

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 10 March 2022**.

This application requested access to:

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

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Wednesday 4 May 2022**.

I have identified 21 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

Decisions

I have decided to:

- grant full access to 16 documents; and
- grant partial access to five documents.

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

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

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

Full Access

I have decided to grant full access to 16 documents at references 1-5, 7-11, 13, 15-18 and 21.

Partial Access

I have decided to partially grant access to five documents at references 6, 12, 14 and 19-20. Documents at the references contain information that I consider 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 partially comprised of personal ACT Government employee mobile numbers and non-ACT Government employees email address.

I have identified that there are no relevant factors favouring disclosure of this information under Schedule 2.1.

This information has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy under *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*. The disclosure of this detail would not provide any government information pertinent to your request therefore, I have decided this factor outweighs the public interest factors in the disclosure of this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

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

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

Ombudsman review

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

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

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

ACT Civil and Administrative Tribunal (ACAT) review

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

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely

A handwritten signature in black ink that reads "K Grace". The signature is written in a cursive style with a large initial 'K' and a period at the end.

Karen Grace
Executive Director
Nursing & Midwifery and Patient Support Services

3 May 2022

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

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

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
[REDACTED]	All documents/correspondence for the last 18 months to and from the Health Minister's office about nurse numbers, nurse shortages and nurse recruitment in the ACT. Also the number of FTE nurses in permanent employment as well as nurses on contracts and the length/nature of those contracts	CHSFOI21-22.22

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 12	Ministerial Brief and attachments – Introduction of Nursing and Midwifery Ratios	24 February 2021	Full release		YES
2.	13 – 16	Question Time Brief – Walk-In Centres/Walk-In Health Centres	20 April 2021	Full release	Out of scope	YES
3.	17 – 21	Question Time Brief – Walk-In Centres/Walk-In Health Centres	28 May 2021	Full release	Out of scope	YES

4.	22 – 25	Ministerial Brief – Minister’s Weekly Brief - 14 - 18 June 2021	17 June 2021	Full release	Out of scope	YES
5.	26 – 28	Question Time Brief – Walk-In Centres/Walk-In Health Centres	26 July 2021	Full release	Out of scope	YES
6.	29 – 33	Email and attachments – MCHS21/627 FW: Proposal to Bolster the Nursing Workforce During COVID	2 August 2021	Partial release	Schedule 2.2 (a)(ii) Privacy	YES
7.	34	Question Time Brief – Budget Day – Expanding critical hospital services – Delivering more elective surgeries (CHS E01)	27 September 2021	Full release		YES
8.	35	Question Time Brief – Budget Day – Expanding critical hospital services – Delivering a better Canberra Hospital Emergency Department (CHS E02)	27 September 2021	Full release		YES
9.	36	Question Time Brief – Budget Day – Expanding critical hospital services – More Emergency Surgery Capacity (CHS E05)	27 September 2021	Full release		YES
10.	37	Question Time Brief – Budget Day – Expanding critical hospital services – Additional ICU Capacity (CHS E06)	27 September 2021	Full release		YES
11.	38	Question Time Brief – Budget Day – Expanding critical hospital services – Additional Neonatology Cots (CHS E07)	27 September 2021	Full release		YES
12.	39	Email – RE: URGENT PMB Check	6 October 2021	Partial release	Schedule 2.2 (a)(ii) Privacy	YES
13.	40 – 41	Question Time Brief – Canberra Health Services Capacity	6 October 2021	Full release		YES
14.	42 – 43	Email – RE: ANMF ACT CHS ICU Nursing Matters	18 October 2021	Partial release	Schedule 2.2 (a)(ii) Privacy	YES
15.	44 – 45	Question Time Brief – Canberra Health Services Capacity	19 November 2021	Full release	Out of scope	YES

16.	46 – 48	Ministerial Brief – Minister’s Weekly Brief - 31 January to 4 February 2022	2 February 2022	Full release	Out of scope	YES
17.	49 – 50	Question Time Brief – PPE and Adequate Breaks for Nurses	17 February 2022	Full release	Out of scope	YES
18.	51 – 53	Ministerial Brief – Minister’s Weekly Brief - 14 - 18 February 2022	18 February 2022	Full release	Out of scope	YES
19.	54 – 95	Email and attachments – Draft Workforce Plan	8 March 2022	Partial release	Schedule 2.2 (a)(ii) Privacy	YES
20.	96	Email – Draft Workforce Plan	8 March 2022	Partial release	Schedule 2.2 (a)(ii) Privacy	YES
21.	97 – 98	Directorate Input – Nurse numbers, recruitments and contracts	March 2022	Full release		YES
Total Number of Documents						
21						

Canberra Health Services

To: Minister for Health Tracking No.: MCHS21/102

Date: 24/02/2021

From: Bernadette McDonald, Chief Executive Officer

Subject: Introduction of Nursing and Midwifery Ratios

Critical Date: 24/02/2021

Critical Reason: The next bargaining meeting is scheduled for 25 February 2021

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

Recommendations

That you:

1. Note the previous Ministerial brief on this matter at Attachment A;
Noted / Please Discuss
2. Note the estimated costings at Attachment B;
Noted / Please Discuss
3. Agree to the introduction of Nurse to patient ratios based on a 'rounded up' model as set out in the brief;
Agreed / Not Agreed / Please Discuss
4. Agree that a Business Case be prepared for additional funding in relation to the implementation of ratios based on the cost estimates prepared by CHS and Calvary; and
Agreed / Not Agreed / Please Discuss

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5. Note the information contained in this brief.

Noted / Please Discuss

Rachel Stephen-Smith MLA

RSS

24/2/21

Minister's Office Feedback

Background

1. During the 2020 election the Government committed to the mandating of minimum ratios for nursing and midwifery staff at Canberra Health Services (CHS) and Calvary Public Hospital Bruce (Calvary).
2. You were briefed in July 2019 ([Attachment A](#)) in which it was reported that the indicative cost of the first stage of the implementation of ratios would be between \$13.8 million and \$15.1 million per annum.
3. A staged approach to implementation, as well as the ratios themselves, were set out in a paper prepared by a joint review group finalised in late 2019.
4. In November 2019, it was agreed to progress this through the Nursing and Midwifery Enterprise Agreement, as opposed to the legislative approach taken in other jurisdictions.
5. While negotiations on the new agreement were delayed both by COVID 19 and the death of Deputy President Kovacic of the Fair Work Commission, Interest Based Bargaining negotiations are currently underway with the assistance of Deputy President Dean.

Issues

6. While the wards to be included in the first stage at both Calvary and CHS have been agreed, there remains one issue in respect to the application of ratios.
7. A number of existing wards have bed numbers which do not readily fit the rostering pattern set out by the ratios – 1:4 mornings, 1:4 evenings, and 1:6 overnight. Ideally under such a system each ward would have 24 physical beds. This is not the case for all wards at either hospital, and the question that has arisen is how to staff a ward when the number of beds is not cleanly divisible by the ratio.

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8. For example, what should the staffing be on a 21 bed ward?
 - The Australian Nursing and Midwifery Federation (ANMF) favour a model based on rounding up any fractions, so in effect this ward would be staffed as if it had 24 beds. This is referred to as 'rounding up'.
 - CHS has discussed the option of rounding down in such cases – which would see this ward rostered as if it had 20 beds – but we have committed to examine an acceptable midpoint – which would see the number of staff rostered rounded up, where the number of additional beds was at least 50 per cent of the ratio – what is referred to as the 50 per cent rule.
 - In this example there would need to be 22 beds in the ward to invoke the 50 per cent rule and have another staff member on that shift.
9. Both Victoria and Queensland began the introduction of ratios using a 50 per cent rule but have both moved to models based on rounding up in almost all cases.
10. The ANMF have given no indication of any willingness to consider a rounding down approach.

Financial Implications

11. Updated costings for the first stage of the introduction of ratios have been expanded to include estimated costs for all three approaches (rounding down, 50 per cent rule and rounding up), as well as updating figures to reflect current staffing and costs. These figures are set out in detail at [Attachment B](#).
12. There is a significant difference between the cost of the rounding up and rounding down – the full implementation of stage 1 is estimated to cost a total of \$13.861 million across both hospitals if staffing is rounded up, compared to \$8.245 million if rounded down.
13. The rounding up approach would also require the recruitment of approximately 90 FTE of Registered Nurses across the two hospitals in the first stage. While making a significant contribution to the Government's commitment to increase nursing numbers in the Territory by 200.
14. The other possible approach – the 50 per cent rule – is estimated to cost \$12.162 million per annum for stage one, approximately \$1.7 million less than the rounding up approach favoured by the ANMF.
15. Regardless of the approach chosen, the introduction of ratios will have a significant financial impact on both hospitals – estimates are this will be close to \$20 million per annum once fully implemented across all areas of the health services – with the remainder of areas and wards to be finalised in the next round of negotiations.

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16. While there are potential benefits and savings associated with the introduction of ratios, most of these will be assumed to come from improved patient care and outcomes and possible reduced lengths of stay as opposed to direct cost reductions. It will be difficult to quantify any benefits directly as there are many initiatives underway to address the efficiency and effectiveness of care.
17. This cost is the direct result of a government election commitment taken independent of the budget process. It is recommended that a Business Case be prepared for additional funding in relation to the implementation of ratios based on the cost estimates prepared by CHS and Calvary.

ConsultationInternal

18. The cost calculations for Canberra Hospital has been prepared by CHS's Financial Management Branch, while Calvary has provided its own figures.

Cross Directorate

19. Mr Russell Noud, Executive Group Manager Industrial Relations and Public Sector Employment CMTEDD and Mr Anthony Dombkins, Chief Nursing and Midwifery Officer ACT Health Directorate, have both been involved in the negotiation process, as has Mr Ash van Dijk from your Office.

External

20. The ANMF is aware of the estimated costs, and the relative differences in the respective cost estimates.

Work Health and Safety

21. Not applicable.

Benefits/Sensitivities

22. Given that there will be considerable pressure to move to the rounding up approach going forward, there are advantages to the Territory in adopting this approach from the start – including the ability to demonstrate our commitment to 'best practice' in terms of ratio based rostering. It would also remove the only significant barrier to the completion of bargaining on the agreement.

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Communications, media and engagement implications

23. Not applicable.

Signatory Name: Bernadette McDonald Phone: 44700

Action Officer: Janine Hammat Phone: 49631

Attachments

Attachment	Title
Attachment A	Previous Brief
Attachment B	Cost of Introduction of Ratios



ACT Health Directorate

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To:	Minister for Health	Tracking No.: MIN19/1265
CC:	Michael De'Ath, Director-General	
From:	Kylie Jonasson, Deputy Director-General, Health System, Policy and Research	
Subject:	Ratios Framework Project – September 2019 update	
Critical Date:	Not applicable	
Critical Reason:	Not applicable	

Purpose

To provide you with an update on the Ratios Framework Project.

Recommendations

That you:

1. Note the ACT Public Sector Nursing and Midwifery Ratio Schedule at Attachment A; ;
Noted / Please Discuss
2. Note the ACT Public Sector Nursing and Midwifery Staffing Framework at Attachment B;
Noted / Please Discuss
3. Note the Information Brief provided by Calvary Public Hospital Bruce for the implementation of the Ratios Framework at Attachment C;
Noted / Please Discuss
4. Note the indicative costs provided for the implementation of the Ratios Framework at Attachment D;
Noted / Please Discuss

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- 5. Agree to their referral to Treasury for verification; and

Agreed / Not Agreed / Please Discuss

- 6. Note the information contained in this brief.

Noted / Please Discuss

Rachel Stephen-Smith MLA *RS* 21/11/19

Minister's Office Feedback

Please note that I strongly support the use of interest based bargaining. It is desired precisely to ensure that all issues can be considered in a holistic way and trade-offs and implications understood by all parties.

Background

1. A Memorandum of Understanding (MoU) has been signed by the ACT Government and the Australian Nursing and Midwifery Federation (ANMF) ACT Branch to complete a body of work, specifically the development of a Ratios Framework that could be implemented in the ACT public health service.
2. This project is jointly implemented by the ACT Chief Nursing and Midwifery Officer (CNMO) and the Secretary of the ANMF ACT Branch, who are the co-chairs of the Technical Review Group (TRG) leading the project. This group includes representation from Canberra Health Services and Calvary Public Hospital Bruce.
3. On completion of the Ratios Framework, it is to be considered by the ACT Government and the ANMF ACT Branch for inclusion in the next ACT Public Sector Nursing and Midwifery Enterprise Agreement 2017-2019 (Enterprise Agreement).
4. The Ratios Framework comprises two documents:
 - a. A schedule for inclusion in the Enterprise Agreement (Schedule) (Attachment A); and
 - b. The ACT Public Sector Nursing and Midwifery Staffing Framework (Staffing Framework) (Attachment B).
5. The draft Ratios Framework underwent a four-week consultation period with the General Manager at Calvary Public Hospital Bruce (GM CPHB), the Chief Executive Officer of Canberra Health Services (CEO CHS), the Director-General, ACT Health Directorate (DG ACTHD) and the President of the ANMF ACT Branch (President, ANMF). Feedback was received from all parties.

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6. The draft Schedule and Staffing Framework documents were amended and were considered by the TRG on 10 September 2019.
7. The final versions of the Ratio Framework documents were sent to the CEO CHS, GM CPHB, DG ACTHD and the President, ANMF on 17 September 2019. The Ratios Framework is ready for finalising.

Issues

8. The proposed schedule represents the first stage of a phased introduction of ratios, focusing on General Medical, General Surgical, Acute Aged Care and the Adult Mental Health Unit. It includes a proposed approach to further stages, with the intention that other areas, such as Women's and Children's, would be dealt with in future enterprise agreements.
9. Some key issues remain to be resolved in respect of the proposed approach, including the timing of implementation and how to deal with situations where the ratios formula calls for a fraction of an employee.
10. The GM CPHB, in his correspondence of 11 October 2019 (Attachment C), acknowledges the ACT Government's commitment to the Ratios Framework project through the MoU but expresses concern that CPHB is not in full agreement with the recommendations made by the TRG. The GM CPHB is concerned about how CPHB will be resourced to meet any such arrangements entered into by the Territory.
11. The GM CPHB has estimated that implementation of the Ratios Framework will require an additional 51 FTE at a cost of \$7 million in the first year of operation. The GM CPHB is concerned about CPHB's capacity to absorb these costs as an efficiency dividend or other financial offset.
12. The CPHB costings have been calculated using the average salary of a full time equivalent Registered Nurse level 1, including on-costs, and based on a blanket rule of a supernumerary team leader with 1 nurse to 4 patients for morning and evening shifts; and 1 nurse to 6 patients for a night shift. The costings do not consider variables, such as staff skill mix and changes to patient acuity.
13. Canberra Health Services estimates that, depending on the approach to fractional nursing requirements, the cost for the first stage would be between \$6.8 million and \$8.1 million per annum as recommended by the TRG. Consistent with its position put forward through the TRG, CHS remains supportive of implementing the ratios framework and does not share the concerns raised by CPHB.
14. Canberra Health Services has established an interagency reference group to ensure that any position taken in negotiations appropriately reflects the views and concerns of the agencies affected. That group is currently considering options for the upcoming negotiations.

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15. The ANMF has suggested that negotiations adopt an interest based bargaining approach, and a briefing from Deputy President Kovacic is currently being arranged for Chief Executives in December 2019. No commitment has as yet been made to this approach. The GM CPHB has concerns about the interest based bargaining approach proposed for the Enterprise Agreement negotiations under the administrative lead of CHS. He is concerned that the interests of health service delivery in the Territory may be a secondary consideration and has requested that all issues be included in the negotiations, including financial viability, the phased introduction of the Ratios Framework and flexibility for public health service operators.

Financial Implications

16. The GM CPHB and CHS have supplied indicative costs for the implementation of the Ratios Framework (Attachment D). It is recommended that these figures be referred to Treasury for verification prior to government consideration of funding options.

ConsultationInternal

17. Nil.

Cross Directorate

18. The TRG has representation from Narelle Comer, A/g Director of Clinical Services Nursing and Midwifery, CPHB; Denise Patterson, Executive Director Nursing and Midwifery, CHS; and Janine Hammett, Executive Director of People and Culture, CHS.

External

19. The TRG has representation from the ANMF ACT Branch: Matthew Daniel, ACT Branch Secretary; Michael Quincy O'Neill, Industrial Officer; and Carlyn Fidow, Lead Organiser.
20. Consumer representation from the Health Care Consumer Association (HCCA) has been organised with the HCCA Chief Executive Officer attending on an as required basis and during specific consultation points of the project.

Work Health and Safety

21. Nil.

Benefits/Sensitivities

22. Nil.

Communications, media and engagement implications

23. A Joint Communiqué was developed between the ACTHD and the ANMF ACT Branch to provide the ACT Public Health Service nursing and midwifery workforce with an update on this project. This was released on 24 September 2019.

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Signatory Name: Kylie Jonasson, Deputy Director-
General, Health Systems, Policy and
Research Division Phone: 5124 9786

Action Officer: Sian Finch, Senior Project Officer
Ratios Project, Office of the Chief
Nursing and Midwifery Officer Phone: 5124 9885

Attachments

Attachment	Title
Attachment A	ACT Public Sector Nursing and Midwifery Ratio Schedule
Attachment B	ACT Public Sector Nursing and Midwifery Staffing Framework
Attachment C	Information Brief from Calvary Public Hospital Bruce
Attachment D	Indicative costs for Canberra Health Services and Calvary Public Hospital Bruce

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Calvary Public Hospital Bruce In-Patient Units - Final Costing Data 2021 - Phase 1			Rounded Down		Rounded Up		50% Rule	
CPHB In-Patient Wards	Funded Beds		Additional FTE	Estimated Cost	Additional FTE	Estimated Cost	Additional FTE	Estimated Cost
Medical Wards								
4 East	24		5.75	\$817,700	5.75	\$817,700	5.75	\$817,700
4 West	24		5.75	\$817,700	5.75	\$817,700	5.75	\$817,700
5 East - MAPU	24		0.00	\$0	0.00	\$0	0.00	\$0
Stroke Unit (colocated with 5 east - shared Team Leader)	6		0.00	\$0	0.00	\$0	0.00	\$0
Surgical								
6 West	24		2.21	\$324,027	2.21	\$324,027	2.21	\$324,027
Mental Health								
2N - Voluntary	21		9.29	\$1,321,118	15.04	\$2,138,818	11.50	\$1,635,399
Older Persons Mental Health	15		0.00	\$0	5.75	\$817,700	5.75	\$817,700
Total FTE Requirement			23.00	\$3,280,544	34.50	\$4,915,944	30.96	\$4,412,525

B

Canberra Hospital - Final Costing Data 2021 - Phase 1			Rounded Down		Rounded Up		50% Rule	
Wards	Funded Beds		Additional FTE	Estimated Cost	Additional FTE	Estimated Cost	Additional FTE	Estimated Cost
Medical Wards								
Acute Aged Care - 11A	24		0.00	\$0	0.00	\$0	0.00	\$0
Acute Aged Care - 11B	26		-0.60	-\$100,019	3.94	\$595,933	3.94	\$595,933
Surgery - ASU	16		0.00	\$0	2.19	\$345,680	2.19	\$345,680
AMHU - HDU	10		7.88	\$1,287,294	7.88	\$1,287,294	7.88	\$1,287,294
AMHU - LDU	30		6.00	\$932,881	9.50	\$1,528,815	9.50	\$1,528,815
Mental Health Short Stay Unit	6		2.19	\$345,680	2.19	\$345,680	2.19	\$345,680
Surge Beds - Ward 7B Pod (shared team leader with 7b)	4		3.50	\$595,933	3.50	\$595,933	3.50	\$595,933
Medicine - Ward 9A	24		1.75	\$305,435	1.75	\$305,435	1.75	\$305,435
Medicine Ward 8B - Winter Beds	16		0.73	\$127,265	0.73	\$127,265	0.73	\$127,265
Medicine - Ward 7B	26		0.00	\$0	1.75	\$305,435	1.75	\$305,435
Medicine - Ward 7A	32		1.25	\$197,532	1.25	\$197,532	1.25	\$197,532
Medicine - Ward 6A	32		0.50	\$87,267	0.50	\$87,267	0.50	\$87,267
Medicine - Ward 4B	12		0.00	\$0	0.00	\$0	0.00	\$0
Surgery - Ward 10A	32		1.25	\$191,365	3.44	\$537,045	1.25	\$191,365
Surgery - Ward 9B	25		0.00	\$0	5.69	\$849,326	0.00	\$0
Surgery - Ward 6B	34		3.00	\$496,800	5.19	\$842,480	5.19	\$842,480
Surgery - Ward 5A	30		0.00	\$0	3.00	\$496,800	3.00	\$496,800
Surgery - Ward 5B	28		3.00	\$496,800	3.00	\$496,800	3.00	\$496,800
Total FTE Requirement			30.45	\$4,964,233	55.50	\$8,944,720	47.62	\$7,749,714

GBCHS21/93

Portfolio: Health**WALK-IN CENTRES/WALK-IN HEALTH CENTRES****Talking points:**Walk-in Centres

- The Nurse Practitioner workforce in the WiCs is currently 11.29 FTE from 14 Nurse Practitioners. Due to a recent resignation, this is slightly under the budgeted 12.5 FTE which is expected to be filled in the near future.
- The ACT Government has committed to providing a Nurse Practitioner for every shift at each WiC which will increase the Nurse Practitioner FTE to 17.5 FTE.

Out of Scope

Cleared as complete and accurate: 09/04/2021
Cleared for public release by: Chief Executive Officer Ext: 44701
Contact Officer name: Cathie O'Neill Ext: 45198
Nick Coatsworth Ext: 43609
Lead Directorate: Health
TRIM Ref: GBCHS21/93

Out of Scope



Cleared as complete and accurate:	09/04/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Cathie O'Neill	Ext: 45198
	Nick Coatsworth	Ext: 43609
Lead Directorate:	Health	
TRIM Ref:	GBCHS21/93	

Out of Scope



Cleared as complete and accurate: 09/04/2021
Cleared for public release by: Chief Executive Officer Ext: 44701
Contact Officer name: Cathie O'Neill Ext: 45198
Nick Coatsworth Ext: 43609
Lead Directorate: Health
TRIM Ref: GBCHS21/93

Out of Scope



Cleared as complete and accurate:	09/04/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Cathie O'Neill	Ext: 45198
	Nick Coatsworth	Ext: 43609
Lead Directorate:	Health	
TRIM Ref:	GBCHS21/93	

GBCHS21/133

Portfolio: Health**WALK-IN CENTRES/WALK-IN HEALTH CENTRES****Talking points:**Walk-in Centres

- The Nurse Practitioner workforce in the Walk-in Centres is currently 11.29 FTE from 14 Nurse Practitioners. Due to a recent resignation, this is slightly under the budgeted 12.5 FTE which is expected to be filled in the near future.
- The ACT Government has committed to providing a Nurse Practitioner for every shift at each Walk-in Centres. Budget has been requested for an additional five FTE.

Out of Scope

Cleared for public release by:
Contact Officer name:

Lead Directorate:
TRIM Ref:

Chief Executive Officer
Cathie O'Neill
Nick Coatsworth
Canberra Health Services
GBCHS21/133

Ext: 44701
Ext: 45198
Ext: 43609

Out of Scope



Cleared as complete and accurate:	25/05/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Cathie O'Neill	Ext: 45198
	Nick Coatsworth	Ext: 43609
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/133	

Out of Scope



Cleared as complete and accurate:	25/05/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Cathie O'Neill	Ext: 45198
	Nick Coatsworth	Ext: 43609
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/133	

Out of Scope



Cleared as complete and accurate:	25/05/2021	
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Lead Directorate:	Canberra Health Services	
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Contact Officer name:	Cathie O'Neill	Ext: 45198
	Nick Coatsworth	Ext: 43609
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/133	

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS21/456

Date: 17 June 2021

CC: Bernadette McDonald, Chief Executive Officer

From: Dave Pepper, Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 14-18 June 2021

Critical Date: 18/06/2021

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 – 14-18 June 2021.

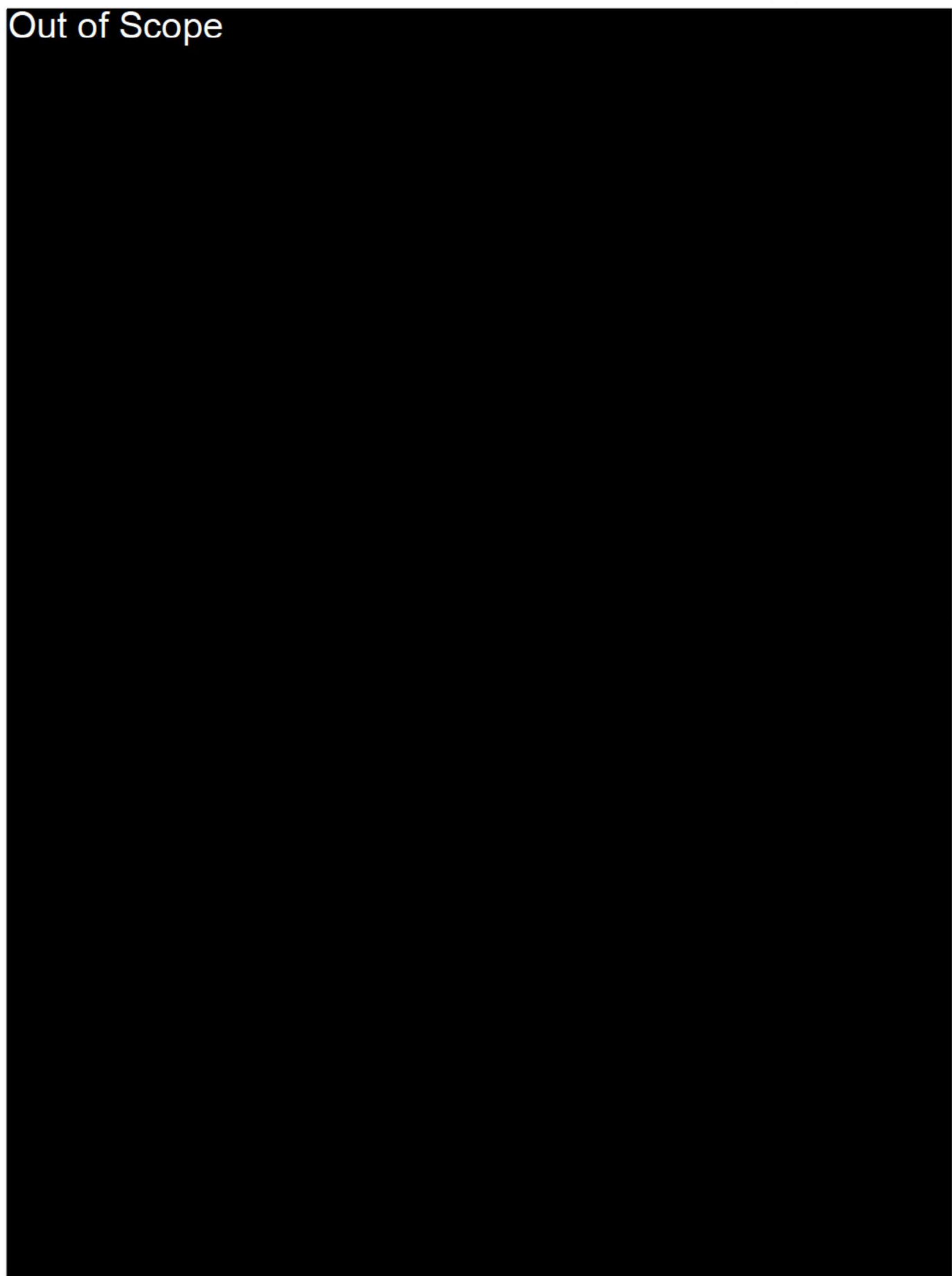
Noted / Please Discuss

Rachel Stephen-Smith MLA


RSS 9/7/21

Minister's Office Feedback

Out of Scope



Out of Scope



Nursing and Midwifery Workforce Plan

Focus groups with staff concluded on 11 June 2021 after a 10-week period. The organisation wide workforce plan is in the final stages of drafting in collaboration with key stakeholders. The plan is expected to be released to staff and unions for consultation in early July 2021 for a four-week period. ✓

Out of Scope



KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

Nursing and Midwifery Agreement

Following negotiations on Thursday 10 June 2021, agreement has been reached on the ratio provisions for the new nursing and midwifery agreement, with final drafting to be completed this week. It is expected that all remaining matters in the overall agreement will be completed by the end of June 2021, with the agreement then proceeding to vote.

OFFICIAL

A meeting with Executive Branch Manager, Strategy and Governance, CHS and Tom Cullen and Laura Turner, ACT branch of the Australian Nursing Midwifery Federation (ANMF) was held on 17 June 2021 to discuss ANMF feedback provided on the draft CHS Clinical Services Plan and draft CHS Corporate Plan 2021-22.

Medical Practitioners

Negotiations on a new enterprise agreement are scheduled to commence in early July 2021.

Signatory Name:	Dave Peffer Deputy Chief Executive Officer	Phone:	5124 4680
Action Officer:	Karen Pearson Assistant Director Policy, Planning and Government Relations	Phone:	5124 9524

GBCHS21/174

Portfolio: Health**WALK-IN CENTRES/WALK-IN HEALTH CENTRES****Talking points:**Walk-in Centres

- The Nurse Practitioner workforce in the Walk-in Centres is currently 10.29 FTE from 13 Nurse Practitioners. Due to two recent resignations, this is under the budgeted 12.5 FTE. A recruitment process is in progress and it is anticipated these vacancies will be filled in the near future.
- The ACT Government has committed to providing a Nurse Practitioner for every shift at each Walk-in Centre.

Out of Scope

Out of Scope



Out of Scope



Lowes, Shannon (Health)

From: STEPHEN-SMITH
Sent: Monday, 2 August 2021 11:07 AM
To: CHS DLO
Cc: Bransgrove, Meagen
Subject: MCHS21/627 FW: Proposal to Bolster the Nursing Workforce During COVID
Attachments: Student of Nursing Model.pdf

Categories: Awaiting Advice

Hi Angie,

For response and appropriate action, please.

Thanks,
Martin

From: Matthew Daniel [REDACTED]
Sent: Monday, 2 August 2021 10:55 AM
To: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Cc: Cross, Rebecca (Health) <Rebecca.Cross@act.gov.au>; Dombkins, Anthony (Health) <Anthony.Dombkins@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Grace, Karen (Health) <Karen.Grace@act.gov.au>; Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: Proposal to Bolster the Nursing Workforce During COVID

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

Dear Minister,

Please see the urgent correspondence attached regarding the proposed establishment of the registered undergraduate student of nursing workforce.

Regards
Matthew

MATTHEW DANIEL

Secretary

T: 6282 9455 F: 6282 8447

E: amfact@anmfact.org.au W: anmfact.org.au

2/53 Dundas Court, PHILLIP ACT 2606

PO Box 4, WODENACT 2606



**Australian
Nursing &
Midwifery
Federation**

ANNUAL GENERAL MEETING

Ratios Save Lives



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2 August 2021

Ms Rachel Stephen-Smith
Minister for Health
ACT Legislative Assembly

Via email: STEPHEN-SMITH@act.gov.au

Dear Minister,

Re: Proposal to Establish the Registered Undergraduate Students of Nursing Workforce

Informal discussions on the introduction of a registered undergraduate students of nursing workforce have been ongoing between the ANMF ACT Branch (ANMF), Canberra Health Services and the Chief Nursing and Midwifery Office for some time. Registered undergraduate students of nursing are part of the public sector nursing workforce in other Australian jurisdictions and have taken on extended roles during the COVID pandemic.

The **RUSON** (registered undergraduate students of nursing) model in Victoria is one example of a successful workforce development program, underpinned by a robust professional and industrial framework, that supports patient safety.

The ANMF believes that the ACT Government should urgently investigate the development of the registered undergraduate students of nursing workforce model.

The ANMF had intended on formalising a proposal regarding the registered undergraduate students of nursing workforce at a later time, however, the ANMF is of the view that significant pressures on the nursing workforce related to COVID (including the expected growth in the supply of Pfizer vaccine in the coming months), and the demand on the public sector health services more generally, is requiring us to urgently consider ways of bolstering the nursing workforce.

To establish the proposed workforce, the issues below must be addressed as a minimum.

- A new classification, including an agreed rate of pay, needs to be incorporated into the Public Sector nursing and midwifery enterprise agreement (EA) currently being negotiated.
- The scope of practice for the classification would initially be confined to specified COVID activities at CHS including vaccination and testing. These limitations would ensure that a professional practice framework, that support testing and vaccination, can be developed in a short time frame. The scope of practice for the classification could be expanded (consistent with that in other jurisdictions) through future EAs.
- Work on reviewing regulation, currently underway in the Health Directorate, must be informed by this proposal. This will ensure that any regulatory changes are fit for purpose, support the timely operationalisation of the proposed registered undergraduate students of nursing classification, and enhance CHS' capacity to respond to the emerging COVID environment.



Australian
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Federation

AUSTRALIAN CAPITAL TERRITORY

As there is a small window of opportunity prior to EA negotiations being finalised, and because of the pressing demands on the nursing workforce, the ANMF recommends that a small taskforce be established to progress this work. The ANMF considers that the taskforce should be comprised of key decision-makers (and their advisers as appropriate) including the Canberra Health Services Chief Operating Officer and CHS Executive Director Nursing and Midwifery and Patient Support Services, the ACT Chief Nursing and Midwifery Officer and the ANMF ACT Secretary.

The ANMF is prepared to prioritise this piece of important work and commit the resources necessary to progress the proposal. The proposal is offered in good faith and on the condition that it will not delay current EA negotiations.

The ANMF considers that if this proposal is to be pursued an initial meeting of the task force needs to be conducted this week.

I look forward to your response.

Regards

A handwritten signature in black ink, appearing to read 'Matthew Daniel', written over a light blue background.

Matthew Daniel
Branch Secretary

cc Ms Rebecca Cross, Director General, ACT Health Directorate
Mr Anthony Dombkins, Chief Nursing and Midwifery Officer, ACT Health Directorate
Mr Dave Peffer, A/g Chief Executive Officer, CHS
Ms Cathie O'Neill, Chief Operating Officer, CHS
Ms Karen Grace, Executive Director, Nursing & Midwifery and Patient Support Services, CHS



Rachel Stephen-Smith MLA

Minister for Health

Minister for Families and Community Services

Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

Mr Matthew Daniel

Branch Secretary

Australian Nursing & Midwifery Federation

PO Box 4

WODEN ACT 2606

Dear Mr Daniel

Thank you for your letter of 2 August 2021 about a proposal to establish the Registered Nurse Undergraduate Students of Nursing Workforce here in the ACT. I apologise for the delay in responding.

As part of the COVID-19 response I understand a number of meetings have been held between the Australian Nursing and Midwifery Federation and Canberra Health Services to discuss and progress these issues.

Thank you for writing to me about this matter.

Yours sincerely

Rachel Stephen-Smith MLA

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



+61 2 6205 2661



stephen-smith@act.gov.au



[@RachelSS_MLA](https://twitter.com/RachelSS_MLA)



[rachelSSMLA](https://www.facebook.com/rachelSSMLA)



[rachelss_mla](https://www.instagram.com/rachelss_mla)

GBCHS21/198

Portfolio: Health

Budget Day – Expanding critical hospital services - Delivering more elective surgery (CHS E01)
Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	5,385	1,020	266	318	6,989
Offset – Health Funding Envelope	-5,385	-1,020	-266	-318	-6,989
Net Cost of Services	0	0	0	0	0

- This investment will increase elective surgery capacity by optimising elective surgery delivery between Canberra Health Services (CHS), Calvary Public Hospital Bruce (CPHB) and private providers to address theatre capacity constraints at Canberra Hospital coupled with rising emergency surgery demand.
- This initiative will allow Government to:
 - deliver 14,800 elective surgeries in 2021-22 (\$4.8 million);
 - continue the Enhanced Recovery After Surgery Program to facilitate improved recovery (\$1 million over four years); and
 - develop feasibility and design options for the Northside Elective Surgery Centre at the University of Canberra to expand health infrastructure in Canberra’s North (\$1.075 over two years).

FTE Impact

	2021-22	2022-23	2023-24	2024-25
Doctors	0	0	0	0
Nurses	0.60	0.80	0.90	1.00
Allied Health	0.46	0.70	0.70	0.92
Total Health Professionals	1.06	1.50	1.60	1.92
Administration	1.10	1.50	0	0
Total FTE	2.16	3.00	1.60	1.92

Cleared as complete and accurate: XX/XX/2021
 Cleared for public release by: Chief Finance Officer Ext: 49683
 Contact Officer name: Kate Schorsch Ext: 42728
 Lead Directorate: Canberra Health Services
 TRIM Ref: GBCHS21/198

GBCHS21/198

Portfolio: Health

**Budget Day – Expanding critical hospital services - Delivering a better
 Canberra Hospital Emergency Department (CHS E02)**
Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	5,180	5,833	5,899	5,967	22,879
Offset – Health Funding Envelope	-5,180	-5,833	-5,899	-5,967	-22,879
Net Cost of Services	0	0	0	0	0

- The Government will expand the capacity of the Canberra Hospital Emergency Department to better respond to service demand pressures and support contemporary models of care.
- Recurrent funding will provided for:
 - Expansion of current Emergency Medical Unit (EMU) – changes to current footprint to 12 beds plus six chairs (18 treatment spaces).
 - Adequate medical and nursing workforce to provide clinical oversight, clear leadership and direction – including the introduction of a Medical Navigator.
 - Development of an Acute Medical Unit (AMU) – allows patients with multiple medical issues to be admitted faster to the inpatient area from the ED and have their care plans commenced by a multi-disciplinary team.

FTE Impact

	2021-22	2022-23	2023-24	2024-25
Doctors	3.15	3.70	3.70	3.70
Nurses	15.00	19.00	19.00	19.00
Allied Health	3.40	4.20	4.20	4.20
Total Health Professionals	21.55	26.90	26.90	26.90
Administration	2.00	2.50	2.50	2.50
Total FTE	23.55	29.40	29.40	29.40

Cleared as complete and accurate: XX/XX/2021
 Cleared for public release by: Chief Finance Officer Ext: 49683
 Contact Officer name: Kate Schorsch Ext: 42728
 Lead Directorate: Canberra Health Services
 TRIM Ref: GBCHS21/198

Title Page

GBCHS21/198

Portfolio: Health

Budget Day – Expanding critical hospital services - More Emergency Surgery Capacity (CHS E05)
Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	6,752	9,075	11,463	11,666	38,956
Offset – Health Funding Envelope	-6,752	-9,075	-11,463	-11,666	-38,956
Net Cost of Services	0	0	0	0	0

- This initiative provides funding for:
 - Increased Emergency Surgery Capacity - To operate a thirteenth theatre at Canberra Hospital to increase access to emergency surgery and reduce the risk of postponing elective surgery procedures – providing 1,920 theatre hours.
 - Increased bed base - eight additional funded beds and staff to support emergency and elective surgery throughput.
- Demand for emergency surgery is exceeding the current emergency theatre capacity available, directly impacting on Canberra Health Services (CHS) ability to deliver elective surgery, as emergency surgery often takes priority resulting in the frequent postponement of elective surgery cases.
- Emergency and Elective surgery caseload are not interchangeable. Emergency surgery is more complex and often requires increased theatre time and increased hospital length of stay.

FTE Impact

	2021-22	2022-23	2023-24	2024-25
Doctors	2.38	3.22	4.06	4.06
Nurses	14.06	20.42	26.78	26.78
Allied Health	3.48	7.52	11.56	11.56
Total Health Professionals	19.92	31.16	42.40	42.40
Administration	0.08	0.40	0.72	0.72
Total FTE	20.00	31.56	43.12	43.12

Cleared as complete and accurate: XX/XX/2021
 Cleared for public release by: Chief Finance Officer Ext: 49683
 Contact Officer name: Kate Schorsch Ext: 42728
 Lead Directorate: Canberra Health Services
 TRIM Ref: GBCHS21/198

GBCHS21/198

Portfolio: Health

**Budget Day – Expanding critical hospital services - Canberra Hospital ICU
 Expansion – (CHS E06)**
Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	2,373	7,123	9,357	9,501	28,354
Offset – Health	-2,373	-7,123	-9,357	-9,501	-28,354
Funding Envelope					
Net Cost of Services	0	0	0	0	0

- The Government will operationalise four additional Intensive Care beds at the Canberra Hospital in a staged way to 2023-24 to meet increased demand.
 - 2 Beds in 2021-22
 - An additional bed from 2022-23
 - An additional bed from 2023-24
- This initiative builds on the physical expansion of Intensive Care Unit capacity at the Canberra Hospital.

FTE Impact

	2021-22	2022-23	2023-24	2024-25
Doctors	2.00	6.00	8.00	8.00
Nurses	5.70	17.10	22.80	22.80
Allied Health	2.32	6.96	9.28	9.28
Total Health Professionals	10.02	30.06	40.08	40.08
Administration	0.08	0.24	0.32	0.32
Total FTE	10.10	30.30	40.40	40.40

Cleared as complete and accurate:

XX/XX/2021

Cleared for public release by:

Chief Finance Officer

Ext: 49683

Contact Officer name:

Kate Schorsch

Ext: 42728

Lead Directorate:

Canberra Health Services

TRIM Ref:

GBCHS21/198

Title Page

GBCHS21/198

Portfolio: Health

**Budget Day – Expanding critical hospital services - Additional Neonatology
 Cots (CHS E07)**
Talking points:

	2021-22	2022-23	2023-24	2024-25	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	2,468	3,589	4,579	4,646	15,282
Offset – Health Funding Envelope	-2,468	-3,589	-4,579	-4,646	-15,282
Net Cost of Services	0	0	0	0	0

- The Government will deliver two additional Intensive Care Cots in the Neonatal Intensive Care Unit of the Centenary Hospital for Women and Children in a phased approach to be completed by January 2023 to meet increased demand.
- The two additional Intensive Care Cots will enable a sustainable model that can safely deliver a high functioning Neonatal Intensive Care Unit for the ACT and surrounding NSW region.
- Over the last four years there has also been a steady increase in acuity of infants being cared for in the NICU/SCN with a 53 per cent increase in the total annual number of invasive ventilation bed days requiring 1:1 care and a 25 per cent increase in the total number of respiratory support bed days.

FTE Impacts

	2021-22	2022-23	2023-24	2024-25
Doctors	2.00	3.00	4.00	4.00
Nurses	6.87	9.72	12.57	12.57
Allied Health	2.32	3.48	4.64	4.64
Total Health Professionals	11.19	16.20	21.21	21.21
Administration	0.28	0.42	0.56	0.56
Total FTE	11.47	16.62	21.77	21.77

Cleared as complete and accurate: XX/XX/2021
 Cleared for public release by: Chief Finance Officer Ext: 49683
 Contact Officer name: Kate Schorsch Ext: 42728
 Lead Directorate: Canberra Health Services
 TRIM Ref: GBCHS21/198

Lowes, Shannon (Health)

From: Smitham, Kalena (Health)
Sent: Wednesday, 6 October 2021 4:24 PM
To: Bransgrove, Meagen
Subject: RE: URGENT PMB Check

UNOFFICIAL

No problem, we have a dashboard.

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Wednesday, 6 October 2021 4:11 PM
To: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Subject: RE: URGENT PMB Check

Thank you Kalena, appreciate your speedy reply!

From: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Sent: Wednesday, 6 October 2021 4:09 PM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; CHS DLO <CHSDLO@act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: URGENT PMB Check

UNOFFICIAL

225 RN, 108 EN, 38 AIN plus 61 student nurses. Not all have yet worked.

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Wednesday, 6 October 2021 3:49 PM
To: CHS DLO <CHSDLO@act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>
Cc: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Subject: URGENT PMB Check
Importance: High

Hi Both,

Request from the Minister to check on below in relation to the PMB:

More than 500 additional staff have temporarily joined the frontline health workforce and administrative teams in response to the recent expressions of interest process, including XX nurses;

Can we have the numbers ASAP.

Thanks,

Meg Bransgrove
 Senior Adviser
 Office of Minister Rachel Stephen-Smith MLA
 ACT Government
 Email: meagen.bransgrove@act.gov.au
 M: [REDACTED]
 ACT Legislative Assembly, 196 London Circuit, Canberra, ACT 2600

GBCHS21/235

Portfolio: Health**CANBERRA HEALTH SERVICES CAPACITY**

- Canberra Health Services continues to experience high demand for clinical services. This is consistent with other jurisdictions across Australia.
- Canberra Health Services utilises surge beds to support the provision of safe and timely care. The number of surge beds required is actively monitored to meet demand with consideration of patient and staff safety. This may include the opening and closing of adult, paediatric, maternity, mental health or rehabilitation beds.
- As part of the Canberra Health Services COVID-19 preparedness and response, and in anticipation of increased demand for hospital admissions, sufficient bed capacity has been allocated.
- Demand for inpatient admissions for patients with suspected or confirmed COVID-19 is monitored weekly and changes are made to ensure sufficient capacity for the upcoming week.
- There are four distinct and escalating capacity levels in the COVID-19 Clinical Response Plan with clearly articulated lower and upper hospital admissions that trigger each level.

Timely Care Program Initiatives

- Canberra Health Services Executive team initiatives through the Timely Care Program include:
 - A CHS-wide Huddle each morning attended by senior clinical staff enables a shared responsibility and understanding of the clinical and operational demand on services with collaborative problem solving.
 - A weekend Patient Flow meeting to support safe and timely discharges over the weekend.
 - Project work to examine how Canberra Hospital can best configure wards to enhance models of care and support clinical teams.
- These Timely Care redesign and improvement initiatives continue to support the provision of high quality, safe and timely care to our community.

Maternity Capacity

- Within the Maternity Department, an escalation plan is put in place during periods of high demand. This includes utilising bed spaces in the Paediatric Overflow Ward and Birth Centre with additional staff. Additional beds are also sought in hospitals within the region.
- The recruitment of the maternity workforce continues to be challenging due to national midwifery shortages and skill mix challenges due to increased retirements and an ageing workforce. A comprehensive workforce strategy continues to address these shortages through University partnerships and employment models for education.
- A strategy for increasing Canberra Maternity Options appointments and antenatal care appointments during times of increased birth numbers is in progress.
- Centenary Hospital for Women and Children participate in the NSW Maternal Transfer Network where if required, women with complexities can be transferred out or in to other hospitals within NSW depending on acuity and activity at the time.
- The Centenary Hospital for Women and Children expansion work will support future increases of birth numbers including a further 15 postnatal beds, four additional beds in the Maternity Assessment Unit and a dedicated 24-hour Early Pregnancy Unit.

Lowes, Shannon (Health)

From: Bransgrove, Meagen
Sent: Monday, 18 October 2021 10:18 AM
To: Gilmore, Lisa (Health); Hawthorne, Erin (Health)
Cc: Smitham, Kalena (Health); Grace, Karen (Health); Fox, Emma (Health); Green, Margot (Health)
Subject: RE: ANMF ACT CHS ICU Nursing Matters

Thank you, that would be great.

Thanks,

Meg

From: Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Sent: Sunday, 17 October 2021 2:37 PM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Hawthorne, Erin (Health) <Erin.Hawthorne@act.gov.au>
Cc: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Grace, Karen (Health) <Karen.Grace@act.gov.au>; Fox, Emma (Health) <Emma.Fox@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>
Subject: RE: ANMF ACT CHS ICU Nursing Matters

UNOFFICIAL

Hello Meagan,

Thank you for your email. Happy to discuss and provide some background.

I will ask my EA to contact you and set this up. Thanks Erin.

Kind Regards

Lisa Gilmore | Executive Director

Phone: 02 5124 3515 | Email: lisa.gilmore@act.gov.au

Division of Surgery | Canberra Health Services | ACT Government

Building 28, Level 2, Canberra Hospital PO Box 11, Woden ACT 2606 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



ACT
Government

**Canberra Health
Services**

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Friday, 15 October 2021 5:41 PM
To: Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Cc: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Grace, Karen (Health) <Karen.Grace@act.gov.au>
Subject: RE: ANMF ACT CHS ICU Nursing Matters

Hi Lisa,

I have been cc'd into this correspondence as I work in Minister Stephen-Smith's Office. I am just following up to get a bit of background to the situation. Would it be possible to discuss this when you have time early next week?

Thanks,

Meg Bransgrove

Senior Adviser

Office of Minister Rachel Stephen-Smith MLA

ACT Government

Email: meagen.bransgrove@act.gov.au

M: [REDACTED]

ACT Legislative Assembly, 196 London Circuit, Canberra, ACT 2600

From: anmfact@anmfact.org.au <anmfact@anmfact.org.au>

Sent: Friday, 15 October 2021 3:49 PM

To: Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>

Cc: Panteleon, Thimitra (Health) <Thimitra.Panteleon@act.gov.au>; Grace, Karen (Health) <Karen.Grace@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Kerr, Alasdair (Health) <Alasdair.Kerr@act.gov.au>; Edmunds, Tash (Health) <Tash.L.Edmunds@act.gov.au>; Smith, Louise (Health) <Louise.K.Smith@act.gov.au>; Talib, Linda (Health) <Linda.Talib@act.gov.au>; Falero, Patricia (Health) <Patricia.Falero@act.gov.au>

Subject: ANMF ACT CHS ICU Nursing Matters

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Dear Ms Gilmore

Please find attached correspondence from Australian Nursing and Midwifery Federation ACT Branch Lead Organiser, Ms Carlyn Fidow.

Regards

THE ANMF ACT TEAM

T: 6282 9455 F: 6282 8447

E: anmfact@anmfact.org.au W: anmfact.org.au

2/53 Dundas Court, PHILLIP ACT 2606

PO Box 4, WODEN ACT 2606



Australian
Nursing &
Midwifery
Federation

AUSTRALIAN CAPITAL TERRITORY

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GBCHS21/305
Portfolio: Health

CANBERRA HEALTH SERVICES CAPACITY

Out of Scope



- The recruitment of the maternity workforce continues to be challenging due to national midwifery shortages and skill mix challenges due to increased retirements and an ageing workforce. A comprehensive workforce strategy continues to address these shortages through University partnerships and employment models for education.

Out of Scope





Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS22/64
Date:	3 February 2022	
CC:	Dave Pepper, Chief Executive Officer	
From:	Josephine Smith, Executive Branch Manager, Strategy and Governance	
Subject:	Minister's Weekly Brief – 31 January - 4 February 2022	
Critical Date:	03/02/2022	
Critical Reason:	To ensure you are briefed on current issues and events	

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

Recommendation

That you:

1. Note the information contained in the Minister's Weekly Brief – 31 January to 4 February 2022.

Noted / Please Discuss

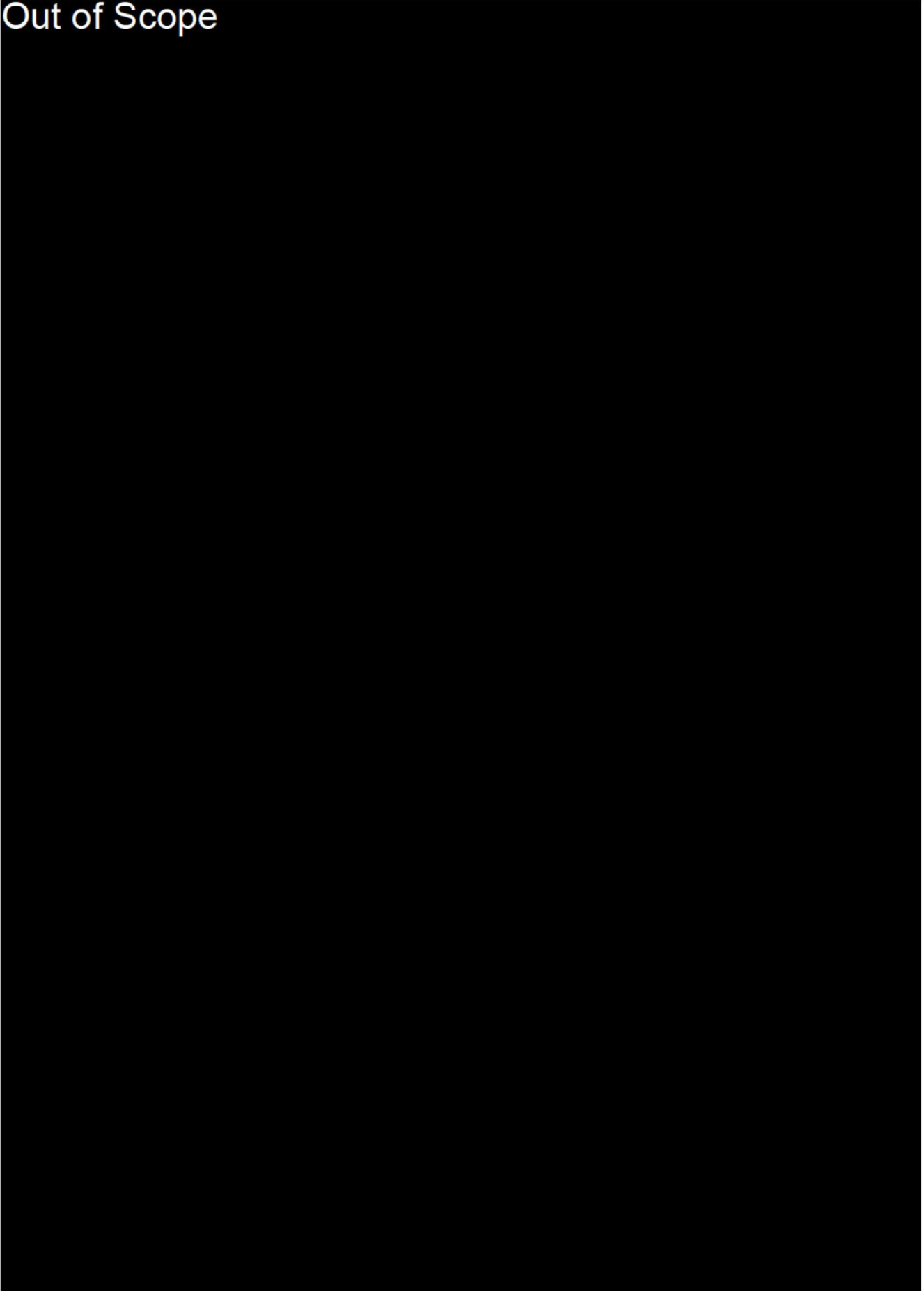
Rachel Stephen-Smith MLA

19/2/22

Minister's Office Feedback

Out of Scope

Out of Scope



Out of Scope

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

New Graduate Nurses commencing at Canberra Health Services on 7 February 2022

98 Registered Nurse and 14 Enrolled Nurse graduates will be commencing orientation on 7 February 2022 following Junior Medical Officers commencing orientation this week.

The new graduates play an important part of our healthcare workforce, and this year CHS is employing more than ever to support the COVID response and Phase I implementation of Nurse Ratios in clinical areas. Another intake will be held in May 2022 to support demands on the health service during peak activity months, mid-year.

Graduates are supported by a dedicated team of Clinical Development Nurses in the Transition to Practice Program, and they work alongside experienced nurses within the clinical teams. A program of educational development and health and wellbeing support is offered to provide a positive transition from undergraduate student to novice nurse. This program has been updated to support greater numbers of new graduates and provide education and support for clinical teams who may not have had new graduates placed with them previously.

Signatory Name:	Josephine Smith Executive Branch Manager, Strategy and Governance	Phone:	5124 9564
Action Officer:	Kath Macpherson Senior Director Policy, Planning and Government Relations	Phone:	5124 9590

GBCHS22/10

Portfolio/s: Health**PPE and Adequate Breaks for Nurses**

Talking points:

Out of Scope

- The furloughing of staff due to being positive or a contact has meant working through a range of options to ensure we can still deliver care where and when people need it.
- We have also been ensuring that teams take annual leave where possible to give staff a much needed break at a time when many wish to spend time with their families.
- We have asked a lot of our nurses. They have proudly been the backbone of the most vaccinated jurisdiction in the world and continue to surge their testing capacity to meet demand.
- When a staff member employed under the ACTPS Nursing and Midwifery Enterprise Agreement is unable to be released for a meal break of at least 30 minutes before six hours of the employee's shift has passed, overtime rates are payable until the break can be taken.
- However, staff are strongly encouraged and supported to take their allocated breaks during their shift.
- Teams are encouraged to stagger their break times in consultation with team leaders and team members at the start of each shift and escalate their concerns to their team leader or manager to make appropriate relief arrangements if needed.
- Canberra Health Services (CHS) and Calvary Public Hospital Bruce have stood up to these challenges. But it has been hard. I know both hospitals, and indeed their private counterparts, have worked hard to support their staff. They have:
 - Implemented outdoor tea rooms;
 - Provided catering or subsidised refreshments in areas where workforce strain was highest;
 - Ensured their wellbeing programs were appropriately staffed to support staff at this time;

- Implemented daily briefings to ensure staff were kept up to date;
- Weekly nursing leadership meetings to discuss workload and strategies as well as all nursing staff forums;
- Established reasonable workloads committee for nursing with Terms of Reference endorsed;
- Brought forward Junior Medical Officer and Nursing graduate intakes – more than 115 JMO's commenced from Monday 7 February 2022;
- Established a Central Workforce Unit to optimise staff utilisation across CHS and to manage redirection of staff to areas of need;
- Introduction of student workforce to testing and vaccination;
- Worked with staff to alter models of care to ensure safe staffing;
- Kept unions briefed to ensure they were up to date with actions and changes;
- Advocated at the Territory level to ensure the strategies this government have implemented not only kept our community cared for and safe, but protected the rights of workers and ensured they were also cared for;
- Checked in with staff who are in quarantine to check on their welfare; and
- Provided 'appreciation' packs or hampers to staff.

Key Information

- Since June 2021, paid Nursing FTE at CHS has increased by 4.2 per cent (135 FTE).
- The increase in paid FTE at CHS coincides with an average monthly decrease in overtime hours of 7.76 per cent and a total of 6.3 per cent decrease in overtime hours from June – December 2021.

Out of Scope



Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/96

Date: 17 February 2022

CC: Dave Pepper, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 14 - 18 February 2022

Critical Date: 18/02/2022

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

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

Recommendation

That you:

1. Note the information contained in the Minister's Weekly Brief – 14 – 18 February 2022.

Noted / Please Discuss

Rachel Stephen-Smith MLA

19/2/22

Minister's Office Feedback

Empty box for Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

Out of Scope

Ratios Update

Phase 1 of the nursing and midwifery ratios began on 1 February 2022. The Nursing & Midwifery and Patient Support Services Office are working with phase 1 wards to implement interim regular reporting on compliance ahead of the implementation of the analytics module within the ProAct rostering system, which is currently underway.

The three key compliance measures that are being reported against are:

- The supernumerary team leader on the morning and afternoon shift;
- The ratio (1 to 4:4:6); and
- Skill mix of no more than 25 per cent enrolled nurses and 75 per cent registered nurses.

To provide a snapshot on ward compliance, the below high-level summary from 15 February 2022 has been provided.

- For the morning shift, nine out of 17 wards were fully compliant, and eight out of 17 wards were partially compliant.
- For the evening shift, eight out of 17 wards were fully compliant, and nine out of 17 wards were partially compliant.
- As of 2pm the predictions for the night shift on 15 February 2022, 16 out of 17 wards were to be fully compliant, and one out of 17 wards were to be partially compliant.

As you are aware, due to the impact COVID-19 is having on our workforce we continue to have challenges with our “worked rosters” and compliance with ratios. Canberra Health Services (CHS) remain confident that we will be fully compliant with phase 1 of ratios by June 2022, at the end of the amnesty period.

44FTE (of the 55FTE required) have been recruited to so far.

Out of Scope

Lowes, Shannon (Health)

From: Grace, Karen (Health)
Sent: Tuesday, 8 March 2022 5:14 PM
To: Bransgrove, Meagen
Subject: Draft Workforce Plan
Attachments: Nursing and Midwifery Workforce Plan - Consultation - March 2022.docx; CHS Consultation paper - CHS Nursing and Midwifery Workforce Plan.docx; Correspondence from Karen Grace - Nursing & Midwifery Workforce Plan.docx

OFFICIAL

Hi Meg

As promised please see attached a copy of the correspondence we are about to send to the ANMF and the HSU consulting on the draft N&M workforce plan.

Kind Regards

Karen

Karen Grace | Executive Director

Nursing & Midwifery and Patient Support Services

Quality, Safety, Innovation and Improvement

Phone: 02 5124 2027 | Mobile: [REDACTED] | Email: karen.grace@act.gov.au

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Building 28, Level 2 – The Canberra Hospital | health.act.gov.au

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Canberra Health Services Nursing and Midwifery Workforce Plan



People and Culture

Workforce Strategy
and Planning

2022 - 2023

Contents

CEO forward.....	1
Introduction	2
Development of the plan	3
Our current workforce	4
Supply analysis	5
Key drivers of workforce demand.....	7
Personal leave rates	7
Type 2 vacancies.....	7
Premium labour spend.....	7
Specials.....	8
Skill mix variants.....	8
Dependence of local talent pool	8
Future workforce areas of priority.....	9
Key drivers of workforce supply needs.....	9
Population growth.....	9
Increasing comorbidities	9
Emergency department presentations	9
Inpatient demands	9
Nurse/midwife-to-patient ratios.....	10
Canberra Hospital expansion	10
Digital Health Record	10
Aboriginal and/or Torres Strait Islander commitment.....	10
Bridging the gap in our workforce	11
Workforce opportunities	12
Development of Nursing professionalism framework	12
Foster and embed a strong culture of staff wellbeing and safety	12
Centralise workforce management.....	13
Career pathways.....	13

Clinical and corporate leadership.....	13
Improving systems	13
Strong marketing and talent sourcing.....	13
Solution formation	14
Implementation and monitor progress	15
Attachment A - Nursing and Midwifery Workforce Plan	18
Attachment B – Implementation and Monitoring	30
Attachment C – Key informing documents.....	33
Attachment D – Consultation process and contributors	34

DRAFT

CEO forward

I am pleased to introduce the Canberra Health Services (CHS) Nursing and Midwifery Workforce Plan 2022 – 2023. This plan has been designed and developed using a co-design process involving input and feedback from across the services. This plan is focused on meeting the current and future needs of the community we serve, continuing to deliver exceptional healthcare and making CHS a great place to work.

The plan has been developed to ensure that we build a sustainable workforce that is future fit and prepared for the changing pressures of healthcare delivery. In the coming years our workforce will not only need to meet the increasing service demands of an ageing population, higher rates of chronic disease and larger population but also the impacts of new infrastructure and technology.

The initiatives detailed in this plan will be implemented throughout the life of this plan focussing on:

- **Attracting** high calibre talent to ensure that CHS is recognised as an organisation that is seen as a great place to work. Our Nursing and Midwifery workforce are recognised as highly skilled and consummate professionals. We will live our organisations values and promote ourselves as an attractive employer.
- **Recruiting** through the engagement of proactive recruitment processes aligned to our strategic organisational needs. Our recruitment practices will reflect best practice and make engagement of potential applicants seamless.
- **Developing** our Nurses and Midwives by supporting them to achieve their career aspirations. We will provide education, research, advocacy and leadership opportunities to develop and progress the careers of every nurse and midwife ensuring that CHS offers a career not just a job.
- **Retaining** our Nurses and Midwives by fostering an environment that motivates our staff, encourages creative thinking, and fosters challenging opportunities, balanced with workforce stability and strong work-life benefits.

The Nursing and Midwifery Workforce Plan has been aligned to the CHS Strategic Plan 2020 – 2023 and the CHS Clinical Services Plan. Designed to solidify the foundations of this workforce, the initiatives will ensure that our workforce is well trained, supported, and well prepared for the challenges and opportunities that await us.

Introduction

The health professional's workforce is fundamental to the delivery of quality healthcare, with nurses and midwives being the largest health professional workforce in Australia (Universities Australia, 2019) and at Canberra Health Services (CHS). They operate according to a rigorous set of standards of practice and ethical and professional conduct to delivery exceptional healthcare to the community. In recent years this workforce has faced recurrent labour market shortages as well as out-dated organisational structures that are no longer meeting the needs of a modern nursing and midwifery workforce. We also know that the workforce is ageing and is continuing to attempt to meet the increasing service demands of an ageing population.

The Canberra Health Services Strategic Plan (2020-2023) identifies one of the challenges faced by CHS is the ability to attract, recruit and retain high calibre talent. By 2023, our goal is to have a positive workplace environment by enhancing our culture, improving our attraction and retention, capability, safety and cross unit collaboration in order to deliver quality care to our patients.

A report into Australia's health workforce indicates that there will be a significant shortage of nurses nationally by 2025 despite increases in nursing student commencement and completions (Health Workforce Australia, 2014). This is already being experienced at CHS particularly in the Midwifery and Mental Health Nursing workforce.

CHS Nursing and Midwifery workforce has grown by 11% in the past four years, however CHS recognises that the increasing regional population growth combined with an ageing population combating more complex comorbidities and chronic disease complications will place increased burden on this workforce to meet the required healthcare needs of the community (Canberra Health Services, 2021). Our future workforce demand indicates that a growing gap in our workforce particularly relating to skill mix and will continue to widen unless we as an organisation take measures to remediate this workforce. Nurses and Midwives account for approximately 44% of the overall CHS Workforce. Based on feedback throughout the development of this plan, staff have expressed a desire to be supported to work to the top of their scope of practice, enhanced professional development opportunities and greater emphasis on succession planning.

Workforce planning for this cohort is crucial to ensure that strong succession planning is in place to ensure a supported and flexible transition to retirement for our aging and retiring workforce while investing in the development of our nurses and midwives. This Workforce Plan aims to ensure that our nurses and midwives feel supported and empowered to work within their full scope of practice whilst developing new and required skills to meet the community's healthcare needs.

Critical analysis of the feedback received through the consultation process and understanding of the challenges and opportunities captured in this document have informed the key objectives and initiatives for the nursing and midwifery workforce plan.

Development of the plan

The development of this plan is centred on the concepts of understanding the business and its strategic priorities, analysing the workforce capacity and capability required to meet the business needs and setting a direction for the future that may be planned, achieved, and measured. To ensure the workforce plan is successful, it must be underpinned with strong Governance, Leadership, and Engagement across all levels of the workforce.

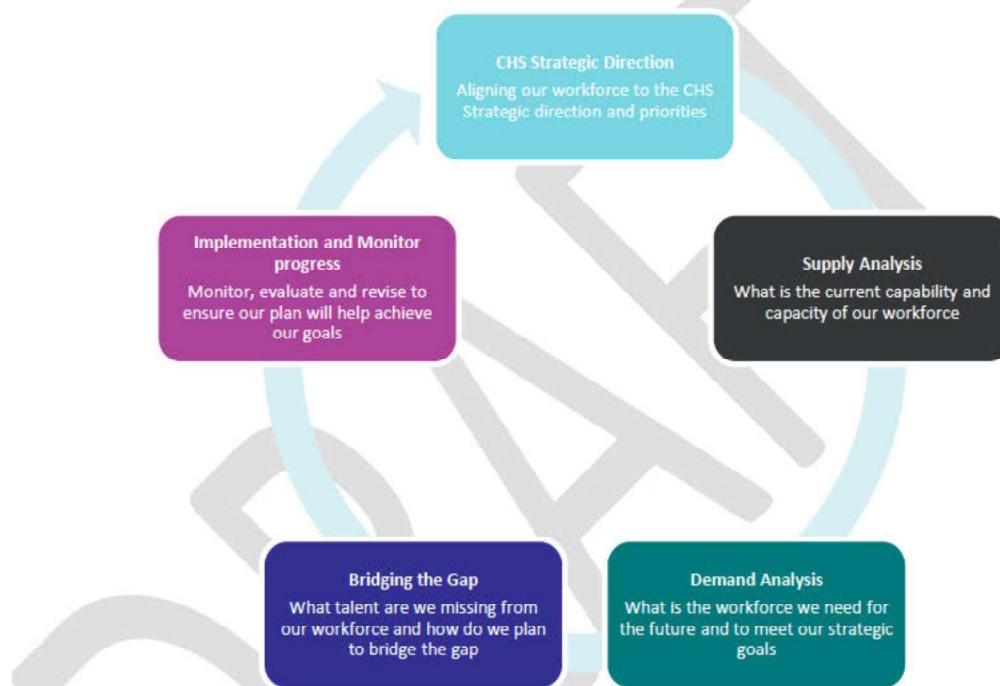


Figure 1- CHS Workforce Methodology

The CHS Nursing and Midwifery Workforce Plan was developed with a focus on making CHS a great place to work for all Nurses and Midwives which is a key strategic priority for CHS in line with the [CHS Strategic plan 2020-2023](#) and other key informing documents ([Attachment C](#)). A process of consultation with staff, managers and union representative was undertaken ([Attachment D](#)) to help identify, analyse, and develop initiatives to improve the workforce for our staff and ultimately our patients. To deliver exceptional healthcare, the Nursing and Midwifery workforce plan has been developed in line with a focus on making CHS a great place to work with the five guiding principles as outlined in the [Our People Framework](#).

Our current workforce



3259.4

FTE

3889

Headcount



Women 86.4%



People with a Disability 1.21%



Culturally and Linguistically Diverse 41.1%

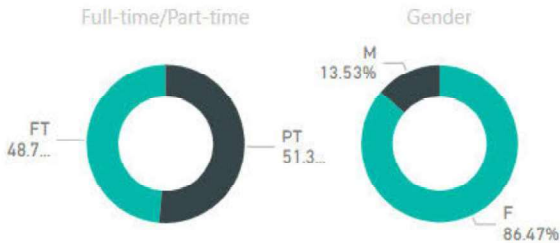
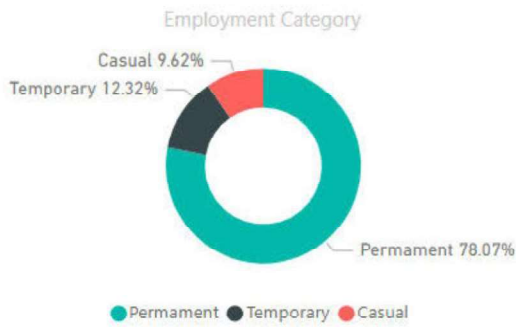


Aboriginal and/or Torres Strait Islander 0.95%

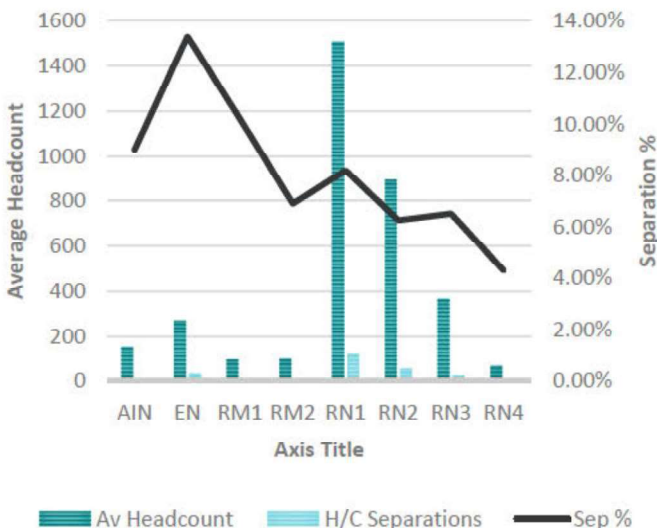


Our Nurses and Midwives undertake an average of 1.62 hours of Overtime per FTE per month.

Based on payroll data Jun 2019 - Dec 2021

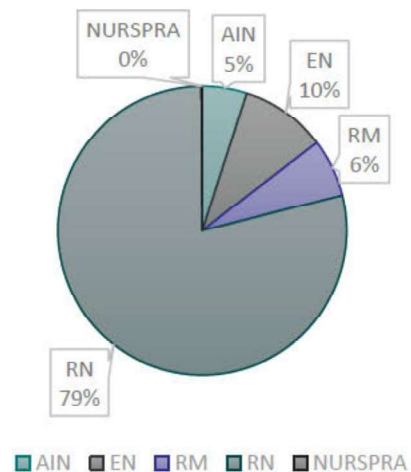


FY 20/21 SEPARATION DATA



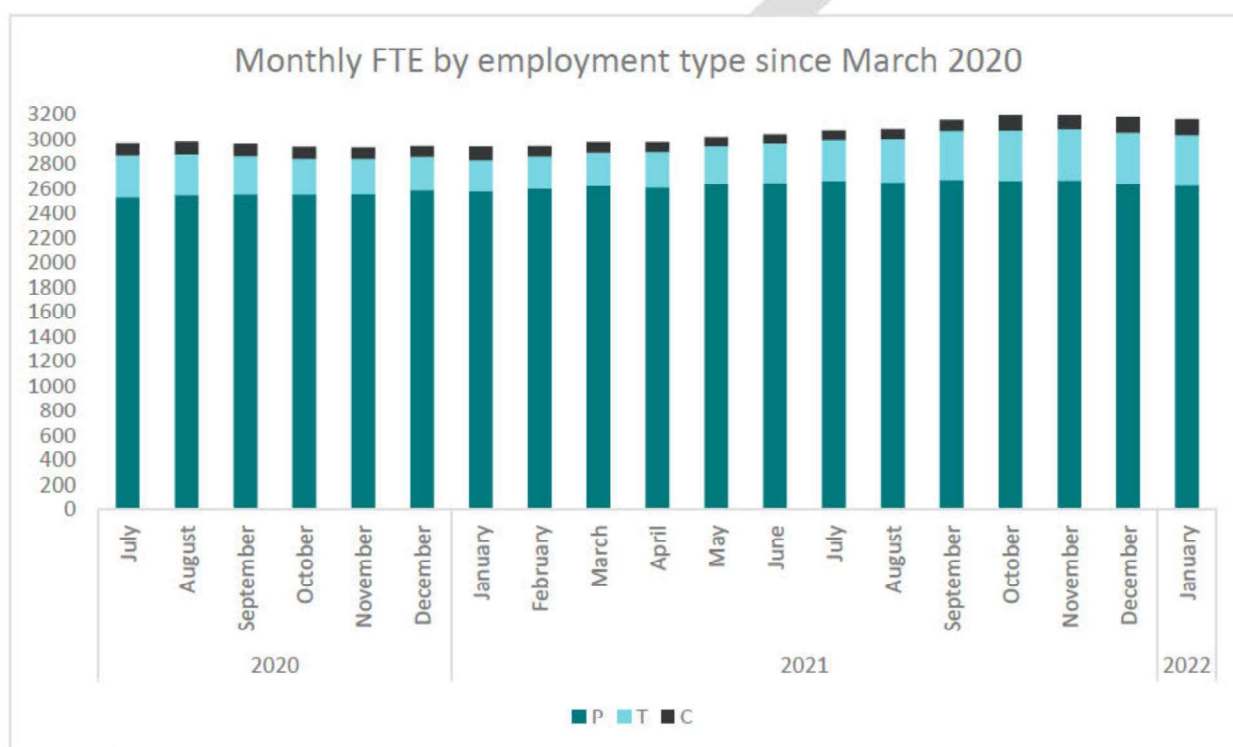
WORKFORCE IS THE LARGEST WORKFORCE WITHIN I 3259 STAFF CURRENTLY EMPLOYED EQUATING TO BLE NURSING WORKFORCE REGISTERED IN THE ACT.

Nursing and Midwifery Workforce by role type



Supply analysis

Nurses and Midwives employed across CHS is primarily female (86.3%) with just under 50% working in a full-time capacity. This workforce mix has historically led to issues related to long term leave requiring backfill. Since July 2020, there has been 14% rise in maternity leave, however, there has been an 18% decrease in the rate of Long Service Leave being taken which is attributed to the lockdowns being experienced across the nation during 2020 and 2021. When this cohort does take Long Service Leave, individuals average a total of 265 hours per FTE, placing strain on managers to fill rosters. As a result of staff taking Maternity and/or Long Service leave, advertised vacancies are often temporary in nature. In the last two years, the workforce has had to quickly adapt to changing COVID-19 service pressures further perpetuating the increase and dependant on casual and temporary.



The dependence on casual and temporary workforce is not uncommon across the health workforce sector and is predicted to become more common. Within our own organisation there is an ongoing vacancy deficit, causing an increasing dependency on premium labour.

Nurses and Midwives as a Health Profession are in short supply around Australia and internationally with a predicted shortfall in this workforce of 112, 983 by 2030 (productivity scenario) (Health Workforce Australia, 2014), however growth predictions undertaken following the outbreak of COVID-19 indicate that by 2025, there will be moderate growth in Registered Nursing and Midwifery roles across Australia (Labour Market Information Portal, 2020).

Within the Canberra Region a steady, if not slightly increasing, supply of Nursing and Midwifery graduates from the University of Canberra and the Australian Catholic University with 320 Nursing students and 35 Midwifery students due to graduate in 2022. COVID-19 has delayed progression in some training programs due to the availability of clinical placements, however this is expected to be resolved during 2022. In 2022, CHS increased

graduate Registered Nursing employment opportunities by 11.3% to increase our baseline workforce and retained skilled workforce within the ACT.

The inherent workforce within Canberra anecdotally tends to be cyclic in nature, with a large proportion of the wider workforce moving to the region working with Federal government departments such as Defence. This can cause tenure issues for the Nursing and Midwifery workforce who arrive in the region as a partner of a cyclic workforce employee.

Recruitment in recent years indicate hiring managers dependence on recruitment from the local area with only 10% of vacancies advertised through national means. Over the last 10 years, interstate migrations to the ACT indicate an average net gain of 300 people to the population and a 4% decrease in overseas migration to the ACT (Australian Bureau of Statistics, 2021). Historical methods of attracting the required workforce have provided a net increase in 78 permanent employees in the past two years with 69% of advertised roles filled with internal candidates (table 2). Whilst this shows progression of our staff across the organisation, we are failing to attract new talent and the majority of those placed in these roles were only done so on a temporary basis.



With a high proportion of Nursing and Midwifery staff registered with the Australian Health Practitioners Regulatory Agency (AHPRA) working at CHS, we need to attract new talent to the organisation by engaging with those not already in the ACT and surrounding areas.

Since 2019, there has been an increasing trend of staff moving to part time employment from full time FTE, with 11.9% of the full-time workforce changing their work pattern to part-time. Consultation conducted throughout the development of this plan indicate that staff are choosing this option to achieve a better work life balance and the ability to manage increased work pressure. The turnover rate for Nursing and Midwifery across the organisation during FY2020/21 was 7.79% which has increased since FY 2019/20 with

predictions that COVID-19 burnout will increase the retirement rate of this workforce (Bernthal-Jones, 2020).

From those leaving our workforce during the 2020-21 financial year, the top three reasons for leaving CHS were new employment opportunity, change in personal circumstances or retirement. The highest separation rates within this cohort are seen amongst Midwives, Registered Nurses working in Mental Health and Enrolled Nurses, however a significant number of casual Enrolled Nurses were recruited during 2020 in response to the COVID-19 pandemic who have since separated.

The highest separations rate for this workforce was felt within the Mental Health, Justice Health and Alcohol and Drugs Service with 19.05% of those separating having been employed in this area. This coupled with the high rate of Midwives leaving CHS, indicate that Mental Health Nursing and Midwifery are key areas of priority for workforce supply.

Key drivers of workforce demand



Personal leave rates

Personal leave amongst the Nursing and Midwifery cohort is significant with an average of 185.96 FTE monthly being absent due to personal leave (this does not include COVID related leave). The organisational average days for staff accessing personal leave is 13 days per FTE, Nursing and Midwifery staff currently 14.37 days per FTE.



Type 2 vacancies

Over the past 2 financial years the amount of Maternity, LWOP and Long Service Leave taken has increased by 13%. Across the Nursing and Midwifery workforce, an average of 6% are on long-term leave leading to a demand to backfill these vacancies. Known as Type 2 vacancies, these roles are temporary in nature and have historically been filled with internal staff. These internal movements further perpetuate Type 2 vacancy issues with 69% of all vacancies filled through internal applicants meaning a small net increase in our workforce. To resolve this issue, alternate methods to fill short term vacancies need to be considered.



Premium labour spend

During financial year 2020/21, the cost to CHS in Nursing and Midwifery overtime exceeded \$11, 740, 000 and agency spend was \$3, 255, 634. This equates to an average monthly cost of \$1, 249, 636.



Specials

The demand for Nursing and Midwifery staff to provide specialised 1:1 care to patients has increased in recent years. Throughout the 2020/21 financial year there were 9336 recorded episodes of specialised care provided. To date in this financial year there has been an average monthly increase in the demand for specialist 1:1 nursing care by 11% against the previous year. Whilst all nursing and midwifery staff fulfill this type of nursing care, 87% of these shifts are undertaken by Assistants-in-Nursing. With only 5% of the total Nursing and Midwifery workforce comprised of AINs, this places a significant burden or effort to a small cohort of the team.



Skill mix variants

In recent years, CHS has struggled to attract appropriate skill mix of staffing in specific areas of need. This may be due to decreased local training opportunities in the Canberra region, demand outstripping supply or the inability of staff to step into more senior and/or complex roles. Significant skills deficits are known within Midwifery, neonatal intensive care, niche specialties, mental health nursing and educators to the workforce.



Dependence of local talent pool

CHS currently employs 44% of all Nurses and Midwives registered with AHPRA living in the ACT. In recent years the local education providers have shown a 111% increase in Registered Nursing graduations to 2022, however there has been a decrease in Midwifery and Enrolled Nursing graduation by 22% and 8% respectively. Indications from these providers are without an increase in clinical placement opportunities, enrolments will need to remain static. Of those that graduated in 2021, CHS offered graduate placements to 27% of local graduates YTD. Whilst CHS has strong links with local Nursing and Midwifery providers, further work needs to be undertaken in collaboration with the ACT Health Directorate to increase clinical placement opportunities, and fund graduate placement roles across the organisation.

Future workforce areas of priority

The demand for quality and timely healthcare is a key driver for our workforce. The ACT and surrounding regions are of Australia's healthiest communities with better health and socioeconomic indicators compared to national averages and a lower proportion of the population with chronic disease risk factors (Canberra Health Services, 2021). Between 2016 and 2019, the Australian population increased by 4.9%, comparatively Nursing and Midwifery graduates increased at five times the rate of the population (Australian Institute of Health and Welfare, 2019).

Key drivers of workforce supply needs



Population growth

The population projection for the ACT indicates an expected annual growth of 1.6% to 2030 (Canberra Health Services, 2021)



Increasing comorbidities

The growing and ageing population, coupled with rising morbidity of chronic disease means the demand for Nursing skills will be an area of continuing workforce growth in the coming years. The changing demographics of our community and the increasing prevalence of chronic diseases and mental health issues will drive the demand for nursing care to be adapted to meet the demand into more specialist areas, such as Chronic Disease management, community care and disease prevalence and enhanced scopes of practice beyond the traditional (Deloitte Access Economics, 2018).



Emergency department presentations

The CHS Clinical Services Plan (2021) indicates a predicted 4% growth annually in emergency department presentations.



Inpatient demands

The CHS Clinical Services plan predicts that CHS will experience growth in overall inpatient separations of 3% per annum (this includes multi-day and same day), with the highest growth for multi-day episodes by volume being surgical, medical, rehabilitation and aged care, mental health, alcohol and drugs and cancer (Canberra Health Services, 2019)



Nurse/midwife-to-patient ratios

The ACT Government commitment to implement mandated minimum Nurse/midwife-to-patient ratios. Phase one of this commitment commenced in February 2022 affecting general medical and surgical wards as well as acute aged care and adult mental health units at CHS. In order to meet this commitment, CHS is expected to increase of Nursing and Midwifery workforce by 55 FTE.



Canberra Hospital expansion

The Canberra Hospital is undergoing a large modernisation project across many clinical areas provide increased surgical, interventional, treatment spaces and critical care beds to the community.



Digital Health Record

The implementation of the Digital Health Record across CHS in late 2022 will have a significant impact on our Nursing and Midwifery workforce. Indications are that over 490 Nurse and Midwives will be required to act as Superusers throughout the implementation during which time they will be supplementary to the clinical workforce. The implementation is expected to take up to three months.



Aboriginal and/or Torres Strait Islander commitment

Aboriginal and/or Torres Strait Islanders have a higher impact than other Australians in relation to chronic and communicable diseases, infant health, mental health and life expectancy. CHS has made a commitment through [Together Forward](#) to improve access to services and health outcomes for these members of our community.

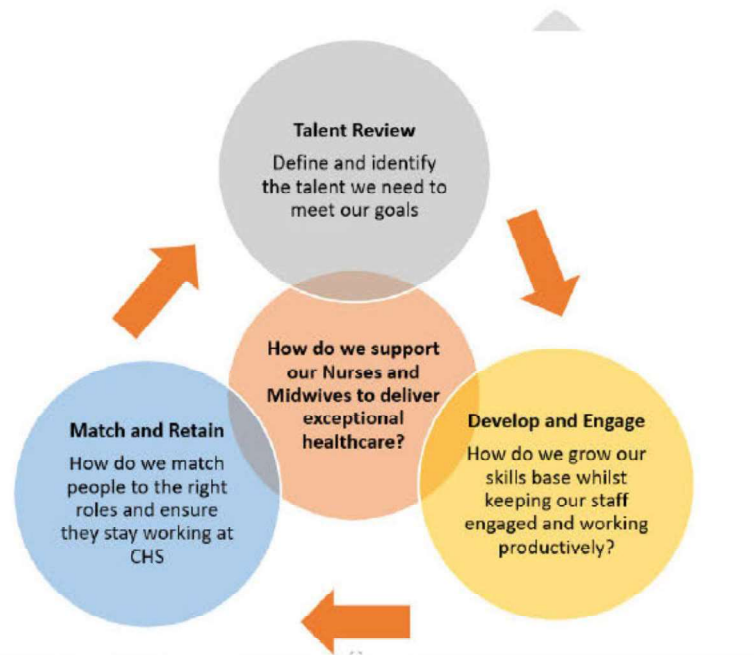
The key drivers of this workforce demand indicate an early growth of xx% FTE over the next xx years (*CSB & DHR numbers are to be added*). This assumption of workforce increase excludes the increase in population and service demand growth which will further impact the demand on our current workforce. The key drivers of our workforce demand coupled with our high turnover of staff and difficulty recruiting in the Midwifery and Mental Health sectors directs the focus the actions of the nurse and midwifery workforce into the following areas of expected growth:

- Midwifery
- Community and preventative health (including hospital in the home, critical outpatient services)
- Mental health

- Surgical and interventional areas
- Indigenous health
- Increasing our casual pool

Bridging the gap in our workforce

Discussions with staff from across the Nursing and Midwifery workforce have identified key areas that need to be addressed to grow the workforce and prepare them for the predicted growth in service demand.



Utilising the method above, the key directions identified for attention throughout focus sessions held in 2021 were:

- Improving our culture and enabling Nurses and Midwives to be proud of the role they play in our patient's journey
- Enabling nurses and midwives to work to the top of their scope
- Simplified recruitment processes and ability for the workforce to be more agile
- Ability for staff to move across various areas of the organisation to broaden their skills and achieve professional and personal growth.
- The need to align our training with structured career pathways that incorporate education, knowledge and experience
- Support for mid-level managers and staff through the development and application of clinical and corporate leadership programs.
- Improving our information and data systems to make caring for our patients more time effective and simpler

- Finding the best people for our roles through offering alternate ways of working and a strong marketing campaign that highlights not only the benefits of working at CHS but living in Canberra.

The feedback provided details areas of the Nursing and Midwifery workforce that CHS staff want provided to address the areas of workforce supply and demand areas of concerns.

Workforce opportunities

Every challenge provides our organisation an opportunity to assess how we are delivering healthcare and improve upon it to ensure that our patients receive exceptional clinically appropriate and best practice health care. Attachment A provides further details of the emerging opportunities for CHS and how they will benefit not only the workforce but our patients.



Development of Nursing professionalism framework

Through the development of a professionalism framework, Nurses and Midwives will be able to demonstrate what professionalism looks like in everyday practice and display to managers, patients and our community the key attributes displayed by CHS Nurses and Midwives through key attributes. The framework will enable Nurses and Midwives to deliver exceptional care through the collective evidence-based review and input to new models of care, nurses and midwives being able to work to the top of their scope to ensure quality patient experience and improvement of service delivery.



Foster and embed a strong culture of staff wellbeing and safety

Nurses and Midwives will cultivate positive workplace culture through their strong leadership and professionalism enabling work environments that are:

- Vision and values led
- Psychologically safe, focused on staff health and wellbeing and free of occupational violence and unacceptable behaviours
- Empowered to support capability development of all staff to deal with the ever changing and complex health care environments.
-



Centralise workforce management

By centralising key areas of workforce management, staff will be better supported to develop their skills and move across the organisation to broaden their clinical skills and knowledge. Centralisation will also allow for strategic placement of graduates; tighter management of premium labour spend the ability to align strategic workforce needs with recruitment and talent acquisition.



Career pathways

Through the alignment of training and application of strategic workforce shortages to university education within the region, CHS will work towards ensuring that staff are supported to develop their career through career pathways that incorporate education, knowledge and experience.



Clinical and corporate leadership

Partnership with the Australian National University Academy of Clinical Leadership will enable our clinical staff to improve and enhance their clinical leadership skills. The implementation of the CHS Management and Leadership program will ensure that our workforce is not only clinical competent to lead, but also have the foundational corporate skills to deliver exception healthcare.



Improving systems

The digitisation of our health records and implementation of new human resource information systems will improve our efficiency and effectiveness ensuring that our patients' journey is reduced with better outcomes.



Strong marketing and talent sourcing

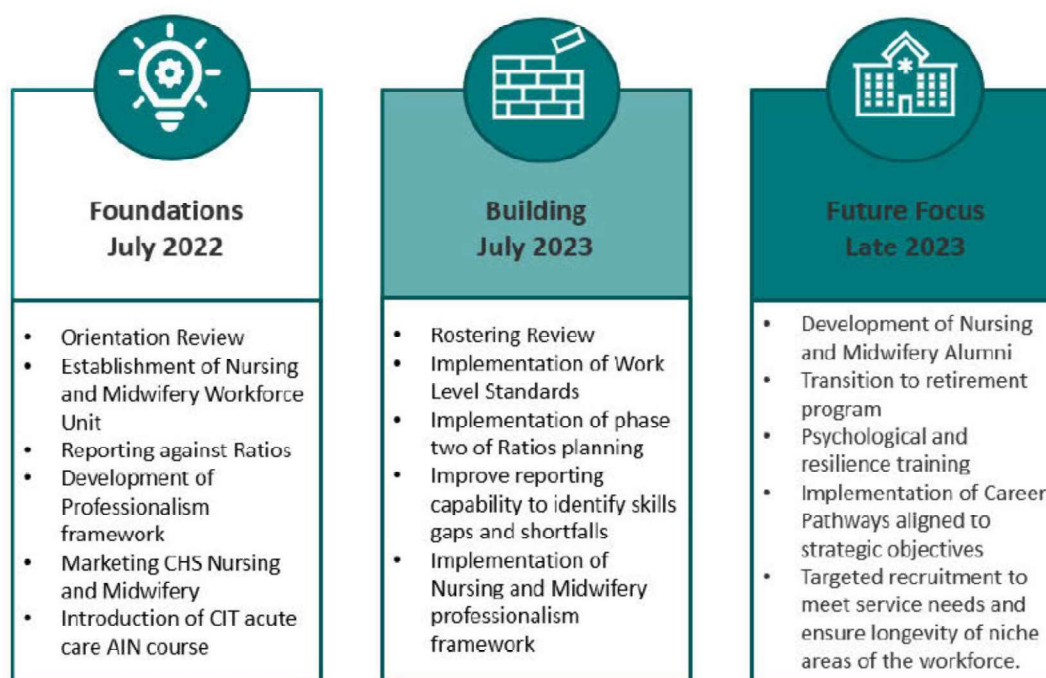
CHS offers competitive pay rates and conditions to our staff, however the benefits of living and working in Canberra need to be optimised to ensure potential candidates are aware that CHS offers job security, flexible working hours, safe working conditions and engaging and rewarding work.

Solution formation

In order to develop a nursing and midwifery workforce that is future focused and able to provide the care required to our community, we need to implement strategic objectives that will address identified issues relating to Recruitment and retention, Culture, Training and Education, Professional Practice and Contemporary Models of Care.

It is proposed that some actions detailed throughout the life of this plan be implemented quickly to effect organisation reform to meet pending strategic priorities with others being undertaken across the life of the plan due to the size of initiatives and/or complexities involved in implementation. All actions are broken down into three phases: Foundations, Building and Future Focused.

Within these phases, specific actions will be the focused to ensure the growth and stability of our workforce.



Actions that are earmarked for development and/or implementation by June 2022 are:

- Development of reporting ability for CHS to advise against compliance with Ratio's.
- Support new nurse and midwives through reinvigoration of our orientation and onboarding processes.
- Implementation of Acute Care Assistant in Nursing students aligned with the CHS Training Strategy.

- Establishment of a centralised Nursing and Midwifery Workforce Unit to strategically coordinate all aspects of workforce management for this cohort in the coming years, including:
 - Rostering
 - Recruitment
 - Staff Mobility
 - Career progression
 - Staff Development
- Development of Nursing and Midwifery professionalism framework.
- Alignment of transition to professional practice graduates to areas of strategic workforce need.
- Development of a robust Nursebank service to reduce premium labour spend.

The implementation of each of these actions will require dedicated leadership, communication and change management processes to ensure success and engagement of the workforce. An overview of objectives is detailed at [Attachment A](#).

Implementation and monitor progress

The implementation of actions listed within this workforce plan will be undertaken as individual projects. These projects will have a key lead with SMART measures of success so that progress may be monitored, and implementation reviewed to ensure that the actions have achieved the desired goals.

Each action will require individualised change management approach, communication strategy and risk management ([Attachment C](#)) to ensure that changes being implemented allow staff to be engaged and supported through implementation whilst still delivering exceptional healthcare at the operational level.

Attachment A - Nursing and Midwifery Workforce Plan

To ensure that we are able to deliver exception healthcare to our patients that is safe in an environment where our staff feel supported and empowered, all actions in this plan are aligned with the principles of the Our People framework, the actions are detailed below.

Principle 1 – Strong leadership and a positive workplace culture

	Action	Attract, Recruit & Retain	Culture & Leadership	Capability	Collaboration	Safe Work	Inherent Risk Rating	CHS Lead	Key Partners	Timeframe	Measure of Success
1.1 We have leaders that are equipped to manage effectively in a complex environment	1.1a Develop and implement training, in addition to the current Leadership and Management training, to address Nursing and Midwifery training gaps for new and emerging leaders	✓	✓	✓	✓	✓	CHS Organisational National Standards	People and Culture	EDNMPSS DONs ACT CNMO	December 2022	20% of workforce who attends and engaging in training program
	1.1b Implement internal communication methods that are effective, concise, and targeted	✓	✓	✓	✓	✓	CHS Organisational National Standards	EDNMPSS	All Nursing and Midwifery Staff	December 2022	Implementation of effective and simplified communication pathway within the organisation
	1.1c Support new Nurses and Midwives on commencement at CHS through an intensive orientation period that includes completion of mandatory	✓	✓	✓	✓	✓	CHS Organisational	People and Culture	EDNMPSS QSII	Feb 2023	Development and implementaiton of structured, focused

	and required education and supernumerary shifts.										orientation and onboarding process by September 2022.
1.2 Our structural approach to the Nursing and Midwifery workforce is consistent and enables a professional workforce.	1.2a Implement work level standards for nurses and midwives and apply them consistently across the organisation, including job evaluation, reviewing current positions descriptions and recruitment criteria	✓	✓	✓	✓	✓	CHS Strategic	EDNMPSS	ACT CNMO People and Culture	December 2022	Endorsement and Implementation of Nursing and Midwifery WLS within CHS by December 2022.
	1.2b Commence the review and/or assessment of clinical skills when recruiting staff to positions.	✓		✓		✓	CHS Organisational	People and Culture	EDNMPSS DONs	August 2022	Review of Selection Committee training to include clinical skills assessment throughout recruitment by August 2022
	1.2c Revision of key roles and functions to determine required skill mix and develop training to meet required skill mix			✓		✓	CHS Organisational	DONs	EDNMPSS People and Culture	October 2022	

1.2e Development of team-based nursing models of care ensuring staff are working to the top of their scope		✓	✓		✓	CHS Organisational	DONs ADONs	EDNMPSS People and Culture	December 2022	
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Principle 2 – We work collaboratively

	Action	Attract, Recruit & Retain	Culture & Leadership	Capability	Collaboration	Safe Work	Risk Rating	CHS Lead	Key Partners	Timeframe	Measure of Success
2.1 We have strong partnerships with tertiary and vocational education providers	2.1a Provision of input to training programs for Bachelor of Nursing and Enrolled Nursing courses	✓	✓	✓	✓		CHS Strategic	EDNMPSS	DONs ACT CNMO	December 2022	Preliminary meetings to occur with relevant educational facilities no later than December 2022
	2.1b Investigation into the use of pre-qualified registered nurses/nursing students being employed as Assistant of Nursing while undertaking their qualifications	✓		✓	✓		CHS Organisational	EDNMPSS	ACT CNMO DONs People and Culture	July 2022	Development of policy to engage nursing students at CHS in AIN roles by July 2022

	2.1c Collaboration with Universities and CIT to direct clinical placement opportunities to priority areas to build interest and sustain the workforce CHS requires	✓		✓	✓		CHS Strategic	People and Culture	EDNMPSS DONs ACT CNMO	March 2023	20% Increase in Student placements in priority areas of the workforce (MHJHADS and WYC)
	2.1d Guest lecturing opportunities for CHS Nursing and Midwifery Staff at CIT and universities.	✓	✓	✓	✓		CHS Strategic	People and Culture	EDNMPSS DONs ACT CNMO	February 2023	Development and implementation of honorary appointments and reciprocal employment at CIT/Universities to commence 2023 educational year.
	2.1e Encourage and support staff through the provision of honorary contracts to teach on the Enrolled Nursing program at CIT.	✓	✓	✓	✓		CHS Strategic	People and Culture	EDNMPSS DONs ACT CNMO	February 2023	
	2.1f Commencement of nurse led research working towards promoting CHS as a centre of excellence in nurse led research.	✓	✓	✓	✓	✓	CHS Strategic	EDNMPSS	ED Research and Partnership DONs	August 2023	Alignment with CHS Research Strategy to develop nurse led research stream
We have technology that supports	2.1g Revision of roster practices and development of innovative rostering techniques to streamline service delivery and		✓	✓		✓	CHS Organisational	EDNMPSS	CFO DONs	August 2022	Implementation of ProAct analytics module and modification

our workforce	agility of workforce that supports budgetary freedom									NIMs Team People and Culture	and simplification of roster templates by August 2022
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Principle 3 – Attract, recruit and retain high calibre talent.

	Action	Attract, Recruit & Retain	Culture & Leadership	Capability	Collaboration	Safe Work	Risk Rating	CHS Lead	Key Partners	Timeframe	Measure of Success
3.1 We have a workforce that is agile, with the right people with the right skills in the right place at the right time.	<p>3.1a Establishment of an Organisation wide Nursing and Midwifery Workforce Unit to strategically coordinate all aspects of workforce management.</p> <p>This will involve the collaboration of the following elements of the workforce:</p> <ul style="list-style-type: none"> Nursing Informatics Management Service Rostering 	✓	✓	✓	✓	✓	CHS Strategic National Standards	EDNMPSS	DONs ACT CNMO People and Culture	June 2022	<p>5% decrease in organisational wide sick leave.</p> <p>Decrease in vacancy rates by 30%.</p> <p>Reduction in premium labour spend by 40%</p>

<ul style="list-style-type: none"> Recruitment (including organisational wide bulk recruitment) Implementation of organisational wide recruitment strategies Collective use of merit lists to fill vacancies Staff Mobility and Secondments Placement of RN Level 1 Year 2 applicants based on strategic needs Transition to Practice Program After Hours Hospital Management 										<p>Increase in staff retention over the next 2 years.</p> <p>Increase in new graduate positions consistent with service growth</p>
<p>3.1c Ratify Nursing and Midwifery staffing levels to ensure delivery of safe healthcare to our patients across the service to meet service demand, including:</p> <ul style="list-style-type: none"> Meeting Ratios framework Ability to accurately report against Nurse ratios compliance 	✓	✓	✓	✓	National Standards	EDNMPSS	DONs ACT CNMO People and Culture	December 2022	Review 30% of all nursing workforce models by December 2022	

	<ul style="list-style-type: none"> Review and management of leave across the organisation 										
	3.1d Increase funded Enrolled Nursing placements and support transition to practice for enrolled nursing staff.	✓		✓	✓	✓	National Standards	EDNMPSS	CFO All Nursing and Midwifery Staff	May 2022	10% increase in EN placements across the organisation
	3.1e Development of Nursing and Midwifery Professionalism framework	✓	✓	✓	✓	✓	CHS Organisational	EDNMPSS	All Nursing and Midwifery Staff	May 2022	Workshop to commence development to be held in April 2022
3.2 Implementation of a strong culture of succession	3.2a Develop and implement a transition to retirement program that will support nurses and midwives as they transition out of the workplace and into retirement, embedding strong succession planning particularly	✓	✓	✓	✓	✓	CHS Strategic	People and Culture	ACT CNMO EDNMPSS DONs	December 2023	Develop, implement a and promote a formalised transition to retirement program that is

planning and development	in specialty or niche areas of Nursing and Midwifery.										supported by all members of the organisation.
	3.2b Establish a CHS Nursing and Midwifery Alumni to: - recognise and reward the contribution of our staff and - to provide support and mentorship to the next generation of Nurses and Midwives	✓	✓	✓	✓	✓	CHS Organisational	People and Culture	ACT CNMO EDNMPSS DONs	December 2023	Commencement of Nursing Alumni in support and supernumerary roles by December 2023.
	3.2c Establish monthly meetings with divisional Human Resource Business Partners and Assistant Directors of Nursing to discuss HR Matters and coach hiring managers.	✓	✓	✓	✓	✓	CHS Organisational	People and Culture	Divisional EDs ADONs	May 2022	Regular monthly meetings established across 50% of the organisation by May 2022
3.3 We promote CHS and the ACT as a great place to work and live	3.3a Development and implementation of CHS as a great place to work through strong positive marketing campaigns	✓	✓	✓	✓		CHS Strategic	CHS Communications	EDNMPSS DONs ACT CNMO People and Culture	July 2022	Development and commencement of national marketing campaign to promote living in Canberra and working at CHS

3.4 We are recognised as an inclusive organisation which represents the community that we serve	3.4a Increase the number of identified and targeted positions across the diversity spectrum so that all staff are well represented within the workforce.	✓	✓	✓	✓		National Standards CHS Organisational	People and Culture	EDNMPSS DONs	June 2022	1% increase in targeted and identified roles by June 2022
	3.4b Provide support to staff who identify as a member of a minority sector of the community through the establishment of staff networks, mentorship and support through the Workforce Inclusion Manager and associated frameworks.	✓	✓		✓		CHS Organisational	People and Culture	All Executive Staff	December 2021	Development and communication to all staff detailing staff networks, including details of facilitated events

Principle 4 – Safe working environment

	Action	Attract, Recruit & Retain	Culture & Leadership	Capability	Collaboration	Safe Work	Risk Rating	CHS Lead	Key Partners	Timeframe	Measure of Success
4.1 We ensure our workforce is safe psychologically and physically	4.1a Provide education and support to Nurses and Midwives to ensure they have the psychological support they need when they need it through early intervention psychologists and staged	✓	✓	✓	✓	✓	CHS Organisational	People and Culture	EDNMPSS DONs Workforce Resolution and	July 2022	Implementation of Early intervention psychological services by Feb 2022.

	debriefing coaching and programs							Support Services		Development and roll out of manager training to 20% of the organisation by July 2022.
	4.1b Development/promotion of career resilience training to ensure a robust and sustainable workforce.	✓	✓	✓		✓	CHS Organisational	EDNMPSS	People and Culture	July 2023

Principle 5 – Develop the workforce capability

	Action	Attract, Recruit & Retain	Culture & Leadership	Capability	Collaboration	Safe Work	Risk Rating	CHS Lead	Key Partners	Timeframe	Measure of Success
5.1 Support and Guide our Nurses and Midwives to achieve their career aspirations.	5.1a Develop well defined career pathways for Nurses and Midwives	✓	✓	✓	✓		CHS Strategic	EDNMPSS	DONs ACT CNMO People and Culture	September 2022	Implementation of career pathways for 30% of Nursing and Midwifery roles.
	5.1b Develop transition pathways for AINs and EN to continue their professional development to become RNs or RMs in a supported environment	✓	✓	✓	✓	✓	CHS Strategic	EDNMPSS	DONs ACT CNMO People and Culture	July 2023	Formalised pathways and support networks implemented through EDNMPSS office
	5.1c Development of greater staff mobility within the health service to enhance personal and professional satisfaction and enable cross divisional education	✓	✓	✓	✓		CHS Strategic	EDNMPSS	DONs ACT CNMO People and Culture	March 2023	Implementation of a strategically aligned approach to staff mobility by March 2023.

5.2 Ensure our Nurses and Midwives have the skills and knowledge to provide safe quality healthcare.	5.2a Expand the Transition to Practice Program for Nurses and Midwives to ensure the strategic placement of nurses to areas of greatest workforce demand and support second year placements.	✓	✓	✓	✓	✓	CHS Organisational	EDNMPSS	DONs ACT CNMO People and Culture	September 2022	Align second year placement of TPPP graduates to meet organisational need.
	5.2b Implementation of protected education time for all Nurses and Midwives	✓	✓	✓	✓	✓	National Standards	EDNMPSS	DONs ACT CNMO	December 2022	Development of proactive rostering to ensure protected education time is articulated by December 2022 and implemented by July 2023.
	5.2c Support the development of key areas of the workforce through the strategic allocation of scholarship programs aligned to the strategic needs of the organisation	✓	✓	✓	✓	✓	CHS Organisational	EDNMPSS	ACT CNMO DONs	March 2023	Identification and coordination of scholarship approval to meet strategic needs.

Attachment B – Implementation and monitoring

Risk management

The workforce risk table identifies the future workforce risk and mitigations based on information about the available workforce, projected population growth and relevant research. Based on the four levels of risk within CHS, the workforce table identifies the level of risk and a rating against the risk matrix.

The four levels of risk in CHS are outlined below:

- **CHS Strategic:** risks that impact negatively on our ability within CHS to deliver on our strategic priorities/plan
- **CHS Organisational:** risks that effect or have impact on large portions of or the entire organisation
- **Divisional:** risks that effect or have impact on one division's ability to deliver at a local level
- **National Standards:** risks that have an impact on CHS meeting the National Standards criteria to gain service wide accreditation.

More than one level of risk may apply to an initiative.

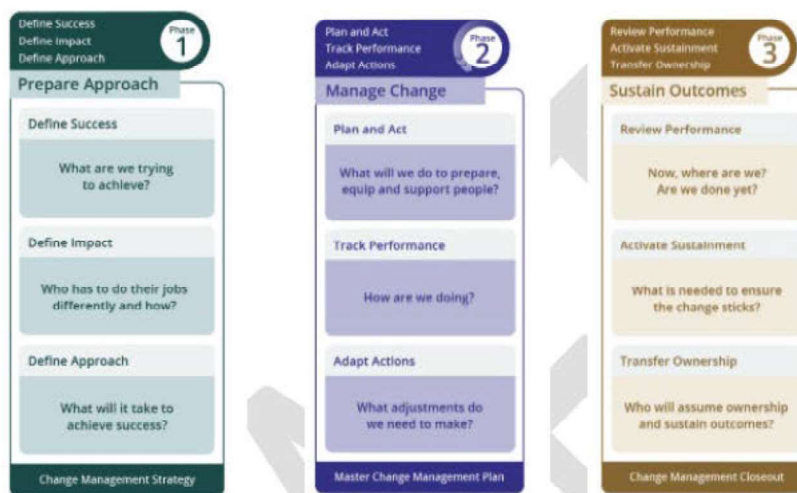
The Risk matrix (below) consists of four levels of risk: extreme, high, medium or low.

			Consequence				
			Insignificant	Minor	Moderate	Major	Catastrophic
			1	2	3	4	5
Likelihood	5	Almost Certain	Medium	High	High	Extreme	Extreme
	4	Likely	Medium	Medium	High	High	Extreme
	3	Possible	Low	Medium	Medium	High	Extreme
	2	Unlikely	Low	Medium	Medium	High	High
	1	Rare	Low	Low	Medium	Medium	High

Details of the risks allocated to individual initiative are detailed in the Action Plan at [Attachment A](#).

Change management

To ensure the success of each activity detailed throughout this workforce plan, strong change management and communication strategies are key. The [Prosci](#) method of change management will be utilised throughout the implementation of projects scaled to the size of the action being implemented. The Prosci method details the requirements for change management success at an organisational level through 3 phases: Prepare Approach, Manage Change and Sustain Outcomes.



At an individual level, change will only be successfully implemented in staff understand the importance of the proposed changes, why they are happening and how they will benefit from the changes. To successful change process at an individual level the ADKAR model (Awareness, Desire, Knowledge, Ability and Reinforcement) will be utilised to equip our staff with the right information, motivation and ability to the changes proposed.



Communication and engagement

As with each change management process, communication for individual actions will also need to be coordinated and tailored to meet the desired outcomes. Communication may be undertaken through formal and/or informal means as required to ensure engagement of the target audience. It is anticipated that the Executive Director, Nursing and Midwifery, Directors of Nursing, People and Culture and CHS Communications will be key champions in ensuring strong engagement and communications across the organisation.



Attachment C – Key informing documents

[Canberra Health Services Strategic Plan \(2020–2023\)](#) - The CHS Strategic Plan sets a clear path forward for the organisation to deliver against our vision of creating exceptional health care together for our consumers, their families, and carers.

[Canberra Health Service Corporate Plan \(2021 – 2022\)](#) – Outlines our strategic priorities for the 2021/22 Financial year

[Canberra Health Services Clinical Governance Framework](#) – is the foundation of exceptional care and it is vital to ensuring that everyone who accesses our services is safe.

[Canberra Health Services Exceptional Care Framework](#) – describes how we deliver exceptional care.

[Canberra Health Services Managing Risk for Exceptional care](#) – Risk management framework 2020-2023

[Canberra Health Services Our People Framework](#) – Defines what we mean by our strategic priority of ‘a great place to work’.

[Canberra Health Services Clinical Service Plan](#) – Outlines the future service directions and actions we intend to take to meet community expectations and service demand pressures.

[National Safety and Quality Health Service Standards \(NSQHS\)](#) - The NSQHS provide a nationally consistent statement of the level of care consumers can expect from health service organisations. Six specific actions to meet the needs of Aboriginal and Torres Strait Islander peoples have been included in the second edition of the NSQHS.

[Nurse/Midwife to Patient Ratios Framework \(TBA\)](#)

[ACTPS Nursing and Midwifery Enterprise Agreement 2020-2022](#)

Attachment D - Consultation process and contributors

In order to engage such a large workforce, a variety of formal and informal methods were utilised to hear what our Nurses and Midwives felt were our greatest challenges and our opportunities.

Dedicated sessions were undertaken with Directors of Nursing (DONs) at various stages throughout the development of this plan. At these sessions, the DONs were involved in the development of the direction of the workforce plan, hearing feedback from the workforce and guiding the future direction for this cohort.

Focus groups were also held throughout the first half of 2021. These sessions were open to all staff to attend as well as Union delegates. 18 two-hour focus groups were undertaken across various areas of the organisation (listed below) with 7% of the workforce attending these sessions.

In addition, various online surveys were utilised for staff unable to attend focus group sessions to gauge the issues and future opportunities of the workforce. This resulted in an additional 10% of this workforce providing feedback and thoughts in relation to the workforce planning for this cohort.

Attendees and contributors to this plan came from the various areas listed below.



Acknowledgement of Country



Canberra Health Services acknowledges the Traditional Custodians of the land, the Ngunnawal people. Canberra Health Services respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. Canberra Health Services also acknowledges and welcomes Aboriginal and/or Torres Strait Islander peoples who are part of the community we serve.



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DRAFT

Canberra Health Services Consultation Paper

CHS Nursing and Midwifery Workforce Plan

People and Culture

1. Background

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person-centred care. It provides acute, sub-acute, primary, and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

In order to do this, we need to grow and develop a sustainable workforce that is future fit and prepared for the changing pressures of healthcare delivery. In the coming years our workforce will not only need to meet the increasing service demand of an ageing population, higher rates of chronic disease and larger population but also the impacts of new infrastructure and technology.

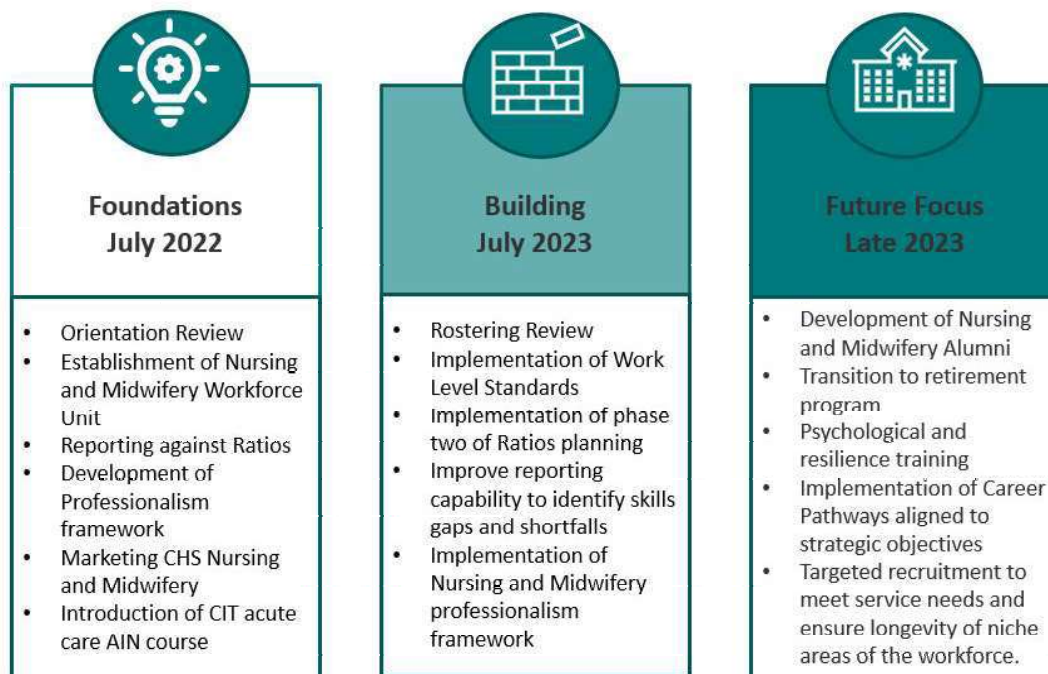
A workforce plan for Nursing and Midwifery is crucial to ensure that strong succession planning is in place to ensure a supported and flexible transition to retirement for our aging and retiring workforce while investing in the development of our early and mid-career nurses and midwives. This Workforce Plan aims to ensure that our nurses and midwives feel supported and empowered to work within their full scope of practice whilst developing new and required skills to meet the community's healthcare needs.

To meet these challenges, CHS has developed the Nursing and Midwifery Workforce Plan (Attachment A) to outline our current challenges, future opportunities and plan to address and meet the ever-changing demands on our workforce to ensure that they are able to deliver quality care and meet their career goals.

Whilst the plan has been developed to address common issues across the organisation, there will be a focus on the following areas within CHS to match expected areas of growth:

- Midwifery
- Community and preventative health (including hospital in the home, critical outpatient services)
- Mental Health
- Surgical and interventional areas
- Indigenous health
- Increasing our casual pool
- Intensive Care
- Emergency Nursing

To ensure that our goals are achievable, they have been broken into three phases for implementation across the life of the plan. These phases with key actions are detailed below:



3. Consultation

Whilst this plan has been developed through focus groups, surveys, and discussions with various staff, Manages, ANMF Representatives, your feedback, suggestions and questions will assist in further refining the direction of the plan.

Consultation is open to all internal and external stakeholders.

Feedback is to be in writing and emailed to CHS.WorkforcePlanning@act.gov.au.

Feedback is due by 5.00pm Friday 25 March 2022.



ACT
Government

**Canberra Health
Services**

Mr Matthew Daniel
Branch Secretary
Australian Nursing and Midwifery Federation (ACT Branch)

via email: [REDACTED]

Dear Matthew

Canberra Health Services (CHS) Nursing and Midwifery Workforce Plan

The CHS Nursing and Midwifery Workforce Plan 2022-23 (the plan) has been developed with input and feedback from across the services. The plan is focussed on meeting the current needs of the community we serve, as well as ensuring we continue to build a sustainable workforce that is future fit and able to handle the changing pressures of healthcare delivery.

The plan has been developed in line with the CHS Strategic Plan 2020-23 and has a focus on making CHS a great place to work with the five guiding principles as outlined in the 'Our People Framework'.

Consistent with Section P of the *ACT Public Sector Nursing and Midwifery Enterprise Agreement 2020-2022*, I am writing to provide a copy of the plan, along with the consultation paper, to the Australian Nursing and Midwifery Federation (ANMF) and invite you to provide feedback.

All feedback should be emailed to CHS.WorkforcePlanning@act.gov.au by **5pm 29 March 2022**.

CHS looks forward to the consultation process and the opportunity to seek feedback from the ANMF on the draft plan.

Kind regards,

Karen Grace
Executive Director
Nursing & Midwifery and Patient Support Services
Canberra Health Services

March 2022

Lowes, Shannon (Health)

From: Bransgrove, Meagen
Sent: Tuesday, 8 March 2022 7:11 PM
To: Grace, Karen (Health)
Subject: RE: Draft Workforce Plan

Thanks Karen, really appreciate you sending this through. I will pass through to the Minister as a flag that this may be discussed by unions.

Thanks,

Meg

From: Grace, Karen (Health) <Karen.Grace@act.gov.au>
Sent: Tuesday, 8 March 2022 5:14 PM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: Draft Workforce Plan

OFFICIAL

Hi Meg

As promised please see attached a copy of the correspondence we are about to send to the ANMF and the HSU consulting on the draft N&M workforce plan.

Kind Regards

Karen

Karen Grace | Executive Director
Nursing & Midwifery and Patient Support Services
Quality, Safety, Innovation and Improvement
Phone: 02 5124 2027 | Mobile: [REDACTED] | Email: karen.grace@act.gov.au
Canberra Health Services | ACT Government
Building 28, Level 2 – The Canberra Hospital | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



UNCLASSIFIED

Purpose:	To provide input into FOICHS21-22.22
Topic:	Nurse Numbers, Recruitment and Contracts - Castley
Requested by:	ED NMPSS office
Requested date:	23 March 2022

Request details:

- People and Culture to provide:**

The number of FTE nurses in permanent employment as well as nurses on contracts and the length/nature of those contracts.

Cleared content from People and Culture

We currently have 3109 Headcount Permanent Nursing Staff (this includes Assistants in Nursing, Enrolled Nurses, Registered Nurses and Midwives, Nurse Practitioners and University Student Nurses).

Below is the breakdown on casual and temp nurses as well as the % working direct covid response related roles.

CHS is committed to managing the temporary workforce where possible as per the intent of the ACTPS temporary work taskforce. The temporary nurse workforce is used to cover long periods of leave such as maternity/paternity leave and long service leave. They are also used for specific project based positions.

Classification	Total headcount of Casual	% who are part of Covid Response	Casual Pool headcount (used for Covid and where required)
Assistant in Nursing	117	24%	28
Enrolled Nurse	61	70%	7
Registered Midwife	50	2%	48
Registered Nurse	274	37%	122
Student Nurses	35	100%	
Grand Total	537	38%	205

Classification	Total headcount of Temporary	Average of Duration in Position (months)	% who are part of covid response
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Assistant in Nursing	47	8.4	
Enrolled Nurse	70	8.0	47%
Registered Midwife	7	10.1	
Registered Nurse	370	10.9	27%
Student Nurses			
Grand Total	494	10.2	

Note: Data is correct as at pay 16/2/2022. Average duration is based on time spent in their current position.

EGM P&C Clearance: 21 March 2022 _

Action Officer: _Tehlia Vinton_____

Ext: 49552
