. No further changes are expected to be made to the report.
3. It is anticipated the final report will be received by mid-August 2022 at which time our accreditation status will be confirmed.

Issues

4. This was the last NS2.1 OWA as the Australian Commission on Safety and Quality in Health Care transition to short notice assessments. These will commence sometime in the future (likely post 2025) and the three actions *met with recommendations* identified in the draft report will be assessed at that time.

Financial Implications

5. Nil.

ConsultationInternal

6. Not applicable.

Cross Directorate

7. Not applicable.

External

8. Not applicable.

Work Health and Safety

9. Not applicable.

Benefits/Sensitivities

10. Not applicable.

Communications, media and engagement implications

11. CHS will prepare media statements on receipt of the final report.
12. Information within the draft report can use prior to issue of the final report.

OFFICIAL

Signatory Name: Cathie O'Neill Phone: 5124 5804
Chief Operating Officer
Canberra Health Services

Action Officer: Emmalee Hamilton Phone: 5124 9590
Director, National Standards and
Accreditation
Canberra Health Services

Attachment

Attachment	Title
Attachment A	NSQHS Standards Second Edition Version 2 Organisation-Wide Assessment, Draft Report.

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

Tracking No.: MCHS22/516

Date: 14/07/2022**From:** Cathie O'Neill, Chief Operating Officer**Subject:** Health Hubs – Preferred site in [REDACTED]**Critical Date:** Not applicable**Critical Reason:** Not applicable

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

Recommendations

That you agree to sign the letter at Attachment A to Minister Gentlemen.

Agreed / Not agreed / Please Discuss

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

Minister's Office Feedback

Background

1. Canberra Health Services (CHS) is progressing a feasibility study on the establishment of four new Health Hubs across Canberra's suburbs offering community-based services that are closer to home and provide timely access to integrated multidisciplinary care.
2. You were previously briefed on a preliminary site assessment of available sites in North Gungahlin, West Belconnen, the Inner South and South Tuggeranong.

3. This assessment process has included market scanning and consultation with ACT Property Group, Suburban Land Agency (SLA), and Environment, Planning and Sustainable Development Directorate (EPSDD) to shortlist available sites. The preferred North Gungahlin site that meets the requirements for such a facility has been identified as [REDACTED]

Issues

4. [REDACTED] are under the custodianship of the ACT Government and are currently zoned CZ1 Core Zone. EPSDD has advised that other Directorates have proposed community facilities for this land, including Sport & Recreation, and Justice and Community Safety.
5. EPSDD has advised that representations have been made for different community facilities on this land and ministerial level correspondence would be required to ensure consideration of a health facility on [REDACTED]
6. A letter to Minister Gentlemen, Minister for Planning and Land Management, requesting consideration of [REDACTED] as the preferred location for a Health Hub site to meet the ACT Government commitment to delivering high quality health care for Canberrans identified in the Parliamentary and Governing Agreement is at Attachment A.
7. CHS will continue to proceed with the development of preliminary design concepts for a Health Hub site, in consultation with EPSDD, to support joint community consultation efforts.

Financial Implications

8. Not applicable.

Consultation

Internal

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

Cross Directorate

10. ACT Health Directorate (ACTHD), Major Projects Canberra, Environment Planning and Sustainability Development Directorate, ACT Property Group.

External

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

Work Health and Safety

12. Not applicable.

Benefits/Sensitivities

13. There is a risk that community consultation in the planning and land use for the land in [REDACTED] may not be aligned with the delivery of a Health Hub on the site. Clear communication with key groups will help to manage this risk.
14. There is a risk that if the preferred site option becomes unavailable following consultation with EPSDD and the Gungahlin community, the other shortlisted site options may no longer be available. CHS is working with the consultants to continue undertaking periodic market scans to manage this risk.

Communications, media and engagement implications

15. A crucial element of the Integrated Care Program is engagement with community and a range of stakeholders across health care. Targeted strategies are being planned for the Integrated Care Program that will be co-ordinated with Northside community consultation sessions for associated health projects. These will progress in close consultation with your office and the CHS Strategic Communications and Engagement.

Signatory Name: Cathie O'Neill Phone: 5124 2147

Action Officer: Aarthi Ayyar-Biddle Phone: 5124 8515

Attachments

Attachment	Title
Attachment A	Letter to Minister Gentleman requesting consideration of land in [REDACTED]

Canberra Health Services Directorate

To: Minister for Health

Tracking No.: MCHS22/519

Date: 04/07/2022

From: Dave Pepper, Chief Executive Officer

Subject: Consultation Process Within Facilities Management, Infrastructure and Health Support Services

Critical Date: 04/08/2022

Critical Reason: To commence consultation

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

Recommendation

That you agree to the commencement of the consultation of the Health Infrastructure Trade Panel Maintenance Contracts.

Agreed / Not Agreed / Please Discuss

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

Minister's Office Feedback

Background

1. In 2021, the Legislative Assembly for the ACT passed the Financial Management Amendment Bill 2021 (No 2). This Bill was part of the government's commitment to secure employment and provides a legislative basis for an insourcing framework. The ACT government is committed to providing secure and, where possible, ongoing employment.
2. As part of the proposed consultation process within Facilities Management (FM), an interim strategy will be applied to transparently manage contract renewal or new

contracted commitments within Canberra Health Services (CHS) FM until the Whole of Government (WoG) Framework is implemented.

3. The purpose of this consultative process is to engage with stakeholders, including relevant unions, concerning the insourcing/outsourcing approach for all FM maintenance services that require renewal, re-fresh or new procurements, during the interim period. FM contracts are procured through an established procurement panel, the Health Infrastructure Trade Panel.

Issues

4. FM currently has several outsourced contracts to support various services required to provide maintenance services across the CHS building portfolio. The list of outsourced contracts and their respective contract validity periods are reflected within the schedule of facility management services at Attachment A.
5. This schedule identifies several services contracts have expired or will do so prior to the implementation of the WoG Framework.
6. Current contracts have been grouped as follows:
 - a) Out of Contract – Procurement in progress.
 - b) Out of Contract – Imminent procurement.
 - c) Current contract expiring 2022.
 - d) Current contract expiring 2023.
 - e) Current contract expiring 2024.
7. To support business continuity, FM is proposing the current business practice is maintained through the following commitments:
 - a) Progress procurement for currently expired contracts;
 - b) Progress procurement for contracts about to expire;
 - c) Progress procurement for contracts expiring later in 2022;
 - d) Progress procurement for any contracts required prior to the implementation of the WoG Framework;
 - e) Only progress procurement for contracts expiring in 2023 if the WoG Framework is not finalised; and
 - f) For contracts expiring in 2024, the WoG Framework is anticipated to apply.
8. The consultation process proposing the above-mentioned strategy is planned to commence on 8 August 2022 and will be open for a two-week period.
9. A feedback register will collate all consultation feedback during the consultation process.

Financial Implications

8. Nil.

Consultation

9. Not applicable.

Work Health and Safety

10. Not applicable.

Benefits/Sensitivities

11. Not applicable.

Communications, media and engagement implications

12. Not applicable.

Signatory Name: Chris Tarbuck

Phone:

Acting Executive Branch Manager

Infrastructure and Health Support
Services

Action Officer: Loretta Bettiens

Phone:

Executive Support Manager

Infrastructure and Health Support
Services**Attachment**

Attachment	Title
Attachment A	Canberra Health Services Facilities Management Services Contracts