ACT Government | Canberra Health Services

Our reference: **CHSFOI22-23.34**

[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 21 December 2022**.

This application requested access to:

> *'The following ministerial briefs:*
> - *MCHS22/400 Request for Advice: (Minister for Health) Finding of cardiology/ICU reviews*
> - *MCHS22/437 Request for Advice: (Minister for Health) Opportunities available regarding use of locum/agency workforce and what could occur into the future*
> - *MCHS22/576 Request for Advice - Minister for Health - Annual Leave Declined due to workload*
> - *MCHS22/630 Initiated Brief - Minister for Health - Canberra Health Services Cardiology and Intensive Care Unit Investigation Updates.'*

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 **Monday 23 January 2023**.

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

Decisions

I have decided to:

- grant full access to three 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 provided at Attachment B to this decision 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 three documents at references 1-3.

Refuse Access
I have decided to refuse access to one document at reference 4 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; and
- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

Public Interest Factors Favouring Non-Disclosure
The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*;
- Schedule 2, Schedule 2.2 (a)(iv) impede the administration of justice generally, including procedural fairness;
- Schedule 2, Schedule 2.2 (a)(v) impede the administration of justice for a person; and
- Schedule 2, Schedule 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 could reasonably be expected to prejudice the protection of individual's right to privacy. This would or could reasonably be expected to have a detrimental effect on the agency by impeding the administration of justice generally, including the procedural fairness, justice for a person and the management function of an agency.

Therefore, I have determined the information identified is contrary to the public interest and I have decided not to disclose 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
Website: 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.

Yours sincerely

Janet Zagari
Deputy Chief Executive Officer
Canberra Health Services

10 January 2023

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FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.
Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.
Information about what is published on open access is available online at: http://www.health.act.gov.au/public-information/consumers/freedom-information

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
[redacted]	*'The following ministerial briefs:* • *MCHS22/400 Request for Advice: (Minister for Health) Finding of cardiology/ICU reviews* • *MCHS22/437 Request for Advice: (Minister for Health) Opportunities available regarding use of locum/agency workforce and what could occur into the future* • *MCHS22/576 Request for Advice - Minister for Health - Annual Leave Declined due to workload* • *MCHS22/630 Initiated Brief - Minister for Health - Canberra Health Services Cardiology and Intensive Care Unit Investigation Updates.'*	**CHSFOI22-23.34**

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 7	Ministerial Brief – MCHS22/400 Request for Advice: (Minister for Health) Finding of cardiology / ICU reviews	13 July 2022	Full Release		YES
2.	8 – 9	Advisory Note – MCHS22/437 Request for Advice: (Minister for Health) Opportunities available regarding use of locum/agency workforce and what could occur into the future	08 August 2022	Full Release		YES

3.	10	Advisory Note – MCHS22/576 Request for Advice - Minister for Health - Annual Leave Declined due to workload	09 August 2022	Full Release		YES
4.	11 – 13	Ministerial Brief – MCHS22/630 Initiated Brief - Minister for Health - Canberra Health Services Cardiology and Intensive Care Unit Investigation Updates	24 August 2022	Refuse Release	Schedule 2, 2.2(a)(ii), Schedule 2, 2.2(a)(iv), Schedule 2, 2.2(a)(v) & Schedule 2, 2.2(a)(xv)	NO
Total Number of Documents						
4						

ACT Government

OFFICIAL MINISTERIAL BRIEF

Canberra Health Services

To:	Minister for Health	**Tracking No.: MCHS22/400**
Date:	13/07/2022	
CC:	Cathie O'Neill, Chief Operating Officer	
From:	Dave Peffer, Chief Executive Officer	
Subject:	CHS Cardiology and ICU Reviews	
Critical Date:	18/07/2022	
Critical Reason:	To ensure you are briefed on the recent reviews	

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

Recommendations

That you note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. To provide advice about the ongoing investigations into the Cardiology and ICU departments at Canberra Health Services (CHS).
2. To provide oversight as to progress against the 'John's Review' recommendations.

Issues

3. Recent Reviews and Preliminary Assessments were undertaken in the ICU and Cardiology departments following reports of poor culture and inappropriate behaviours within the two departments. CHS is continuing to undertake appropriately targeted cultural work to address these concerns. This includes greater accountability for proactively improving culture across CHS to all leaders at all levels. CHS submit the following.

<u>Intensive Care Unit</u>

4. The CHS Staff Survey conducted in November 2021 revealed numerous concerning trends within the ICU Department. The results of this survey demonstrated that overall ICU performance had decreased quite considerably with several areas of concern. Specifically:

    - Patient safety;
    - Management response to concerns of staff;
    - Action from last survey;
    - Communication;
    - Identified a toxic work environment;
    - Identified senior medical staff yelling, abusive and disrespectful to nurses and junior medical staff;
    - Poor education supports for staff; and
    - Identified favouritism and racism

5. As a result of this survey and observations, Ms Barbara Deegan was commissioned to undertake a review of the Culture within the unit. Ms Deegan delivered her report identifying a range of specific concerns pertaining to a range of staff members within the unit. The report also spoke to a range of other workplace concerns.

6. An investigation has been commissioned to address the specific concerns identified in Ms Deegan's report. An external investigation company has been appointed by the Public Sector Standards Commissioner. Under the terms of the contract arrangements, their final report is due within 45 days of commencing the investigation process.

7. CHS has a range of supports which are available to ensure the wellbeing of employees directly and indirectly impacted by the ongoing investigation process and CHS will ensure these supports continue.

8. CHS will keep you informed and updated as the matter progresses, including responses to any related media queries.

9. With respect to the broader matters raised in Ms Deegan's report, the next steps for the ICU department are:

   a) Advise the broader ICU team that the report has been received;

   b) Advise that the report will not be circulated, as it was noted that contributions to the ICU review would remain confidential;

   c) That the recommendations pertaining to culture would be included in the draft ICU Culture Action Plan, and

   d) That a working group will be established to finalise the ICU Culture Action Plan and progress implementation of the actions

Cardiology

10. A report delivered in 2020, known as the "Johns Review", was commissioned largely to review the services provided by the Cardiology Unit with a view to improving the service delivery quality of the unit to the Community and following an Extraordinary Report from the Clinical Review Committee (CRC) relating to an adverse event which occurred during a transoesophageal echocardiogram (TOE) in 2019. The CRC concluded there was evidence of cultural and teamwork issues within the Department which required addressing to ensure better clinical outcomes. The decision to undertake this Review was also supported by negative unit results in the CHS staff culture survey in 2019.

11. The purpose of the John's Review was to provide reflection on the current structure and governance of cardiology services at CHS, and to provide recommendations to ensure the safety and continuous improvement of these services. Specifically, the Review considered the following key items:

   - *The management and clinical governance of cardiology services provided by CHS across emergency, inpatient and outpatient settings.*
   - *Integration of cardiology services within the department, across CHS, and across the ACT including relations with CPHB and the private sector.*
   - *The efficiency of Cardiology services, with particular attention to outpatient services and diagnostics.*
   - *Culture issues in cardiology, particularly as they relate to clinical safety and effective collaboration for patient care.*

12. The review report identified specific areas of concern relating to poor clinical governance and lack of strategic direction, patient safety issues, inefficiencies – particularly related to diagnostic and outpatient services, and a widespread culture of blame, especially amongst medical staff. There were 32 recommended opportunities for improvement related to four key areas of: Clinical Governance, Patient Safety, Efficiency and Culture.

13. In October 2021, a Transformation Lead was appointed to project manage the 32 identified recommendations. Of the 32 recommendations, five are complete, 18 are in progress and nine are yet to commence. A summary of the key actions and deliverables are as follows.

14. The organisational structure and governance structure of the department has changed to align with the multidisciplinary department, including creation of two deputy unit director roles, to improve inclusion and communication. This multi-disciplinary team meets fortnightly.

15. Monthly meetings are being held across the entirety of the function to ensure consistent and accurate messaging and inclusion of the correct stakeholders. Behavioural standards have been established and implemented for all staff specialists.

16. Multi-disciplinary Working groups have been establishment to support department operations. This group meets monthly to assess and review:

    - *Coronary Care Unit and Ward 6A*
    - *Electrophysiology*
    - *Imaging*
    - *Interventional Service*
    - *Ambulatory Service*
    - *Training and Development*

17. The unit has created a clearly defined team purpose:

    "Our Cardiology Team delivers an exceptional and caring service for our community and each other.

    CHS does this by:

    - **Listening to our patients** (Personal Health Services)
    - **Working as a team and upholding CHS values** (A Great Place to Work)
    - **Embracing education, development and research** (A Leading Specialist Provider), and
    - **Empowering our patients to manage their health** (A Partner to Improve People's Health)"

18. Cardiology waitlists for outpatient medical consultations, investigations and procedures have been audited. This resulted in 1,282 patients no longer needing an appointment.

20. The reporting of echocardiographic studies was previously allocated to the cardiologist who requested the investigation. This resulted in a significant backlog of unreported investigations and issues when the cardiologist who was allocated to report was not rostered onsite at CHS at the time of the investigation, resulting in poor escalation processes. There is now an echocardiography reporting roster in place, whereby a cardiologist is allocated a reporting session. This means that reports can be completed the same day and cardiac sonographers can escalate clinical concerns directly and expeditiously.

21. Medical clinic structures are being reviewed to ensure that clinic numbers are streamlined; with an emphasis on discharging patients back to primary care and increasing the number of initial appointments to approximately 50 per cent of all clinics. This will eliminate the variability in patient numbers in clinics and reduce the wait times.

22. The model for the weekly heart team meeting has been reviewed, with attendance deemed mandatory for staff specialists.

23. The immediate priorities, in relation to the recommended opportunities for improvement, are as follows:

    - Replacement of the Philips Cardiac Catheter Laboratory;
    - Finalisation of staff specialist work plans and FOCIS-SED plans;
    - Standardising all medical clinic structures, effective from 1 August 2022;
    - Development the Cardiology Strategic and Business Plan aligned with the CHS Corporate Plan, and
    - Improving relationship and patient pathways between cardiology and ICU and Emergency.

<u>Suspension of four cardiologists</u>

24. In general, the Cardiology Unit is comprised of approximately 99 staff, including 14 cardiologist, 57 nurses, 13 allied health and 10 administrative personnel. The small group of four cardiologists suspended on 28 March 2022 (prior to their suspension) worked hours equivalent to a total of 2.04 Full Time Equivalent (FTE).

25. CHS continues to actively manage the workload of the four suspended cardiologists and their specific waiting times. Any required cardiac procedures are being triaged and either performed locally or planned for referral to a Sydney hospital.

26. CHS recognises the staff shortage and priority has been given to provide urgent inpatient services, emergency services including 24/7 primary Percutaneous Coronary Intervention cover, urgent and Category 1 procedural and outpatient cover. In addition to rostering and clinical changes, CHS has engaged the services of four Visiting Medical Officers (VMOs), who will cover some interventional work, on-call, medical clinics and echocardiograph reporting. CHS is in the process of engaging at least three more (to provide temporary cover). CHS has also reduced clinic activity and elective work to focus on urgent services at present.

27. The administrative team, who are the front line for the service, have been advising patients/consumers that CHS has some cardiologists on leave currently and that they will still be seen as planned or rescheduled to a later date. The GP Liaison Unit (GPLU) also published an update in their newsletter to patients.

28. A communication has also been released to General Practitioners regarding the current change in services by the GPLU. In addition, patients are also being informed about the unavailability of certain consultants for their procedures or consultation and they are given the option to be served by a different cardiologist.

Financial Implications

29. Funding for the two reviews conducted by Ms Deegan and the subsequent external investigations has been budgeted and accounted for.

Consultation

Internal

30. CHS Cardiology and ICU

Cross Directorate

31. Not applicable.

External

32. Not applicable.

Work Health and Safety

33. In addition to the operational changes enacted in points 24 – 29, CHS has internal and external support services available (including EAP) to assist employees as needed. CHS will continue to provide proactive support to our staff and ensure their safety and wellbeing is paramount.

Benefits/Sensitivities

34. Ongoing media sensitivities are anticipated and will continue to be addressed proactively.

Communications, media and engagement implications

35. CHS notes previous media interest in this matter and will continue to provide information and talking points as required.

Signatory Name:	Kalena Smitham	Phone:	5124 9631
Action Officer:	Andrew White	Phone:	5124 9553

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ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/437	Advisory Note on the opportunities that are available regarding use of locum/agency workforce and what could occur into the future
Critical Date	Not applicable
Chief Executive Officer	Dave Peffer ..../..../....

Canberra Health Services' advice:

The use of locum agencies is a common practice in Canberra Health Services (CHS) for sourcing both senior and junior locums however, locums are premium labour and their use is limited wherever possible.

The use of Junior Medical Officer (JMO) locums has historically been linked primarily to seasonal need at the registrar level, for example in the period around Christmas. 2022 has seen an increase in the use of locum Resident Medical Officers (RMOs) due to staffing shortages, including COVID-19 related absences. It is anticipated that this additional demand will reduce with the arrival of additional staff in September 2022.

The use of Senior Medical Officer locums is generally for either short-term leave relief, as an interim solution to staffing shortages or in the case of services where demand is such that only minimal or ad-hoc workload exists.

There have been instances of locums at the senior level being used in the same capacity as a temporary employee. For example, in Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) however, steps are in place to phase out such arrangements.

Long-term, CHS would ideally see an overall reduction in the use of locums.

It is also anticipated that there will be increasing pressure from unions to further reduce the use of locums, consistent with the Secure Work Policy.

If a new service became available, it would certainly be considered as a means of sourcing locums. The primary advantage in the emergence of another provider would be competition and the potential reduction in agency costs, however agency costs are only one factor in the cost of locums. The cost of locums is impacted by a number of factors:

- The cost of travel and accommodation for locums traveling from interstate;
- The fees charged by locum agencies (usually approximately 20 per cent);
- The contractual stipulations set out by locum agencies (i.e., minimum rates, additional entitlements such as cars, etc.); and

- the hourly rates set for Visiting Medical Officers (VMOs) under their core conditions determination.

The available pool of talent is unlikely to be increased by the introduction of a new provider.

Opportunities for more flexible and cost-effective use of senior locums are constrained by the provisions of the *Health Act 1993* and the associated Notifiable Instrument which set out the core conditions for VMOs and often require the payment of a significant premium for such resources.

Noted / Please Discuss

…….

Rachel Stephen-Smith MLA
Minister for Health

…./…./….

Signatory Name:	Kalena Smitham	Phone:	5124 9631
Action Officer:	Steven Linton	Phone:	5124 9599

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ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/576	Annual Leave declined due to workload
Critical Date	3 August 2022 – for today's Question Time
Chief Executive Officer	Dave Peffer ..../..../....

Minister's question/s:

How much annual leave has been declined due to workload?

Canberra Health Services' response:

In the first quarter of the year and through to Easter, annual leave taken was **double compared to the year prior**. It should be noted that Annual Leave declined is not information that can be collected and therefore unable to be reported on.

In June 2021 8,480 FTE days of leave were taken compared to 9,052 days in June 2022.
A 7 percent increase. Data for July 2022 is not yet available.

This pattern is mirrored in the nursing workforce.

If the union has concerns about individual managers declining leave, People and Culture would be very happy to work with the parties to resolve those.

Leave can be declined for a range of reasons such as if other staff have already been approved for leave during the requested period.

Noted / Please Discuss

.....

Rachel Stephen-Smith MLA
Minister for Health

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

Signatory Name: Kalena Smitham Phone: 5124 9631