

[REDACTED]

Dear [REDACTED]

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Wednesday 28 September 2022**.

This application requested access to:

“A copy of the Ministerial Briefs with the titles outlined (excluding duplicates & attachments)”

MCHS22/245	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Letter - Minister for Health - National Blood Arrangements - National Supply Plan and Budget for 2022-23 - Hon Dr David Gillespie
MCHS22/273	RECORDS & INFORMATION MANAGEMENT - Advice (N) - Initiated Brief: (Minister for Health) Freedom of Information (FOI) Application from “redacted” re Subject Line of all final ministerial briefs (CHSFOI 21-22.27-32)
MCHS22/342	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (23 to 27 May 2022)
MCHS22/346	PATIENT SERVICES ADMINISTRATION - Service Delivery - Request for Advice - Minister for Health - Planning Activities to Address Workforce Issues
MCHS22/348	PATIENT SERVICES ADMINISTRATION - Service Delivery - Minister for Health - Advisory Note - Forward Plan to Manage Flu and COVID During Winter
MCHS22/349	PATIENT SERVICES ADMINISTRATION - Service Delivery - Minister for Health - Advisory Note - Overview of COVID Reporting Numbers
MCHS22/403	GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) Treat and Go Service

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 **Thursday 27 October 2022**.

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

Decisions on access

I have decided to grant:

- full access to five documents, and
- partial access to two 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 3-7.

Partial Access

I have decided to grant partial access to two documents at references 1 and 2.

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)(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*.

Document at reference one is partially 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).

Document at reference two contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act. The information contained in this document is partially comprised of personal information of a non-ACT Government employee and has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy.

On balance, the factors favouring disclosure are outweighed by the factor favouring non-disclosure as the information 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 and my decision released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

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

Ombudsman review

My decision on your access application is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under Section 73 of the 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



Josephine Smith

Executive Branch Manager

Strategy and Governance

Canberra Health Services


27 October 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
	'A copy of the Ministerial Briefs with the titles outlined from 10 May 2022 to 10 June 2022 (excluding all attachments).'	CHSFOI22-23.16

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 4	MCHS22/245 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Letter - Minister for Health - National Blood Arrangements - National Supply Plan and Budget for 2022-23 - Hon Dr David Gillespie	13 May 2022	Partial Release	Schedule 1.6 Cabinet	YES
2.	5 – 7	MCHS22/273 – RECORDS & INFORMATION MANAGEMENT - Advice (N) - Initiated Brief: (Minister for Health) Freedom of Information (FOI) Application from re Subject Line of all final ministerial briefs (CHSFOI 21-22.27-32)	18 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
3.	8 – 11	MCHS22/342 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (23 to 27 May 2022)	25 May 2022	Full Release		YES

4.	12 – 17	MCHS22/346 – PATIENT SERVICES ADMINISTRATION - Service Delivery - Request for Advice - Minister for Health - Planning Activities to Address Workforce Issues	06 June 2022	Full Release		YES
5.	18	MCHS22/348 – PATIENT SERVICES ADMINISTRATION - Service Delivery - Minister for Health - Advisory Note - Forward Plan to Manage Flu and COVID During Winter	26 May 2022	Full Release		YES
6.	19	MCHS22/349 – PATIENT SERVICES ADMINISTRATION - Service Delivery - Minister for Health - Advisory Note - Overview of COVID Reporting Numbers	26 May 2022	Full Release		YES
7.	20 – 24	MCHS22/403 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) Treat and Go Service	09 June 2022	Full Release		YES
Total Number of Documents						
7						

Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS22/245
Date:	04/05/2022	
From:	Dave Pepper, Chief Executive Officer, Canberra Health Services (CHS)	
Subject:	National Blood Arrangements – National Supply Plan and Budget for 2022-23 – Letter from Hon Dr David Gillespie	
Critical Date:	15/06/2022	
Critical Reason:	Formal ministerial approval from all states and territories is required by 15 June 2022	

Recommendations

That you:

1. Note the information contained in this brief; and

Noted / Please Discuss

2. Sign the response letter to Hon Dr David Gillespie ([Attachment E](#)) confirming your approval of the 2022-23 National Supply Plan and Budget (inclusive of an ACT contribution of \$12.465 million) and its corresponding National Product Price List.

Signed / Not Signed / Please Discuss

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

Minister's Office Feedback

Background

1. On 6 April 2022, your office received a letter ([Attachment A](#)) from the Commonwealth Minister for Regional Health, Hon Dr David Gillespie, requesting your approval of the 2022-23 National Supply Plan and Budget (NSP&B) of \$1.594 billion along with the 2022-23 National Products Price List (NPPL) ([Attachments B and C](#)).
2. A previous briefing ([Attachment D](#)) was provided to your office regarding the rebasing of the ACT Government's Blood Budget to meet the ACT's portion of the 2022-23 NSP&B. The briefing advised that the ACT Jurisdictional Blood Committee member, Dr Dinesh Arya, provided the National Blood Authority (NBA) with an amended endorsement of the 2022-23 NSP&B on 22 March 2022, noting the following proviso:
 - "The ACT JBC member is currently only in a position to provide 'in-principle' agreement to the 2022-2023 National Supply Plan and Budget, subject to final budgetary approval of the ACT's \$12.465 million portion within the 2022-2023 National Supply Plan and Budget".
3. The response letter to Minister Gillespie ([Attachment E](#)) confirms your approval of the 2022-23 NSP&B of \$1.594 billion (inclusive of an ACT contribution of \$12.465 million) and the corresponding NPPL.

Issues

4. The National Blood Arrangements require the NBA to develop an annual NPPL for approval by Health Ministers.
5. The NSP&B is developed annually by the NBA in conjunction with all jurisdictions. The NSP&B reflects the estimated clinical demand requirements along with all jurisdictional funding obligations towards the operational services of the Australian Red Cross Lifeblood (Lifeblood), the NBA, and all nationally endorsed blood sector programs.
6. The ACT's portion of the NSP&B provides for the usage of all blood and blood products across all of the ACT's public and private health sectors.
7. The NPPL provides the prices for both fresh blood products (e.g. Red Blood Cells, Fresh Frozen Plasma, Platelets and Cryoprecipitate) and the manufactured blood products (e.g. Albumin, Immunoglobulin (domestic and imported) and the haemostatic therapeutic products).
8. Expenditure increases resulting from national blood product changes and demand increases over the last three years have affected all jurisdictions.
9. The ACT's portion of the NSP&B rose from \$11.285 million in 2021-22 to \$12.465 million in 2022-23. This escalation in costs has been driven by both an increased demand for blood products and some significant blood product cost increases, in particular those products related to Immunoglobulin (Ig) therapy.

Financial Implications

- 10. Schedule 1.6 Cabinet [Redacted]
- 11. Schedule 1.6 Cabinet [Redacted]
- 12. Schedule 1.6 Cabinet [Redacted]

Consultation

Internal

- 13. Schedule 1.6 Cabinet [Redacted]

Cross Directorate

- 14. Nil response.

External

- 15. Nil response.

Work Health and Safety

- 16. There are no Work Health and Safety matters regarding this issue.

Benefits/Sensitivities

- 17. Schedule 1.6 Cabinet [Redacted]

Communications, media and engagement implications

- 18. This matter remains a business-as-usual process and is unlikely to attract any undue media attention.

Signatory Name: Dave Peffer
 Chief Executive Officer
 Canberra Health Services

Phone: 5124 4700

OFFICIAL

Action Officer: Carolyn Duck Phone: 5124 2536
ACT Blood Counts Program Manager
Medical Services
Canberra Health Services

Attachments

Attachment	Title
Attachment A	Letter from Min Gillespie re 2022-23 NSP&B
Attachment B	NSP&B 2022-23 and forward estimates
Attachment C	National Products Price List (NPPL) - NBA price list 2022-2023
Attachment D	MCHS22/223 COR22/11208 Ministerial Brief
Attachment E	COR22/11405 NSP&B 2022-23 - Letter to Min Gillespie

Canberra Health Services Directorate

UNCLASSIFIED

To: Minister for Health

Tracking No.: MCHS22/273 (CHSFOI21-22.32)

From: Dave Pepper, Chief Executive Officer

Subject: Freedom of Information application request received from [redacted] (MLA) regarding subject line of all final ministerial briefs 10/03/2022 – 10/04/2022.

Schedule 2.2(a)(ii)
Privacy

Critical Date: 19/05/2022

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

UNCLASSIFIED

Background

1. On 20 April 2022 Schedule 2.2(a)(ii)
Privacy (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the Canberra Health Services' (CHS) requesting:

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

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

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

Issues

2. After conducting a search for all relevant documents, CHS has produced two documents containing the information that meets the scope of the request.
3. The decision letter and accompanying documents released to Schedule 2.2(a)(ii)
Privacy are at Attachment A.

Financial Implications

4. Processing fees are not applicable to this request.

ConsultationInternal

5. CHS Ministerial team.

Cross Directorate

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

External

7. Not applicable.

Work Health and Safety

8. Nil.

Benefits/Sensitivities

9. Nil.

UNCLASSIFIED

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/342

Date: 26 May 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 23 - 27 May 2022

Critical Date: 27/05/2022

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

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

Recommendations

That you note the information contained in the Minister's Weekly Brief – 23 - 27 May 2022.

Noted / Please Discuss

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

Minister's Office Feedback

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

GEHU AUDIT TEAM	Monday 23rd May	Total
Patients Contacted	191	10132
Patients Attempted to be contacted	84	4275
Patients successfully contacted	107	5857
Patients Removed [reason]	8	2019
Called Twice		636
Already Seen		123
Seen Elsewhere	3	299
Does not want/refused	4	643
Other	1	326
Patients booked into clinic	20	223
Patients booked for procedures		690
Letters Sent	10	2283
Waitlists Created		513
Waitlists Reinstated	1	84
Needs RN Review	86	1501
Cat 3 RFAs provided to RN for review		64
Needs RN Review prior to booking - remain on WL	86	2858
Suspended		176
WL Suspension Added to Recalls		778

Dhulwa WorkSafe Notices and other actions

The Canberra Health Services (CHS) Work Health Safety – DHULWA Occupational Violence Staff Incident report for the week commencing 23 May 2022 is at [Attachment A](#) for noting.

National Standards Accreditation update

National Standards Accreditation preparation continues. As a result of the findings during the preliminary assessment by two external surveyors on 2 to 6 May 2022, action plans were developed with an accountable executive identified for each action. Weekly updates on the progress against each action is being monitored by the Chief Operating Officer (COO).

The external consultants will return to CHS on 6 to 10 June 2022 to provide a further preliminary assessment and review progress against recommendations made at the May 2022 assessment.

An Infection Prevention and Control Consultant has been engaged to provide a further analysis on CHS compliance with Australian Commission on Safety and Quality in Healthcare's advisory, AS4187.

The purpose of this advisory is to describe the minimum requirements for health service organisations' compliance with Action 3.17 of the National Safety and Quality Health Service

Standards to relevant national or international standards for reprocessing of reusable medical devices in health service organisations.

The assessment team for Organisation Wide Assessment in June has been confirmed. The team will be onsite from 27 June to 1 July with contingency plans in place should members of the assessment team need to undertake a hybrid assessment as a result of a COVID-19 positive diagnosis.

UPDATES ON KEY PROJECTS/PIECES OF WORK

Fair Work Commission process update – Cardiology

CHS representatives attended two separate Fair Work Commission (FWC) hearings as part of dispute proceedings. The first hearing was attended with two of the four suspended cardiologists, and their representatives. The second hearing was in relation to dispute proceedings as commenced by ASMOF.

- Both matters were heard by Commissioner McKinnon
- In both hearings, the Commissioner indicated an inability to overturn the suspensions and recommended the parties continue discussions offline.
- CHS representatives met with one of the cardiologists and their solicitor on Wednesday 18 May, as per FWC instructions, to discuss investigation timeframes, actions for workloads of other staff and the cardiologists request to re-consider overturning the suspension. A formal response to specific questions will be provided in the next few days.
- A meeting will be occurring with the second cardiologist and their representative mid-next week, again in accordance with FWC instructions.
- CHS has drafted a response to specific questions asked by ASMOF and in accordance with instructions provided by FWC, will be sending this response to ASMOF representatives.
- CHS continues to manage patient and staff safety and have implemented several specific actions to ensure our obligations are met.
- The investigation into the allegations continues and CHS anticipates completion of the process within the next four weeks.

Industrial Relations

The Territory has exchanged claims for the upcoming Medical Professionals Enterprise Agreement negotiations with ASMOF and AMA. No specific claim has been made in respect to the level of pay increase, though both have indicated they will be supporting the Unions ACT claim when it is lodged.

Overall, ASMOF and AMA claims are largely the same as those tabled in 2021, with a continuing focus on hours of work and workload issues. ACT Health Directorate are coordinating a survey of senior medical staff to help inform discussions on these issues.

Signatory Name: Colm Mooney Phone: 5124 4680
Acting Deputy Chief Executive Officer

Action Officer: Josephine Smith Phone: 5124 9564
Executive Branch Manager
Strategy and Governance

ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/346	Planning Activities to Address Workforce Issues
Critical Date	1 June 2022
Chief Executive Officer	Dave Peffer /...../.....

Minister's question/s:

Brief should include the following:

- Information used in Castley Workforce Briefing (held on 18 May 2022)
 - The information brief prepared for the Executive Group Manager, People and Culture for the 18 May 2022 meeting is at Attachment A
- Analysis of what is the current status for the workforce, what the service is doing to to ease workforce pressures, are these measures helping and why the services has chosed these methods.
- Workforce pressures for nursing and medical
- Overview of what is happening in other states and territories.

Canberra Health Services' response:

- There are currently 3889 Nurses and Midwives (3259.4 FTE) that make up the Nursing and Midwifery workforce at Canberra Health Services (CHS). 86.4 percent of the Nursing and Midwifery workforce are female, with just under 50 percent working in a full time capacity. This workforce mix has historically led to issues related to long-term leave requiring backfill.
- CHS is currently experiencing significant shortfalls in nursing and midwifery rosters. There are often shortfalls between 10-20 nurses per shift. Drivers to these shortfalls are:
 - COVID-19
 - Flu
 - Carers/long term leave (for example maternity leave)
- The Nursing and Midwifery and Patient Support Services office and the People and Culture Division are working together to consider and implement short and long term options to ease some of the workforce pressures. These include:
 - Increasing the staff in the Nursing and Midwifery relief pool, as well as the casual and part time pools; and
 - Permanent recruitment (in a parallel position) for any planned leave greater than six months.

- CHS continue to:
 - increase recruitment/FTE by appointing permanency to staff where able as per the Insecure Workforce Portfolio.
 - Develop recruitment drives via social media posts to attract interstate nurses. This is part of an ongoing workforce planning strategy by CHS to promote the implementation of Nurse/Midwife-to-patient ratios and employment at CHS.
 - Increase recruitment of new graduate nurses in each intake. The previous intakes in 2022 were also increased to assist in bolstering the workforce.
 - Operationally shift by shift, allocate staff and redistribute based on clinical needs, as well as utilise Assistants in Nursing and Allied Health Assistants for workload support in clinical areas.
 - Disseminate communication to staff from the Health and Wellbeing team to promote and support a physically and mentally healthy workplace, including the Employee Assistance Program (free psychology sessions).
- CHS launched the CHS Nursing and Midwifery Workforce Plan on 12 May 2022. The initiatives within the plan focus on attracting, recruiting, developing and retaining Nurses and Midwives.
- With some COVID-19 services coming to a stop, nursing staff will be redeployed from these COVID-19 services to other areas of CHS. This includes the AIS vaccination clinic which is due to close on 31 May 2022. Work around COVID-19 staff moving to other CHS services, including necessary staff training, is underway.
- Implementation of agreement with Private Hospitals to reduce patient load to assist with matching it to the available workforce.
- The Chief Nursing and Midwifery Officer (CNMO) is:
 - holding meetings with key stakeholders to develop a National Recruitment Campaign to progress stage 2 of Nursing and Midwifery Ratios;
 - working closely with the Chief Medical Officer to guide and develop the ACT Territory Workforce plan with a focus on Nursing and Midwifery;
 - in final stages of developing a nursing articulation pathway for year 11 and year 12 students, in partnership with Canberra Institute of Technology (CIT), University of Canberra (UC) and Australian Catholic University (ACU). The pathway will allow students to progress from CIT to a degree at UC or ACU;
 - negotiated with CIT to develop designated programs to support Enrolled Nurse's education in the clinical areas of operating theatres, aged care, chronic care with a focus on renal, medicine, and mental health;
 - fully funded 25 scholarships for the Graduate Certificate of Mental Health at UC and six Maternal and Child Health scholarships;

- offered additional education supports for CHS and Calvary Public Hospital Bruce (CPHB) to increase the number of nursing and midwifery new graduate positions in 2022, including a mid-year intake.
- Embracing a body of work looking at options for Enrolled Nurses to work in other acute clinical specialties.
- exploring new graduate opportunities in critical care areas with supported education.
- recently appointed Professors of Mental Health and Aged Care have a focus on workforce planning and design.
- has reviewed the CHS Nursing and Midwifery Workforce Plan and advised we will be “at the table” to discuss potential strategies to address the workforce plan.
- Calvary Public Hospital Bruce are recruiting full time to all temporary vacancies with all clinical areas to have a Clinical Development Nurse to support education.
- The Intern/Resident Medical Officer (RMO) workforce at CHS is currently under-recruited.
- This under-recruitment combined with COVID and other annual and personal leave is resulting in shortages from 12-24% on any given day. CHS continues to consider all options to increase the medical workforce / reduce staff workloads to address these shortages.

Workforce Pressures

- In some parts of CHS there is inadequate staffing to meet rosters/recruitment which may be caused by a range of factors:
 - Inadequate roster lines to meet demand patterns;
 - Inadequate rosters to cover 24/7;
 - Inadequate relief rate to cover planned and unplanned absences – leave, training etc;
 - Inadequate leave planning to smooth out leave taken;
 - Roster lines equal number of staff (eg: JMO roster) and don't have relief rate surplus to roster lines;
 - Inappropriate workforce mix, restricting ability to flex up or down as required;
 - Lack of proactive recruitment considering reasonable expectations of staff turnover;
 - Attempting to fill type 2 vacancies with temporary staff and not always being able to attract; and
 - Staff returning from maternity leave on flexible work arrangements with work patterns that don't meet business requirements fraction not being backfilled.
- Across all leave categories, in general leave is up about 10 percent.
- Type two vacancies are a temporary vacancy and therefore are the greatest issue to filling roster lines as they are constantly recruiting to temporary backfill as opposed to permanent. This is supported through recruitment data that indicates that during 2020 and 2021, of the 699 vacancies advertised, 70 percent were filled through internal applicants. This further perpetuates the workforce issue to a different area of the organisation.
- Since July 2020, there has been a 14 per cent increase in the maternity leave rate leading to a corresponding increase in type two vacancies. The hours of maternity/paternity and related leave taken across the organisation has risen to over 13,000 hours per fortnight in April 2022.

Prior to the COVID-19 Pandemic the average for maternity leave for this cohort was approximately 9000 hours per fortnight or 118 FTE on long term leave at any time.

- The spread of maternity leave burden is an organisational wide issue, whilst some areas have a high leave rate than others, it is a consistent issue that affects the workforce and its ability to meet service demand.
- The ongoing vacancy deficit continues to cause an increased dependency on premium labour. Premium labour (agency nurses and overtime,) are a high cost to the organisation.
- It should be noted that currently the backfill from nursing agencies is limited due to a lack of available nursing resources.
- COVID-19 alone continues to impact our workforce which also contributes to the challenges with the “worked rosters”.
- Parental/carers leave for COVID-19 remains high – some families are unable to isolate adequately which in some cases results in staff being off for a fortnight as they are a close contact, becoming COVID-19 positive. We are also now seeing an increase in staff on leave due to common colds and the flu, not just COVID-19.
- Shortages in specialist areas, such as neonatal intensive care, is also an increased pressure to the units.
- A campaign is underway in the British Medical Journal in an attempt to attract UK JMOs to Canberra.
- Working with specialised recruitment agencies to engage RMOs from the UK. This has been moderately successful, with 20 RMOs expected to arrive in the ACT to work for CHS in mid-August 2022.
- Actively seeking JMO locums to assist with specific shortages (focusing on after-hours), this is an expensive method of staffing and given the huge competition across the country for this workforce, our efforts for the most part are patchy at best.
- Looking at ways to safely engage more international medical graduates.
- CHS also considered over-recruitment of RMOs has to cover unexpected shortages (from COVID, DHR rollout etc), but this has not been able to be achieved.

Other States and Territories

- The shortage of nurses is not only being experienced in Australia but worldwide.

South Australia

- Transition to Professional Practice Program (TPPP) (Regional) offered ongoing contracts for nurses.
- TPPP Surge Workforce has been transferred to the Local Health Networks.
- SA Health Skills and Training Program: revamp TPPP Graduation Program, Upskilling Intensive Care Unit (ICU)/High Dependency Unit, Resilience and Wellbeing, and new funded Clinical Nursing and Midwifery Skills Special to accelerated post-graduate, co-designed with UniSA, SA Health and Local Hospital Networks nine specialties which are fully funded scholarships.
- Increased TPPP intakes and moved forward SA Health 2023 invitation to TPPP.

- Resilience and wellbeing programs.
- Mental Health Nursing Workforce funding provided for clinical supervision, facilitation model (new) and increase pathways with Nurse Practitioners targeting mental health adolescent and older person.
- Flexible shifts provided.
- SA Health Workforce Strategy being developed.
- International and National Recruitment Campaign established.
- Incentives provided for regional SA.
- Exchange programs in place for midwifery.
- Leadership Programs for level unit manager, and above accredited with university to provide accelerated pathways to master's degrees.
- Winter wellbeing and support program established.

Strategies from Western Australia

- Increased graduate intakes (funding support provided).
- Scholarships for:
 - Mental Health;
 - Post-graduate across specialities;
 - Undergraduates;
 - Refreshers; and
 - Re-entry.
- Fellowships and grants in place.
- Dedicated central recruitment pool (related to the overarching local, national international recruitment campaign).
- Grant funding to support regional staff to upskill.
- Alternative student pathway to support undergraduates working as Assistant in Nursing (AIN) (there is no paid student model in WA).
- AIN skill set to support them working in maternity settings.
- Skill set for enrolled nurses to work in maternity settings.

Strategies from Tasmania

- Rolling out recruitment campaigns locally, nationally and internationally.
- New Scholarship Program supported by a four-year budget commitment targeting areas of greatest need:
 - Mental Health, Aged Care, ICU
 - Refreshers and re-entry
- Additional focus on AIN roles (undergraduates and Certificate 3) and enrolled nurses' pathways.

- Accommodation strategy to support new people coming into Tasmania (major issue in Tasmania compounded by the housing demand/shortage/escalating prices).
- Enterprise Bargaining Agreement negotiations scheduled for 2023 will be critical to achieving competitive salary rates.

Noted / Please Discuss

.....

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

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

Signatory Name:

Phone:

Action Officer:

Phone:

ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/348	Forward Plan to Manage Flu and COVID During Winter
Critical Date	1 June 2022
Chief Executive Officer	Dave Peffer /...../.....

Minister's question/s:

Please provide further information on the forward plan for managing hospital system capacity during with winter months in relation to the expected increase of patients with influenza and COVID

Canberra Health Service response:

- Canberra Health Services manages demand and capacity on a daily basis. Additional physical capacity is being sourced:
 - Converting day only beds in paediatrics to short stay;
 - Staffing flex beds where they exist; and
 - Negotiating with private hospitals for capacity.
- Workforce remains the biggest constraint.
- Demand will be spread across the system where possible. Non-urgent work may need to be delayed from time to time.

Noted / Please Discuss

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

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

Signatory Name:	Cathie O'Neill	Phone:	5124 7354
Action Officer:	Cathie O'Neill	Phone:	5124 7354

ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/349	Overview of COVID Reporting Numbers
Critical Date	1 June 2022
Chief Executive Officer	Dave Peffer /.../....

Minister’s question/s:

Clarity on numbers provided daily in relation to COVID hospitalisation:

- Are the figures reported just ACT Public Hospitals or does the figure include Private Hospitals as well
- How does each hospital determine if a case can stay or requires transfer to another facility etc

Canberra Health Service response:

- Yes, figures reported are ACT Public and Private Hospitals.
- Patients are transferred to another facility based on clinical need, which for private hospitals, includes COVID positive patients with respiratory symptoms.

Noted / Please Discuss

.....

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

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

Signatory Name: Cathie O’Neill
Action Officer: Cathie O’Neill

Phone: 5124 7354
Phone: 5124 7354

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

Tracking No.: MCHS22/403

Date: 09/06/2022**From:** Dave Pepper, Chief Executive Officer**Subject:** Commencement of Treat and Go Service**Critical Date:** 9 June 2022**Critical Reason:** Date service will commence

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

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. As a result of continuing demand and capacity pressures and workforce shortages, Canberra Health Services (CHS) is re-establishing a hospital-based Treat and Go (TG) service based on the Walk in Centre (WiC) Model of Care. The TG service was originally commenced in July 2021 in a space adjacent to the CHS Emergency Department (ED) following consultation with WiC teams, ED teams, unions, consumers and other stakeholders.
2. The previous TG service was aborted in its second week due to a range of issues, including a significant COVID outbreak, and unsuitability of the previously allocated area to treat suspect COVID patients. There was also a requirement to free up and redirect staff to the COVID in-reach model to support outbreaks in social housing.
3. The service has not recommenced due to the WiC staff then establishing a COVID positive walk-in service at the Garran Surge Centre.

Issues

4. Increasing and sustained demand and workforce shortages have resulted in continued declines in ED performance against KPIs. A contributing factor to this performance, is bed block with several strategies being implemented to assist, including opening beds at University of Canberra Hospital (UCH) purchasing beds from private hospitals, driving timely discharges, and supplementing community teams to assist in hospital diversion.
5. Performance and workforce pressures within the whole department are causing significant and increasing ongoing stress and fatigue for staff. There is also increasing patient safety risks as 'did not waits' increase, seen on time decreases, and time in the department across all categories increases.
6. Demand is likely to continue to increase over the winter months. Workforce shortfalls for both ED medical and nursing staff are projected to continue, and high rates of personal leave are also likely to continue with the increasing circulating respiratory viruses in the community, coupled with workforce fatigue.
7. Building on the previous Model of Care for TG and the need to implement urgent step wise change to address the concerning demand capacity mismatch in the ED, CHS is implementing 'Treat and Go Version 2.0' within the ED on 9 June 2022. Note: the service will not operate over the long weekend and will recommence on Tuesday 14 June 2022 on a seven-day roster.
8. The TG service will commence and provide lower acuity patient care from 0730 – 2200, seven days a week. This will assist in reducing numbers in the wait-room, increase timely throughput and allow ED staff to concentrate their staff in managing more acute presentations. In addition, the Extended Scope Physiotherapists will extend their working hours to provide similar coverage as the TG nurses.

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9. The TG team will be managed by a WiC Clinical Nurse Manager who will have a dual reporting relationship to the ED and WiC. Kirsty Cummin, Integrated Care Program Director, has been redeployed to this role and is managing the establishment of the service (her duties within the Integrated Care Program are being managed across the Chief Operating Officer office integrated care and patient navigation team).
10. Staff for TG have been voluntarily selected from other WiCs. The WiC staff across the network were all invited to volunteer. In addition, these teams have worked very hard to reallocate staffing across the network to ensure there is a continued service at Tuggeranong, Weston, Belconnen and Gungahlin across their normal opening hours. The exception to this will be Tuggeranong which will need to close for five days due to inadequate staffing. Further work is being undertaken with rosters and once confirmed, your office will be notified and the appropriate communications arranged.
11. Patients will be managed through ED and data captured within the existing ED data capture. TG has been established as a separate location within ED so that the performance of TG can be separately tracked and analysed.
12. Weekly monitoring meetings will be held with the team leaders to ensure success and to implement any changes as required.
13. During the TG service, CHS will work with the ED team to implement a sustainable nurse and allied health led stream which will then be able to transition into the new Critical Services Building (CSB). Further consultation on this aspect will occur as the model is drafted.
14. Further details on the TG service are provided in the Model of Care for Treat and Go (June 2022 – Draft v2.0) at [Attachment A](#) and the TG triage flow at [Attachment B](#).

Financial Implications

15. There will be increased staffing costs as a result of the extended hours for the physiotherapists as well as achieving maximum staffing across the network. These costs will be offset through unfilled vacancies within the ED and absorbed internally by CHS.

ConsultationInternal

16. ED, WiC and other CHS staff have been consulted in targeted meetings, a briefing paper seeking feedback and communications to all-staff.
17. Broader consultation has occurred across the service including all Executive Directors, nursing staff and allied health professionals.

Cross Directorate

18. Not applicable.

External

19. A verbal briefing session was held with Matthew Daniels and Carlyn Fidow from the Australian Nursing & Midwifery Federation (ANMF) prior to presenting to staff.
20. A briefing paper was distributed for feedback from ANMF ACT, Health Care Consumers' Association (HCCA) and Carers ACT. This has been followed up with several meetings with ED and WiC staff. Feedback received from all parties has been incorporated into the Model of Care version attached to this brief.
21. A detailed response from the ANMF provided on 3 June 2022 has been followed up with a meeting held between ANMF and CHS on 7 June 2022 to discuss and respond to the feedback received. This was a positive meeting and alleviated some concerns on an incorrect perception that the Tuggeranong WiC was closing and that WiC staff would experience increased presentations. It was also confirmed that rostering of WiC for the TG model is on a voluntary basis with a positive response already received from staff willing and excited by the opportunity.
22. Consumers and carers welcomed the opportunity to comment and are positive about any efforts at improving the ED performance.

Work Health and Safety

23. TG is expected to markedly assist flow in the ED which will assist in managing rostered shortfalls in that Department and the increased psychosocial stress being experienced by that team.

Benefits/Sensitivities

24. Qualitative benefits are expected and include:
 - increased awareness of community-based health services such as WiC's;
 - improved CHS workforce morale during peak demand, i.e. winter months';
 - CHS workforce working together to creating exceptional health care; and
 - improved understanding of nurse led services and benefits in primary health care.
25. Quantitative benefits are expected against KPIs and include:
 - reduced treatment time;
 - improved NEAT;
 - efficient staff ratio/skill mix for safe high-quality service provision;
 - improved staff retention and sustainability; and
 - improved patient and staff safety.

Communications, media and engagement implications

26. There is no intention to advertise the new model as it will be a fast track stream within ED. There are concerns any promotion of this service will only serve to draw additional demand to the Department.

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Signatory Name: Cathie O’Neill

Phone: 5124 2147

Action Officer: Amanda Bell

Phone: 5124 8688

Attachments

Attachment	Title
Attachment A	Model of Care for Treat and Go (June 2022 – Draft v2.0)
Attachment B	TG triage flow