



ACT
Government

**Canberra Health
Services**

Ref FOI18-86



Dear 

Freedom of Information Request – FOI18-86

I refer to your revised application received by Canberra Health Services on 2 October 2018 in which you sought access to information under the *Freedom of Information Act 2016* (the FOI Act).

In your application you have requested:

- *Briefings prepared for the relevant Ministers in the health portfolio on the Canberra Hospital urology department between 2014 and 2018, including Estimates, Annual Reports, Question Time, and other Ministerial briefs;*
- *Briefings prepared for the relevant Ministers on the Medical Imaging area of the Canberra Hospital between 2017 and 2018, including Estimates, Annual Reports, Question Time, and other Ministerial briefs.*

I am an Information Officer appointed by the Chief Executive Officer under section 18 of the Act to deal with access applications made under Part 5 of the Act.

Canberra Health Services, were required to provide a decision on your access application by 20 November 2018.

Decision on access

Searches were completed for relevant documents and 28 documents were identified that fall within the scope of your request.

I have decided to grant full access to 13 documents and partial access to 15 documents.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

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

I have decided to grant access, under section 50 of the Act, to copies of documents with redactions applied to information that I consider would be contrary to the public interest to disclose.

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*

My reasons for deciding not to grant access to components of these documents are as follows.

Folios 6,7,10,12-15, 17,20-21, and 24-28 of the identified documents are composed of, or contain 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.

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1 and I have identified that the following factor favours non-disclosure:

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

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

Folio 28 contains personal health information which is deemed to be a health record under the *Health Records (Privacy & Access) Act 1997*. Under section 12 of the FOI Act, access to this information cannot be provided as the FOI Act does not apply to information held in a health record. All personal health information has been deleted from the identified documents to enable the documents to be partially released to you. These deletions are in addition to those outlined above in my decision on access.

Charges

Processing charges are not applicable to this request.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health and Canberra Health Services 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.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the 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 the ACT Health and Canberra Health Services 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.

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/>

If you have any queries concerning Canberra Health Services processing of your request, or would like further information, please contact the FOI Coordinator on 6205 1340 or email HealthFOI@act.gov.au.

Yours sincerely



Chris Bone
Deputy Director-General
Canberra Health Services

19 November 2018

FREEDOM OF INFORMATION REQUEST SCHEDULE

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>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[REDACTED]	<ul style="list-style-type: none"> Briefings prepared for the relevant Ministers in the health portfolio on the Canberra Hospital urology department between 2014 and 2018, including Estimates, Annual Reports, Question Time, and other Ministerial briefs; Briefings prepared for the relevant Ministers on the Medical Imaging area of the Canberra Hospital between 2017 and 2018, including Estimates, Annual Reports, Question Time, and other Ministerial briefs. 	FOI18-86

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1.	1-12	Ministerial Brief MIN18/1591	28/09/18	Full release		Yes
2.	13	Question Time Brief GBC18/554 - medical Imaging 23 August 2018	11/09/18	Full release		Yes
3.	14-18	Question Time Brief GBC18/554 – Radiology Accreditation	10/09/18	Full release		Yes

4.	19	Talking Points – Radiology Accreditation – GBC18/521	Undated	Full release		Yes
5.	20-24	Question Time Brief GBC18/408 – Radiology Accreditation	Undated	Full release		Yes
6.	25-34	Ministerial Brief GBC18/504	21/08/18	Partial release	Schedule 2, section 2.2 (ii)	Yes
7.	35-59	Caveat Brief - Attaches Accreditation Site Visit Report - RANZCR	14/05/18	Partial release	Schedule 2, section 2.2 (ii)	Yes
8.	60-61	Annual Report Hearing 2016-17 – Medical Imaging Wait Times	November 2017	Full release		Yes
9.	62	Annual Report Hearing 2015-16 – Medical Imaging Wait Times	March 2017	Full release		Yes
10.	63	ACT Health Assembly Brief	18/07/16	Partial release	Schedule 2, section 2.2 (ii)	Yes
11.	64-65	ACT Health Assembly Brief	13/07/16	Full release		Yes
12.	66	ACT Health Assembly Brief	25/05/16	Partial release	Schedule 2, section 2.2 (ii)	Yes
13.	67-68	ACT Health Assembly Brief – Urology Training Posts at Canberra Hospital	17/05/16	Partial release	Schedule 2, section 2.2 (ii)	Yes
14.	69	ACT Health Assembly Brief	26/04/16	Partial release	Schedule 2, section 2.2 (ii)	Yes
15.	70-71	ACT Health Assembly Brief – Urology Training Posts at Canberra Hospital	22/04/16	Partial release	Schedule 2, section 2.2 (ii)	Yes
16.	72-73	ACT Health Assembly Brief – Urology Training Posts at Canberra Hospital	22/03/16	Full release		Yes

17.	74-75	ACT Health Assembly Brief – Urology Training Posts at Canberra Hospital	07/03/16	Partial release	Schedule 2, section 2.2 (ii)	Yes
18.	76-77	ACT Health Assembly Brief – Urology Training Posts at Canberra Hospital	28/01/16	Full release		Yes
19.	78-79	ACT Health Assembly Brief – Urology Training Posts at Canberra Hospital	12/11/15	Full release		Yes
20.	80	ACT Health Assembly Brief – Urology Training Posts at Canberra Hospital	09/10/15	Partial release	Schedule 2, section 2.2 (ii)	Yes
21.	81	ACT Health Assembly Brief – Urology Training Posts at Canberra Hospital	08/09/15	Partial release	Schedule 2, section 2.2 (ii)	Yes
22.	82	ACT Health Assembly Brief – Urology Training Posts at Canberra Hospital	02/09/15	Full release		Yes
23.	83	ACT Health Assembly Brief – Urology Training Posts at Canberra Hospital	10/08/15	Full release		Yes
24.	84-95	Ministerial Brief GBC15/276	15/09/15	Partial release	Schedule 2, section 2.2 (ii)	Yes
25.	96-98	Ministerial Brief MIN15/717	15/05/15	Partial release	Schedule 2, section 2.2 (ii)	Yes
26.	99-171	Ministerial Brief MIN14/1514 – attaches On Site review of Urology Services at ACT Health – Canberra Hospital & Calvary Hospital November 2014	17/03/15	Partial release	Schedule 2, section 2.2 (ii)	Yes

27.	172-173	Ministerial Brief – Urology Review	23/09/14	Partial release	Schedule 2, section 2.2 (ii)	Yes
28.	174-182	Ministerial Brief – Response to Letter plus attachments	10/11/14	Partial release	Schedule 2, section 2.2 (ii)	Yes
Total No of Docs						
28						



MINISTERIAL BRIEF

Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing

Tracking No.: MIN18/1591

27 SEP 2018

From: Michael De'Ath, Interim Director-General

Subject: Minor capital project variation to repurpose funds for the new medical imaging equipment project

Critical Date: 28 September 2018

Critical Reason: To ensure appropriate time is provided for procurement activities.

• DG .../...

Purpose

To seek your agreement to a minor project variation for the 2018-19 new medical imaging equipment capital project.

Recommendations

That you:

- 1. Note the information contained in this brief;

Noted / Please Discuss

- 2. Agree to the minor project variation to repurpose the funds; and

Agreed / Not Agreed / Please Discuss

- 3. Sign the attached letter to the Treasurer (Attachment A).

Signed / Not Signed / Please Discuss

Meegan Fitzharris MLA

28/9/18

Minister's Office Feedback

Please advise what risk management is available with current equipment before new equipment is installed

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Background

1. As part of the 2017-18 budget review, a business case for the Territory wide imaging service was submitted. The aim of the submission was to procure and replace diagnostic imaging equipment in both Calvary Public Hospital Bruce (CPHB) and the Canberra Hospital (TCH) under a Territory wide strategy to improve patients' access to diagnostic imaging.
2. As a result, capital funding of \$0.5 million was appropriated in 2018-19 under the capital project "new medical imaging equipment" for the procurement of the diagnostic imaging equipment at CPHB. A recent decision by CPHB to not enter into an agreement to deliver the Territory wide diagnostic service has resulted in a realignment of the procurement strategy where ACT Health must ensure that it can continue to deliver improved medical imaging access to its patients. Under the revised strategy, the replacement of the fluoroscopy screening room at TCH is required.
3. A fluoroscopy screening room is a type of X-ray diagnostic imaging device that displays a continuous X-ray image. The image is transmitted to a monitor so the movement of a body part or contrast agent (X-ray dye) can be seen in detail. The fluoroscopy device enables physicians to look at many body systems, including the skeletal, digestive, urinary, respiratory, and reproductive systems.
4. The upgrade of the fluoroscopy screening room is included in the original business case submission to address Territory wide medical imaging equipment upgrades and replacements. **Attachment B** has the original business case submission that included the \$0.5 million for the upgrade of the X-ray machines.

Issues

5. Since the 2017-18 budget review process, a rapid decline in the clinical capabilities of TCH fluoroscopy screening room have been observed. The decline has resulted in poor image quality (including lateral imaging and pediatrics imaging), an increased dose of radiation required to patients (especially pediatric patients) and an outdated and cumbersome operating system.
6. An option analysis has identified that it is not cost effective to upgrade the imaging equipment as it is not deemed beneficial from a clinical, patient or revenue perspective. A full replacement is the preferred option.
7. The current fluoroscopy screening room is also reaching the end of life for Medicare Capital Sensitivity which is currently sitting at 50 per cent. This means that for every dollar available from Medicare, TCH can only recover 50 cents of the available \$1.00.
8. The replacement fluoroscopy screening room will be procured through the NSW medical device panel and will be the same as the "Philips Diagnostic Screening" model at the University of Canberra Hospital (UCH). Therefore, no timing or cost issues are envisaged.
9. Pending the approval of the minor project variation, it is anticipated the fluoroscopy screening room will be installed and operational by the end of the 2018-19 financial year.

Financial Implications

10. The total replacement cost for the fluoroscopy screening room is approximately \$484,823 (\$444,823 for equipment and an estimated \$40,000 for minor building works based on previous industry experience) with no further funding required.

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11. Attachment C is the NSW Standing agreement used for UCH.

ConsultationInternal

12. Canberra Hospital Medical Imaging and the Strategic Finance Branch.

Cross Directorate

13. Not applicable.

External

14. Not applicable.

Work Health and Safety

15. The current fluoroscopy screening room does not have an appropriate overhead moveable shield. This can lead to a higher occupational dose of radiation to operators and therefore, reducing this occupational dose is consistent with good practice.
16. Due to the fluoroscopy screening room age and an update to standards, there are a number of Work, Health & Safety issues identified, these include:
- Table height and width (too narrow for today's patient demographic)
 - Table weight limit of 170kg (has resulted in ACT Health having to decline an increasing number of patients)
 - Patient transfers difficult due to height restriction of bed and tube
 - Lack of appropriate lead shielding on ceiling and room

Benefits/Sensitivities

17. There are a number of significant benefits in replacing the existing fluoroscopy screening room, these include;
- Lower radiation dose for pediatric patients
 - Improved ergonomic access for patients weighing +200kgs
 - Ergonomic screen monitors
 - Improvement in revenue of \$50,000 per year
 - Increased activity due to a more efficient use of the fluoroscopy screening room
 - Significantly improved Diagnostic Image quality and therefore, better patient outcomes

Communications, media and engagement implications

18. Not applicable.

Signatory Name: Trevor Vivian

Phone: 62078441

Action Officer: Lee Henning

Phone: 62058768

Attachments

Attachment	Title
Attachment A	Letter to the Treasurer
Attachment B	2017-18 business case for the Territory wide imaging service
Attachment C	Cost estimate for the fluoroscopy screening room

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Original Sent by Minister's Office

28 SEP 2018

Meegan Fitzharris MLA

Minister for Health and Wellbeing
 Minister for Higher Education
 Minister for Medical and Health Research
 Minister for Transport
 Minister for Vocational Education and Skills
 Member for Yerrabi

Mr Andrew Barr MLA
 Treasurer
 ACT Legislative Assembly
 London Circuit
 CANBERRA ACT 2601

Dear Treasurer *Andrew,*

I am writing to request a minor project variation for the new medical imaging equipment capital project. The minor project variation is required to address the Territory wide imaging service with the replacement of the aged fluoroscopy screening room, a type of diagnostic imaging equipment, which is coming to the end of its life at Canberra Hospital.

Capital funding of \$0.5 million was originally appropriated in 2018-19 for the procurement of the diagnostic imaging equipment at Calvary Public Hospital Bruce (CPHB). However, a recent decision by the CPHB to not enter into an agreement to deliver a Territory wide diagnostic service has resulted in a realignment of the procurement strategy where ACT Health must ensure that it can continue to deliver improved medical imaging to its patients.

The fluoroscopy screening room at Canberra Hospital is in urgent need of replacement. Failure to replace this machine will result in a rapid decline of the clinical capability of Canberra Hospital and an increased risk of radiation doses to patients.

The current fluoroscopy screening room was installed in 2006 and is reaching the end of its useful life for Medicare Capital Sensitivity purposes, which currently sits at a 50 per cent recovery rate.

Due to the above reasons, the screening room was originally included in the 2017-18 business case submission. An option analysis to upgrade the existing machine has been considered, however, the upgrade is not deemed beneficial from both a clinical and revenue perspective. Total cost of replacing the fluoroscopy screening room is \$484,823.

ACT Legislative Assembly

London Circuit, Canberra ACT 2601, Australia GPO Box 1020, Canberra ACT 2601, Australia
 Phone +61 2 6205 0051 Email fitzharris@act.gov.au



@MeeganFitzMLA



MeeganFitzharrisMLA



It would be greatly appreciated if you could approve this minor capital project variation to proceed with the procurement of the fluoroscopy screening room to address risks with the current machine. ACT Health will liaise with Treasury to enact the variation to the appropriation.

Yours sincerely



Megan Fitzharris MLA
Minister for Health and Wellbeing

28/9/18

2017-18 BUDGET REVIEW: BUSINESS CASE

Proposal name:	<i>Establishment of the Territory Wide Imaging Service</i>
Brief Description:	<i>Ensure that Medical Imaging can deliver on the territory wide diagnostic imaging service by undertaking a medical imaging asset replacement program</i>
Minister:	Fitzharris
Electorate:	All
Government priority:	Health and education investment
Offset:	No
Impact on Aboriginal and Torres Strait Islander People:	No
Funding Categories:	Base Pressure
Existing Program:	No
Year to Cease Funding:	Ongoing
Link to Budget Consultation:	No
Costings agreed with Treasury¹:	<i>Pending</i>

Financial Impacts Summary	2017-18 \$'000	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	Totals \$'000
Capital Impacts					
Capital	2,500	2,100	4,450	750	9,800
Expense Impacts^(a)					
Expenses		25	71	162	258
Expenses – depreciation		250	460	905	1,615
Revenue/Savings/Offsets Impacts					
Revenue					
Savings					
Offsets ^(b)					

Staffing Impact	2017-18	2018-19	2019-20	2020-21	Total
Total Additional FTEs (number)					

(a) For capital works proposals, this should be the whole of life cost

(b) Applies also to expenses associated with capital works and ICT proposals

Business case contact officer and phone number:

¹ This does not indicate support for the spending proposal, but indicates agreement that the proposed cost reflects the financial parameters and assumptions presented in the business case.

Part A: The Business Case

1. Proposal Executive Summary

- The business case is to support the strategic asset replacement of Diagnostic Imaging equipment at Canberra Hospital and Health Services (CHHS) and Calvary Hospitals.
- The business case supports the implementation and delivery of Territory Wide Diagnostic Imaging Service including , CHHS, Calvary and University of Canberra Hospital (UCPH).
- Over the next four (4) years there are a number of Diagnostic Imaging assets that require replacement as they will reach the MBS capital sensitivity expiration date.
- As a result without additional funding over the next four (4) years to replace these Diagnostic Imaging equipment assets, ACT Health will suffer significant revenue losses.

2. Objectives and Needs/Benefits Analysis

- To continue to meet increasing demand for services funding is required to ensure that this can be met.
- To improve the speed of diagnostic imaging services to continue to increase activity and drive additional outpatient revenue.
- Reducing scan times will improve the patient experience by reducing patient anxiety.
- Continue to reduce outpatient waitlists .
- Support strategies to improve NEAT performance.

3. Description

- The proposal is for additional funding to support the asset replacement strategy in Medical Imaging.
- Assets under this proposal include all devices that captures an image.
- Clinical areas include, Medical Imaging, Emergency Department, ICU and Radiation Oncology.
- The activity to be funded will be undertaken over the next four (4) years.

4. Policy Alignment

- There can be no question that Diagnostic Imaging has revolutionised the provision of health care. Its ability to help make appropriate diagnosis, guide focussed treatment and avoid unnecessary exploratory procedures is astonishing.
- In order for the Territory to continue this Diagnostic Imaging revolution and improve care (while managing costs) in the ACT it is essential that we seek out opportunities to extend the provision of services in a collaborative approach. To be in a position to capitalise on the combined strengths of the two public imaging facilities the provision of a Territory Wide Diagnostic Imaging service is critical to ensure we can maximise operational capability and capacity and deliver the following benefits to patients across the ACT:
 - Better access to Diagnostic Imaging services ensures that patients are treated within the times that are clinically indicated for their condition;
 - Improve access to Diagnostic Imaging for patients;

- Reduce the length of stay for patients by reducing the need for more complex and costly intervention procedures;
- That services are delivered efficiently and cost effectively;
- That the image and report (Inc images) can be shared internally and externally;
- That imaging requests are evidence-based , that is:
 - that the relevant clinical information is available (including prior imaging); and
 - that the right image is performed and correctly acquired;
- That the study is reported in a clinically relevant timeframe; and
- Improves the health outcomes of the community as a whole and reduces the long term burden of disease which could result from delays to care.
- In delivering Territory wide Diagnostic Imaging services via a "single" provider the proposed model will enable the Territory to have the capacity and structure in place to achieve significant cost savings whilst providing improved access for patients.

5. Options Analysis

- In 2016 CHHS Medical Imaging began a service improvement journey with the aim of:
 - Building capacity to support NEAT;
 - Improving productivity and efficiency;
 - Reducing imaging response and wait times by;
 - Improving demand management;
 - Improving access;
 - Improve utilisation of assets;
 - Reduce response times;
 - Reduce outpatients waitlist;
- As a result of this improvement journey CHHS Medical Imaging achieved the following results:
 - Of the 14 key measures CHHS ranked in the top 3 hospitals for 11 measures;
 - Of the remaining 3 measures CHHS were ranked in the top 6 Hospitals;
 - MRI Outpatient studies increased by 30.7%;
 - MRI Inpatient studies increased by 11.9%;
 - CT Outpatient visits increased by 4%;
 - CT Inpatient visits increased by 13.5%;
 - PET Inpatient visits increased by 28.1%; and
 - The replacement of assets will support the ongoing patient access improvements seen in the last 12 months at CHHS.

6. Stakeholders and consultation with other Directorates

- n/a

7. Communications

- n/a

8. Further cost details

8.1. Preliminary cost estimate

- The preliminary cost estimate for the proposal is \$9.8 million and funding includes

		2017-18	2018-19	2019-20	2020-21	Total
Canberra Hospital						
Medical Imaging	GAMMA CAMERA	1,500				1,500
Medical Imaging	ULTRASOUND	300				300
ED/ICU	ULTRASOUND	200				200
Medical Imaging	CT		1,000			1,000
Medical Imaging	XRAY		500			500
Medical Imaging	ULTRASOUND			100		100
Medical Imaging	MRI			1,500		1,500
Medical Imaging	CT				750	750
Breastscreen	MAMMOGRAM			800		800
Breastscreen	ULTRASOUND			200		200
Radiation Oncology	CT			1,000		1,000
Sub Total		2,000	1,500	3,600	750	7,850
Calvary Hospital						
Medical Imaging	X-ray		500			500
Medical Imaging	ULTRASOUND		100			100
Medical Imaging	ULTRASOUND			100		100
Medical Imaging	CT			750		750
Medical Imaging	MRI	500				500
Sub Total		500	600	850	0	1,950
Total		2,500	2,100	4,450	750	9,800

- A further breakdown is provided at Attachment A);
- CHHS Medical Imaging, Radiation Oncology, Emergency Department and ICU, and
- Calvary Hospital (as part of the Territory Wide Diagnostic Service)
- Expenses relates to repairs and maintain at 0% year 1, 1% year 2 and 2% thereafter.

8.2. Other funding sources

- n/a

8.3. Offsets

- n/a

8.4. Unit costs

- N/A

9. Implementation

9.1. Key deliverables and timetable

- The key deliverable for the proposal is to continue to improve access for patients, reduce waitlists and response times for diagnostic imaging services.
- The key delivery date is over the next 4 years.

9.2. Governance and resources

- The proposal will be implemented by the Executive Director, Medical Imaging and the Medical Imaging management team.
- The governance for implementation of the proposal sits with the DDG Canberra Hospital & Health Service.

10. Risk

10.1. Risk identification and management

- If this initiative did not occur, we would see decreases in revenue as services that are available in the private marketplace are not able to be offered to the ACT community within CHHS Medical Imaging department.
- Reputational damage by providing clinically inferior procedures than that used in hospitals of similar size and complexity.
- An increase in waiting times for Diagnostic Imaging procedures to be performed.

11. Performance Measures and Evaluation

- Achievement in the reduction of Outpatient waitlists.
- An increase in the Inpatient response times for Diagnostic Imaging.

• Part B: Business Case Authorisations

Capital Works and Plant & Equipment Authorisations (sign-offs essential)

Authorisation	Name, position, signature and date
1. Functional brief/output specifications at Attachment [...] are sufficiently progressed in order to go to market under the delivery model selected and within the procurement timeline outlined in the business case.	(PCW representative)*
2. The benefits/needs analysis is based on evidence.	(Treasury representative)*
3. The delivery model selected is appropriate for the project risk profile and value.	(PCW representative)*

*This signature does not represent support for the proposal as a spending proposition.

TABLE 3 - DIGITAL RADIOGRAPHIC (DR) / FLUOROSCOPIC TOMOGRAPHY (R/F/T) UNIT - as per Technical Particulars Clause T102

Equipment Brand / Model No. Type of X-ray tube / Equipment Brand / Model No.
 Flat Panel Detector Tender to state the Details of it
 Generator Output Tender to state the Generator output @ 100kV - in kVA

Item No	Description	Model	Qty	Price	Amount in \$ incl Tax	DST	Total Amount in \$	UCP/Cal
5	3-Phase Generator	80 KW Combe Diagnost			\$ 2,400	\$ 2,210	\$ 24,613	
7	X-ray Tube with and Associated items	SRM 6508 RDT GS 505			\$ 10,374	\$ 1,018	\$ 11,411	
1	R/F/T Tilting Table and Accessories	Included			\$ 752,470	\$ 29,247	\$ 2,77,917	252,470
4	Flat Panel Detector (FPD) with Digital Image processing System	434430ns			\$ -	\$ -	\$ -	
5	E.P.A. Compliance Report	Included			\$ -	\$ -	\$ -	
6	Vendor shall fit other standard				\$ 43,971	\$ 4,317	\$ 48,288	43,971
7	80 KW generator				\$ -	\$ -	\$ -	
8	800KV Tube				\$ -	\$ -	\$ -	
9	CS 2 18 inch monitors				\$ -	\$ -	\$ -	
	DiCOM WLM							
	DiCOM MIPMS							
	DiCOM QR							
	DiCOM Media							
	DAF Meter							
	Shoulder Rest							
	Compression Band							
	Additional Fluoro exposure table							
	Fray Exposure Handcuff							
	Fluor Fluor Comp Diagnost							
10					\$ -	\$ -	\$ -	
11	Delivery, installation, freight, insurance, labour, end of O&P service, etc.	CITY Sydney COUNTRY AU			\$ 54,647	\$ 5,465	\$ 60,112	
12	Sub Total Price for Equipment	CITY Sydney COUNTRY AU			\$ 283,805	\$ 28,317	\$ 422,252	
13	5 Year OPM Price - Service Level 3	CITY Sydney COUNTRY AU			\$ 229,415	\$ 23,948	\$ 230,433	
14	**Lump sum Price (Equipment Price plus 5 yr OPM Price)	CITY COUNTRY			\$ 513,220	\$ 52,265	\$ 652,618	
**Note to Tenderer: If the Customer chooses not to have the 5 Yr OPM contract then the Total Equipment Price will be derived as Lump Sum Price less 5 Year OPM Price. Such derived Total Equipment Price will be contractually binding								
OPTIONAL ITEMS								
15	Additional price for 80 kW three phase generator (in lieu of 65 KW 400V generator (82 KW included)				\$ 15,011	\$ 1,501	\$ 49,514	
16	Auto collimation facility				\$ -	\$ -	\$ -	
17	R/F Table with 90/90 deg tilt	Included			\$ -	\$ -	\$ -	
18	R/F Table with 90/90 deg tilt	Included			\$ -	\$ -	\$ -	
19	Ceiling Mounted Tube Support				\$ 58,121	\$ 5,812	\$ 61,908	58,121
20	Monitoring suspension (includes monitors and glass screen)				\$ -	\$ -	\$ -	
21	Procedure Light - ceiling mounted				\$ -	\$ -	\$ -	
22	Image Archiving Device CD / DVD				\$ -	\$ -	\$ -	
23	Endoscopy Reporting Workstation				\$ -	\$ -	\$ -	
24	Colour Video Monitor with multi input facilities and multi display functions				\$ -	\$ -	\$ -	
25	Non-Gonulating Bucky Assembly				\$ -	\$ -	\$ -	
26	Stationary grid Non-Gonulating Bucky				\$ -	\$ -	\$ -	
27	Encapsulated grids				\$ -	\$ -	\$ -	
28	Lateral Cassette Holder				\$ -	\$ -	\$ -	
29	Patent Handcuffs				\$ -	\$ -	\$ -	
30	Scatter protection drapes (0.5 mm Pb equiv)				\$ -	\$ -	\$ -	
31	Detachable foot rest				\$ -	\$ -	\$ -	
32	Shoulder rest	Included			\$ -	\$ -	\$ -	
33	Compression band	Included			\$ -	\$ -	\$ -	
34	Compression cone				\$ -	\$ -	\$ -	
35	DiCOM 3.0 - Query / Retrieve / MPPS etc	Included			\$ -	\$ -	\$ -	
36	Tomosynthesis				\$ -	\$ -	\$ -	
37	Spot radiography				\$ -	\$ -	\$ -	
38	Dual Energy Subtraction				\$ -	\$ -	\$ -	
39	Any Other Options (Vendor to specify)				\$ -	\$ -	\$ -	
	Vertical Stand				\$ 17,354	\$ 1,735	\$ 19,045	17,354
	WFD Set				\$ 23,805	\$ 2,381	\$ 26,186	23,805
	Sharing Licence for WFD Set				\$ 27,910	\$ 2,791	\$ 30,701	27,910
	Dose report in DiCOM DR				\$ 4,881	\$ 488	\$ 5,332	4,881
	2 LCD 18 inch room monitors				\$ 8,812	\$ 881	\$ 9,770	8,812
	Time for completion in weeks				approximately 12			

System total for UCPY without discounts

481,344

Subtract 11% % discounts applied

428,857

3% Fee Included.

444,823



QUESTION TIME BRIEF

GBC18/554

Portfolio/s Health & Wellbeing

ISSUE: MEDICAL IMAGING 23 AUGUST 2018

Talking points:

- Canberra Hospital uses an offsite radiology service for specialist reporting of diagnostic imaging studies at such times as after hours and when unplanned (sick) leave arises.
- Patients are not required to go offsite for this process. They have their imaging performed onsite, and their images are electronically sent to an external radiology provider, who reads the images and provides a specialist report, to be acted on by the patient's treating team. This ensures the continuity of high quality, efficient patient care.
- This is a recognised strategy in many hospitals, particularly in regional areas, for ensuring continuity of person centred services. Patients and their treating teams want to know their results as soon as possible. The use of an offsite radiology service supports this person centred approach.

Key Information

- Management of leave was cited as a concern in the Royal Australia and New Zealand College of Radiology (RANZCR) report on accreditation of the radiology training program at Canberra Hospital.
- In response, recruitment for two new radiologists has closed and interviews have occurred.
- This does not mean that Canberra Hospital will stop using the offsite radiology service when required. All other avenues for onsite reporting are used first, but once these are exhausted, images are sent offsite to ensure the continuity of a person centred approach.

Cleared as complete and accurate:	11/09/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Tonia Alexander	Ext: 42169
Lead Directorate:	Health	

TRIM Ref: GBC18/554



QUESTION TIME BRIEF

GBC18/554

Portfolio/s Health & Wellbeing

ISSUE: RADIOLOGY ACCREDITATION

Talking points:

- The training program in the Radiology Department at Canberra Hospital and Health Services (CHHS) is accredited by the Royal Australian and New Zealand College of Radiologists (RANZCR).
- Although the RANZCR accreditation occurred at around the same time as the CHHS national healthcare standards accreditation, the two matters are not related in any way.
- As a result of this process, the CHHS radiology training program was downgraded from level A to level D, which warns that significant issues that seriously impact the quality of training require immediate action. Failure to meet these recommendations would put future accreditation of the radiology training program in doubt.
- Patients are not at risk. The report relates specifically to teaching and training, and not patient care.
- The final RANZCR report was provided to CHHS on 2 August 2018. The College considers the report to be privileged.
- Fundamentally, RANZCR found that a breakdown in communication between two previous Directors of Training had unfortunately affected the management of trainees.
- Arrangements are already in place to meet all of the College's 16 recommendations. ACT Health is currently implementing changes towards achieving Level A RANZCR accreditation.
- A report is due and will be made to RANZCR on the hospital's progress by 25 October 2018.

Cleared as complete and accurate:	10/09/18	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer Name:	Christine Whittall	Ext: 45804
Lead Directorate:	Health	



QUESTION TIME BRIEF

- RANZCR and CHHS are confident that with a collaborative approach, all the recommendations outlined in the report will be met over the 12 month timeline.
- Recent feedback from CHHS radiology registrars indicates that they are very positive about the changes made so far, and reporting greater confidence in the training program.

Key Information

- The two newly appointed Directors of Training in radiology have moved swiftly to implement improvements in line with the RANZCR recommendations, including:
 - Integrating a formal teaching program which aligns with the curriculum. Four first year trainees have already commenced completion of all the key conditions.
 - Working with the College's 'Trainee in difficulty pathway and remediation plans' for trainees who need additional assistance with their training.
 - Recording and reinvigorating the registrar training schedule.
- Additional actions that have been taken to make improvements in the Medical Imaging Department include:
 - National and local advertising for two new radiologists has been undertaken and interviews have occurred.
 - A departmental orientation program has been implemented with all radiologists and trainees receiving a copy of the new program.
 - All trainees are being offered two and three year contracts to align with their training schedule, and will not be required to undertake interviews.
 - Neonatal x-rays have been returned to the department for reporting and paediatric x-rays will be returned once the two new consultants have been appointed.
- At the time of the accreditation review, the Clinical Director was required to oversee all rostering. The newly appointed Directors of Training are now required to oversee the rostering of trainees, to ensure training requirements are being met.

Cleared as complete and accurate:	10/09/18	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer Name:	Christine Whittall	Ext: 45804
Lead Directorate:	Health	



QUESTION TIME BRIEF

- Rostering ensures the department's clinical and training needs are being met. The compilation of the roster is undertaken by a non-clinician manager, which is a legitimate process that reduces clinician time on administrative tasks. Suggestions that the rostering did not have clinical input are misleading.
- RANZCR incorrectly noted that some medical imaging equipment was out of date or not compliant with national standards. It has been confirmed that all equipment meets Medicare requirements and has full appropriate accreditation to June 2020.
- The Medical Imaging Department is also installing a new \$1 million Single Photon Emission Computered Tomography (SPECT) camera and is currently procuring three new ultrasound units.
- The Department is performing well, with no wait lists for paediatric MRI under general anaesthetic, or for breast imaging. Waiting times for inpatient, emergency and outpatient diagnostic procedures are solid and improving, comparing favourably with peer hospitals in this respect.
- Suggestions that patient deaths can be linked to poor performance of the Medical Imaging Department at CHHS are unfounded. Isolated cases of patient mortality within Canberra Hospital have been appropriately investigated under the Canberra Hospital Clinical Review committee, a quality Assurance Committee under the ACT Health Act.

Background information:

- The assessors noted that the most significant issue was the negative environment in the department, in particular the poor working relationship between the Directors of Training, the Head of Department, the Director of Medical Imaging, and the Hospital executive. The report cited:
 - A lack of clinical control over the department;
 - Clinical leaders having minimal involvement with the recruitment of new trainees;
 - Issues with rostering of the clinical staff; and
 - Lack of rural rotation and network.

Recommendation Timeframes

- The RANZCR report gives timeframes of three, six and 12 months for Canberra Hospital to implement its recommendations. A three month timeframe signals a recommendation that requires immediate action, as it presents a significant risk to

Cleared as complete and accurate:	10/09/18	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer Name:	Christine Whittall	Ext: 45804
Lead Directorate:	Health	

the training program. Seven of the 16 recommendations fall within this timeframe and Canberra Hospital is on track to meet these within the timeframe, with five already complete.

- For example, the development and delivery of a departmental orientation program with relevant documentation for all trainees commencing at Canberra Hospital.
- A further seven recommendations are within the six months timeframe and again the department is on track to meet these on time.
 - For example, the immediate recruitment to the two vacant consultant positions to ensure that the department has appropriate levels of resourcing to ensure safe practice for patients and trainee supervision.
- The last two recommendations are within the 12 month timeframe because they require more time for full implementation due to the complexity of the actions required.
 - For example, Canberra Hospital needs to establish a network including private and rural sites to enable trainees to rotate during their training. In response, Canberra hospital has commenced discussion with Orange base hospital as a network site, with registrars rotating to Orange commencing in 2019 planned.

Recent Accreditation of other units

- The accreditation status of some other clinical teaching programs is outlined below:
 - In the Division of Surgery and Oral Health, several specialties were recently reaccredited by the Royal College of Surgeons (RACS), including Urology, Vascular Surgery, Orthopaedics, and General Surgery. There are no further RACS accreditations pending until 2019.
 - RACS also surveyed the Paediatric Surgery program for reaccreditation in July 2018. No feedback, formal or informal, has yet been received.
 - The Royal College of Physicians reviewed the Department of Paediatrics for Advanced Training in General Paediatrics in July 2018. Informal feedback indicates a good result and we anticipate receiving the full three year accreditation
 - The Royal Australian and New Zealand College of Obstetricians and Gynaecologists will review the training program in the Department of Obstetrics and Gynaecology in October 2018
 - The Medical Oncology program will be reaccredited later in 2018.
 - ACT Pathology is an Accredited Laboratory registered with the Royal College of Pathologists Australasia (RCPA), which regained accredited training status in December 2017 for a further three year period.

Cleared as complete and accurate:	10/09/18	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer Name:	Christine Whittall	Ext: 45804
Lead Directorate:	Health	



QUESTION TIME BRIEF

- BreastScreen ACT was reaccredited in December 2017. The results were positive noting the excellent quality of service, in particular a commendation on high cancer detection and recall rates.

Cleared as complete and accurate: 10/09/18
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer Name: Christine Whittall Ext: 45804
Lead Directorate: Health

Talking Points – Radiology Accreditation – GBC18/521

- The training program in the Radiology Department at Canberra Hospital and Health Services (CHHS) is accredited by the Royal Australian and New Zealand College of Radiologists (RANZCR).
- Although the RANZCR accreditation occurred at around the same time as the CHHS national healthcare standards accreditation, the two matters are not related in any way.
- As a result of this process, the CHHS radiology training program was downgraded from level A to level D, which warns that significant issues which seriously impact the quality of training require immediate action. Failure to meet these recommendations would put future accreditation of the radiology training program in doubt.
- Patients are not at risk. The report relates specifically to teaching and training, and not patient care.
- The final RANZCR report was provided to CHHS on 2 August 2018. The College considers the report to be privileged. CHHS has asked the College for permission to have the report tabled in the Assembly. Subject to that permission being granted, the report will be tabled as soon as possible.
- Fundamentally, RANZCR found that a breakdown in communication between two previous Directors of Training had unfortunately affected the management of trainees.
- Arrangements are already in place to meet all of the College's sixteen recommendations and a process is underway to ensure that the department meets the remaining recommendations within three months. ACT Health is currently implementing changes towards achieving Level A RANZCR accreditation.
- A report is due and will be made to RANZCR on the hospital's progress by 25 October 2018. RANZCR and CHHS are confident that with a collaborative approach, the recommendations outlined in the report will be met and reaccreditation of the department can be achieved.
- Recent feedback from CHHS radiology registrars indicates that they are very positive about the changes made so far, and reporting greater confidence in the training program.



QUESTION TIME BRIEF

GBC18/408

Portfolio/s Health & Wellbeing

ISSUE: RADIOLOGY ACCREDITATION

Talking points:

- The training program in the Radiology Department at Canberra Hospital and Health Services (CHHS) is accredited by the Royal Australian and New Zealand College of Radiologists (RANZCR).
- Although the RANZCR accreditation occurred at around the same time as the CHHS national healthcare standards accreditation, the two matters are not related in any way.
- As a result of this process, the CHHS radiology training program was downgraded from level A to level D, which warns that significant issues which seriously impact the quality of training require immediate action. Failure to meet these recommendations would put future accreditation of the radiology training program in doubt.
- Patients are not at risk. The report relates specifically to teaching and training, and not patient care.
- The final RANZCR report was provided to CHHS on 2 August 2018. The College considers the report to be privileged. CHHS has asked the College for permission to have the report tabled in the Assembly. Subject to that permission being granted, the report will be tabled as soon as possible.
- Fundamentally, RANZCR found that a breakdown in communication between two previous Directors of Training had unfortunately affected the management of trainees.
- Arrangements are already in place to meet all of the College's sixteen recommendations and a process is underway to ensure that the department meets the remaining recommendations within three months. ACT Health is currently implementing changes towards achieving Level A RANZCR accreditation.

Cleared as complete and accurate:	09/08/18	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer Name:	Christine Whittall	Ext: 45804
Lead Directorate:	Health	



QUESTION TIME BRIEF

- A report is due and will be made to RANZCR on the hospital's progress by 25 October 2018. RANZCR and CHHS are confident that with a collaborative approach, the recommendations outlined in the report will be met and reaccreditation of the department can be achieved.
- Recent feedback from CHHS radiology registrars indicates that they are very positive about the changes made so far, and reporting greater confidence in the training program.

Key Information

- The two newly appointed Directors of Training in radiology have moved swiftly to implement improvements in line with the RANZCR recommendations, including:
 - Integrating a formal teaching program which aligns with the curriculum. Four first year trainees have already commenced completion of all the key conditions.
 - Working with the College's 'trainee in difficulty pathway and remediation plans' for trainees who need additional assistance with their training.
 - Recording and reinvigorating the registrar training schedule.
- Additional actions that have been taken to make improvements in the Medical Imaging Department include:
 - National and local advertising for two new radiologists has been undertaken and interviews will occur within the next two weeks.
 - A departmental orientation program has been implemented with all radiologists and trainees receiving a copy of the new program.
 - All trainees are being offered two and three year contracts to align with their training schedule, and will not be required to undertake interviews.
 - Neonatal x-rays have been returned to the department for reporting and paediatric x-rays will be returned once the two new consultants have been appointed.

Cleared as complete and accurate:	09/08/18	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer Name:	Christine Whittall	Ext: 45804
Lead Directorate:	Health	



QUESTION TIME BRIEF

- The rostering of radiologists is required to be overseen by the Clinical Director of Radiology, who provides oversight of the roster and ensures the department's clinical needs are being met. The compilation of the roster is undertaken by a non-clinician manager, which is a legitimate process that reduces clinician time on administrative tasks. Suggestions that the rostering didn't have clinical input are misleading.
- RANZCR incorrectly noted that some medical imaging equipment was out of date or not compliant with national standards. It has been confirmed that all equipment meets Medicare requirements and has full appropriate accreditation to June 2020.
- The Medical Imaging Department is also installing a new \$1 million Single Photon Emission Computerized Tomography (SPECT) camera and is currently procuring three new ultrasound units.
- The Department is performing well, with no wait lists for paediatric MRI under general anaesthetic, or for breast imaging. Waiting times for inpatient, emergency and outpatient diagnostic procedures are solid and improving, comparing favourably with peer hospitals in this respect.
- Suggestions that patient deaths can be linked to poor performance of the Medical Imaging Department at Canberra Hospital and Health Services (CHHS) are unfounded. Isolated cases of patient mortality within Canberra Hospital have been appropriately investigated under the Canberra Hospital Clinical Review committee, a quality Assurance Committee under the ACT Health Act.

Background information:

- The assessors noted that the most significant issue was the negative environment in the department, in particular the poor working relationship between the Directors of Training, the Head of Department, the Director of Medical Imaging, and the Hospital executive. The report cited:
 - A lack of clinical control over the department
 - Clinical leaders having minimal involvement with the recruitment of new trainees
 - Issues with rostering of the clinical staff

Cleared as complete and accurate:	09/08/18	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer Name:	Christine Whittall	Ext: 45804
Lead Directorate:	Health	



QUESTION TIME BRIEF

- Lack of rural rotation and network.

Recommendation Timeframes

- The RANZCR report gives timeframes of 3, 6 and 12 months for Canberra Hospital to implement its recommendations. A three month timeframe signals a recommendation that requires immediate action, as it presents a significant risk to the training program. Seven of the 16 recommendations fall within this timeframe and Canberra Hospital is on track to meet these within the timeframe, with five already complete.
 - For example, the development and delivery of a departmental orientation program with relevant documentation for all trainees commencing at Canberra Hospital.
- A further Seven recommendations are within the six months timeframe and again the department is on track to meet these on time.
 - For example, the immediate recruitment to the two vacant consultant positions to ensure that the department has appropriate levels of resourcing to ensure safe practice for patients and trainee supervision.
- The last two recommendations are within the 12 month timeframe because they require more time for full implementation due to the complexity of the actions required.
 - For example, Canberra Hospital needs to establish a network including private and rural sites to enable trainees to rotate during their training. In response, Canberra hospital has commenced discussion with Orange base hospital as a network site.

Recent Accreditation of other units

- The accreditation status of some other clinical teaching programs is outlined below:
 - In the Division of Surgery and Oral Health, several specialties were recently reaccredited by the Royal College of Surgeons (RACS), including Urology, Vascular Surgery, Orthopaedics, and General Surgery. There are no further RACS accreditations pending until 2019.
 - RACS also surveyed the Paediatric Surgery program for reaccreditation in July 2018. No feedback, formal or informal, has yet been received.
 - The Royal College of Physicians reviewed the Department of Paediatrics for Advanced Training in General Paediatrics in July 2018. Informal feedback indicates a good result and we anticipate receiving the full three year accreditation

Cleared as complete and accurate:	09/08/18	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer Name:	Christine Whittall	Ext: 45804
Lead Directorate:	Health	



QUESTION TIME BRIEF

- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists will review the training program in the Department of Obstetrics and Gynaecology in October 2018
- The Medical Oncology program will be reaccredited later in 2018.
- ACT Pathology is an Accredited Laboratory registered with the Royal College of Pathologists Australasia (RCPA), which regained accredited training status in December 2017 for a further three year period.
- BreastScreen ACT was reaccredited in December 2017. The results were positive noting the excellent quality of service, in particular a commendation on high cancer detection and recall rates.

Cleared as complete and accurate: 09/08/18
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer Name: Christine Whittall Ext: 45804
Lead Directorate: Health



MINISTERIAL BRIEF

Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing

Tracking No.: GBC18/504

15 AUG 2018

From: Karen Doran, Acting Interim Director-General

Subject: Establishment of Canberra Hospital Urology Quality Assurance Committee

Critical Date: Not applicable.

Critical Reason: Not applicable.

- DG .../.../...

Recommendations

That you:

1. Note the information contained in this brief;

Noted / Please Discuss

2. Note the Application Form (Attachment A), Terms of Reference (Attachment B) and approved membership of the Canberra Hospital Urology Quality Assurance Committee (Attachment C); and

Noted / Please Discuss

3. Sign the Notifiable Instrument to approve the establishment of the Canberra Hospital Urology Quality Assurance Committee at Attachment D.

Signed / Not Signed / Please Discuss

Meegan Fitzharris MLA

M. Fitzharris

21/8/18

Minister's Office Feedback

I note no women are on the PAC - is this a reflection of the specialty/workforce? Is there a way to address this?

UNCLASSIFIED

Background

1. Amendments made to the *Health Act 1993*, which came into effect on 13 April 2011, stipulate that approval for a Quality Assurance Committee (QAC) is granted for a period of three years.
2. The Canberra Hospital Urology Quality Assurance Committee was approved as a QAC on 15 September 2015, and the approval expires on 14 September 2018.
3. As the Canberra Hospital Urology Quality Assurance Committee wishes to continue to function as a QAC, it requests approval to re-establish to continue operation for a further three years, until 2021.
4. The role of the Canberra Hospital Urology Quality Assurance Committee is to facilitate and conduct quality assurance activities for the purpose of assessing and evaluating health activities provided by the Canberra Hospital Urology Department.
5. The functions of the Canberra Hospital Urology Quality Assurance Committee are to provide a forum to evaluate and monitor the quality of health services provided by the Canberra Hospital Urology Department through:
 - clinical and record audits;
 - peer review;
 - investigation into disease and death;
 - review of health round table data of the Urology Department;
 - review of clinical complications and incidents, MET calls and blood borne infections occurring within the Urology Department;
 - review of cases referred to the Canberra Hospital Urology Quality Assurance Committee from other Quality Assurance Committees;
 - identifying areas for improvement in the provision of health services within the Urology Department; and
 - implementing, evaluating and monitoring improvements to the provision of services within the Urology Department.

Issues

6. The Canberra Hospital Urology Quality Assurance Committee agrees to comply with all stipulations outlined in the *Health Act 1993* regarding the functioning of QACs.
7. Section 28 of the *Health Act 1993* states that the Minister may approve a committee as a QAC only if satisfied that the committee's functions would be facilitated by the members, and persons assisting the committee, being protected from liability; and that it is in the public interest for secrecy provisions to apply to information held by the committee members.
8. The Canberra Hospital Urology Quality Assurance Committee has advised that it is important for the committee members to be able to freely discuss cases without fear of litigation in order to develop quality improvement measures. The Chair of the committee has further advised that the quality of investigation, case presentation and discussion within the Urology Department has increased considerably with the secrecy provision.

UNCLASSIFIED

UNCLASSIFIED

Financial Implications

9. Not applicable.

ConsultationInternal

10. Approved by the Interim Director-General, ACT Health.

Cross Directorate

11. Not applicable.

External

12. Not applicable.

Benefits/Sensitivities

13. Not applicable.

Media Implications

14. Not applicable.

Signatory Name:	Denise Lamb A/g Executive Director Quality and Safety	Phone: 6207 7880
Action Officer:	Jacinta Garry Medicolegal Team	Phone: 6205 0774

Attachments

Attachment	Title
Attachment A	Signed application form, Canberra Hospital Urology Quality Assurance Committee
Attachment B	Terms of Reference, Canberra Hospital Urology Quality Assurance Committee
Attachment C	Approved membership list, Canberra Hospital Urology Quality Assurance Committee
Attachment D	Notifiable Instrument, Canberra Hospital Urology Quality Assurance Committee

UNCLASSIFIED

Application for Approval as a Committee under the *Health Act 1993*

<p>Send completed applications to:</p> <p>Quality Assurance Committee Coordinator Clinical Safety and Quality Unit PO Box 11, Woden ACT 2606</p> <p>Or email: Jaonta.garry@act.gov.au / ACTHealthQSUMedicoLegal@act.gov.au</p>
--

1. What is the name of the organisation that will be responsible for managing the committee and/or activity?

The Canberra hospital

2. What is the name of the committee or activity?

Urology Quality assurance committee

3. Who is the first point of contact for this application?

Dr Andrew WS Mitchell

4. Who will be the Chair of the committee?

Dr Andrew WS Mitchell

5. Contact Details (including postal address, telephone and email address)

c/o TWSS Buidling 23 level 2 TCH, Garran 2605 0262076277
andrew.w.mitchell@act.gov.au

6. What does the Committee and/or activity involve? Tick all that apply

This question will determine whether your committee is eligible to be established as a Quality Assurance Committee under the Health Act 1993. If the activities below do not relate to the committee's functions, the committee does not meet the required definition of a quality assurance activity and therefore cannot be covered by the legislation.

- | | |
|--|-------------------------------------|
| Assessing and evaluating the quality of a health service (S36) | <input checked="" type="checkbox"/> |
| Clinical audits or records audits (S37) | <input checked="" type="checkbox"/> |
| Peer review (S37) | <input checked="" type="checkbox"/> |
| Quality review (S37) | <input checked="" type="checkbox"/> |
| Investigation into disease and death (S37) | <input checked="" type="checkbox"/> |

The making of recommendations about the provision of health services as a result of an assessment, evaluation or study?

Other – please provide details

[Click here to enter text.](#)

7. Public Interest

Before approving the establishment of a Quality Assurance Committee the Minister for Health must be satisfied that it is in the public interest to do so. Please explain how your committee's functions would be facilitated by the members or people assisting the committee being protected from liability.

Firstly to be an accredited unit by the College of Surgeons we must have such a committee. Canberra Hospital is thus accredited. To be able to freely discuss cases without fear of litigation is important in terms of open discussion.

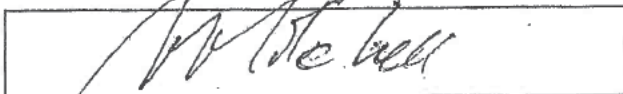
Urology QAC over the last 12 months developed a number of quality improvement measures to increase the health of Canberrans while at the same time improve efficiency and drive down costs of healthcare.

Please explain why the Secrecy provisions relating to protected and sensitive information should apply to information held by committee members.

It has previously been shown that the Urologists will not meet to discuss complications and deaths of their patients in a forum without the secrecy provision. Since the implementation of this committee 3 years ago, attendance has been very high and the quality of investigation and presentation has improved considerably.

8. Declaration: I declare that the information provided in this form is accurate and truthful to the best of my knowledge.

Signature



Name

Dr Andrew WS Mitchell

Position in relation to committee

Chair

Date

4 July 2018

ApprovalEndorsed Not Endorsed

Signature



Director-General / Chief Executive Officer circle appropriate

Attachments

The following documents should be submitted with the signed application form:

- Terms of Reference
- Membership list (already approved by the CEO if a private company)

Canberra Hospital Urology Quality Assurance Committee

TERMS OF REFERENCE	
Role	To facilitate and conduct quality assurance activities for the purpose of assessing and evaluating health activities provided by the Canberra Hospital Urology Department.
Reporting mechanism	<ul style="list-style-type: none"> • Monthly report to Quality and Safety Committee • Annually to the Minister for Health and Wellbeing
Functions	<p>Provide a forum to evaluate and monitor the quality of health services provided by the Canberra Hospital Urology Department by:</p> <ul style="list-style-type: none"> • Clinical and record audits • Peer review • Investigation into disease and death • Review of health round table data of the Urology Department • Review of clinical complications and incidents, MET calls and blood borne infections occurring within the Urology Department • Review of cases referred to the Canberra Hospital Urology Quality Assurance Committee from other Quality Assurance Committees • Identifying areas for improvement in the provision of health services within the Urology • Implement, evaluate and monitor improvements to the provision of services within the Urology Department.
Membership	Chair plus Consultant Urologists, advanced Urology Trainees and junior medical staff of Urology Department, CNC of Urology or delegate.
Quorum	Chair or Deputy Chair plus two Consultants
Chair	Dr Andrew W Mitchell
Deputy Chair	Dr Simon McCredie

Secretariat	Dr Andrew Mitchell Deputy Secretariat Dr Daniel Gilbourd
Meeting Frequency /Duration	Monthly
TOR Review Frequency	3 yearly



MEMBERSHIP OF QUALITY ASSURANCE COMMITTEE FOR APPROVAL

Canberra Hospital Urology Quality Assurance Committee

Pursuant to Section 31 (1) of the Health Act 1993 I, Michael De'Ath, Director-General ACT Health, approve the membership of:

NAME	TITLE
Dr Andrew W Mitchell	Chair, Administrator of Urology
Dr Simon McCredie	Deputy Chair, Consultant Urologist
[REDACTED]	Supervisor of training, Consultant Urologist
	Consultant Urologist
	Consultant Urologist
	Consultant Urologist
	Consultant Urologist
Dr Jonathon Kam	Consultant Urologist, Deputy Secretariat
Registrars, Urology Department	Urology SET Trainee 2018
Junior Medical Staff Urology Department	
CNC Urology or delegate	

Approval

AGREED / NOT AGREED / PLEASE DISCUSS

A handwritten signature in black ink, appearing to read 'Michael De'Ath', written over a dotted line.

Michael De'Ath

Director-General, ACT Health

July 2018

Australian Capital Territory

Health (Canberra Hospital Urology Quality Assurance Committee) Quality Assurance Committee Approval 2018 (No 1)

Notifiable instrument NI2018 —

made under the

Health Act 1993, s 25 (Approval of health facility QACs)

1 Name of instrument

This instrument is the *Health (Canberra Hospital Urology Quality Assurance Committee) Quality Assurance Committee Approval 2018 (No 1)*.

2 Commencement

The instrument commences on the day after notification.

3 Approval

I approve the Canberra Hospital Urology Quality Assurance Committee as a quality assurance committee for Canberra Hospital and Health Services.

4 Revocation

This instrument revokes NI2015-550 *Health (Canberra Hospital Urology Quality Assurance Committee) Quality Assurance Committee 2015 (No 1)*.



Meegan Fitzharris MLA
Minister for Health and Wellbeing

21 August 2018



CAVEAT BRIEF

Client in Confidence

To: Meegan Fitzharris MLA, Minister for Health and Wellbeing

Through: Michael De'Ath, Interim Director-General, ACT Health

Subject: Significant change in the accreditation status of the radiology department at Canberra Hospital and Health Services (CHHS)

Cleared by:
Acting Executive Director, Medical Imaging {14/05/2018}
Deputy Director-General, Canberra Hospital & Health Services { ___ }

The Radiology Department at Canberra Hospital and Health Services (CHHS) is accredited by The Royal Australian and New Zealand College of Radiologists (RANZCR). The department underwent accreditation on Monday 19 March 2018. Although this occurred in the same week as the hospital wide accreditation, it is not related.

This accreditation process is related to the training of junior doctors in the speciality of radiology. The accreditation standards have been developed around three goals and include:

1. Promote the welfare and interests of trainees;
2. Ensure trainees have the appropriate knowledge, skills and supervision to provide quality patient care; and
3. Support a wide range of educational and training opportunities for trainees to ensure that they are competent and safe.

Standards support components of each goal, and to fulfil the goal, a training site must comply with the objectives defined in the standard.

There is a significant change in the accreditation status of the radiology department at CHHS. Prior to accreditation occurring in 2018, the department had attained Level A status, which outlines that the training site is completely satisfactory in all areas, with no significant issues and only suggestions for improvement are provided by the College. Following accreditation, the CHHS Radiology Department has been issued with a Level D status which warns that multiple significant issues which seriously impact the quality of training are present. Immediate action is required. Failure to meet these recommendations would mean that future accreditation is in doubt.

There are 16 recommendations that are required to be addressed to ensure that CHHS can continue employing and teaching trainees. A copy of the preliminary report can be found at Attachment A, with recommendations on page 15. There are also 28 standards and criterion that do not meet the relevant standards required, and as such displays an unacceptable level of risk to the trainees and their wellbeing.

The assessors noted that the most significant issue facing CHHS radiology is the negative environment within the department, in particular the poor working relationship between the Directors of Training, the Head of Department, the Director of Medical Imaging, and the Hospital executive, including:

- A lack of clinical control over the department;
- Clinical leaders having minimal involvement with the recruitment of new trainees;
- Rostering of the clinical staff; and
- Lack of rural rotation and network.

RANCR also suggested as a recommendation that the CHHS employs additional consultants to ensure:

- The timely checking of studies reported by the trainees;
- Appropriate supervision of registrar rotations to meet college training requirements; and
- Registrar participation at clinical meeting and multidisciplinary meetings as well as formal and informal registrar teaching sessions.

It has been recommended that the Clinical Director and Directors of Training should work together with ACT Health Executive and Chief Medical Officer (CMO) to develop strategies to improve the culture within the department.

The accreditation report was provided to the Directors of Training, Head of the Department and Executive Director of Medical Imaging on Monday 14 May 2018.

There is a perceived high risk that the accreditation report will be provided to media. Media dot points have been provided to the communications and media team for review, and will be with your office by Tuesday 15 May 2018.

Considerable work will be occurring urgently in the medical imaging department to demonstrate compliance with conditions. The CMO and Executive Director, Medical Imaging will be convening an accreditation committee within the Radiology Department to address the preliminary report. The first meeting is being arranged by the Office of the Chief Medical Officer and is being proposed for 16 May 2018.

RANZCR and CHHS are confident that with a collaborative approach, the recommendations can be achieved as outlined in the report and reaccreditation of the department can be achieved.

Next Steps

The draft report that has been received by ACT Health will now be checked for factual accuracy and comments made back to RANZCR. The final report will then be provided to the Directorate. We expect this to be provided within one month.

ACT Health will be required to work towards implementing the Report's recommendations, and a three month report will need to be provided to RANZCR outlining progress against those recommendations. If we can meet the recommendations, RANZCR have advised the Chief Medical Officer that our accreditation status will be upgraded to a Level C.

Following this, progress reports on meeting recommendations will be required to be provided to RANZCR at 6 month and 12 month intervals. The College Accreditation Committee will then decide whether accreditation will be granted and the timeframe for further review (which could be between 12 months and 3 years or 5 years).

It is ACT Health's view that it will take approximately 12 months for us to reach the level required by RANZCR to regain Level A status.

Contact Officer: Dr Jeff Fletcher

Contact Number: 6244 2728

Date: 14 May 2018

Accreditation Site Visit Report



The Royal Australian
and New Zealand
College of Radiologists*

Faculty of Clinical Radiology

Canberra Hospital

19 March 2018

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INTRODUCTION

The Royal Australian and New Zealand College of Radiologist is the Peak Body who engages in accreditation of sites for the provision of training of clinical radiologists in Australia, New Zealand and Singapore.

The Australian Medical Council accredits the College and its training programs. AMC Standard 8.2 delegates accreditation of workplace training to the College. The College Accreditation Standards facilitate evaluation of a training site with the aim to ensure that a minimum acceptable standard of facilities (staff equipment, diversity of clinical material and tuition) is available to provide successful training in clinical radiology and providing a training environment that is supportive of trainee needs and meets curriculum and regulatory requirements. This is a shared responsibility of the College, training sites, training networks, clinical supervisors and trainees.

The Accreditation Standards have been developed around 3 goals:

1. Promote the welfare and interests of trainees
2. Ensure trainees have the appropriate knowledge, skills and supervision to provide quality patient care
3. Support a wide range of educational and training opportunities for trainees to ensure that they are competent and safe.

Several standards support each goal and to fulfil the goal a training site must comply with the objectives defined in the standard.

PURPOSE

The purpose of this accreditation report is to summarise the training site's achievement in meeting the accreditation standards. This is demonstrated by the evidence provided in the pre-site documentation submitted to the College and discussions and observation that occurs during the site visitation. The complex nature of teaching, makes this report a central part of the process. It provides a framework for the training site to reference in conjunction with the current Clinical Radiology (Radiodiagnosis) Curriculum. An opportunity then exists for the training site to work with training networks and the College to address any outstanding standards. Through the provision of high quality training and appropriate supervision for the trainees, this ensures safeguarding trainees and trainee delivered patient whilst producing, high quality, competent and safe radiologists.

The accreditation standards work in combination with the Radiology Network Training Policy. Currently the accreditation cycle is five years with a paper based interim review at the three-year mark. Additionally, progress reports may be requested by the College to monitor any Non-compliance

The accreditation cyclic review is outlined below:

New Application for Accreditation



Ongoing Accreditation



The assessors will award an accreditation status and compose a report that will be reviewed provisionally by the site in the first instance to fact check. The Chief Accreditation Officer will make a recommendation to the Clinical Radiology Education and Training Committee for approval.

A status of A or B-level sites (Full, Linked or Specialty) will normally be reviewed every three years by desk audit and every five years by a site visit, or more frequently if required. The status of C or D-level sites will be

reviewed as determined by the CAO and Branch Education Officer. Linked sites will be reviewed in conjunction with the linked Full site.

The accreditation status of a site or network may be reviewed at the request of that site or network, provided an accreditation report and supporting documentation (indicating the change of circumstances) are submitted.

The accreditation report for the Canberra Hospital is confidential and privileged. It is intended solely for the use by the training site to whom it is addressed and not for circulation without prior permission from the College.

SITE VISIT

An accreditation site visit was conducted at the Canberra Hospital on Monday 19 March 2018, 10.00am to 4:30pm.

The Accreditation Panel consisted of:

- [REDACTED]
- [REDACTED]

RANZCR Staff:

- [REDACTED]
- [REDACTED]

Site Representatives:

The accreditation team met with the following representatives at the training site:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Consultants:

A number of Clinical Radiology consultants met with the accreditation team who were engaged during the assessment process.

Trainees:

The trainees (10) (except for those on study leave) met with the accreditation team who were also engaged during the assessment process.

Hospital Executive

The accreditation team met with department and hospital management:

- [REDACTED]
- [REDACTED]
- [REDACTED]

The assessment panel were encouraged by the participation and interest of all parties during the site assessment and the level of feedback provided, which was consistent throughout the visit. Feedback and advice from previous consultants and trainees from the site was not deemed necessary.

Assessment Outcome

The assessment of accreditation for training at the Canberra Hospital has been determined from the documentation submitted to the College, from the training site, and discussions and observations made by the College Assessors at the site visit. The accreditation status of the Canberra Hospital is recommended to be downgraded to a Level D. The definition of this rating is: 'Multiple significant issues seriously impacting quality of training. Immediate action required, future accreditation in doubt.'

The accreditation assessment report highlights extensive concerns that require immediate attention to address the impact they are having on the safe working conditions for trainees, particularly around provision of supervision, teaching and patient care.

An outcome summary has been provided on page 14 which includes a number of recommendations to be actioned to address the concerns raised.

CURRENT ACCREDITATION STATUS

Accreditation valid until: 31 December 2018

SITE NAME Canberra Hospital			
SITE CLASSIFICATION			
FULL	LINKED	SPECIALTY	NEW
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL OF ACCREDITATION			
A	B	C	D
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROVISIONAL	<input type="checkbox"/>		

Preliminary