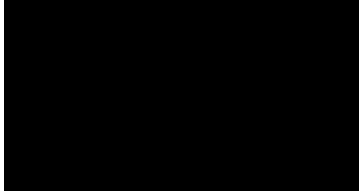


Our reference: **CHSFOI22-23.19**



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 **Tuesday 15 November 2022**.

This application requested access to:

*'A copy of the Ministerial Briefs with the titles outlined from 11 June 2022 to 10 July 2022 (excluding any duplicates and all attachments to the briefs);*

- MCHS22/175
- MCHS22/190
- MCHS22/194
- MCHS22/347
- MCHS22/366
- MCHS22/376
- MCHS22/402
- MCHS22/407
- MCHS22/418
- MCHS22/423
- MCHS22/429
- MCHS22/433
- MCHS22/434
- MCHS22/444
- MCHS22/467
- MCHS22/486
- MCHS22/487
- MCHS22/490.'

I am an Information Officer appointed by the Chief Executive Officer of CHS under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Tuesday 13 December 2022**.

I have identified 14 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 11 documents;
- grant partial access to two documents; and
- refuse access to one document.

My access decisions are detailed further in the following statement of reasons and the documents released to you are included at [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 11 documents at references 2, 4-5 and 7-14.

### **Refuse Access**

I have decided to refuse access to one document at reference 6 as it is wholly comprised of information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the FOI Act.

### **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, 2.2(a)(xiii) prejudice the competitive commercial activities of an agency; and
- Schedule 2, 2.2(a)(xv) prejudice the management function of an agency or the conduct of industrial relations by an agency.

Following the consideration of the above factors, I have decided the factors favouring non-disclosure outweighed the factors favouring disclosure. The release of this information would or could reasonably be expected to have a detrimental effect on the competitive commercial activities of an agency and prejudice the conduct of industrial relations. Therefore, I have determined the information identified is contrary to the public interest and I have decided not to disclose this information.

### **Partial Access**

I have decided to grant partial access to two documents at references 1 and 3 that 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 FOI Act.

### **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; 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*.

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, 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 FOI Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

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

The ACT Ombudsman

GPO Box 442

CANBERRA ACT 2601

Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)

Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

ACT Civil and Administrative Tribunal (ACAT) review

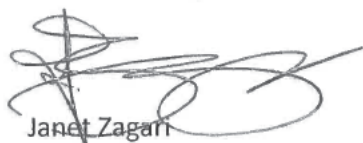
Under section 84 of the FOI Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

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

Further assistance

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

Yours sincerely



Janet Zagan

**Deputy Chief Executive Officer**  
Canberra Health Services

13 December 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
<div style="background-color: black; width: 100px; height: 15px; margin: 0 auto;"></div> (MLA)	<i>'A copy of the Ministerial Briefs with the titles outlined from 11 June 2022 to 10 July 2022 (excluding any duplicates and all attachments to the briefs).'</i>	<b>CHSFOI22-23.19</b>

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 2	MCHS22/175 PATIENT SERVICES ADMINISTRATION - Service Delivery - Email - Minister for Health - Concerns re services for Macular Degeneration Suffers -	28 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
2.	3 – 7	MCHS22/190 Request for Advice - Minister for Health - Outpatient appointment waits	14 June 2022	Full Release		YES
3.	8 – 10	MCHS22/347 Initiated Brief: (Minister for Health) Freedom of Information (FOI) Application from re Subject line Detailed results of the 2021 Workplace Culture Survey (CHSFOI 21-22.36)	08 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
4.	11 – 12	MCHS22/366 Email - (Minister for Health) Neuroendocrine Tumour Support Group	28 June 2022	Full Release		YES
5.	13 – 16	MCHS22/402 Initiated Brief: (Minister for Health) Centenary Hospital for Women and Children Expansion Project - Delay to	21 June 2022	Full Release		YES

		completion of the new Maternity Assessment Unit at the Centenary Hospital for Women and Children				
6.	17 – 19	MCHS22/407 Meeting - Minister for Health - Meeting with United Workers Union (UWU) - Wednesday 6 July 2022	04 July 2022	Refuse Release	Schedule 2, 2.2 (a)(xiii) competitive commercial & Schedule 2, 2.2 (a)(xv) industrial relations	NO
7.	20 – 22	MCHS22/418 Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (13 to 17 June 2022)	17 June 2022	Full Release		YES
8.	23 – 24	MCHS22/433 Request for Advice - Minister for Health - Request for Information - Paediatric Services - Johnathan Davis MLA	30 June 2022	Full Release		YES
9.	25 – 26	MCHS22/434 Request for Advice - Minister for Health - Urgent Advice - Tuggeranong Walk-in-Centre Closure	21 June 2022	Full Release		YES
10.	27 – 29	MCHS22/444 Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (20 to 24 June 2022)	23 June 2022	Full Release		YES
11.	30 – 31	MCHS22/467 Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (27 June to 1 July 2022)	30 June 2022	Full Release		YES
12.	32 – 35	MCHS22/486 Initiated Brief - Minister for Health - Performance measure targets for 2022-23 budget	06 July 2022	Full Release		YES
13.	36 – 38	MCHS22/487 Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (4 to 8 July 2022)	07 July 2022	Full Release		YES
14.	39 – 41	MCHS22/490 Initiated Brief - Minister for Health - Canberra Region Cancer Centre - Linear Accelerator Breakdown	04 July 2022	Full Release		YES
<b>-Total Number of Documents</b>						
<b>14</b>						

## ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/175	Request for additional information - Schedule 2.2(a)(ii)
Critical Date	Not applicable
Chief Executive Officer	Dave Peffer ..... /...../.....

### Minister's question/s:

Provide information about gaps and issues in the Canberra Health Services' eye clinic – injection service.

### Canberra Health Services' response:

In 2015/16 ACTHD submitted a business case to expand the eye injection clinic to the north side, with a clinic space being built at Calvary Public Hospital Bruce. This business case was successful and the clinic space was built however the then Director-General of ACTHD, Ms Nicole Feely, halted the program and the clinic was never established. The clinic space was handed over to CPHB and is now utilised for other purposes than what was previously intended.

An important factor with patients who require these eye injections is, once you take on a patient for these injections, you have them for life. Therefore, the service is currently able to take on new patients, but due to space limitations for new clinics, not patients already treated in the community.

These injections are provided in the private setting with services being Medicare rebatable, however there are still out of pocket expense as there are for many Medicare funded ambulatory services in the community. Dr Andrew Mitchell has written and met with Medicare about this issue.

Further scoping of this project would need to be completed by the ACTHD, however there have been previous scoping works completed by Dr Mitchell and Dr Reid. A draft matrix of possible locations was developed however this work was halted.

CHS has also submitted two recent business cases to expand the CHS eye clinic however neither were successful due to competing priorities.

### ACTHD input

#### Northside Hospital planning

The ACT Government is committed to providing high quality healthcare services to Canberra's rapidly growing population and has committed to continue planning a new northside hospital, with the aim to start construction by mid-decade.

ACT Health is preparing a business case for a new northside hospital to be ready for consideration as part of the 2023-24 Budget and will include concept design to provide a range of

medical, surgical and specialty services, providing an opportunity to modernise the way healthcare is delivered on the northside.

In developing the Northside Hospital business case ACT Health will work with partners, stakeholders and the community to determine the right mix of clinical services and a modern sustainable design.

Northside Clinical Services Plan

ACTHD is developing a Northside Clinical Services Plan for consideration by government. The plan will look at the public health service needs in the future for people living in the northern areas of the ACT, as well to inform clinical services planning for the Northside Hospital.

Ophthalmology has been identified as an area for more detailed planning.

The planning process is currently:

- investigating how health services are currently used – through hospital admissions, emergency department presentations and use of services at walk-in centres, outpatient clinics and community-based health centres;
- investigating how population growth will affect future demand and how health services are used; and
- testing findings with clinicians and developing options for future service configuration.

**Noted / Please Discuss**

.....

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

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

Signatory Name:	Lisa Gilmore, Executive Director, Division of Surgery	Phone:	5124 8020
Action Officer:	Emma Fox, Executive Officer, Division of Surgery	Phone:	5124 3936



**Canberra Health Services**

**To:** Minister for Health

Tracking No.: MCHS22/190

**Date:** 14/06/2022

**From:** Dave Pepper, Chief Executive Officer

**Subject:** Outpatient Waiting Times

**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. Your office requested an update on the status of outpatients at Canberra Health Services (CHS) focusing on medical specialist services and the corresponding wait lists.
2. ACTPAS is the main CHS Patient Administration System (PAS) on which most of the medical specialist outpatient waitlist and appointment information is managed. CHS also has best of breed PAS systems for services such as Dental, Cancer, Sexual Health, and Mental Health which are data repositories for appointment and waiting list data.
3. The waitlist data presented in this brief is from ACTPAS. Whilst it is largely accurate, there are manual processes involved in keeping it up to date and accurate which means that there will be some discrepancies. In particular, if a patient's condition improves or they are seen elsewhere, they will not be removed from our wait list unless they notify CHS. Likewise, the automatic removal of people from the waitlist requires a number of steps to be manually performed in ACTPAS, which are not intuitive or forced functions.
4. Urgency for outpatient appointments is triaged based on the information in the referral against agreed criteria:
  - Urgent (within 14 days);
  - Category 1 (within 30 days);
  - Category 2 (within 90 days); and
  - Category 3 (within 365 days).

## Issues

### *Waiting lists at Canberra Health Services*

5. Detailed waitlist data for CHS services that have long waiting lists is provided for Surgery [Attachment A](#), Medicine [Attachment B](#), Women, Youth and Children [Attachment C](#), and Cancer and Ambulatory Support [Attachment D](#).
6. Some of the overarching issues that have led to the build-up of long wait lists include:
  - Staff availability and recruitment issues;
  - Clinic space availability;
  - Mismatch between demand and capacity;
  - Dated models of care, systems and processes (i.e faxed referrals);
  - Manual and non-intuitive administrative requirements to maintain the wait list;
  - Inability for systems to talk to each other and provide a holistic view of patients' care; and
  - Siloed working patterns (not integrated care).

### *Strategies to address long waiting lists at CHS*

7. **In 2021/22 CHS decided that Outpatients was not a priority area for active focus given other priorities, however** planning for the 2022/23 Corporate Plan has included an objective to reduce waiting list times for medical specialist appointments with a key measure to increase the 'new' to 'review' appointment ratio to 35 per cent (currently sits around 19 per cent).

## OFFICIAL

8. Divisions are working on proactive recruitment across specialities to help increase the number of initial appointments scheduled. For example, this includes recruitment and commencement of new Specialists and Surgeons across Neurosurgery, Paediatric Surgery, Oral-Maxillofacial Surgery, Ophthalmology Specialist, Trauma and Urology.
9. Wait list audits are being conducted to review the status of patients on the wait list with removal of those who no longer require treatment. For example, a recent endoscopy waitlist audit identified 30 per cent of those on the waitlist could be removed and a neurology medical waitlist identified 34 per cent of patients on the wait list for removal. These removals are being actioned with notification to the referrer.
10. The Digital Health Record (DHR) will bring a number of forced changes to practice, increased automation, timely reporting and improved visibility of patients' total care needs and services. There is expected to be significant improvements in the management of outpatient services as a result. These may take some time to be realised as the new ways of working are bedded down.
11. CHS is working to further support GP use of Health Link Smart Referral Forms (a digital platform used to refer patients to CHS), which will bring administrative efficiency. The integration of the Health Link Smart Form will provide further notification and an acknowledgement confirming it has been received with date and time stamp. CHS (via DHR) will be able to send Referral Status Updates back to the GP (via HealthLink) confirming acceptance of referral, rejection, triage and appointment booking etc.
12. Implementation of DHR and further uptake of Health Link will create a 'Pool' where GPs can refer to a Service/Speciality to enable equitable waiting lists amongst clinicians within a given service.
13. CHS is hoping to have better clinic space management through the DHR which will leverage efficiencies in the outpatient management system. Other ways to overcome clinic space barriers have been to convert rooms to clinic spaces, where possible, to facilitate more appointments (i.e. dermatology clinics). There is also potential for allied health and nursing clinics to be managed offsite as another option.
14. While every effort is made to ensure all appointment times are filled and not wasted, there are still last-minute cancellations and patients who do not attend (DNA). The DNA rate has improved significantly and regularly sits below an eight per cent average across services. The DHR will help make use of these appointments with a 'Fast Pass' access for automatic SMS offer of an appointment to a patient on a short notice cancellation list. Currently, this is manual and time consuming, making it impractical in very busy clinics.
15. CHS is working with Calvary Public Hospital Bruce (CPHB) to redirect a number of Category 3 surgical patients for outpatient review and potential to be added to the elective surgery waiting list. However, Calvary are resisting moving to a Territory wide waiting list approach which CHS will continue to pursue.

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16. To date, 12 telehealth consults have been completed and just over 30 patients have been added to the CPHB waitlist or follow up, resulting in a removal from the CHS waitlist.
17. Uptake of CHS telehealth is increasing with the number of telehealth appointments rising from 4.8 per cent of total appointments in 2019-20 to 16.7 per cent in 2021-22 (YTD at 16 May 2022) which can assist with increased efficiencies and timeliness of appointments.
18. CHS nurse led clinics are well established and expanding. Allied health clinics supporting medical specialist outpatient clinics are also growing (e.g. a dietician clinic supporting the Irritable Bowel Clinic). These clinics enable access to more timely screening to determine whether specialist review is required, and for post-specialist follow-up.
19. Clinical subject matter experts are working with GP Liaison team and Capital Health Network to refresh Health Pathways to support GPs manage their patients, ensure referrals are made at the appropriate stage and with all the required information. A complete referral enables appropriate triage category allocation.
20. The DHR will implement a 'shared care model' with GPs having access to the DHR patient record to help provide seamless primary care and also create a two-way dialogue between the GP and the specialist. It will have a limited implementation to begin with and be piloted at Winnunga Nimmityjah Aboriginal Health and Community Services and four more nominated GP services. The nominations are not yet finalised.
21. Integrated models of care are being piloted and where successful, are being built on with further implementation of the CHS Integrated Care Program. The most advanced is a project with endocrinologists and general practice which has had below results:
  - 74 per cent reduction in referrals to the Diabetes Service from the six month pilot GP practice;
  - Improvement in diabetes control, from mean HbA1c pre-Integrated care appointment of 9.1 per cent to mean HbA1c 3-6 months after the appointment of 7.9 per cent. Median reduction in HbA1c was 1.1 per cent;
  - Qualitative survey of GP showed positive results, including improved confidence in choice of diabetes medications, motivational counselling, and awareness of which patients should be referred, and which could remain in primary care.
  - Timely care to patients with type 2 diabetes with optimised health outcomes.
22. CHS will continue to monitor trends in the number of appointments 'new' and 'review' appointments completed for medical specialist services [Attachment E](#).

### Financial Implications

23. Not applicable.

### Consultation

#### Internal

24. CHS Outpatients Support and Divisions of Surgery, Medicine, Women, Youth and Children, and Cancer and Ambulatory Support.



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**Work Health and Safety**

25. Not applicable

**Benefits/Sensitivities**

26. Long wait times are understandably difficult for our clients. CHS will continue to take a multifactorial approach to improve timeliness of access and reduce wait times.

**Communications, media and engagement implications**

27. Not applicable.

Signatory Name: Cathie O'Neill Phone: 5124 7354

Action Officer: Dee Patal Phone: 5124 8464

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Division of Surgery
Attachment B	Division of Medicine
Attachment C	Division of Women Youth and Children
Attachment D	Division of Cancer and Ambulatory Support
Attachment E	Appointment completion trends

Canberra Health Services Directorate

UNCLASSIFIED

**To:** A/g Minister for Health

Tracking No.: MCHS22/347 (CHSFOI21-22.36)

**From:** Dave Pepper, Chief Executive Officer

**Subject:** Freedom of Information application request received from Schedule 2.2(a)(ii)  
(MLA) regarding *the detailed results of the 2021 CHS Workplace Culture Survey*

**Critical Date:** 08/07/2022

**Critical Reason:** FOI will be delivered to applicant on this day.

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

**Recommendations**

That you:

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

**Noted / Please Discuss**

2. Note the Media Talking Points at Attachment B; and

**Noted / Please Discuss**

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

Minister's Office Feedback

UNCLASSIFIED

**Background**

1. On 18 May 2022 Schedule 2.2(a)(ii) (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the Canberra Health Services' (CHS) requesting:

*'Referring to the 2021 CHS Workplace Culture Survey, I request the 'Detailed results of the 2021 Workplace Culture Survey Results' broken down for the following groups: junior medical officers (84), senior medical officers (137), Nursing/midwifery (1093), senior management (101), executive (18) and those respondents who did not answer or preferred not to say (907)'*

**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. Information identified as relevant to the above request involved a third party. Third party consultation completed and there was no objection to release the identified documents.
4. The decision letter and accompanying documents released to Schedule 2.2(a)(ii) are at Attachment A.

**Financial Implications**

5. Processing fees are not applicable to this request.

**Consultation**Internal

6. Not applicable

Cross Directorate

7. Not applicable

External

8. Consultation was conducted with Best Practice Australia (BPA) Analytics and there was no objection to the release of the identified documents.

**Work Health and Safety**

9. Not applicable

**Benefits/Sensitivities**

10. Sensitivities
  - a. The three documents to be released under this application have not been shared with CHS staff. While staff have access to Divisional level reports of a similar nature through the HealthHub, the requested documents provide

UNCLASSIFIED





## ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/366	Neuroendocrine Tumour Support Group
Critical Date	Not applicable
Chief Executive Officer	Dave Pepper ..... /...../.....

### Minister's question/s:

The members of the Neuroendocrine Tumour Support Group have asked:

- How can the ACT meet the goals of the NET National Action Plan
- For the Canberra Hospital to follow the optimal cancer care pathway for neuroendocrine tumours
- A team approach for the management of neuroendocrine tumours between NSW, ACT (and perhaps Victoria)
- Options for the FDG and Galium 68 scans to be free or subsidised in the ACT

### Canberra Health Services' advice:

- Canberra Health Services (CHS) follows the Cancer Council Australia Optimal Cancer Pathways. Canberra Regional Cancer Centre has undertaken project work on the different common tumour streams to ensure compliance. This includes reviews in lymphoma, breast cancer, lung cancer and colorectal cancer.
- The Unicorn Foundation Neuroendocrine Tumours: A guide for health professionals has been disseminated to the staff involved in care of NET patients but there is currently no published Optimal Cancer Pathway for neuroendocrine tumours available .
- A multidisciplinary team approach is already in place and not every patient needs to go to the NET Centres interstate. Appropriate referrals are made when services are not available in the Territory or where patients require access to clinical trials.
- Canberra NET patients are discussed at the Gastrointestinal Cancer Multidisciplinary Meetings and more complex patients are referred to the Sydney centres if necessary. Patients are also supported by a cancer specialist nurse.
- Patients who meet the criteria of Interstate Patient Travel Assistance Scheme (IPTAS) and are required to travel interstate for treatment are able to access IPTAS for fuel reimbursement and some funds towards the cost of accommodation. Patients can complete the documentation themselves or have assistance through the CHS social work team, or their treating team in NSW/Victoria. IPTAS is available for treatment that is not available in the ACT and is not a full reimbursement scheme.

- There are no publicly-funded PET scanners in Queanbeyan or the surrounding areas. The closest PET scanners to Canberra are in Wagga Wagga and Wollongong. The PET scanners in these locations are all owned by private medical imaging companies which operate out of private hospitals.
- CHS do not have any specific knowledge in this service being offered as free or subsidised in the ACT although it is noted that:
  - Ipsen are currently looking into supporting patients on Lanreotide who don't meet the Medicare criteria to one GA68 PET a year, however this is a two year trial; and
  - Novartis currently have a program where they contribute a part payment for patients on Octreotide to a GA68 PET once a year.

**Noted / Please Discuss**

.....

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

.../.../...

Signatory Name:	Melissa O'Brien	Phone:	5124 5198
Action Officer:	Jason McNamara	Phone:	5124 8513

**Canberra Health Services**

**To:** Minister for Health

Tracking No.: MCHS22/402

**Date:** 8 June 2022

**From:** Dave Pepper, Chief Executive Officer

**Subject:** Centenary Hospital for Women and Children Expansion Project - Delay to completion of the new Maternity Assessment Unit at the Centenary Hospital for Women and Children

**Critical Date:** 28 June 2022

**Critical Reason:** To enable communication and updated advice being progressed with Canberra Health Services staff, consumers and key project stakeholders.

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

**Recommendation**

That you note the information in this brief.

**Noted / Please Discuss**

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

Minister's Office Feedback

## Background

1. A component of the Centenary Hospital for Women and Children Expansion Project (CHWC) is the new Maternity Assessment Unit (MAU). The new MAU will double patient capacity from 4 to 8 beds and will collocate on the same level as the existing Birthing Suites, streamlining the patient admission process.
2. The MAU construction works are occurring within a live hospital environment. Whilst the construction zone is contained within securing hoarding, adjacent clinical services such as Birthing Suites are required to remain operational at all times.
3. The purpose of this Brief is to notify you of two construction incidents that have impacted the program for the completion of the MAU.

## Issues

4. The MAU construction requires the extensive demolition and refit of an existing area of Level 3 of Block E in CHWC. Some existing engineering services pass through the construction zone and serve adjacent areas. These services remain live and cannot be isolated, an example being the fire sprinkler system.
5. When conducting work around fire sprinklers there is a risk that heat, or impact damage could trigger an accidental activation. Ideally, the sprinklers would be deactivated during construction, but in the circumstance for the MAU construction, this is not feasible because:
  - a. There are limited isolation valves in the existing CHWC. An isolation of MAU would require isolation a much larger operational area of the hospital presenting a potential life-safety risk.
  - b. The new MAU zone sits within a larger fire compartment. Fire compartments are specially constructed so that a combination of walls and doors contain the spread of fire/smoke for a designated time period. If a fire started in the construction zone while sprinklers were isolated, it would not be contained within the construction zone, and potentially spread within the broader fire compartments, again presenting a potential life safety risk to adjacent operational areas.
6. The main works contractor, Richard Crookes Constructions (RCC) considered these risks in working around live services and developed several control measures to reduce that risk. Specifically, in respect of working near the sprinklers, RCC moved the majority of sprinklers that were on flexi-hose out of the immediate works area, however, this control measure did not consider the impact from heat.
7. On 2 March 2022, while installing medical gas pipes using a brazing torch, the heat from the torch triggered the activation of an unprotected sprinkler. Water could not be contained entirely within the construction zone and impacted some clinical areas below the MAU (namely the Foetal Medicine Unit), which caused water damage. Urgent rectification works were undertaken overnight, and the Foetal Medicine Unit service was operational the next day.



8. Construction works at MAU ceased while an investigation was conducted, and an audit of onsite safety procedures and work practices was completed. RCC was cleared by CHS and Major Projects Canberra (MPC) to re-commence construction works on 24 March 2022.
9. On 4 May 2022, a second sprinkler activation occurred which was again associated with medical gas pipe brazing. The water could not be contained within the construction zone and the Foetal Medicine Unit was again affected.
10. CHS and MPC have undertaken detailed investigations and audits with RCC to strengthen their works procedures and have assessed a variety of mitigation controls relating to fire system isolation and protection strategies, including:
  - a. Impact protection to be applied to all live sprinkler heads in MAU.
  - b. When conducting hot work, all sprinkler heads within a 5-metre radius are to be fitted with heat protection caps.
  - c. Increased supervision of sub-contractors, and sign-off of sprinkler protection measures by the foreman prior to hot works commencing.
  - d. Upgraded spill response process to do everything as reasonably possible to contain any activation spillage to the construction zone.
11. Following agreement of revised procedures by CHS and MPC, works recommenced on 1 June 2022.
12. In total, both incidents have caused the complete cessation of works in MAU for 7 weeks. While RCC has absorbed much of this delay, the forecast completion date has delayed from 11 August 2022 to 22 September 2022.
13. The Gynaecology Procedure Room is positioned directly underneath the MAU construction zone, which has been affected on both occasions by the sprinkler incidents.
14. The construction program for Gynaecology Procedure Room has been delayed from 23 September 2022 to 19 October 2022.

### **Financial Implications**

15. RCC is liable for all costs attributed to the damage caused by the fire sprinkler incidents.

### **Consultation**

#### Internal

16. The Executive Director, Division of Women, Youth and Children; and the Acting Executive Group Manager, Infrastructure & Health Support Services are fully briefed in the incidents, the mitigation controls, and the program impacts.

#### Cross Directorate

17. Not applicable.

External

18. Representatives from the Health Care Consumers' Association, Carers ACT and the ACT Mental Health Consumer Network are members of the CHWC Expansion Project Control Group (PCG) and User Groups will be notified after you have been briefed.

**Work Health and Safety**

19. This was not considered a safety incident, however CHS Fire Safety, and CHS Work Health Safety teams have been actively involved in the process of review and endorsement of the revised working procedures of RCC.
20. CHS is also considering more broadly the application of lessons learned from both incidents into procedures currently in place for review and approval of construction works that occur in the hospital.

**Benefits/Sensitivities**

21. The existing MAU is continuing to operate from its temporary home in Paediatric Surgical Ward, as it had already been relocated to allow another project milestone to commence (the new Gynaecological Procedures Rooms). MAU will continue to operate from this location until the new MAU is completed in September 2022.

**Communications, media and engagement implications**

22. The communication of the revised completion date of the MAU will be strategically planned by CHS.

Signatory Name: Vanessa Brady

Phone: 5124 4109







**Canberra Health Services**

**To:** Minister for Health

Tracking No.: MCHS22/418

**Date:** 16 June 2022

**CC:** Dave Pepper, Chief Executive Officer

**From:** Colm Mooney, Acting Deputy Chief Executive Officer

**Subject:** Minister's Weekly Brief – 13 - 17 June 2022

**Critical Date:** 17/06/2022

**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 – 13 - 17 June 2022.

**Noted / Please Discuss**

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

Minister's Office Feedback



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

<b>GEHU AUDIT TEAM</b>	<b>Monday 13 June 2022</b>	<b>Total</b>
Patients contacted	34	10424
Patients unable to be contacted	17	4411
Patients successfully contacted	17	6013
Patients Removed from waiting list	71	2300

**Dhulwa OV Incidents and WorkSafe Improvement Notices****Dhulwa Improvement Notice**

Action plan to address requirements of Improvement Notice has been provided to WorkSafe and extension requested and to be discussed further with WorkSafe. WorkSafe has requested further information through a Section 155 Notice.

**Dhulwa Prohibition Notice**

No further update, actions in progress.

**Dhulwa Occupational Violence Staff Incident Report – FY2021-22 – as at 14 June 2022**

Refer to attached report.

\*OV 'other' includes the following types of incidents:

- Staff witnessing violence between consumers/patients/in community
- Staff receiving an email/letter with aggressive content/threats
- Staff member named in social media content – defamatory, threats etc
- Staff member reports vehicle damage/vandalism/property damage (where no direct effect on staff)
- Identification of a prohibited item (i.e., weapon, knife, syringe) but no recorded threat to staff.

**Callum Offices WorkSafe Improvement Notice**

WorkSafe visited Child and Adolescent Mental Health Services (CAMHS) at Callum Offices in response to anonymous concerns raised by staff regarding risks to staff and consumers by this building.

An Improvement Notice has been issued to CHS regarding the lifts. ACT Property Group have been asked to respond to this Improvement Notice as the building owner.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Elective surgery update**

Current modelling indicates 13, 850 elective surgeries will be performed this financial year due to continued demand pressures and the cessation of non-essential elective surgery at Calvary Public Hospital Bruce for five weeks in January and February 2022.

Overdue numbers have remained consistently high in 2022. As of 31 May 2022, there were 1,354 overdue patients - 924 above target. The overdue figure of 1,354 is higher than after the national shut down of non-essential surgery in June 2020.

Outsourced elective surgery numbers are holding relatively steady, however, case mix is skewed towards greater number of Category 1 High Value Pool procedures resulting in higher costs. Territory Wide Surgical Services is working with CHS Finance and Business Information team to manage current predicted activity in outsourced elective surgery activity whilst, where practicable, balancing elective surgery bookings in June 2022.

The number of unplanned returns to theatre/10,000 hospital admissions continues to track below the annual target of 20 with the latest available quarterly (Q3 21-22) result of 7.4 a further improvement from the previous quarter's (Q2 21– 22) result of 8.4.

Signatory Name:	Colm Mooney Acting Deputy Chief Executive Officer	Phone:	5124 4680
Action Officer:	Josephine Smith Executive Branch Manager Strategy and Governance	Phone:	5124 9564

## ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/433	Paediatric Services
Critical Date	Not applicable
Chief Executive Officer	Dave Peffer ..... /.../....

### Minister's question/s:

Please provide information on the following:

1. What role does the ACT Government play in encouraging/recruiting paediatric specialists to work in Canberra?
2. What is the ACT Government doing to recruit more paediatric specialists to work for Canberra Health Services?
3. How many paediatricians work in the ACT –
  - a. in the private system and
  - b. in the public system?
4. What paediatric services are offered at Calvary hospital?
5. Is there any plan to expand the offerings at Calvary?

### Canberra Health Service response:

1. The ACT Government and Canberra Health Services (CHS) are committed to creating an environment to attract, recruit and retain the highest caliber talent, including Paediatricians and other specialists, to meet the future demand of the ACT and surrounding regions and deliver exceptional health care. [Our People Framework](#) outlines how we will create 'a great place to work' through our five key principles:
  - a. Culture and leadership
  - b. Collaboration
  - c. Attraction, recruitment and retention
  - d. Safety and reduction in occupational violence
  - e. Workforce capability development

Our recruitment activities, underpinned by strategic workforce planning, not only target local candidates but encourage interstate and international qualified applicants through attraction and retention initiatives including competitive remuneration packages and relocation assistance for permanent appointments.

2. The ACT Government continues to work with Canberra Health Services (CHS) to recruit more paediatric specialists to support the ACT and surrounding region. CHS is actively conducting a robust and strategic approach to recruitment of additional paediatric staff. Recruitment strategies include consultation across disciplines to strengthen interprofessional working and careful consideration of any specialist interest of new appointments, to ensure this does not dilute the general paediatric capacity.

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3. CHS can only report on paediatricians within our organisation. There are currently seven paediatricians within CHS (figure indicates headcount not FTE). Please note that the data provided does not include contracted staff including locum or Visiting Medical Officers.
4. Calvary Public Hospital Bruce (CPHB) do some elective day surgery procedures on children and young people, mostly for ears, nose and throat and dental procedures. Children do present to CPHB Emergency Department for assessment and treatment and they are transferred to Canberra Hospital if they require admission.
5. There are no current plans to expand the offerings for children and young people at CPHB. The northside clinical services plan is being developed and will inform what services are required on the northside of Canberra into the future.

**Noted / Please Discuss**

.....

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

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

Signatory Name:	Susan Freiberg	Phone:	5124 7839
Action Officer:	Samantha Lang	Phone:	5124 7431



## ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/434	Tuggeranong Walk-in-Centre Closures and Changes to Operating Hours
Critical Date	Not applicable
CEO	Dave Pepper ..... /...../.....

### Minister's question/s:

Please provide information on the closure of the Tuggeranong Walk-in-Centre and the impact it will have on health services in the area, particularly during winter.

### Canberra Health Service' response:

The decision to close the Tuggeranong Walk-in Centre (WiC) has been based on workforce pressures across the WiC network including team members quarantining at home with COVID-19 or as household contacts, planned leave and resignations. In addition, the usual winter illnesses have contributed to unplanned leave.

Prior to closure of a WiC, every effort is made to maintain safe operations with consideration of redeployment of team members from other WiCs. Any surplus staff are redeployed to Weston Creek WiC to assist with anticipated increase of presentations.

The decision to close the Tuggeranong WIC is based on the number of presentations to Northside WiCs (Belconnen and Gungahlin) and the ability for the Weston Creek WiC to manage an increase in presentations with additional clinic room capacity and a larger waiting room.

### Future closures

Canberra Health Services (CHS) anticipates that the Tuggeranong WiC will need to close for the weekend of 2-3 July 2022 as the WiC network supports demand in the Canberra Hospital Emergency Department (ED) with the opening of the Treat and Go model. Communication with the Canberra community will occur through the previously used channels including social media, updates to the CHS WiC webpage, notices at the Tuggeranong WiC and Canberra Hospital ED and on the ACT Health wait time App.

In addition, from 7 July 2022, the Tuggeranong WiC will operate only in the afternoon/evenings from 2pm to 10pm, seven days per week. This is due to the unexpected workforce shortfalls over this roster period.

Nurse Managers will endeavour to minimise impacts to staff roster patterns and decisions have been aligned with Schedule 8 of the ACT Public Service Nursing and Midwifery Enterprise Agreement. Discussions are underway with the Administration Manager about how this will affect the administration roster and to commence communications with the affected team members.

WiCs are engaged in several strategies to increase nursing workforce, including increasing the Nurse Practitioner workforce through additional recruitment and implementation of a transition to Nurse Practitioner program within the WiCs.

A recent recruitment round has just concluded and a number of new staff members have been appointed, however it will take some time for those staff to complete assessment requirements and to be able to work independently. A new recruitment round is underway.

The Tuggeranong WiC opening hours will be reviewed with the intention to return to normal opening hours as soon as safe and effective staffing can be provided.

**Noted / Please Discuss**

.....

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

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

Signatory Name:     Melissa O’Brien  
Action Officer:     Tracy Hutchins

Phone:             5124 2738  
Phone:             5124 8513



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MINISTERIAL BRIEF

**To:** Minister for Health

Tracking No.: MCHS22/444

**Date:** 23 June 2022

**CC:** Dave Pepper, Chief Executive Officer

**From:** Cathie O’Neill, Chief Operating Officer

**Subject:** Minister’s Weekly Brief – 20 - 24 June 2022

**Critical Date:** 24/06/2022

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

COO .../.../...

**Recommendations**

That you note the information contained in the Minister’s Weekly Brief – 20 - 24 June 2022.

**Noted / Please Discuss**

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

Minister’s Office Feedback

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## KEY TOPICS/EMERGING ISSUES

### Endoscopy Wait List

Please refer to COR22/17574 – Ministerial Brief – Endoscopy Waitlist Audit outcomes.

### Emergency Department:

WorkSafe ACT visited the Emergency Department (ED) to speak with staff regarding anonymous concerns raised about ongoing short staffing issues and work pressure. One or more improvement notices are expected to be issued to CHS regarding this.

### ICU and Perioperative units:

A WorkSafe ACT visit is expected to ICU and perioperative unit regarding reported ongoing short staffing issues and work pressure in these work areas. An Improvement Notice may also be issued for these work units as the same issues are being presented as ED.

## UPDATES ON KEY PROJECTS/PIECES OF WORK

### Medical Imaging Waitlist Reduction Strategy

The numbers provided below outline progress in relation to the Medical Imaging waitlist management strategy as of 16 June. Due to significant staffing shortages, there has been no further progress in reducing waitlists.

<b>CT Outpatients</b>	<b>May 2022</b>
Patients Contacted	121
Patients Attempted to be contacted	28
Patients successfully contacted	93
Patients to remain on waitlist	7
<b>Patients Removed</b>	
Sent Privately	73
Cancelled	13

<b>MRI Outpatients</b>	<b>April/May 2022</b>
Patients Contacted	145
Patients Attempted to be contacted	16
Patients successfully contacted	129
Patients to remain on waitlist	6
<b>Patients Removed</b>	
Sent Privately	71
Cancelled	52

A third CT scanner is due to be installed in Medical Imaging in August-September 2022. This

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CT will see an increase in capacity for CT within Medical Imaging. This capacity will be further expanded with the expected “Go-Live” of the Weston Creek Walk-in Centre in February 2023.

CHS’ Fluoroscopy machine (where ERCPs are performed) became non-operational in early May 2022. Since that time, CHS has been actively pursuing suitable equipment to perform semi-elective and elective ERCPs. Currently, urgent ERCPs are being accommodated in Angiography when required.

A tender process for a new Fluoroscopy machine was expedited and closed on 22 June 2022. This tender process is expected to take up to nine months to complete.

In the interim, Medical Imaging hired a suitable Image Intensifier and performing ERCPs in the CHS Brachytherapy room. This equipment arrived on the 21 June and staff are now undertaking mandatory applications training, while the machine is undergoing mandatory physics testing.

There is a concurrent plan to have the old fluoroscopy machine removed from Screening Room 3 to allow for ERCP’s (and other screening studies) to occur in that location (within Medical Imaging). This equipment is due to be removed on 4 July 2022.

**Enterprise Bargaining**

ASMOF have renewed their claim in respect to additional payments for Interventional Radiologist’s participation in their on-call roster. This is being pursued outside of bargaining, with the current claim being for an additional \$7,000 per week on-call in addition to the existing 17.4 per cent on-call payment and 10 per cent onerous hours.

Signatory Name:	Cathie O’Neill Chief Operating Officer	Phone:	5124 2147
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Action Officer:	Josephine Smith Executive Branch Manager Strategy and Governance	Phone:	5124 9564
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MINISTERIAL BRIEF

**To:** Minister for Health

Tracking No.: MCHS22/467

**Date:** 30 June 2022

**CC:** Dave Pepper, Chief Executive Officer

**From:** Cathie O’Neill, Chief Operating Officer

**Subject:** Minister’s Weekly Brief – 27 June – 1 July 2022

**Critical Date:** 01/07/2022

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

COO .../.../...

**Recommendations**

That you note the information contained in the Minister’s Weekly Brief – 27 June – 1 July 2022.

**Noted / Please Discuss**

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

Minister’s Office Feedback

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**Emergency Department:**

WorkSafe ACT visited the Emergency Department to speak with staff regarding anonymous concerns raised about ongoing short staffing issues and work pressure. Regulator action is expected, however there has been no update on this from WorkSafe.

**ICU and Perioperative units:**

A WorkSafe ACT visit is expected to ICU and perioperative unit regarding reported ongoing short staffing issues and work pressure in these work areas. Regulator action is expected with regards to these issues.

**CHS Ultrasound services**

As per a request from your office, CHS can confirm that Medical Imaging currently only offers urgent/emergency ultrasound services on weekends as the ultrasound service is only funded for a five-day week.

**UPDATES ON KEY PROJECTS/PIECES OF WORK**

**Enterprise Bargaining**

The introduction of ratios in the 2020-2022 Nursing and Midwifery Enterprise Agreement included an 'amnesty' for shortcomings in adherence to ratios. That amnesty period expires 30 June 2022, and there is a high likelihood that the ANMF will seek to pursue issues of understaffing either in the Fair Work Commission or on a workplace safety basis.

**Accreditation**

With 11 assessors on site for five days, the team has provided significant effort and resources to support the survey, including evidence preparation, interviews, site visits and presentations.

Signatory Name:	Cathie O'Neill Chief Operating Officer	Phone:	5124 2147
Action Officer:	Josephine Smith Executive Branch Manager Strategy and Governance	Phone:	5124 9564

**Canberra Health Services Directorate**

**SENSITIVE: CABINET**

**To:** Minister for Health

Tracking No.: MCHS22/486

**Date:** 6 Jul 2022

**From:** Dave Pepper, Chief Executive Officer

**Subject:** 2022-23 Budget Performance Measures

**Critical Date:** 08/07/2022

**Critical Reason:** The 2022-23 Budget will be delivered on the 2 August 2022, approval to amend or change indicators is required prior to Budget print date.

**Recommendations**

That you:

1. Approve the recommended changes to the performance measures for Canberra Health Services at Attachment A; and

**Agree / Not Agreed / Please Discuss**

2. Sign the letter to the Chief Minister at Attachment B.

**Signed / Not Signed / Please Discuss**

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

Minister's Office Feedback



## Background

1. Director-Generals and Chief Executive Officers are responsible to their Ministers for the delivery of outcomes and for the provision of outputs as specified in each agency's Budget Paper. Performance indicators provide a succinct and transparent means by which ACT Government entities can present their performance and in so doing be held accountable to both Ministers and the community.
2. Strategic and Accountability Indicators and associated targets are an integral part of agencies' Budget Statements. Agencies are required to regularly review the suitability of the indicators and targets and document these review activities to ensure currency and better practice.
3. Amendments to existing Strategic and Accountability Indicators and targets relate to changes to the indicator item or changes to how the targets are calculated. Approval does not need to be sought if the same methodology is used to calculate the targets as in the previous budgets.
4. Chief Minister, Treasury and Economic Development Directorate (CMTEDD) is leading a whole of government process to look at how strategic and accountability indicators can better align to wellbeing outcomes as part of a Parliamentary and Governing Agreement commitment.
5. Canberra Health Services (CHS) is part of the CMTEDD-led whole of service work to consider options for how the government's strategic and accountability indicators can be aligned with wellbeing outcomes. This will help CHS to consider what population and service-system level outcomes measures could be reported in 2023-24 or future financial years to measure our performance in the health sector.

## Issues

6. CHS undertook an extensive review of the Strategic and Accountability Indicators as part of the 2021-22 budget process. This was to align the indicators to the wellbeing framework (discussion at paragraph 4). CHS continually reviews indicators and targets to ensure that they are appropriate.
7. For the 2022-23 budget, CHS has proposed minor changes for the Strategic and Accountability Indicators which are summarised at [Attachment A](#). These relate to:
  - a. The Strategic Indicator target for 1.2 "Number of people admitted to hospitals who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) per 10,000 occupied bed days" is proposed to be decreased from <2.0 per 10,000 to <1.0 per 10,000. The previous target of 2.0 came from aligning with the previous national benchmark which has since been reviewed. The current national benchmark is 1.0 per 10,000 bed days.
  - b. The Accountability Indicator target for 1.1a "Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions" is proposed to be increased from <= 20 to <45. The previous target of <=20 was set based on the National Goal outlined in the patient quality of care report. The

**SENSITIVE: CABINET**

change is to align with the latest version of the Hospital-Acquired Complications (HAC) specifications.

8. National Weighted Activity Unit (NWAU) targets for 2022-23 are currently under development and will be provided closer to the Budget.

**Financial Implications**

9. Not applicable

**Consultation**Internal

10. All relevant areas within CHS have been consulted on the proposed 2022-23 performance measures.

Cross Directorate

11. ACT Health Directorate's External Budget team has been consulted on the proposed 2022-23 performance measures.

External

12. Not applicable

**Work Health and Safety**

13. Not applicable.

**Benefits/Sensitivities**

14. Not applicable.

**Communications, media and engagement implications**

15. Not applicable.

Signatory Name:	Dave Pepper	Phone: (02) 5124 4700
	Chief Executive Officer	
Action Officer:	Paul Ogden	Phone: (02) 5124 9683
	Chief Finance Officer	

**Attachments**

Attachment	Title

**SENSITIVE: CABINET**

SENSITIVE: CABINET

Attachment A	Summary of changes of Performance Measures
Attachment B	Letter to Chief Minister regarding 2022-23 Performance Measures

SENSITIVE: CABINET

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

Tracking No.: MCHS22/487

**Date:** 7 July 2022**CC:** Dave Pepper, Chief Executive Officer**From:** Janet Zagari, Deputy Chief Executive Officer**Subject:** Minister's Weekly Brief – 4 – 8 July 2022**Critical Date:** 08/07/2022**Critical Reason:** To ensure you are briefed on current issues and events

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

**Recommendations**

That you note the information contained in the Minister's Weekly Brief – 4 – 8 July 2022.

**Noted / Please Discuss**

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

Minister's Office Feedback

## KEY TOPICS/EMERGING ISSUES

### Emergency Department expected WorkSafe Improvement Notice or Notices

- WorkSafe have visited the Emergency Department to speak to staff regarding anonymous concerns raised regarding ongoing short staffing issues and work pressure.
- No Improvement Notices have been issued. However WorkSafe have indicated there will likely be several Notices issued (approximately four to five).

## UPDATES ON KEY PROJECTS/PIECES OF WORK

### Nurse/Midwife-to-patient ratios

- The *ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework* (Ratios Framework) was implemented across Canberra Health Services (CHS) in the identified areas of General Medical, General Surgical, Acute Aged Care and the Adult Mental Health Inpatient Units, under a phased approach from 1 February 2022.
- The amnesty of disputation period ended on 30 June 2022.
- During the amnesty period, CHS introduced a point in time manual compliance report to monitor ward compliance and identify gaps, prior to the analytics module within the ProAct rostering system going live.
- For the point in time reporting, the overall ratio compliance percentage was calculated by compliance per shift against the three individual key compliance measures outlined in the *ACT Nursing & Midwifery Ratios Schedule 10* (Schedule 10) of the Ratios Framework. These measures are:
  - A supernumerary team leader on the morning and evening shifts seven days per week.
  - Minimum nurse to patient ratios of one to four for the morning and evening shifts, and one to six for the night shift.
  - A skill mix of no more than 25 per cent enrolled nurses and 75 per cent registered nurses.
- The ProAct analytics module went live on 16 June 2022. While the phase one wards are still navigating the reporting via this new system, CHS will continue to report manually for the month of July (in addition to the ProAct reporting).
- The overall compliance reporting via the ProAct analytics module will differ slightly to how it was previously calculated during the amnesty period. This is because the reporting requirements in Schedule 10 of the Ratios Framework outline that if one of the three key compliance measures are not met on the shift, this results in the entire shift being non-compliant. This means the overall compliance percentage from 1 July 2022 could potentially be lower than what was reported during the amnesty period.
- CHS remains committed to complying with ratios through ongoing recruitment and onboarding of nursing staff.
- Planning for future phases of ratio implementation is underway across the Territory. This includes workshops to look at lessons learnt from phase one and understand the gaps in the potential phase two areas.





**Canberra Health Services**

**To:** Minister for Health

Tracking No.: MCHS22/490

**Date:** 01/07/2022

**From:** Dave Pepper, Chief Executive Officer

**Subject:** Canberra Region Cancer Centre – Linear Accelerator Breakdown

**Critical Date:** 05/07/2022

**Critical Reason:** To ensure you are briefed on patient impacts of the breakdown

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

**Recommendations**

That you note the information contained in this brief.

**Noted / Please Discuss**

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

Minister's Office Feedback

**Background**

1. Radiation therapy treatments are being impacted as a result of a breakdown of Linear Accelerator (Linac) 4 at the Canberra Region Cancer Centre (CRCC).
2. Canberra Health Services (CHS) has previously briefed you through weekly briefs on radiation therapy wait times and the replacement program for linacs at the CRCC (see MCHS22/75 and MCHS22/292).

3. The Radiation Therapy team have worked to ensure that waiting times for treatments are within national benchmarks, with recent reports showing this as consistently achieved.
4. The CRCC has four linacs and is undergoing a comprehensive replacement program. Two linacs were replaced in 2019 and 2020, one is currently being replaced, with commissioning and expected clinical use in August 2022 and the fourth to be replaced in late 2022.

### Issues

5. The Stereotactic Radiosurgery Service (SRS) is currently provided from Linac 4, which is at end of life and scheduled for replacement at the end of 2022. These treatments utilise a 1mm margin (added to the tumour) which is delivered using such a small margin due to the addition of BrainLab imaging on this linac.
6. Linac 4's 'target' (an integral part of the linac which produces the radiation) has begun to degrade, giving warning signs showing more significant degradation in the past day (Thursday, 30 June 2022). While there is no risk to patient safety, there is no guarantee that the beam will not fail at any time which would result in all treatments on this linac ceasing.
7. Linac 1 has the capacity to provide SRS treatments but does not currently have the BrainLab system installed. This system has been procured and is currently booked for installation on Linac 1 from 18-29 July 2022. Negotiations have commenced to expedite this installation by two weeks.
8. Replacement of the target on Linac 4 is not feasible given the machine is scheduled for decommissioning later this year.
9. The Radiation Therapy team will cease planning any new patients on Linac 4 and look to expand operating hours on other operational linacs to meet patient demands for those not requiring SRS treatments but who would normally have been treated on the failing linac.
10. There are two patients receiving SRS treatments with one treatment each remaining. These patients will continue to receive their treatment on Linac 4 in the hope that the treatment can be delivered with no issue. If the machine target should fail, there is no clean option to deliver the remainder of treatment for these patients.
11. There are patients booked for SRS treatments from Monday 4 July 2022 who will require an alternate solution. At two patients per week, this equates to up to eight patients who may be affected.
12. The Radiation Therapy team will work with these patients to provide alternate solutions, including:
  - a. Referral to ICON Cancer Centre in Canberra for treatments at a cost to CHS of approximately \$2500 per treatment;
  - b. Referral to a public SRS treatment service in Sydney;
  - c. Where possible, delay of treatment until Linac 1 has SRS commissioned for use (without the BrainLab system, using a 2mm margin), anticipated by 20 July 2022.

**Financial Implications**

13. Patients referred to ICON Cancer Centre for treatment would be at a cost to CHS of approximately \$2500 per treatment.

**Consultation**Internal

14. Consultation with colleagues in Medical Physics and Radiation Engineering and senior Radiation Oncology medical staff has occurred with support of planned approach.

Cross Directorate

15. Nil.

External

16. Nil.

**Work Health and Safety**

17. The failing part poses no risk to staff.

**Benefits/Sensitivities**

18. Patients will need to be assured that any changes to their treatment plan is safe and unlikely to result in changes to the outcome of planned treatment.

**Communications, media and engagement implications**

19. Should media interest occur, CHS will address proactively and provide information and talking points to the Minister.

Signatory Name:	Melissa O'Brien	Phone:	5124 2738
Action Officer:	Tracy Hutchins	Phone:	5124 8513