

Our reference: **CHSFOI22-23.51**

[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 22 March 2023**.

This application requested access to:

'I would like to request the following briefs (excluding attachments) from CHS22-23.26:

- MCHS22/722
- MCHS22/719
- MCHS22/692
- MCHS22/736
- MCHS22/763
- MCHS22/773
- MCHS22/790
- MCHS22/805
- MCHS22/809
- MCHS22/812
- MCHS22/814
- MCHS22/831
- MCHS22/835.'

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 **Friday 21 April 2023**.

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

Decisions

I have decided to:

- grant full access to seven documents; and
- grant partial access to six 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 seven documents at references 1 and 7-12.

Partial Access

I have decided to grant partial access to six documents at references 2-6 and 13 as they are partially 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 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)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*.

Documents at references 2, 4-5 and 6 have redactions to 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).

Documents at references 2-3, 5 and 13 have redactions to personal information such as ACT-Government employees' mobile numbers and of third parties that 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 did not outweigh 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 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

19 April 2023




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
	<p><i>'I would like to request the following briefs (excluding attachments) from CHS22-23.26:</i></p> <ul style="list-style-type: none">- MCHS22/722- MCHS22/719- MCHS22/692- MCHS22/736- MCHS22/763- MCHS22/773- MCHS22/790- MCHS22/805- MCHS22/809- MCHS22/812- MCHS22/814- MCHS22/831- MCHS22/835.'	<p>CHSFOI22-23.51</p>

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 3	MCHS22/692 GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (12 to 16 September 2022)	15 September 2022	Full Release		YES
2.	4 – 8	MCHS22/719 GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (19 to 23 September 2022)	23 September 2022	Partial Release	Schedule 1.6 Cabinet & Schedule 2, 2.2 (a)(ii) Privacy	YES
3.	9 – 16	MCHS22/722 GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) Update re Paediatric Organisation and Service Review	16 September 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
4.	17 – 19	MCHS22/736 GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (26 to 30 September 2022)	30 September 2022	Partial Release	Schedule 1.6 Cabinet	YES
5.	20 – 23	MCHS22/763 GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (3 to 7 October 2022)	07 October 2022	Partial Release	Schedule 1.6 Cabinet & Schedule 2, 2.2 (a)(ii) Privacy	YES
6.	24 – 26	MCHS22/773 GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (10 to 14 October 2022)	13 October 2022	Partial Release	Schedule 1.6 Cabinet	YES

7.	27 – 29	MCHS22/790 GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (17 to 21 October 2022)	24 October 2022	Full Release		YES
8.	30 – 31	MCHS22/805 GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (24 to 28 October 2022)	28 October 2022	Full Release		YES
9.	32 – 35	MCHS22/809 GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) Staff Wellbeing Update - Outcomes from the Staff Wellbeing Forum held on 18 October 2022	27 October 2022	Full Release		YES
10.	36 – 38	MCHS22/812 GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief - Minister for Health - Update on Oral Health Services Reform Project - October 2022	31 October 2022	Full Release		YES
11.	39 – 42	MCHS22/814 GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) Canberra Health Services Brand Project - Research	27 October 2022	Full Release		YES
12.	43 – 44	MCHS22/831 GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (7 to 11 November 2022)	11 November 2022	Full Release		YES
13.	45 – 46	MCHS22/835 GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Advisory Note: (Minister for Health) Canberra Hospital Expansion (CHE) Project - Mental	07 November 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

		Health Short Stay Unit (MHSSU) Update - November 2022				
Total Number of Documents						
13						

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/692

Date: 15 September 2022

CC: Dave Pepper, Chief Executive Officer

From: Kalena Smitham, Acting Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 12 to 16 September 2022

Critical Date: 16/09/2022

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

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

Recommendation

That you note the information contained in the Minister's Weekly Brief – 12 to 16 September 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES**Changes to Walk-in Centre Supplementary Services**

Canberra Health Services (CHS) Walk-in Centres (WICs) have provided additional services since early 2022 to assist with responding to the COVID-19 pandemic and additional demands on services. From 28 September 2022, CHS will reduce and remove these services, allowing WIC nursing team members to return to the WIC roster. This will allow for staffing of the WIC network to return to more normal arrangements and supports the reopening of Tuggeranong WIC to normal operational hours. The team will review reopening the Inner North (Dickson) WIC once staffing levels allow. The service changes include:

- COVID-19 Walk-in Centre

This service will be reduced from 28 September 2022 with the service transferred to the Weston Creek WIC and reduced opening hours to 2.00pm to 10.30pm, 7 days per week. A separate entrance and exit at the Weston Creek WIC will be used to manage this client group in isolation from other consumers accessing services at the Weston Creek Community Health Centre. COVID positive consumers seeking treatment for non-urgent care or for management of their COVID related symptoms will be encouraged to contact COVID Care @ Home in the first instance. Those requiring face to face support will be directed to the Weston Creek WIC and the appropriate entrance. Additional nursing support will be rostered at the Weston Creek WIC to assist with additional presentations, which are currently an average of four per day.

- COVID-19 Infusion Services

This service will transfer from the COVID-19 WIC to the COVID Care @ Home Program effective 28 September 2022. The WIC Advanced Practice Nurse currently providing this service will be returned to the WIC roster. Where required, back up support will be provided to the COVID Care @ Home medical team from My Emergency Doctor.

- Treat and Go Service

The Treat and Go service being provided in the Canberra Hospital Emergency Department (ED) will cease effective from 28 September 2022. This service commenced on 9 June 2022 to assist with lower acuity presentations. The temporary arrangement saw 793 patients successfully treated under this model. The team will continue to support the ED on development of a training and assessment model to be implemented within the ED.

Dhulwa – WorkSafe Prohibition Notice and Improvement Notice

On 26 August 2022, WorkSafe ACT indicated that a further six Improvement Notices will be issued to CHS in relation to the Dhulwa unit. All of these Notices have now been received and relate to matters including Manager Orientation, development of risk register, staff training in patient journey board alert icons, updates to WHS inspection reports, appropriate investigation and closure of Riskman incidents, and awareness of psychosocial risks by staff.

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Of the six remaining Dhulwa Notices, one Notice was lifted on Monday 5 September 2022. Five Notices remain in place and significant work is underway to respond to these Notices.

CAMHS - WorkSafe Improvement Notices

There is one Notice still in place for CAMHS relating to confidentiality and the provision of noise cancelling headsets. MHJHADS has progressed the distribution of the majority of headsets and this Notice is expected to be lifted shortly.

Emergency Department expected WorkSafe Improvement Notice or Notices

CHS responded to the ED Improvement Notice specific to the ED recruitment systems and processes on 12 August 2022. No further information has been received from WorkSafe, CHS are awaiting outcome.

UPDATES ON KEY PROJECTS/PIECES OF WORK

Staff Wellbeing

Twelve multi-disciplinary working groups (153 x CHS staff and 8 x University of Canberra representatives) have begun developing wellbeing actions that can be implemented within three to six months. Areas of focus predominantly relate to increasing communication and access to wellbeing supports. Actions will be refined over the next few weeks.

Industrial Relations

Enterprise bargaining remains ongoing.

The sixth bargaining meeting for Medical Practitioners was held on 14 September 2022. The Territory and Calvary are unable to respond to financial claims tabled to date until the Government's position on salary increases is provided. Without this salary forecasting information it remains unclear whether each employer can fund the claims (in full or in part).

Bargaining for Nursing and Midwifery remains on hold pending the submission of a log of claims from the ANMF. They have not yet confirmed when this will occur.

Signatory Name:	Kalena Smitham Acting Deputy Chief Executive Officer	Phone:	5124 8737
Action Officer:	Josephine Smith Executive Branch Manager Strategy and Governance	Phone:	5124 9564

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/719

Date: 22 September 2022

CC: Dave Peffer, Chief Executive Officer

From: Kalena Smitham, Acting Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 19 to 23 September 2022

Critical Date: 23/09/2022

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

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

Recommendation

That you note the information contained in the Minister's Weekly Brief – 19 to 23 September 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES**Paediatric Urodynamic Testing at Canberra Health Services (CHS) – Correspondence:** [REDACTED]

Schedule 2.2(a)(ii) [REDACTED]

As requested by Minister for Health's Adviser, please see below information re paediatric urodynamic testing at CHS:

- Dr Rampersad is the only paediatric surgeon at CHS who offers non-invasive and invasive urodynamic testing.
- Dr Rampersad facilitates one monthly paediatric bladder clinic at CHS, for non-invasive urodynamic testing. This clinic generally accommodates four paediatric patients, with all types of dysfunction and patients from all geographical locations accepted.
- CHS' Physiotherapy service has a narrow remit for non-invasive urodynamic testing. This service can only facilitate appointments for patients with incontinence and only from the ACT, not the surrounding regions. Therefore, remaining patients have to be seen by Dr Rampersad by default.
- Invasive urodynamic testing is only performed by Dr Rampersad, as required, at CHS. Access can be impacted by access to radiology and adequate staffing.
- Currently, there are approximately 70 patients waitlisted for non-invasive urodynamic testing, on a priority system consistent with other CHS waitlists. Many of these patients are chronic patients, having had their symptoms for 5- 10 years. The urodynamic testing is only one aspect of broader investigations and treatments.
- CHS currently only do basic urodynamic testing - there is scope for more complex investigations and treatments, though this would require a business case for increased funding for staff and equipment.
- Dr Rampersad intends to establish a private service in the near future, which will offer a private pathway for patients.
- The Division of Surgery are also reviewing the service CHS provides, to identify efficiency improvements and options to increase access to the service, as the demand for this service continues to increase.

Medical Imaging Waitlist Reduction Strategy

Medical Imaging is currently working to reduce outpatient waitlists for Ultrasound (US), Computed Tomography (CT) and Magnetic Resonance Imaging (MRI).

Two additional staff have been employed to focus on this project in preparation for the Digital Health Record 'Go-Live', which has allowed for significant progress to be made in reducing these waitlists.

As part of the waitlist reduction process, patients are contacted (by oldest date of referral to newest) to confirm if they still require the referred scan. Where a patient no longer requires the scan, verbal consent is obtained to cancel their referral and remove them from the waitlist.

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The below numbers outline progress made on reducing these waitlists during the month of August 2022:

Ultrasound Outpatients	August 2022
Patients contacted	377
Outcome	
Patients sent privately	132
Ultrasound no longer required	216
Appointments booked	14
Patient to remain on waitlist	15
End of Month Figures	
Total patients remaining on waitlist	404

Computed Tomography Outpatients	August 2022
Patients contacted	211
Outcome	
Patients sent privately	66
CT no longer required	69
Appointments booked	21
Patient to remain on waitlist	55
End of Month Figures	
Total patients remaining on waitlist	386

Magnetic Resonance Imaging Outpatients	August 2022
Patients contacted	726
Outcome	
Patients sent privately	272
MRI no longer required	309
Appointments booked	33
Patient to remain on waitlist	112
End of Month Figures	
Total patients remaining on waitlist	574

UPDATES ON KEY PROJECTS/PIECES OF WORK

Dhulwa – WorkSafe Prohibition Notice and Improvement Notice

On 26 August 2022, WorkSafe ACT indicated that a further six Improvement Notices will be issued to CHS in relation to the Dhulwa unit. All of these Notices have now been received and relate to matters including Manager Orientation, development of risk register, staff training in patient journey board alert icons, updates to WHS inspection reports, appropriate investigation and closure of Riskman incidents, and awareness of psychosocial risks by staff.

Of the six remaining Dhulwa Notices, one Notice was lifted on Monday 5 September 2022. Five Notices remain in place and significant work is underway to respond to these Notices.

CAMHS - WorkSafe Improvement Notices

There is one Notice still in place for CAMHS relating to confidentiality and the provision of noise cancelling headsets. MHJHADS have progressed the distribution of the majority of headsets and this Notice is expected to be lifted shortly.

Industrial Relations

- Enterprise bargaining remains ongoing. The Territory and Calvary are unable to respond to financial claims tabled to date until the Government's position on salary increases is provided. Without this salary forecasting information it remains unclear whether each employer can fund the claims (in full or in part). Schedule 1.6 [REDACTED]
- Bargaining for Nursing and Midwifery remains on hold pending the submission of a log of claims from the ANMF. They have not yet confirmed when this will occur. As a result, it is to be expected that bargaining on the nursing and midwifery agreement will go into 2023.
- A recent Fair Work Commission (FWC) decision dismissed a claim from the ANMF for the recognition of a nursing degree as a 'post-graduate' qualification for the purposes of qualification allowance. The decision places some clear boundaries around the recognition of such qualifications, and is consistent with a tighter application of the allowance provisions.

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- ANMF requests for detailed information on nursing workforce, ranging from daily absenteeism to staffing levels on a per-shift basis, are being vigorously pursued, with threats of a dispute if the information is not provided. Targeting WYC in the first instance, the nature of the requests would appear to be designed to provide fuel for claims of breaches of staffing obligations under the NMEA – particularly ratios – and are an effort to shift the task of identifying breaches from individual staff (and the breach forms submitted to the ANMF) to the organisation. At this stage, we are still pushing the ANMF to explain what the purpose of this information requests are.

Signatory Name: Kalena Smitham Phone: 5124 8737
Acting Deputy Chief Executive Officer

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

Canberra Health Services Directorate

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To: Minister for Health

Tracking No.: MCHS22/722

Date: 16/09/2022

From: Dave Pepper, Chief Executive Officer

Subject: Update on Paediatrics including the implementation of the Paediatric Organisational and Service review

Critical Date: 16/09/2022

Critical Reason: Minister's request

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

Recommendations

That you note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

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Background

1. In July 2021, Canberra Health Services (CHS) briefed you on the completion of the Paediatric Organisation and Service project (Attachment A). In October 2021, you were provided with an embargoed version of the Paediatric Organisation and Service Plan.
2. The key points of the plan were as follows:
 - a) Phase 1: Stabilise
 - b) Phase 2: Strengthen
 - c) Phase 3: Expand
3. In November 2021, CHS consulted on the proposed “*A New Model for Paediatric and Child Health Services*” consultation paper. Extensive feedback was received, including that from union agencies.
4. In December 2021 and February 2022, CHS held a number of consultation forums presenting the Paediatric and Child Health Services review. This resulted in the Paediatric Organisation and Service Plan.

Key Progress to Date

5. A permanent project lead has been recruited to oversee the initiation, implementation, and on-going monitoring of the plan. This recruitment has been delayed due to competing priorities requiring backfill of another position.
6. While the project lead holder concludes the higher duties position, an interim project lead has been recruited and commenced this week.
7. In addition, this senior role will oversee key projects currently in progress within the Division of Women Youth and Children (WYC), including but not limited to:
 - a. Paediatric Organisation and Service Plan
 - b. Paediatric Liaison and Navigator Service (WYS Lead)
 - c. Child Health Targeted Support Services Review
 - d. Paediatric Endocrinology and Diabetes Benchmarking review
 - e. CHS Gender Service Model of Care
 - f. Child At Risk Health Unit Review
8. The commencement of a new Executive Director for Women Youth and Children has seen an improvement in governance structures within the paediatric service with the implementation of monthly unit Performance and Safety meetings. The Performance and Safety meetings provide a multidisciplinary forum for the overarching clinical governance activities for the Division.

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9. Governance realignment of paediatric, neonatology and clinical support nursing functions has completed. Historically, the Assistant Director of Nursing (ADON) for Paediatrics role was combined with the department of Neonatology. WYC have appointed an ADON for paediatrics and an ADON for Neonatology. These dedicated roles have strengthened the operational and strategic leadership within paediatric and neonatology. These positions will better support staff with more focused specialty/sub-specialty training and upskilling, and drive service innovation to deliver exceptional health care.
10. WYC have appointed a Director of Nursing and Midwifery who will commence in October 2022.
11. WYC, in collaboration with Mental Health Justice Health Alcohol and Drug Services (MHJHADS) have developed a new Adolescent Model of Care (MoC). This MoC sets out the evidence-based framework for describing the right care, at the right time, by the right team and in the right location across the continuum of care.
12. The creation of the WYC Divisional risk register captures divisional level risks and is used as a risk management tool. The WYC leadership team meet regularly to analyse these risks and implement risk mitigation strategies.
13. WYC have undertaken workforce modelling for current services in preparation for future infrastructure and new MoC. This includes extensive recruitment to fill gaps and leave (long service and maternity leave). Recruitment has commenced for the Obstetric and Gynaecology Unit lead following Boon Lim's decision to step down but remain as a staff specialist, and review of the job description is underway for the Paediatric Clinical Director. This position has been advertised several times with two successful candidates withdrawing prior to commencement, and not attracting any suitable candidates through other rounds.
14. Progression of the Recognising and Responding to Acute Deterioration Committee and continuation of the Care of the Deteriorating Child Working Group. These groups are implementing improved processes and training and monitoring for recognition and response to acute deterioration
15. In February 2022, the governance of Paediatric Surgery transferred to Division of Surgery to improve professional governance and collaboration. The change of reporting line enabled workforce agility and clinical leadership. Paediatric Surgery continues to have access to facilities and nursing resources provided by WYC.

Issues

16. The Paediatric Organisational and Service Plan, identified priority issues with the current state (at the time of the review), including unsustainable service, quality and safety, lack of multidisciplinary or interprofessional care, siloed decision making, and insufficient allied health resourcing.

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17. The plan includes changes to models of care, clarity of governance arrangements and the development to services to meet identified gaps.
18. WYC has commenced undertaking key reviews critical for delivering a holistic, child and family-centred care. These are listed below.
19. Now that the Child and Adolescent Clinical Services Plan has recommenced work is underway to determine which of these issues/recommendations better sit at a Territory wide level, those that are no longer relevant due to other changes and those which remain with CHS.

Child Health Targeted Support Services Review

20. The review recognised the growing complexity of families being referred to the community paediatric service, particularly in relation to the impact of family violence and adverse childhood experiences. It recommended investment in new nursing and allied health roles to work alongside the community paediatricians to provide interprofessional triage, assessment and treatment to meet demand from children referred to the community paediatrician service.
21. Through the ACT Government budget commitment to boost health services for children and young people, specialist nursing and health professional positions will be recruited, and these positions will be responsible for setting up systems and processes for early family assessment, triage and support, establishing nurse-led clinics and developing and updating MoCs. These changes will enable earlier access to services for children, young people, women, and families experiencing vulnerability.
22. A governance redesign and overarching MoC for Enhanced Health Services (EHS) was endorsed in July 2022. The MoC describes the delivery of multidisciplinary, collaborative and integrated services for women, children and families experiencing complex health and psychosocial issues, including child abuse and neglect, family violence and complex trauma. The governance structure ensures strong corporate and clinical leadership through the establishment of a Senior Manager position in EHS and key medical, nursing and allied health leadership positions. Recruitment to these positions is either complete or underway.

Paediatric Liaison and Navigation Service (PLaNS)

23. The Paediatric Liaison and Navigation Service to help coordinate care within the health system and will support families to navigate the complexities of shared care with interstate hospital or health services has commenced this week.
24. The model of service will be going out to broad consultation shortly.
25. The two initial positions have commenced comprising of the Liaison Officer that is based in Community Health Intake and the Care Navigator is based within Paediatrics at Canberra Hospital.

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26. The first referrals have been received and contact has been made with those families by the Liaison officer.
27. Consultation on the model of service has commenced as has the building of networks between the PLaNS team and services currently working with the children and their families

Child At Risk Health Unit review

28. In May 2022, WYC undertook an external review of the existing Child at Risk Health Unit (CARHU) focusing on service delivery for the acute and non-acute assessment of child and young people who have experienced, or at risk of experiencing abuse and neglect.
29. The key objectives were to inform best practice, evidence-based, trauma- informed models of care in the field, to ensure a quality sustainable workforce, to develop a framework for ongoing professional measurement, monitoring and quality assurance.
30. The review considered optimal workforce configuration (inclusive of medical, nursing and psychosocial services), afterhours service model, forensic sampling standards to meet both NSW and ACT jurisdictional requirements, requirements for expert testimony and best practice for assessment and ongoing health care of children at risk of abuse and neglect.
31. The report provided 12 recommendations specific to the Terms of Reference.
32. Current workforce shortages in the team will require urgent interim action whilst detailed consultation occurs on the future model of care.

Paediatric Endocrinology and Diabetes Service benchmarking review

33. WYC are conducting an external benchmarking evaluation to strengthen the delivery of paediatric endocrinology and diabetes service. The key objectives of the evaluation are:
 - To inform best practice in endocrinology and diabetes services for children, young people and families
 - To ensure sustainability of the Paediatric Endocrinology and Diabetes Service
 - To provide recommendations on governance, systems and processes, focusing on medical clinic structures, on-call arrangements, rostering and shared care models for ACT and regional paediatricians
 - To ensure the service operating model is supporting staff through provision of a safe and respectful working environment.

CHS Gender Model of Care

34. The proposed CHS Gender Service aims to improve physical and mental health and quality of live outcomes for trans and gender diverse people of all ages through delivery of trauma-informed, gender-affirming healthcare within CHS.

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35. The new Gender Model of Care sets out the evidence-based framework for describing the right care, at the right time, by the right person/team and in the right location across the continuum of care. It will ensure all health professionals are working together towards common goals and evaluating performance on an agreed basis.
36. Consultation on the new model of care has been completed.
37. WYC have sought advice from the ACT Government Solicitor on the Gender Service Model of care in relation to consent and pathways for legal support for persons under 18 who are receiving services from CHS Gender Service.

Child and Adolescent Clinical Services Plan

38. CHS are working collaboratively with the ACT Health Directorate on the Child and Adolescent Clinical Services plan. It is intended where it makes sense to do so to transfer recommendations relating to Territory wide actions and consolidate recommendations where practicable.

Paediatric culture transformation journey

39. The 2020 Paediatric Culture Diagnostic highlighted the need for change. WYC has since implemented several initiatives to improve workplace culture, including targeted frontline leadership workshops teaching leaders practical techniques to help staff confidently address issues by having appropriate and timely conversations. In addition, in early 2022 further workshops developed a behaviour charter for paediatrics, endocrine and diabetic services, bringing together medical and nursing staff.
40. Performance and counselling conversations were also held to address unreasonable behaviour, evidenced by the increasing number of preliminary assessments conducted.

Chronic Care Nurse

41. WYC have established a Chronic Care Nurse position (will include gastroenterology). This position will improve continuity of care and provide comprehensive and safe management of the paediatric chronic care cohort. The position description is at consultation phase.

Digital Health Record

42. Significant time and effort has gone into supporting the build of the DHR as it pertains to paediatrics. The current focus is now on ensuring all staff are trained and that plans are in place for go live and beyond.

UNCLASSIFIED

Centenary Hospital for Women and Children Expansion

43. The CHWC expansion project continues. 2022 has seen the relocation of paediatric inpatients to the main tower block to allow for building works. This has entailed significant disruption to the team including consolidating rosters. This has coincided with a busy winter period for paediatrics with inpatient demand and high levels of sick leave in staff. Collectively this has meant resources have been redirected from some in-direct activities including project planning and implementation.

Care of the Deteriorating Child

44. Clinicians from Emergency Department, ICU, Paediatrics and Anaesthetics have been meeting for 12 months to progress:
- Updates to procedures and policy for the care of the deteriorating child
 - Mapping and expanding inter and intra disciplinary training and simulation activities related to paediatric care
 - Plan a phased approach to the development of a Paediatric Intensive Care Unit in line with planning for the Critical Services Building
 - KPI monitoring and case review
 - Decisions on workflows for the DHR build.

Financial Implications

45. Investment is critical to the success of the plan, primarily in the underlying front-line services but also in the change program that is required.

ConsultationInternal

46. Not applicable.

Cross Directorate

47. ACT Health Directorate as the lead of the Child and Adolescent Clinical Services Plan.

External

48. Not applicable.

Work Health and Safety

49. Not applicable.

Benefits/Sensitivities

50. No applicable.

UNCLASSIFIED

Communications, media and engagement implications

51. Media talking points have not been prepared due to the broad nature of this request and can be prepared by CHS media team should any media issues arise.

Signatory Name: Cathie O'Neill

Phone: Schedule 2.2(a)(ii)

Action Officer: Samantha Lang
Business Manager
Women Youth and Children

Phone: 5124 7431

Attachment

Attachment	Title
Attachment A	MCHS21/546

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/736

Date: 29 September 2022

CC: Dave Peffer, Chief Executive Officer

From: Janet Zagari, Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 26 to 30 September 2022

Critical Date: 30/09/2022

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

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

Recommendation

That you note the information contained in the Minister's Weekly Brief – 26 to 30 September 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

Management of Neuroendocrine Cancer

Canberra Health Services provided you an advisory brief (MCHS22/309) in July 2022 which included management of neuroendocrine cancers at the Canberra Region Cancer Centre.

From this brief you requested additional information on cost sharing with NSW Government. Specifically:

Presumably NSW charges the costs back to the ACT and we would pay IPTAS (on application) to travelling patients?

Yes, costs flow through the cross-border arrangements and patients would be eligible for IPTAS assistance.

Advice on monitoring and diagnostic imaging through FDG and Gallium 68 PET scans are available at Canberra Imaging Group but there are inconsistent costs applied.

Patients are eligible for Medicare funded Gallium 68 PET scans where the scan is to identify if:

- a) A gastro-entero-pancreatic neuroendocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or
- b) Both (i) a surgical amenable gastro-entero-pancreatic neuroendocrine tumour has been identified on the basis of conventional techniques; and (ii) the study is for excluding additional disease sites.

Canberra Imaging Group (CIG) conduct approximately 120 of these Medicare eligible services per year. They conduct approximately 70 non- Medicare eligible services per year. CIG have not been able to advise the number of FDG PETs, however, have approximated 10-15 per year. The approximate cost of these tests at the current testing rates are:

- Dotatate PET Non-eligible - 70 @ \$700 = \$49,000 per year
 - FDG PET Non-eligible - 15 @ \$600 = \$9,000 per year
- Total = \$58,000 per year.

These numbers do not capture all patients from the ACT who have these scans, as there are some who travel interstate for scanning and treatment.

In NSW, dependent upon the specific condition and treatment, some patients who would not be Medicare eligible for scans, as outlined above, have scans funded through pharmaceutical companies due to clinical trials.

Could there be a way to coordinate with the Sydney-based MDTs to enable access to free/subsidised scans in the ACT where the treating team does not believe travel to Sydney is necessary?

This would be difficult as the decision to charge is based on Medicare eligibility, not an MDT decision.

Recognising there are many specialty areas where treatment is provided in Sydney, could this be an opportunity to pilot the navigation service to improve coordination of care between people's GPs, Sydney and CHS?

These patients are supported by the Gastrointestinal Cancer Specialist Nurse. There may be opportunities to expand the navigation service for patients who are not receiving treatment within the Canberra Region Cancer Centre and therefore are not accessing the support provided by the Cancer Specialist Nurse.

UPDATES ON KEY PROJECTS/PIECES OF WORK

Emergency Department expected WorkSafe Improvement Notice or Notices

CHS responded to the ED Improvement Notice specific to the ED recruitment systems and processes on 12 August 2022. No further information has been received from WorkSafe, CHS are awaiting outcome.

Industrial Relations

Enterprise bargaining remains ongoing. The Territory and Calvary are unable to respond to financial claims tabled to date until the Government's position on salary increases is provided. Without this salary forecasting information it remains unclear whether each employer can fund the claims (in full or in part). Schedule 1.6

Bargaining for Nursing and Midwifery remains on hold pending the submission of a log of claims from the ANMF. While a draft has been circulated within the ANMF for comment, the earliest the log is expected to be submitted to the Territory is the week of 3 October 2022. If this continues beyond next week, it may be necessary to initiate good faith bargaining action in the Fair Work Commission (FWC) to ensure the process is not further delayed.

A recent FWC decision dismissed a claim from the ANMF for the recognition of a nursing degree as a 'post-graduate' qualification for the purposes of qualification allowance. The decision places some clear boundaries around the recognition of such qualifications and is consistent with a tighter application of the allowance provisions. The ANMF have already indicated they will be pursuing this matter in bargaining.

Signatory Name:	Janet Zagari Deputy Chief Executive Officer	Phone:	5124 8737
Action Officer:	Josephine Smith Executive Branch Manager Strategy and Governance	Phone:	5124 9564

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/763

Date: 6 October 2022

CC: Dave Peffer, Chief Executive Officer

From: Janet Zagari, Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 3 to 7 October 2022

Critical Date: 07/10/2022

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

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

Recommendation

That you note the information contained in the Minister's Weekly Brief – 3 to 7 October 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

Schedule 2.2(a)(ii)



Schedule 2.2(a)(ii)

UPDATES ON KEY PROJECTS/PIECES OF WORK

Emergency Department expected WorkSafe Improvement Notice or Notices

CHS responded to the ED Improvement Notice specific to the ED recruitment systems and processes on 12 August 2022.

A further three Notices have been issued to CHS in relation to ED. These Notices relate to additional work-related commitments (shifts), methods of communication and the completion of Staff RiskMan Incident reports by the appropriate manager. Significant work is underway to respond to these Notices.

Industrial Relations

- Enterprise bargaining remains ongoing. The Territory and Calvary are unable to respond to financial claims tabled to date until the Government's position on salary increases is provided. Without this salary forecasting information it remains unclear whether each employer can fund the claims (in full or in part). Schedule 1.6
[REDACTED]
- Bargaining for Nursing and Midwifery remains on hold pending the submission of a log of claims from the ANMF. While a draft has been circulated to the ANMF for comment, the earliest the log is expected to be submitted to the Territory is the week of 3 October 2022. Formal negotiations are scheduled to commence on 18 October 2022.

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/773

Date: 13 October 2022

CC: Dave Peffer, Chief Executive Officer

From: Janet Zagari, Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 10 to 14 October 2022

Critical Date: 14/10/2022

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

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

Recommendation

That you note the information contained in the Minister's Weekly Brief – 10 to 14 October 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

CHS Quality Assurance Committee Annual Reports (GBCHS22/169)

In response to your feedback related to the above brief, Quality, Safety, Innovation, and Improvement will include a table detailing the number of meetings and number of cases considered per year as part of the Quality Assurance Committee Annual Reports in future iterations.

UPDATES ON KEY PROJECTS/PIECES OF WORK

Endorsed Private Practicing Midwives Agreement

Women Youth and Children has received ACT Government Solicitor revised changes. These are being considered and incorporated into the agreement. Work has commenced on two policies to accompany the agreement.

Nurse/Midwife-to-patient ratios – Point in Time Compliance Report

83 per cent of shifts at Canberra Health Services were compliant against all three elements of ratios for the period 29 August – 25 September 2022.

92 per cent of the ratios elements were met across Canberra Health Services for the period 29 August – 25 September 2022.

The below table demonstrates unit compliance against each individual element of the ratio framework over the period outlined above.

Divisions (includes all wards under the Division)	Supernumerary Team Leader	1:4 and 1:6 ratios	75:25 skill mix
Adult Mental Health <i>** noting HDU is 1:2 ratios</i>	95%	96% <i>**HDU: 100%</i>	100%
General Medical Wards	99%	96%	97%
General Surgical Wards	84%	91%	98%
Acute Aged Care Wards	97%	74%	62%

Industrial Relations

- Enterprise bargaining remains ongoing. The Territory and Calvary are unable to respond to financial claims tabled to date until the Government's position on salary increases is provided. Without this, it remains unclear whether each employer can fund the claims (in full or in part). Schedule 1.6
- Bargaining for Nursing and Midwifery remains on hold pending the submission of a log of claims from the ANMF. While a draft has been circulated within the ANMF for

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/790

Date: 21 October 2022

CC: Dave Peffer, Chief Executive Officer

From: Janet Zagari, Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 17 to 21 October 2022

Critical Date: 21/10/2022

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

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

Recommendation

That you note the information contained in the Minister's Weekly Brief – 17 to 21 October 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

Post-COVID Recovery Clinic Wait Times

Wait times for the Post-COVID Recovery Clinic have significantly increased in recent months and now exceed six months for high-priority patients from date of referral to first consultation. The wait time will continue to increase in the short term due to increased volume of referrals being received.

CHS anticipates that the volume of referrals being received will not start to slow down until January 2023, as people who contract COVID-19 during the winter period and have long COVID are assessed by their GP and potentially referred to the clinic.

The complexity of patients being referred to the clinic and the impacts of long COVID to their daily lives have been more severe than anticipated. As a result, a much higher proportion of referrals are triaged as urgent, which impacts the ability to schedule urgent referrals in a timely manner. Further, many referrals are being received with insufficiently detailed information which is making the triage process slower overall.

A self-assessment tool is being considered which patients could use to provide detailed information about their symptoms to help with triaging. CHS is also working to provide further information to GPs and other referrers as a reminder of the eligibility criteria for the clinic and the information which needs to be included in referrals.

To address the more fundamental issue, options for increased and sustained resourcing are being explored.

CHS is contributing to the Long-COVID working group being led by the Office of the Chief Health Officer.

UPDATES ON KEY PROJECTS/PIECES OF WORK

Medical Imaging Waitlist Reduction Strategy

Despite past efforts, the numbers on the Ultrasound (US), Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) waitlists have grown as a result of a mismatch between supply and demand.

The below numbers represent patients remaining on US, CT and MRI waitlists at 30 September 2022 compared to 31 August 2022.

Modality	September 2022	August 2022
Ultrasound	556	404
CT	552	386
MRI	793	574

Reduction in waitlist numbers achieved prior to August 2022 were the result of removing people from the list (test no longer required) or finding an alternative provider, rather than the provision of service in greater numbers.

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/805

Date: 27 October 2022

CC: Dave Peffer, Chief Executive Officer

From: Janet Zagari, Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 24 to 28 October 2022

Critical Date: 28/10/2022

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

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

Recommendation

That you note the information contained in the Minister's Weekly Brief – 24 to 28 October 2022.

Noted / Please Discuss

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

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

Nil update.

UPDATES ON KEY PROJECTS/PIECES OF WORK**Review of Alcohol and Drug Services (ADS)**

Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) is planning to commence a service review of ADS within the next six months.

The review of ADS will be led by an independent consulting firm and will be subject to a procurement process. The review will be included as part of the *ACT Drug Strategy Action Plan 2022-2026* to track progress and manage any recommendations.

Input and feedback will be sought from key stakeholders, including non-government organisations as part of the service review. Further detail will be provided following the completion of the procurement process and consulting firm engagement.

Industrial Relations

Enterprise bargaining remains ongoing, with progress largely on hold pending finalisation of the ACTPS pay offer. This is scheduled for early November 2022.

Bargaining for the Nursing and Midwifery Enterprise Agreement belatedly commenced on 18 October 2022, with the ANMF repeating the claim previously put directly to the Minister for Health for substantial bonus payments to nurses and midwives. Most claims tabled to date relate to the continued implementation of ratios.

Negotiations on VMO core conditions were delayed slightly and are scheduled to commence in late November 2022. The formal negotiation period is due to commence on 24 November 2022. Both the Visiting Medical Officers Association and the AMA ACT have been nominated as bargaining agents and have not expressed any concern with this timeframe.

Signatory Name:	Janet Zagari Deputy Chief Executive Officer	Phone:	5124 8737
Action Officer:	Josephine Smith Executive Branch Manager Strategy and Governance	Phone:	5124 9564

Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS22/809
Date:	21/10/2022	
From:	Dave Pepper, Chief Executive Officer, Canberra Health Services	
Subject:	Staff Wellbeing Update - Outcomes from the Second Staff Wellbeing Forum held on 18 October 2022	
Critical Date:	Not applicable	
Critical Reason:	Not applicable	
• CEO	.../.../...	

Recommendations

That you:

1. Note the Canberra Health Services Staff Health & Wellbeing Implementation Plan – October 2022 Update at Attachment A; and
Noted / Please Discuss
2. Note the information contained in this brief.
Noted / Please Discuss

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

Minister's Office Feedback

Background

1. Canberra Health Services (CHS) is taking a co-design approach with our staff to develop the Staff Health and Wellbeing Strategy 2023-2026 (the Strategy) and associated health and wellbeing activities.

Issues

2. Attachment A outlines the progress on the activities undertaken in continuing our co-design approach for developing the Strategy.
3. One of the significant co-design activities to improve wellbeing supports for staff at CHS, the second Staff Wellbeing Forum, was held on 18 October 2022.
4. All working groups who volunteered to participate in the work to improve wellbeing were invited to come together, present their initiatives, and vote on which three will be implemented before the end of 2022.
5. The Forum was attended by 55 staff and feedback was that they felt energised and inspired by the event.
6. A panel provided feedback on the initiatives and consisted of Chief Executive Officer (CEO), Dave Peffer; Chief Operating Officer (COO), Cathie O'Neill; Executive Group Manager (EGM) Infrastructure and Health Support Services, Colm Mooney; EGM People and Culture, Kalena Smitham, Senior Director Communications and Marketing, Elaine Greenaway and *MyHealth* Assistant Director, Sue-ella McGufficke.
7. All staff at the forum voted and the first three initiatives chosen to be implemented before end 2022 were:
 - a. Restorative Wellness Space
 - b. Peer Support Program and
 - c. Wellbeing Index App.
8. Work has already commenced to implement these three initiatives.
9. The CEO announced that all 12 initiatives presented by the Wellbeing Working Groups will be implemented in due course and include:
 - a. Wellbeing marketing and communications campaign and update *MyHealth* intranet
 - b. EAP communications campaign
 - c. Transfer Surveys
 - d. Formal check-in process for staff undergoing legal processes, incident management or disciplinary investigations
 - e. Early access to resources to support staff during major organisational change
 - f. *MyPlan* - to help staff prepare for unexpected significant events
 - g. Reinvigorate the *MyHealth* Champions Network

- h. Create a series of wellbeing videos
- i. Wellbeing Wayfinders Network - to direct staff to the range of wellbeing supports available

Financial Implications

- 10. *MyHealth* Program receives annual recurrent funding of \$100,000 to deliver health and wellbeing programs across the organisation.
- 11. The Wellbeing and Recovery Fund provides additional funding of \$8.75 million towards improving wellbeing across the health services of the ACT. CHS is writing to ACT Health Directorate to request release of the CHS funding portion for 2022-2023 to enable timely program implementation and funding acquittal.

Consultation

Internal

- 12. CHS staff have been consulted and will continue to be consulted via the activities outlined in Attachment A.
- 13. A survey was sent to all staff seeking feedback on wellbeing at CHS, from this more than 1000 pieces of feedback were received.
- 14. The approach to the allocation of funding was consulted with all staff and the approach to support 50 per cent of funding for direct staff design activities and 50 per cent for organisational activities as part of the wellbeing strategy was supported.
- 15. From the survey more than 150 staff offered to assist with development of the first tranche of codesigned activities to be implemented in the 2022 calendar year.

Cross Directorate

- 16. Nil response

External

- 17. Nil response

Work Health and Safety

- 18. The Strategy is a key component of building a physically and mentally healthy workplace culture and is paramount in providing a psychologically safe work environment.

Benefits/Sensitivities

Benefits

19. The co-design approach to staff health and wellbeing will ensure the initiatives are tailored for the CHS environment and will foster early engagement.
20. Active staff participation in the design and implementation of health and wellbeing initiatives will increase access/uptake of the supports on offer and help normalise support seeking behaviours.

Sensitivities

21. Health and wellbeing initiatives can be seen by staff as the sole responsibility of the organisation. This can lead to ineffective or underutilised services. The co-design approach will encourage greater partnership and shared responsibility between the organisation and our workforce for the wellbeing of our people.

Communications, media and engagement implications

22. Attachment A outlines the progress of the activities undertaken and planned.

Signatory Name: Kalena Smitham Phone: 512 49631

Action Officer: Sue-ella McGufficke Phone: 512 49568

Attachments

Attachment	Title
Attachment A	Canberra Health Services Staff Health & Wellbeing Implementation Plan – October 2022 Update

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/812

Date: 28/10/2022

CC: [Click here to enter text.](#)

From: Dave Peffer, Chief Executive Officer

Subject: Update on Oral Health Services Reform Project

Critical Date: Not applicable

Critical Reason: Not applicable

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

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. The Oral Health Services (OHS) reform project is progressing with the implementation of all recommendations following the external review undertaken in 2019. The OHS Reform Steering Committee is overseeing progress of the reform and the three working groups, comprised of current OHS staff, relevant union spokespersons, Canberra Health Services' leadership and consumers.

Issues

2. The Patient Journey working group is finalising key tasks including a review and development of improved triage and prioritisation criteria. This will assist in improving patients' journeys through the service, the quality of patient triaging, prioritisation, booking and scheduling for patients as well as clinical outcomes. Key performance indicators are also being reviewed and refined to assist in the development of the future model of care.
3. The Model of Care working group has been undertaking analysis of a broad range of data to determine what the needs of the community are and how OHS can best meet these within the resources available to the program. Analysis has used extensive databases including population demographic data, existing client data and statistics, Medicare service data and Health Roundtable data. Work has commenced to identify gaps and how they can be resolved.
4. The Organisational Structure working group has developed a proposed new structure for the OHS program which is currently being widely consulted on with OHS staff, consumers, unions and other relevant stakeholders. The new structure would provide effective governance, see clearer reporting pathways and address key issues of poor function and accountability as previously reported. The consultation paper is at **Attachment A**.
5. Following consultation, the organisational structure working group will consider the feedback provided and, should it be broadly supported, develop a formal implementation plan. The new structure will also undergo an evaluation as per the outlined evaluation plan within the consultation paper.
6. Early feedback shows staff and other stakeholders are interested and engaged in the process and want to ensure their views and ideas are considered before any decisions are made. The project team have agreed to extend the consultation period to allow for more detailed and targeted conversations with various individuals, noting that for some staff their roles may be significantly impacted.
7. The target implementation timeline for the new organisational structure is January 2023 and the consultation period will close on 2 November 2022 after being extended from 26 October at the request of stakeholders to allow time for further conversations and deliberations.

Financial Implications

8. Not applicable.

ConsultationInternal

9. Oral Health Services and other CHS staff have been provided extensive opportunities to provide feedback and ask questions through regular forums, one on one meetings, through union representations and via email. Staff have also had the opportunity to provide feedback anonymously.

Cross Directorate

10. Not applicable.

External

11. Relevant unions and consumer representatives have been consulted on the proposed changes and have been offered the opportunity to provide feedback and ask questions as they arise.

Work Health and Safety

12. Staff have been reminded about the availability of support through the Employee Assistance Program (EAP) should they need support.

Benefits/Sensitivities

13. The change in organisational structure will improve governance and performance for the OHS program. Further details are available in the consultation paper.

Communications, media and engagement implications

14. Not applicable.

Signatory Name: Jo Morris Phone: 45116

Action Officer: Emily De Alvia Phone: 40223

Attachments

Attachment	Title
Attachment A	Consultation Paper – OHS Organisational Structure

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/814

Date: 26 October 2022

CC: Dave Peffer, Chief Executive Officer

From: Janet Zagari, Deputy Chief Executive Officer

Subject: Canberra Health Services Brand Project - Research

Critical Date: 28 October 2022

Critical Reason: To ensure you are briefed on the project progress

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

Recommendation

That you note the information contained in this brief and Discussion Guide at Attachment A.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. The Canberra Health Services (CHS) Strategic Communication and Engagement Branch is undertaking a two-year project to strengthen and modernise the CHS brand.
2. This follows a comprehensive audit conducted in 2021, which found that CHS:
 - a. Lacks a clear and cohesive brand architecture;
 - b. Carry sub brands that do not look like they belong to the one organisation;
 - c. Brand is inconsistently applied; and
 - d. Carry legacy branding from past iterations of the organisation.

3. The project ambition is to deliver a distinct people-focused, values-driven brand with accessibility and inclusion considerations at its core. The work will support in uplifting health literacy by providing a consistent approach in education, communication and signage.
4. It will also support in affirming CHS' commitment to Aboriginal and Torres Strait Islander Peoples and creating a welcoming environment in our facilities by integrating the commissioned art 'Monga Waratah' by artist Natalie Bateman into the brand.
5. Key deliverables for this project include the delivery of a modern, values-aligned brand identity, a brand and design strategy and guide for CHS, logo creation, naming and visual design system for new services and programs, uniform designs, and other initiatives to build trust with the public and grow employee pride.

Issues

6. Research has been identified as the first phase of work. The purpose of this research is to ground the brand project in qualitative insights and evidence. The initial research piece will provide a steer on brand sentiment, perception, key challenges and opportunities for the brand strategy.
7. A Discussion Guide ([Attachment A](#)) has been developed. It consists of initial exploratory questions, with an ambition to deliver quantitative research and benchmarking on brand awareness and consumer sentiment metrics in future phases of the brand project.
8. Research groups include:
 - a. Seven 90-minute online groups with general community segmented by life stage and health needs (with a weight towards older audiences as people with higher health needs), this considers people with disabilities, people who identify as LGBTQIA+, Aboriginal and Torres Strait Islander Peoples and people of multi-cultural backgrounds.
 - b. Seven groups of CHS team members across various divisions and levels of experience.
 - c. Eight 60-minute in-depth interviews with CHS team members to focus on the recruitment and employee journey.
 - d. 15 45-minute in-depth interviews with key internal and external stakeholders including Health Care Consumers Association, Carers ACT, Mental Health Consumer Network, People with Disability ACT, and the CHS Aboriginal and Torres Strait Islander Consumer Reference Group.
9. The field work is being conducted by research agency Bastion Insights. Public group participation will be incentivised through a \$90 online voucher. This is consistent with an industry approach. Comments garnered through these sessions will be anonymised to ensure confidentiality and participant privacy.

OFFICIAL

10. Public and external focus groups will occur from 31 October until 18 November 2022.
11. CHS team members' focus groups and interviews will occur in January/February 2023 to allow for prioritisation of the implementation of the Digital Health Record.
12. The output of this research will be a report and presentation covering all key findings across all audiences. The initial research outcomes are expected to be delivered in December 2022.
13. The research will be used as part of delivering the brand strategy and architecture. It will also be used to provide insights to the Employee Value Proposition and upcoming recruitment campaigns for the Critical Services Building.

Financial Implications

14. A brand agency, Studio Binocular has been procured to support in the delivery of the brand project. A total budget of \$800,000 (inc. GST) across two years has been allocated as part of the ACT Health Directorate Campus Master Plan budget allocation. This value is consistent with other Government projects of similar nature.

ConsultationInternal

15. CHS Executives and line areas were consulted in the development for the brand project plan.

Cross Directorate

16. Consultation has occurred with Chief Minister's Treasury and Economic Development Directorate Whole of Government Communications team to inform them of this project.

External

17. Consultation has commenced with external community organisations, and they will be kept routinely informed throughout this project.
18. Your office was consulted during the development of the project plan and discussion guide.

Work Health and Safety

19. Not applicable.

Benefits/Sensitivities

20. A strong brand is key in increasing the perception of CHS as a provider of exceptional health care, as well as our ability to attract and retain high quality staff and establish ourselves as a leading specialist provider.
21. Brand image affects consumer perceptions and expectations of the goods or services an organisation offers and their level of satisfaction with that product or service.

OFFICIAL

22. There may be concerns from the public and stakeholders on their perception of the value of the brand project in delivering benefit to consumers.

Communications, media and engagement implications

23. There will be limited public communication during the initial phase of this project.

Signatory Name: Dave Jean Phone: 5124 6115
 Executive Branch Manager
 Strategic Communications and
 Engagement

Action Officer: Josie Khng Phone:
 Senior Director – Brand
 Strategic Communication and
 Engagement

Attachment

Attachment	Title
Attachment A	Discussion Guide

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/831

Date: 10 November 2022

CC: Dave Peffer, Chief Executive Officer

From: Janet Zagari, Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 7 to 11 November 2022

Critical Date: 11/11/2022

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

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

Recommendation

That you note the information contained in the Minister's Weekly Brief – 7 to 11 November 2022.

Noted / Please Discuss

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

Minister's Office Feedback

ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/835	CHE Project: Mental Health Short Stay Unit (MHSSU) Update
Critical Date	4 November 2022
Deputy Chief Executive Officer	Janet Zagari

Question/s:

On Monday 31 October 2022, a joint briefing with Canberra Health Services (CHS) and Major Projects Canberra (MCP) regarding the Canberra Hospital Expansion (CHE) Project was held. An agenda item was included for discussion on the Mental Health Short Stay Unit (MHSSU). A Ministerial Brief (MCHS22/824) was provided prior to the meeting which did not fully reflect the current CHS position on the required design solution. An Advisory Note was requested from CHS to supersede the previous advice.

Canberra Health Services' response:

1. The Behavioural Assessment Unit (BAU) located within the Critical Services Building (CSB) is unchanged in its infrastructure design and Model of Care. The BAU (six beds) will be governed by the Emergency Department (ED).
2. The CSB ED will be redesigned to include a mental health pod of four treatment spaces dedicated to mental health patients. This service is not a MHSSU however, the mental health pod will be governed by the Division of Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS).
3. The new mental health pod is separate to the BAU.
4. The design instruction issued to MPC for the mental health pod includes:
 - a. The pod is to be located in the ED Short-Stay Unit. The pod is not required to connect to the BAU.
 - b. The pod is to be designed as a low stimulation environment, acoustic and lighting controls are required.
 - c. Patient entertainment is required.
 - d. Access to a bathroom, beverage facilities and dual egress interview room is required.
 - e. A staff observation desk is required.
 - f. Concealed medical service panel behind patient beds.
5. MPC are progressing the revised design for the CSB ED.
6. An updated sketch plan of the preferred solution will be provided in approximately two weeks.

- 7. The existing six bed MHSSU currently located in Building 12 will close post Go Live of the CSB, for the following reasons:
 - a. There is no direct access to MHSSU for patient admission or discharge; the travel pathway is convoluted.
 - b. The current ED provides Code Blue and Code Black responses, the acute service would be an outlier when ED moves to the CSB.
 - c. The existing Building 12 MHSSU will become relatively isolated with the closure of the Emergency Department in Building 12. There are no closely adjacent clinical areas which could replace the 24/7 clinical and security support. This would require a much higher level of staffing to the MHSSU than clinically acuity with otherwise dictate.
- 8. The operational budget for the new mental health pod in the CSB ED will be funded from resources diverted from the closure of the existing Building 12 MHSSU.
- 9. Ward 12B Low Dependency Unit has capacity for four additional beds achieved by the conversion of single rooms into double rooms. MHJHADS has the available operating budget to support this increased utilisation. The additional four beds will function as MH short stay beds until a long-term solution is achieved.
- 10. The preferred long-term MHSSU solution is within the Mental Health Precinct identified in the Master Plan. ACT Health Directorate (ACTHD) will develop the Mental Health Precinct Service Plan which is coordinated with the Territory-Wide Strategy for mental health inpatient services inclusive of Northside Hospital. ACTHD is developing the program to inform the progress of these activities.
- 11. The CHE Project Consumer Reference Group has been updated monthly on the progress of the MHSSU.

Noted / Please Discuss

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

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