


 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 **Monday 2 May 2022**. The application was rescoped on **Tuesday 14 June 2022**.

The request was rescoped to:

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

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

<i>GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters Initiated Brief: (Minister for Health) – medical Negligence Claim – “redacted”</i>	<i>MCHS22/84</i>
<i>GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Request for Advice – Minister for Health – Insourcing Activities/Taskforce</i>	<i>MCHS22/77</i>
<i>GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters Initiated Brief: (Minister for Health)- Canberra Health Services Weekly Brief (7 to 11 February 2022)</i>	<i>MCHS22/75</i>
<i>HUMAN RESOURCES – Remuneration – Minister for Health – VMO Locum Pay Rates – “redacted”</i>	<i>MCHS22/58</i>

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Tuesday 12 July 2022**.

I have identified 13 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant full access to five documents
- grant partial access to four documents, and
- refuse access to four 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 five documents at references 4, 6-7 and 11-12

Refuse Access

I have decided to refuse access to four documents at references 1 and 8-10.

Public Interest Factors Favouring Disclosure

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

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government’s accountability
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest
- Schedule 2, 2.1(a)(iv) ensure effective oversight of expenditure of public funds, and
- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*
- Schedule 2, Schedule 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency
- Schedule 2, Schedule 2.2 (a)(xv) prejudice the management function of an agency or the conduct of industrial relations by an agency.

Document at reference 1 is comprised of information covered under Schedule 1.2 Information and is subject to legal professional privilege, it is taken to be contrary to the public interest to release. This document also contains personal information of an ACT constituent.

Document at reference 8 has been identified containing information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act. The information contained in this document is partially comprised of personal information and the industrial relations of the agency.

Document at reference 9 is comprised of information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, it is taken to be contrary to the public interest to release. Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision). This document also contains personal information of an ACT Government employee mobile number, information regarding the commercial activities of a non-ACT Government agency and the management function of a government agency.

Document at reference 10 contains personal information and personal health information. Section 12 of the FOI Act outlines that this Act does not apply to information in a health record as defined by the *Health Records (Privacy and Access) Act 1997*.

I have given significant consideration to the factors favouring disclosure and I believe the factors favouring non-disclosure outweighed these of the information requested. Therefore, I have determined the information identified is contrary to the public interest and decided not to disclose this information.

Partial Access

I have decided to grant partial access to four documents at references 2-3, 5 and 13 have been identified containing information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act. The information contained in these documents are partially comprised of personal information such as non-ACT Government staff names.

Public Interest Factors Favouring Disclosure

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

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

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

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

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the information requested would not provide any government information pertinent to your request. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, 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, appearing to be 'JS', written in a cursive style.

Josephine Smith
Executive Branch Manager
Strategy & Governance
Canberra Health Services

12 July 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]	<i>'A copy of the Ministerial Briefs with the titles outlined, excluding all attachments to the briefs'</i>	CHSFOI21-22.35

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1	MCHS22/160 - GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Advisory Note: (Minister for Health) Coronial Inquest – Ruth McKay (Hearing scheduled for 16 March 2022)	9 March 2022	Refuse Release	Schedule 1.2 Legal & Schedule 2, 2.2 (a)(ii) Privacy	NO
2.	2 – 4	MCHS22/136 - RECORDS & INFORMATION MANAGEMENT – Advice (N) – Initiated Brief: (Minister for Health) Freedom of Information (FOI) Application from “redacted” (CHSFOI21-22.19) Guidelines, rules, memoranda, documents police attendance when vulnerable people under ‘welfare’ checks	4 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
3.	5 – 7	MCHS22/129 - GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters Initiated Brief: (Minister for	3 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

		Health)- Canberra Health Services Weekly Brief (28 February to 4 March 2022)				
4.	8 – 12	MCHS22/120 - GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters Initiated Brief: (Minister for Health)- Canberra Health Services Weekly Brief (21 to 25 February 2022)	25 February 2022	Full Release		YES
5.	13 – 15	MCHS22/108 - RECORDS & INFORMATION MANAGEMENT – Advice (N) – Request for Advice – Minister for Health – Freedom of Information (FOI) Application from “redacted” (CHSFOI21-22.17) – Information related to appointments with “redacted”, Pain Management Unit, Canberra Hospital	2 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
6.	16 – 19	MCHS22/106 - GOVERNMENT & STAKEHOLDER RELATIONS - Planning (N) - Initiated Brief - Minister for Health - Governance Review Outcome	2 March 2022	Full Release		YES
7.	20 – 22	MCHS22/96 - GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters Initiated Brief: (Minister for Health)- Canberra Health Services Weekly Brief (14 to 18 February 2022)	18 February 2022	Full Release		YES
8.	23	MCHS22/91 - GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Advisory Note: (Minister for Health) Dispute Lodged with Fair Work Commission re payment	11 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule (a)(xv) Industrial relations	NO
9.	24 – 31	MCHS22/87 - PATIENT SERVICES ADMINISTRATION – Service Delivery – Request for Advice – Minister for Health – Elective Surgery Forward Plan	3 March 2022	Refuse Release	Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xiii) Commercial and Schedule 2, 2.2 (a)(xv) management function	NO

10.	32 – 35	MCHS22/84 - GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters Initiated Brief: (Minister for Health) – medical Negligence Claim – “redacted”	11 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy Health Records	NO
11.	36 – 40	MCHS22/77 - GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Request for Advice – Minister for Health – Insourcing Activities/Taskforce	18 February 2022	Full Release		YES
12.	41 – 45	MCHS22/75 - GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters Initiated Brief: (Minister for Health)- Canberra Health Services Weekly Brief (7 to 11 February 2022)	10 February 2022	Full Release		YES
13.	46 – 48	MCHS22/58 - HUMAN RESOURCES – Remuneration – Minister for Health – VMO Locum Pay Rates – “redacted”	24 February 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
Total Number of Documents						
13						

Canberra Health Services Directorate

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To: Minister for Health
Minister for Mental Health

Tracking No.: MCHS22/136 (CHSFOI21-22.19)

From: Dave Pepper, Chief Executive Officer**Subject:** Freedom of Information application from [REDACTED] (Constituent) regarding guidelines, rules, memoranda, documents regarding police attendance when vulnerable people under 'welfare' checks.**Critical Date:** 03/03/2022**Critical Reason:** FOI will be delivered to applicant on this day.

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

Recommendations

That you:

1. Note Canberra Health Services' response at Attachment A;

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. On Wednesday 12 January 2022, [REDACTED] (Constituent) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the Canberra Health Services' (CHS) requesting:

'Guidelines, rules, memoranda, documents - basically anything - regarding police attendance when vulnerable people under 'welfare' checks should be approached by police officers.'

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Issues

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

Financial Implications

- 4. Processing fees are not applicable to this request.

Consultation

Internal

- 5. Not applicable.

Cross Directorate

- 6. Consultation was undertaken with the ACT Ambulance Services who responded with objections to the release of a list of phone numbers not for public disclosure that have been agreed for redaction.

External

- 7. Third party consultation was undertaken with ACT Policing (AFP) who responded with objections to the release of an AFP officer’s name and signature that have been agreed for redaction and Calvary Public Hospital Bruce who did not respond.

Work Health and Safety

- 8. Not applicable.

Benefits/Sensitivities

- 9. Not applicable.

Communications, media and engagement implications

- 10. Media talking points can be prepared by the CHS media team should any media issues arise.
- 11. The decision letter and accompanying documents in response to [redacted] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name: Katrina Rea Phone: 5124 1623
 Executive Director, MHJHADS

Action Officer: Kelly Daly Phone: 5124 1099
 Executive Officer, MHJHADS

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Attachments

Attachment	Title
Attachment A	CHS Response

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Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS22/129
Date:	3 March 2022	
CC:	Dave Pepper, Chief Executive Officer	
From:	Colm Mooney, Acting Deputy Chief Executive Officer	
Subject:	Minister’s Weekly Brief – 28 February to 4 March 2022	
Critical Date:	04/03/2022	
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 – 28 February to 4 March 2022.

Noted / Please Discuss

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

Minister’s Office Feedback

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

<u>GEHU AUDIT TEAM</u>	Mon 28th Feb	Total
Patients attempted to be contacted	241	5753
Patients unable to be contacted	119	2278
Patients successfully contacted	122	3475
Patients Removed		
Patients Removed	40	1445
Procedures complete - Financial Year 2021 - 2022		
Procedures complete - Financial Year 2021 - 2022		2361
Procedures complete - Financial Year 2020 - 2021		
Procedures complete - Financial Year 2020 - 2021		2725
Outpatient procedures completed last week		
Outpatient procedures completed last week		95

UPDATES ON KEY PROJECTS/PIECES OF WORK**COVID – 19 Screening**

From 25 February 2022, Canberra Health Services (CHS) simplified its screening process to enter various parts of the health service. As a result, approximately 120 Casual staff employed over the past two years will no longer be offered shifts. To ensure that these staff are supported, the Workforce Coordination Unit is trying to facilitate redeployment of staff to other areas of need. It is anticipated that there will be a number of staff that are unable to be redeployed within CHS. As a result, discussions have occurred with Access Canberra who have meaningful employment at level for these staff. CHS and Access Canberra will collaborate to ensure that staff who are willing will be transitioned to new roles in Access Canberra in a swift and efficient manner.

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

Notifications of Employee Representation Rights (NERRs) have all been distributed and bargaining for the next round of Enterprise Agreements will commence later this month.

There are two matters currently before the Fair Work Commission with potential implications for doctors' employment conditions (neither currently involve ASMOF):

- The first has been brought by [REDACTED] and is raising issues regarding progression to senior specialist. This is listed for hearing in March 2022.

- The second has been brought by [REDACTED] and has potentially significant implications for hours of duty and on-call recall payments for senior medical staff. This is listed for hearing in May 2022.

Nurse Ratios

Work has commenced, led by the Health Directorate, on developing Stage 2 of the introduction of ratios.

Signatory Name:	Colm Mooney Acting Deputy Chief Executive Officer	Phone:	5124 8737
Action Officer:	Kath Macpherson Senior Director Policy, Planning and Government Relations	Phone:	5124 9590



Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS22/120
Date:	24 February 2022	
CC:	Dave Pepper, Chief Executive Officer	
From:	Colm Mooney, Acting Deputy Chief Executive Officer	
Subject:	Minister’s Weekly Brief – 21 – 25 February 2022	
Critical Date:	25/02/2022	
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 – 21 to 25 February 2022.

Noted / Please Discuss

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

Minister’s Office Feedback

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

GEHU AUDIT TEAM	Mon 21st Feb	Total
Patients Contacted	530	5512
Patients Attempted to be contacted	201	2159
Patients successfully contacted	329	3353
Patients Removed	99	1405
Called Twice	4	322
Already Seen	5	102
Seen Elsewhere	22	247
Does not want/refused	58	502
Other	10	240

Update on Accreditation

- The CEO and ED NMPSS held a forum on 14 February 2022 to inform staff and discuss the deferral of Accreditation.
- Final confirmation of approval from the Australian Commission on Safety and Quality in Healthcare was received regarding deferral and extension of Canberra Health Services (CHS) accreditation. The organisation wide assessment survey will take place 27 June – 1 July 2022.

- CHS has planned a preliminary assessment for 21 – 25 March 2022 and are waiting on agreement from the ACT Health Directorate in regard to assessors. Liaison with the Office of Professional Leadership is underway regarding key resources being released. The preliminary survey is designed to increase staff awareness and confidence with the assessment process as well as, strengthen our readiness preparations. On the spot feedback will be provided to staff.
- CHS is collating examples of where care is already provided that exceeds the standards, and staff have been encouraged to make nominations for the CEO's "Best and Carest Awards" to showcase the exceptional care.
- Collation of division specific evidence will be finalised by 11 March 2022.
- The National Standards Working Group will continue to monitor progress against identified gaps and risks in the lead up to the June assessment.

Update on AHPRA Investigation

On 8 February 2022, AHPRA wrote to CHS requesting further information for the investigation currently being conducted about Dr Omar Adham, Visiting Medical Officer in the Department of Obstetrics and Gynaecology, CHS.

T

CHS continue to work with AHPRA and holds no concerns related to Dr Adham's clinical practice or performance and have not had a reason to restrict or amend the conditions Dr Adham works under.

Visiting Medical Officer contracts

The decision to offer sessional as opposed to Fee for Service (FFS) contracts in paediatrics was based on ensuring consistency among contract provision within the Department of Paediatrics, CHS, and is considered to be in the best interests of service delivery.

VMO FFS claims are considerably higher compared to VMO sessional rates. This significantly impacts the Division of Women, Youth and Children's budget year on year.

The VMO contract committee is scheduled to meet on Thursday 24 February 2022. Further information on VMO issues more broadly will be provided following this meeting.

UPDATES ON KEY PROJECTS/PIECES OF WORK

Access and Sensory COVID-19 Testing Clinic

In response to consumer feedback, CHS has made significant changes to the Access and Sensory COVID-19 testing service at the Garran Surge Centre. Feedback on the previous arrangements was that particularly during surge demand, it did not meet the needs of community members using the service, that the space was noisy, over lit and access was often difficult, requiring consumers to be redirected on presenting to the same testing queue as the main Testing Centre.

Staff from the service were able to work directly with consumers to hear from them what they felt would enable a better space for their needs. As a result, the clinic has been moved to the rear of the Surge Centre with a separate car park and entrance. The internal space has four testing bays with dimmable lighting. Consumers can have tweeting bird sounds and

watch projected nebula and stars to help calm them. The new location provides a shorter ramp access with less steep incline and improved surface for the carpark and pathway meaning better access for consumers with disability.

Staff have also been provided training resources to assist them better understand and meet the needs of autistic consumers.

Testing from the new location commenced on 17 February 2022 and has already received positive feedback from consumers.

Disability Action and Inclusion Plan (MCSH21/992)

- CHS Disability Action and Inclusion Plan (DAIP) presented to ACT Disability Reference Group (DRG) on 22 February 2022 with overall positive feedback, and improvement suggestions:
 - strengthening actions around intersectional issues e.g. Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse, LGBTIQ+ etc.,
 - adding more data to the front of the DAIP to emphasise the importance of the work
 - ensuring that we work with people with lived experience of disability to progress our actions
 - ensuring governance and reporting processes are clearly articulated in the plan.
- DRG is providing further written feedback to us. We will provide them a revised version on 11 March 2022 for them to endorse out of session. DAIP will then progress to CHS Executive Committee for approval. This means the DAIP is unlikely to be finalised before end March 2022. Current anticipated timeframe is end April 2022.
- At this point in time we will provide you with the DAIP, and lodge with Australian Human Rights Commission as agreed with DRG and in line with best-practice for DAIPs.
- Once finalised, actions will be incorporated into 2022-23 Corporate Plan and Divisional Business Plans.
- We will undertake a repeat Access and Inclusion Index assessment in May 2022 to measure our progress as an organisation compared to our November 2020 baseline. Repeat Access and Inclusion Index assessments will be completed annually thereafter. This is included as an action in the DAIP.
- In November 2020, CHS was assessed against the Access and Inclusion Index at a basic to programmatic level of maturity with an overall score of 27 per cent. The scores generated by the Index were based on work completed at the time of assessment, and did not include work underway or planned.
- Several initiatives have already progressed since November 2020. For example, content on staff intranet and new internet site (when ready to launch) already meet, and in some cases exceed Web Content Accessibility Guideline AA level.

- As discussed at Executive briefing on 24 February 2022, a decision was made not to publish our previous Access and Inclusion Index results on the YourSay platform as it was a point in time result that CHS had already started to progress beyond.
- We are still working closely with Community Services Directorate and ACT Health Directorate on the ACT Disability Strategy and ACT Disability Health Strategy and will incorporate actions into our DAIP if required once finalised.

Signatory Name: Colm Mooney Phone: 5124 8737
Acting Deputy Chief Executive Officer

Action Officer: Kath Macpherson Phone: 5124 9590
Senior Director
Policy, Planning and Government
Relations

Canberra Health Services Directorate

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To: Minister for HealthTracking No.: MCHS22/108
(CHSFOI21-22.17)**Date:** 22/02/2022**From:** Dave Pepper, Chief Executive Officer**Subject:** Freedom of Information application from [REDACTED] for
correspondence and documents regarding personal health matters**Critical Date:** Not applicable**Critical Reason:** Not applicable

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

Purpose

To advise you about a Freedom of Information (FOI) request received from [REDACTED] regarding all correspondence and documentation regarding his appointment with [REDACTED] at the Pain management Unit of the Canberra Hospital and subsequent complaints.

Recommendation

That you note the information contained in the brief.

Noted / Please Discuss

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

Minister's Office Feedback

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Background

1. On 4 January 2022, [REDACTED] (constituent) submitted an access application under the *Freedom of Information Act 2016* (the Act) to Canberra Health Services (CHS) requesting:

'The information relates to my appointment with [REDACTED] at the Pain management Unit of The Canberra Hospital and subsequent complaint to the hospital, Health Minister and Chief Minister.

I seek all correspondence and documentation regarding this matter between/from any of the parties involved. I seek information regarding the decision made, but not conveyed to me, to not supply prescriptions following approval for such.

The time span is from December 2020, the initial consultation to present day.'

Issues

2. After conducting a search for all relevant documents, CHS has identified 21 documents containing the information that meets the scope of the request.
3. The decision letter and accompanying documents were released to [REDACTED] on 9 February 2022.
4. Following the receipt of these documents [REDACTED] has made further contact stating he was after email conversations between his treating team and other staff or letters to his GP.
5. The FOI team has explained to [REDACTED] that any documents with clinical information would be captured in his clinical file which is not accessible via the FOI process, but rather the 'Request to Access Medical Records' form.

Financial Implications

6. Processing fees were not applicable to this request.

ConsultationInternal

7. The Division of Surgery consulted with the Pain Management Unit on this request.

Cross Directorate

8. Not applicable.

External

9. Not applicable.

Work Health and Safety

10. Not applicable.

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Benefits/Sensitivities

11. Not applicable.

Communications, media and engagement implications

12. Media talking points can be provided by the CHS media team should any media issues arise.

Signatory Name: Lisa Gilmore, Executive Director, Division of Surgery Phone: 51248020

Action Officer: Emma Fox, Executive Officer, Division of Surgery Phone: 51243936

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

Tracking No.: MCHS22/106

Date: 18/02/2022**CC:** Minister for Mental Health**From:** Dave Pepper, Chief Executive Officer**Subject:** Canberra Health Services Governance Review Outcomes**Critical Date:** Not applicable**Critical Reason:** Not applicable

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

Recommendations

That you:

1. Agree to share this brief with the Minister for Mental Health for information;

Agreed/ Not agreed/ Please Discuss

2. Note the Executive Summary of the final report; and

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. In November 2021, Canberra Health Services (CHS) engaged Resolve Health Advisory to complete an independent review of our internal governance committee structure, and make recommendations to meet local and national requirements, and align to best practice.

Previous Committee Structure

2. CHS established the CHS Governance Committee, with external membership, as the highest level of governance within the organisation.
3. A large number of other committees and sub-committees sat below the CHS Governance Committee. These were developed over time – some prior to the establishment of CHS and some since, in response to strategic and operational requirements.
4. Review of CHS governance has previously been ad-hoc and generally limited to periodic reviews of Terms of Reference and changes to committees in response to specific and isolated issues identified.

Issues

5. Governance aspirations for the organisation were developed drawing on governance best practice, including the National Safety and Quality Health Service Standards (National Standards) Guide for Governing Bodies and Chartered Institute of Public Finance and Accountancy International Framework for Good Governance in the Public Sector, as well as CHS Plans, Governance Frameworks and Executive Aspirations.
6. A desktop review of Committee Terms of Reference for Levels 1--4 was then undertaken to assess the degree to which the current governance is consistent with published structures, delivering on key functions, and meeting governance aspirations.
7. This was supplemented by interviews with all members of the CHS Governance Committee and other key Committee members, to gain a deeper understanding of how governance is working in practice and opportunities for improvement.
8. Draft proposals were tested and refined through working sessions with the CHS Executive team and CHS Governance Committee.
9. The Executive Summary of the final report is available at [Attachment A](#). The main findings of the review included recommendations about committee structure, functions, and ways of working:
 - a. There were too many committees with unclear functions and reporting lines
 - b. Committees had too many members with unclear roles and responsibilities and lack of accountability
 - c. There were poor feedback loops between committees, and lack of communication cascade back to divisions and CHS team members

- d. Scrutiny of meeting papers including activity and performance data was variable, often due to the volume and timing of papers received.
10. As a result of the review, changes have been made to the committee structure, and recommendations have been made to assist with implementation of the changes.
 11. Under the new committee structure, committees are responsible for either strategic oversight or management to ensure sufficient independent scrutiny, advice on critical issues, and clear roles, responsibilities, and accountabilities.
 12. Of note, the revised CHS Governance Committee, our highest level of governance (Tier 0) has been strengthened to drive strategy with a strong focus on accountability.
 13. The CHS Governance Committee is supported by the CHS Executive Committee (Tier 1) – our highest level of management accountability with a strong focus on activity and financial performance.
 14. The Executive Committee is supported by a fully revised sub-structure, the Our Care, Our Infrastructure and Our People Committees (Tier 2) with clearer accountabilities and delegations and a strong focus on decision making.
 15. All Tier 0-2 Terms of Reference have been revised and are being finalised. Once complete, review of the Tier 3 Committees and working or advisory groups which report into them will occur.

Financial Implications

16. Not applicable.

Consultation

Internal

17. Consultation occurred with members of the CHS Governance Committee, the former Corporate Plan Review Committee and Audit and Risk Management Committee (ARMC). Workshops were then held with Executive team members and CHS Governance Committee to refine the proposed structure.

Cross Directorate

18. Not applicable.

External

19. The independent review was undertaken by Resolve Health Advisory.
20. Consumer representatives and external members of ARMC and CHS Governance Committee were consulted throughout the process.

Work Health and Safety

21. Not applicable.

Benefits/Sensitivities

22. The revised governance committee structure will support us to meet requirements of the Clinical Governance National Standard by ensuring clear roles, responsibilities, and accountabilities for operational and strategic governance. It will free up time spent in meetings and allow the organisation to focus on delivering exceptional care to our community.

Communications, media and engagement implications

23. Not applicable.

Signatory Name: Dave Peffer Phone: 44700

Action Officer: Josephine Smith Phone: 49564

Attachments

Attachment	Title
Attachment A	CHS Governance Review Executive Summary



Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/96

Date: 17 February 2022

CC: Dave Peffer, 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/...../.....

Minister’s Office Feedback

KEY TOPICS/EMERGING ISSUES

Endoscopy Wait List

- Due to a data discrepancy this information is unavailable this week, however an update will be provided in the next weekly report.

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.

Hydrotherapy Pool

Hydrotherapy services will recommence at the University of Canberra Hospital (UCH) from 17 February 2022. Patients attending UCH for hydrotherapy will be asked to provide evidence they have received a negative Rapid Antigen Test result prior to their appointment as masks and other Personal Protective Equipment (PPE) cannot be worn in the pool. This requirement will be monitored as hydrotherapy services recommence to ensure patients are supported and able to access treatment in a safe way. CHS has started contacting patients to book appointments for the coming weeks and advise of the testing requirement.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

Industrial Relations

The CFMEU has lodged a dispute with the Fair Work Commission following receipt of a consultation paper on the abolition of vacant trade positions within CHS Facilities Management (FM). The Infrastructure and Health Support Services (IHSS) Executive Group Manager (EGM) met with CFMEU on 8 February 2022.

CHS agreed to withdraw the consultation paper and arranged a further meeting with unions and FM staff. IHSS EGM met CFMEU, Electrical Trade Union, Plumbers Union, and FM trade staff on 15 February 2022. CHS agreed to forward new consultation papers on 17 February 2022, and trade roles would not be dissolved or discussed during the consultation process. The FM Consultation process will proceed throughout March and April. Discussions around the proposed changes are ongoing, and the CFMEU has deferred the Fair Work to a hearing 8 March 2022. The dispute may be further deferred or withdrawn by the CFMEU as the FM consultation process proceeds. A ministerial brief in relation to this matter was provided under MCHS22/35.

Signatory Name:	Colm Mooney Acting Deputy Chief Executive Officer	Phone:	5124 8737
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Action Officer:	Kath Macpherson Senior Director Policy, Planning and Government Relations	Phone:	5124 9590
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Canberra Health Services**To:** Minister for Health

Tracking No.: MCHS22/77

Date: 09/02/2022**From:** Dave Pepper, Chief Executive Officer**Subject:** Insourcing Activities/Taskforce**Critical Date:** Not applicable**Critical Reason:** Not applicable**Recommendation**

That you note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. The Parliamentary and Governing Agreement (PaGA) of the 10th Legislative Assembly for the ACT includes agreed Legislative Reforms that "legislate to prevent outsourcing of public sector jobs". Additionally, the PaGA includes agreed Executive Reforms that "implement a whole of government policy that government services will not be contracted out where they could be performed by public servants".

Issues

2. Infrastructure and Health Support Services (IHSS)

In the 2020-21 Budget, Canberra Health Services (CHS) secured funding of \$145,000 to investigate insourcing options. In June 2021, a specialist consultant, RixStewart, was engaged to undertake a review of current outsourced IHSS contracts utilised by Canberra Health Services as follows:

- Cleaning contract services;
- Security contract services; and
- Soft Facility Management (FM) services at the University of Canberra Hospital (UCH) site.

3. In December 2021 the RixStewart consultancy delivered a report to CHS that discussed the following items:

- Advantages and disadvantages of insourcing;
- Benchmarked (Public Sector Comparator (PSC)) cost comparison;
- Specific analysis of identified CHS contract services focusing on key details and constraints should insourcing of these identified services be progressed; and
- Practical implementation of insourcing of the identified contracts for CHS.

4. Benchmarked cost comparison revealed, on average and a mid-range of variables, a cost variance of 21 per cent more to deliver services in-house. The move to insourcing will also incur costs that will be associated with transitioning and equipment.

5. When comparing the PSC to the current resourcing levels, the total FTE at the comparison midpoint of the PSC FTE range is 17 per cent higher than the current resourcing levels.

6. Evaluation of advantages and disadvantages revealed that:

- Outsourcing was better-able to be managed due to contract KPI's and abatements;
- Outsourcing performance could suffer as a result of contractor cutting corners to increase profits;
- Outsourcing generally costs less than insourcing;
- Outsourcing generates procurement costs;
- Outsourcing demonstrates stronger ability to adjust workforce settings and work practices; and
- Outsourcing is better at implementing best practice (non-clinical) systems and technology.

7. RixStewart report in-scope contract expiry dates are as follows:
- The Canberra Hospital Cleaning contract expires in February 2025;
 - UCH soft FM services can be terminated in 2028 (awaiting confirmation by ACT Government Solicitor's Office which is expected after 16 February 2022);
 - The current Security contract commenced in July 2014 and the 5 year contract expired in 2019. The contract is currently undergoing a procurement process and will consist of a two-year contract period with two one-year options to extend. The contract will be awarded in March 2022.

Transcription Services

8. CHS Transcription Services currently employees 17.14 FTE staff and is fully recruited. Where appropriate, staff have been approved to work from home under flexible working arrangements.
9. An external provider (National Transcription Services) is contracted to provide outsourced transcription services where demand for transcribing services exceeds staff capacity. The volume of transcription outsourced is managed on a daily basis depending on the number of jobs and the capacity of the team. The key performance indicator for typing letters is five days from receipt of dictation (one day for urgent).
10. Transcription volumes continue to increase. For the 2020/21 financial year, 102,671 letters were typed. An additional 23,836 were outsourced. This compares to the 2019/20 financial year where 96,991 letters were typed and 33,375 were outsourced.
11. Transcription Services may experience changes for workforce requirements as a result of the Digital Health Record (DHR) program as the DHR will provide speech to text in some clinical areas. The CHS commitment remains that no staff member will be displaced due to the DHR. Any retraining or redeployment of Transcription Services staff will occur with engagement of the Commonwealth Public Sector Union (CPSU).

Dental Labs

12. CHS utilises external vendors to supplement an in-house lab and support the operations of the Oral Health Services program.
13. There are three vendors CHS works with for dental lab services:
- a. Greg Hayes Dental
 - b. Southern Cross Dental
 - c. Race Dental
14. CHS does not have any ongoing contracts with the above vendors for dental lab services and uses their services on an ad-hoc basis only.

15. Expenditure for dental lab services for the 2020-21 financial year are below:

Period	Budget for FY	Actual	Variance
2020-21	\$73,144	\$256,730	251%

16. Costs for external dental lab services have decreased in the 2021-22 FY for the period 1 July to 31 December from the same period in the 2020-21 FY by 55 per cent.

Period	Budget for FY	Actual	Variance from previous year
1/07/2020-31/12/2020	\$73,144	\$121,501	NA
1/07/2020-31/12/2021	\$74,351	\$54,992	-55%

17. The use of external vendors for dental lab services will be assessed as part of a broader review into the Oral Health Services model of care being undertaken by CHS.

Financial Implications

18. Not applicable for Transcription
19. Costings for dental labs services will be developed as part of the review into Oral Health Services' model of care.
20. The estimated annual aggregate cost differential in relation to the services discussed in the RixStewart report is \$5.2m

Consultation

Internal

21. Division of Cancer and Ambulatory Support, Transcription Services.
22. Division of Rehabilitation, Aged and Community Services, Oral Health Services
23. Division of Nursing, Midwifery and Patient Support Services
24. Infrastructure and Health Support Services (IHSS) Branch

Cross Directorate

25. Not applicable.

External

26. Peak Union bodies including, but not limited to the United Workers Union, and the Health Services Union

Work Health and Safety

27. Not applicable.

Benefits/Sensitivities

28. Peak Union bodies have expressed a strong interest in, and support of the transition of in-scope outsourced services.

Communications, media and engagement implications

29. Not applicable.

Signatory Name: Chris Tarbuck

Phone: 49711

Action Officer: Julie Wood

Phone: 43047



Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS22/75
Date:	10 February 2022	
CC:	Dave Peffer, Chief Executive Officer	
From:	Josephine Smith, Executive Branch Manager, Strategy and Governance	
Subject:	Minister’s Weekly Brief – 7 – 11 February 2022	
Critical Date:	11/02/2022	
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 – 7 to 11 February 2022.

Noted / Please Discuss

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

Minister’s Office Feedback

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

- As of 31 January 2022, there were 7,228 patients ready for care, with 5,742 overdue.
- This is an increase from 5,647 at the end of December 2021.
- Strategies being undertaken to address the overdue list include:
 - Looking to fill two post-graduate fellow positions at CHS
 - Two additional endoscopists will commence in April 2022
 - Nurse review patients have decreased from 450 to 70

GEHU AUDIT TEAM	7 February 2022	Total
Patients Contacted	202	4664
Patients Attempted to be contacted	83	1824
Patients successfully contacted	119	2846
Patients Removed [reason]		
Called Twice	15	295
Already Seen	5	91
Seen Elsewhere	10	211
Does not want/refused	28	420
Other	8	217
Patients booked into clinic		
Patients booked into clinic	1	148
Patients booked for procedures	22	644
Letters Sent		
Letters Sent	68	1609
Waitlists Created		
Waitlists Created	0	505
Waitlists Reinstated		
Waitlists Reinstated	2	43
Needs RN Review		
Needs RN Review	70	1328
Suspended		
Suspended	1	137
WL Suspension Added to Recalls		
WL Suspension Added to Recalls	6	501

Breast Screening Delays

- BreastScreen numbers have been impacted by mammography machine breakdowns in December 2021 and January 2022, equating to 15 lost days of screening (630 client screenings). In January 2022, machine repair was further delayed by no technician availability due to annual leave and COVID-19 (technicians are based in Sydney).
- In January 2022, a shortfall of radiographers occurred due to COVID-19, resulting in 78 client screenings needing to be rebooked.

- Each day through January 2022, there have been on average, 10 client screening cancellations as a direct result of COVID-19 (close contact or fear of contracting COVID-19). As these are late cancellations, it is not always possible to fill the cancelled appointment at short notice.
- BreastScreen ACT has been increasing screening services throughout January to accommodate the shortfall. Additionally, the team will be fully recruited in February 2022 with no planned leave scheduled.
- On average, it is anticipated the service will conduct 540 screenings per week which will increase the participation rates with a view to regaining lost activity by the end of April 2022. This is being enhanced with additional radiographers working on one site to increase patient throughput and clinics running later into the day to accommodate women who work throughout the day.

Radiation Therapy Waiting Times

- The waiting time for radiotherapy services is not currently meeting national benchmarks and KPIs. As of 2 February 2022, the financial year to date (YTD) compliance rates with maximum acceptable wait time targets (MAWT) are:
 - Radical: 57 per cent
 - Palliative: 65 per cent
 - Emergency: 97 per cent

Category	MAWT (Days)	Target	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Oct 21-Jan 22
Radical	28	90%	100%	92%	69%	48%
Palliative	14	90%	97%	89%	75%	57%
Emergency	2	100%	100%	100%	100%	93%

- Compared to the same period in 2020-21, there has been a 15 per cent increase in clinic consultation activity in 2021-22 YTD and subsequent increased demand for treatment services compared to the corresponding period of the previous year.
- 90 patients per day receive radiotherapy treatment at Canberra Hospital. This number is consistent with the previous year; all patients being treated across three machines, whilst the linear accelerator (linac) replacement program and upgrades are underway.
- All three operating linacs are booked to full capacity; and continue to maintain extended operational hours whilst the ongoing replacement program is active.
 - Linac 1 –replaced in Dec 2021; currently undergoing commissioning with expected clinical use mid-2022
 - Linac 2 – replaced 2019 and currently in clinical use
 - Linac 3 – replaced 2020 and in currently clinical use
 - Linac 4 – ordered and scheduled for replacement late 2022.
- Using the existing staff resources, the Radiation Oncology teams have initiated a number of strategies aiming to improve patient access to timely radiation therapy treatment. These strategies include:

- continuation of the current extended operational hours
- use of shorter course radiation therapy where evidence based and clinically appropriate
- considering palliative patients for single doses
- regular review of time allocated to each patient appointment to ensure minimal 'waste' within operational hours
- negotiated the use of a proportion of ordinarily reserved service / maintenance time resulting in increased clinical service provision capacity
- consideration of referral of patients to the private Radiation Oncology provider within the ACT.

Hydrotherapy Pool Closure

- The hydrotherapy pool at the University of Canberra Hospital (UCH) has been closed since 20 December 2021 due to normal holiday closure arrangements. It has remained closed because of the ongoing Omicron COVID-19 outbreak. The Division of Rehabilitation, Aged and Community Services has commenced planning to reopen the hydrotherapy pool as soon as practicable and will provide advice including dates and safety measures for patients and staff shortly.

Accreditation

- You recently signed brief MCHS22/70 regarding CHS applying for a deferral of the accreditation assessment survey.
- CHS have received confirmation from the accrediting agency to defer an onsite assessment to 27 June – 1 July 2022.
- To ensure staff remain focused on accreditation preparation, CHS will be conducting a mock survey on 21-25 March 2022 using internal assessors.
- CHS Strategic Communications and Engagement is finalising a communication plan to ensure all staff are aware of these changes.
- Collation of division specific evidence continues across the organisation. Quality and safety walkarounds focusing on environmental issues have commenced, led by Quality, Safety, Innovation, and Improvement, with preliminary feedback presented at the Director of Nursing Forum on 8 February 2022.
- Additional quality and safety walkarounds are to be scheduled in March 2022 to provide timely and constructive feedback to team members.

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

- The Health Professionals Agreement remains the only Enterprise Agreement from the previous round awaiting Fair Work Commission (FWC) approval.
- CFMEU lodged a dispute with FWC following receipt of a consultation paper on the proposed abolition of several vacant positions within Facilities Management. CFMEU is alleging that CHS has cut the workforce and is ignoring the Territory's obligations in respect to proposed outsourcing. Following discussion with CFMEU the consultation paper was withdrawn on 9 February 2022.

The vacant positions are the legacy of changes made in 2019, when, following consultation with affected staff and unions, certain ongoing maintenance work was contracted out. The proposal had nothing to do with any further changes, rather it sought to address the residual vacant positions, and establish some more senior roles which would provide enhanced career paths for interested tradies. The matter is listed for initial hearing on 11 February 2022.

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

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

Tracking No.: MCHS22/58

Date: 10/02/2022**From:** Dave Pepper, Chief Executive Officer**Subject:** Visiting Medical Officer Locum Rates**Critical Date:** Not applicable**Critical Reason:** Not applicable**Recommendations**

That you:

1. Note the correspondence from Dr Hughes and legal advice at Attachment A;

Noted / Please Discuss

2. Note the Directorate response to Dr Hughes at Attachment B; and

Noted / Please Discuss

3. Note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. Visiting Medical Officers (VMOs) are engaged as contractors under the provisions of Part 7 of the *Health Act 1993*.
2. Specific provisions for the contract, including payment rates, are set out in a notifiable instrument, the contents of which are determined following negotiation with the VMOs representatives and arbitration. The most recent determination, 2020/579, was issued on 10 September 2020.
3. The determination sets out the provisions for determining payments to VMOs, including locums.

Issues

4. Dr Peter Hughes, the President of the ACT Visiting Medical Officers Association (VMOA), wrote to you on 24 January 2022 alleging that Canberra Health Services (CHS) was in breach of the notifiable instrument by offering daily rates to locum VMOs which, he claims, could result in lower payments than the hourly rates for sessional contracts.
5. A partial copy of legal advice provided by [REDACTED] was included in support of this claim. Copies of this correspondence are at [Attachment A](#).
6. The notifiable instrument makes specific provision for the parties to agree on a daily rate “in lieu of the provisions set out elsewhere...” at Schedule 1 (18). Daily rates are used in a number of VMO contracts and provide clarity about the exact amount due to a VMO. They also avoid the potential for double payment where locums are sourced through agencies, whose contracts can require a range of specific payments for travel, accommodation and so on.
7. This provision, and its possible applications, were discussed and agreed in the course of negotiations in 2016, a process which involved both Dr Hughes and [REDACTED].
8. CHS has responded to Dr Hughes rejecting his claim noting that the contract makes specific provision for the setting of daily rates for locums and stating that should any individual VMO have concerns about their contract, CHS would be more than happy to discuss those issues with the individual VMO. A copy of that letter is at [Attachment B](#). The content of that response was discussed with the ACT Government Solicitor’s Office before it was sent.
9. In light of the concerns expressed by the VMOA, CHS will monitor any future requests for daily rate contracts and will review existing arrangements to ensure they are consistent with the Health Act and the Notifiable Instrument.
10. Should an individual VMO seek to pursue this matter, it would be open to them to lodge a dispute under the contract or to take legal action.

Financial Implications

11. No immediate implications. The extent to which daily rate contracts might have paid less than hourly rates has not been assessed.

ConsultationInternal

12. Not applicable.

Cross Directorate

13. Alan Campbell of the Government Solicitors Office was consulted on the reply provided to the VMOA.

External

14. Not applicable.

Work Health and Safety

15. Not applicable.

Benefits/Sensitivities

16. There is a risk that a successful legal challenge could require us to amend those locum contracts currently using daily rates. These represent a small proportion of overall VMO contracts. As a precaution, CHS will be reviewing all such proposals going forward.

Communications, media and engagement implications

17. The VMOA may seek to pursue the matter through the press, though it is more likely that they will challenge an individual contract through the dispute provisions in the first instance.

Signatory Name: Kalena Smitham Phone: 5124 9631

Action Officer: Steven Linton Phone: [REDACTED]

Attachments

Attachment	Title
Attachment A	Email from Peter Hughes, 24 January 2022
Attachment B	CHS Response to Dr Hughes.