

Our reference: **CHSFOI23-24.19**

[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 18 October 2023**.

This application requested access to:

*'Copies of the following ministerial briefs with the reference numbers outlined (excluding all attachments to the brief);*

- MCHS23/509
- MCHS23/445
- MCHS23/407
- MCHS23/390
- MCHS23/386
- MCHS23/382
- MCHS23/437
- MCHS23/493
- MCHS23/412'

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 **Wednesday 29 November 2023**.

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

**Decisions**

I have decided to:

- grant full access to four documents; and
- grant partial access to two documents; and
- refuse access to two documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as [Attachment B](#) to this letter.

I have decided that some information held by CHS in relation to your request as outlined in point 4, would constitute a health record for the purposes of the *Health Records (Privacy and Access) Act 1997* (the HR Act). This information would contain the treatment, health, illness, or disability of consumers of CHS. Section 12 of the FOI Act specifies that the FOI Act does not apply to health records and personal health information, which must be sought under the HR Act.

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 four documents at references 1 and 4-6.

#### **Refuse Access**

I have decided to refuse access to two documents at references 7 and 8.

The documents at references 7 and 8 are comprised of information classified as information subject to legal professional privilege information, and under Schedule 1.2, it is taken to be contrary to the public interest to release.

#### **Partial Access**

I have decided to grant partial access to two documents at references 2 and 3.

#### **Public Interest Factors Favouring Disclosure**

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

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

#### **Public Interest Factors Favouring Non-Disclosure**

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

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

On balance, the factors favouring disclosure were outweighed by the factors favouring non-disclosure as the redacted information is comprised of personal information such as names of non-government employees and mobile numbers of ACT-Government employees. Therefore, I 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 Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

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

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

**ACT Civil and Administrative Tribunal (ACAT) review**

Under section 84 of the 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  
Allara House  
15 Constitution Avenue  
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](mailto:HealthFOI@act.gov.au).

Yours sincerely,



Josephine Smith  
**Executive Branch Manager**  
Strategy and Governance  
Canberra Health Services

27 November 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
[REDACTED]	<p><i>'Copies of the following ministerial briefs with the reference numbers outlined (excluding all attachments to the brief);</i></p> <ul style="list-style-type: none"> <li>- MCHS23/509</li> <li>- MCHS23/445</li> <li>- MCHS23/407</li> <li>- MCHS23/390</li> <li>- MCHS23/386</li> <li>- MCHS23/382</li> <li>- MCHS23/437</li> <li>- MCHS23/493</li> <li>- MCHS23/412'</li> </ul>	CHSFOI23-24.19

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	01 - 02	MCHS23/382 - Caveat Brief to Minister for Health - Surveillance and Management of SABSI - July 2023	18 July 2023	Full Release		YES

2.	03 - 04	MCHS23/386 - Canberra Health Services Advisory Note – [REDACTED]	12 July 2023	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
3.	05 - 07	MCHS23/390 - Minister brief - Workforce update for North Canberra Hospital	10 July 2023	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
4.	08 - 09	MCHS23/407 - Directorate Input - Update on 2022-23 Budget Initiatives	13 July 2023	Full Release		YES
5.	10	MCHS23/445 CHS Input Template - Staphylococcus aureus bloodstream infection (SABSI) Rates	22 August 2023	Full Release		YES
6.	11 - 14	MCHS23/509 - Ministerial Brief Birthing Service Choice	23 August 2023	Full Release		YES
7.	N/A	MCHS23/412 - Ministerial Brief – [REDACTED] (ACAT)	14 July 2023	Refused Release	Schedule 1.2 Legal Privilege	NO
8.	N/A	MCHS23/493 - Ministerial Brief – [REDACTED] ACAT Hearing - 22 August 2023	17 August 2023	Refused Release	Schedule 1.2 Legal Privilege	NO
<b>Total Number of Documents</b>						
<b>8</b>						

UNCLASSIFIED

**To:** Rachel Stephen-Smith MLA

**Through:** Dave Peffer, Chief Executive Officer

**Subject:** SABSIs Infections at Canberra Hospital

- The Australian Institute of Health and Welfare (AIHW) released the MyHospitals: Safety and Quality Update report Wednesday, 12 July 2023. The data showed the Canberra Hospital had a rate of 1.26 cases of *Staphylococcus aureus* bloodstream infections (SABSIs) per 10,000 patient days in 2021-22, which was higher than the national rate of 0.73 and higher than the peer group average of 0.92. The national benchmark for infections is 1.0 cases per 10,000 patient days.
- Canberra Health Services use the nationally agreed surveillance metric for classifying *Staphylococcus aureus* bloodstream infection as per ACSQHC definitions. Current AIHW definitions for surveillance data are consistent with what is reported by Canberra Health Services.
- Prior to 2019-20, Canberra Hospital's reported rate of SABSIs was consistent with peer group hospitals. Since 2020, Canberra Hospital has not maintained a comparable rate of SABSIs against peer group hospitals, but has since improved comparable to the rate reported in the previous financial year (2020-21).
- Within Canberra Health Services, the Infection Prevention and Control Unit (IPCU) undertake surveillance for all SABSIs for specimens that were collected at a Canberra Health Services facility.
- IPCU report all SABSIs monthly to the Infection Prevention and Control Clinical Response Committee (IPC-CRC), who escalate to Our Care Committee for oversight of quality improvement activity.
- Individual clinical areas are notified when a SABSIs occurs in their area and provided the information to investigate and undertake quality improvement activities with expert advice provided from IPCU.
- The following processes are carried out by CHS in the management of reported SABSIs:
  - IPCU review hand hygiene compliance in clinical areas where SABSIs has been reported
  - IPCU provide education and training to clinical areas where hand hygiene rates are below the national benchmark of 80 percent
  - IPCU Provide specialised input to area who are undertaking quality improvement activities (if necessary);

- Blood culture contaminant rate investigated to determine whether aseptic non-touch technique (ANTT) attributable
  - Comprehensive bedside audit of cannula dwell time.
- CHS clinical governance processes and procedures that contribute to prevention/surveillance and management of HA-SABSI include:
    - Infection Prevention and Control Procedure
    - Peripheral Intravenous Cannula (PIVC) and Midline Catheters- the Insertion and Management of Adults and Children Procedure
    - Management of Peripheral Intravenous Cannula Clinical Care Standard (Australian Commission on Safety and Quality in Health Care)
    - Aseptic Technique Procedure
    - Hand Hygiene Auditor Training
    - Central Venous Access Device (CVAD) Management – Children, Adolescents and Adults (NOT neonates) Procedure
- There are currently no quality improvement activities being undertaken across CHS to address SABSI.

Contact Officer:      Name and position  
 Contact Number:      Number  
 Date:                      DD Month YYYY

**Noted/Please Discuss**

.....  
 Minister's Name  
 Minister's Title

## ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS23/386	██████████ correspondence
Critical Date	Not applicable
Chief Executive Officer	Dave Peffer ..... /...../.....

### Background

██████████ is a former Canberra Health Services (CHS) employee, employed between 2007 to 2009, and a short term contract between 2018 to 2022.

██████████ has written to you as Minister for Health, Canberra Health Services, ACT Health Directorate, and previous occupants of your role as Minister for Health on several occasions.

You have previously been provided an advisory note regarding ██████████ employment history and your last correspondence with ██████████ at MCHS22/560.

In response to ██████████ safety concerns, CHS Cancer and Ambulatory Services Division has provided the following input.

### Advice on Safety concerns raised

CHS staff members and contractors that engage with activities using ionising radiation must comply with the CHS Operational Policy for Radiation Safety Management. The policy states that staff members must wear the personal radiation monitor issued and any personal protective equipment required.

- Personal protective equipment (PPE), such as radiation protection garments, also referred to as “lead gowns” or “lead aprons” are mandatory during x-ray procedures and radiation treatment, as stated in the Radiation Management Policy.
- The Medical Physics team allocate approximately three hours per week of dedicated fluoroscopy time to examine the fleet of PPE and confirm the shielding integrity. Any items showing evidence of deterioration are documented in the spreadsheet accordingly and removed from service and replaced where necessary.



- The Medical Physics Department staffing structure includes one Chief Medical Physicist, three Medical Physics Principals, three Seniors Specialists, three [non-senior] specialists, one technical officer, one health professional and three medical physics registrars. These roles are to ensure the safety and optimal use of radiation in medicine for the diagnosis and treatment of disease using highly specialised medical physics skills and knowledge.
- A recent recruitment round for a senior or principal (one position only) diagnostic imaging medical physics specialist closed on 27 July 2023.
- The Medical Physics Department is an established accredited training site providing training programs to medical physics registrars to fulfil the requirements for attaining certification from the Australasian College for Physical Sciences and Engineering in Medicine.
- The Medical Physics Department provide training opportunities for staff members to attend specific training and technical workshops. These opportunities allow staff members to develop new skills and further their professional development.

**Noted / Please Discuss**

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

.../.../...

Signatory Name: Kalena Smitham

Phone: 51249544

Action Officer: Sinead Clarke

Phone: 51249635

Attachment A – MCHS22/560 Correspondance

Attachment B – MCHS22/560 Advisory note



**Canberra Health Services**

**To:** Minister for Health

Tracking No.: MCHS23/390

**Date:** 10/07/2023

**From:** Dave Peffer, Chief Executive Officer, Canberra Health Services

**Subject:** Workforce update for North Canberra Hospital

**Critical Date:** Not applicable

**Critical Reason:** Not applicable

**Recommendation**

That you note the information contained in this brief.

**Noted / Please Discuss**

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

Minister’s Office Feedback

**Background**

- 1. Following the acquisition of Calvary Public Hospital Bruce there has been a reduction in critical workforce in two clinical areas: maternity and cardiology due to a number of staff electing to not transition.

**Issues**

- 2. There are six midwives who have accepted a redundancy and a further six considering redundancies. These staff remain Calvary staff members and are not working at North Canberra Hospital whilst their employment/redundancy process is finalised.

3. The total FTE of these staff is 9.61 which is 11 per cent of the total maternity workforce. There are also several unfilled temporary vacancies (not as a result of the transition). This has left a significant staffing deficit in the maternity service.
4. North Canberra Hospital and Canberra Health Services (CHS) Executive are working through a range of strategies to ensure safe staffing - see Attachment A.
5. In cardiology the only two cardiac sonographers and three doctors (one Visiting Medical Officer, two staff specialists) are not transitioning to CHS.
6. Work is underway to secure some locum sonographers. The Medical Unit Directors at North Canberra Hospital and Canberra Hospital have met and organised cross cover for ward rounds and medical cover. They will continue to monitor and work on a networked approach to cardiology. Recruitment for cardiologists will commence this coming week (initially to review outcomes of a recent Canberra Hospital process to determine if any direct appointments can be made).

### **Consultation**

#### Internal

7. Executive from Canberra Hospital and North Canberra Hospital are meeting and supporting with respect to cardiology, sonography and maternity services.

#### Cross Directorate

8. The ACT Health Directorate is aware, and a meeting is arranged for this week to determine which strategies under the Maternity in Focus plan can be expedited.

#### External

9. The Australian Nursing and Midwifery Federation ACT (ANMF) has been informed of maternity deficits and plans to address. A meeting is set for this week to discuss.

### **Work Health and Safety**

10. Reductions in staffing levels will result in increased pressure of staff in those units. Line managers are working with teams and keeping them informed of the situation, mitigating strategies and updates.

### **Benefits/Sensitivities**

11. Potential criticism on reasons for the transition resulting in decreased clinical services.

### **Communications, media and engagement implications**

12. Potential negative media.

Signatory Name: Cathie O'Neill

Phone: [REDACTED]

Action Officer: Amanda Bell

Phone: [REDACTED]

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	NCH Maternity Actions to address staffing shortfalls

UNCLASSIFIED

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Purpose:	Provide Update on Budget Measures
Topic:	2022-2023
Requested by:	Canberra Health Services DLO
Requested date:	13 July 2023
Date due to CHS Ministerial:	17 July 2023
Date due to requester:	18 July 2023
TRIM Ref:	MCHS23/407

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Chief Executive Officer, Dave Peffer \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Request details:**

Can you please provide:

- a. an update if it is complete/underway/planning to commence and possible timeframe of commencement.
- b. An additional line depending on the status of the above including what the funding has achieved, or what the delays were/are to finalising the budget measure.

**Content for Clearance:**

- 1) Variation in Sex Characteristics psychosocial support initiative (WYC)
  - a. The Psychosocial Care Coordinator commenced on 5 June 2023. The Coordinator is overseeing recruitment to the Clinical Psychologist and Social Work positions in the Psychosocial Care Unit and progressing the Model of Care work, having met with external and internal stake holders.
  - b. The Coordinator is currently establishing an Advisory Group aligning with co-design principles.
- 2) More allied health workers in areas of the Centenary Hospital (Allied Health)
  - a. An additional ten allied health professional were recruited in the first half of 2023, this includes speech pathologists, social workers, Aboriginal liaison officers, physiotherapists, allied health assistants and dietitians working across the Canberra Hospital campus, including at the Centenary Hospital for Women and Children.
  - b. Recruitment is underway for an additional 5.5FTE allied health professionals to work across the Canberra Hospital campus, including 1FTE exercise physiologist, 0.5FTE allied health assistant, 2FTE psychologists and 2FTE occupational therapists.
  - c. Recruitment to the Canberra Hospital campus weekend service has achieved 5.8FTE growth in physiotherapy, social work, speech pathology and the nutrition workforce. Recruitment is progressing for weekend occupational therapists.

- d. Growth in allied health staffing has delivered the following to acute adult wards of Canberra Hospital:
    - i. Increased access to therapy for patients in the stroke, neurology and general medicine units.
    - ii. Early assessment and discharge planning on the Acute Medical Unit to support early comprehensive assessment and discharge planning to support patient flow.
  - e. Growth in allied health staffing has delivered the following to the Centenary Hospital for Women and Children:
    - i. Weekend speech pathology services.
    - ii. A trainee paediatric physiotherapy position.
    - iii. Increase in paediatric occupational therapists.
  - f. Part funding has contributed to establishment of two new Paediatric Liaison and Navigation Allied Health Clinical Lead positions stood up to coordinate complex care for children and their families across Canberra Health Services and Sydney Childrens Hospital Network. Recruitment of the additional Nurse Practitioners for the WiC (CAS)
  - g. Current recruited NP FTE= 12.85. 5 vacant positions have been recruited to in FY 2022-2023.
  - h. Planned recruitment round in July/August 23 to fill expected vacancies and additional funded positions.
- 3) Neurodevelopmental and Behavioural assessment and treatment service (WYC)
- a. The Multidisciplinary Assessment, Intake and Navigation (MAIN) team have recruited an additional .84 FTE nurse to work alongside community paediatricians to provide interprofessional triage, assessment and treatment for children referred to the community paediatrician service, particularly for neurodevelopmental and behavioural issues.
  - b. Recruitment continues for two Health Professional positions to join the MAIN team. Previous recruitment rounds have been unsuccessful.

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COO Clearance: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Action Officer: Samantha Lang WY&C), Felicity Martin (AH) and Amber Cervo (CAS)

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## ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS23/445	Staphylococcus aureus bloodstream infection (SABSI) Rates
Critical Date	
Chief Executive Officer	Janet Zagari ..... /.../....

### Minister's question/s:

Outline the work that is being undertaken at the hospitals to ensure rates are coming down to the CHS nominated target and what the current numbers are

### Canberra Health Service response:

- The SABSI Working Group was established and held its first meeting on 2 August 2023. At this meeting, appropriate membership was discussed including how members would specifically be involved based on their expertise.
- As per draft Terms of Reference (ToR), the function of this Working Group is to identify available data; review available data; develop and implement strategies guided towards improvement; and develop and implement ongoing monitoring processes. The ToR will be provided to your office following endorsement.
- The working group met again on 22 August 2023, following comprehensive data collection regarding causal factors for SABSI as well as staff training and auditing results. This data will inform an action plan to improve rates of SABSI within Canberra Health Services. Progress reports will be provided to your office, with the next update expected in six weeks.
- The working group will meet fortnightly to report against the action plan.
- Membership on this working group is inclusive of North Canberra Hospital representatives.

**Noted / Please Discuss**

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

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

Signatory Name: Kellie Lang

Phone: 42027

Action Officer: Kellie Lang

Phone: 42027



Canberra Health Services

<b>To:</b>	Minister for Health	Tracking No.: MCHS23/509
<b>Date:</b>	23/08/2023	
<b>From:</b>	Chief Executive, Canberra Health Service	
<b>Subject:</b>	Maternity Services – Choice of Birthing Site	
<b>Critical Date:</b>	30/08/2023	
<b>Critical Reason:</b>	Service Pressure and Critical Service Sustainability	

Recommendations

That you:

1. Note the information contained in this brief; and

**Noted / Please Discuss**

2. Note that Canberra Health Services will adopt a policy on choice of birthing site that supports a safe and sustainable maternity service.

**Noted / Please Discuss**

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

Minister's Office Feedback
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## **Background**

1. Canberra Health Services (CHS) now contains two birthing units, at Centenary Hospital for Women and North Canberra Hospital.
2. The Centenary Hospital birthing service is part of a tertiary and regional referral centre, with advanced neonatal care facilities. Approximately 3700 births occur per year at the Centenary Hospital Birthing Units.
3. North Canberra Hospital is a level 4 service, as are the birthing services in SNSW, and is therefore suitable for providing a service for low complexity births according to a defined criteria. North Canberra Hospital currently accounts for approximately 1700 births a year.
4. When staffing and physical resourcing are considered together, North Canberra Hospital is underutilised, with an excess capacity of between 25 and 30 per cent a month in terms of booked births.
5. The Centenary Hospital currently provides a birthing service for all levels of complexity, from low-risk to high-risk birthing scenarios.
6. The current Enterprise Agreements do not permit CHS staff to be allocated to sites according to demand and workload, other than in exceptional circumstances. This means that it is not possible to load level on a shift-by-shift basis unless staff agree to go to another site.
7. At present, all referrals to either birthing centre are directed to the Central Health Intake (CHI). CHI applies a process that gives every birthing woman the choice of where to birth between Centenary Hospital or North Canberra Hospital, irrespective of their place of residence or complexity. As a result, people with low-risk pregnancies may elect to birth at the tertiary referral centre, and there is no ability to balance demand between the two facilities.

## **Issues**

8. Each of the birthing centres in the ACT, now under one management, should be used according to their role delineation to provide the best experience for women and safe sustainable services.
9. Whilst individual choice is important, the existing birthing choice process continues to create a distortion of right care, right place and right time and therefore does not best support safest care for our community.
10. To support the right care being delivered at the right place and at the right time, it is necessary to redirect low risk pregnancies to North Canberra Hospital. This could be done on a risk assessment or locality assessment or both, depending on what is needed to right size demand between the facilities.

11. This decision will support the future direction of CHS with respect to the construction of a North Side Birthing Centre in the coming years and recognises the different role that tertiary and secondary hospitals necessarily play in the health service.
12. An implementation plan will be developed and will include determination of the decision matrix to be used in allocation of birthing mothers to each site. We will consult with the unions as required regarding the implementation plan and process which stems from this decision. Your office will be kept informed.

### **Financial Implications**

13. Nil.

### **Consultation**

#### Internal

14. CHS Maternity Services (North Canberra Hospital and Centenary Hospital for Women).

#### Cross Directorate

15. Nil

#### External

16. Nil

### **Work Health and Safety**

17. The current process for allocation of birthing centre in the ACT has contributed to a high-risk environment for staff within the Centenary Hospital Maternity Service as a function of demand and the fusion of high and low risk pregnancy services. The incidence of burn out and vicarious trauma within the service has been sustained through a series of leadership changes.

### **Benefits/Sensitivities**

18. Previous considerations of a more allocative process for birthing locale have been unsuccessful given the restrictions it places on individual choice.
19. Previous consideration of restrictions on choice had to consider two organisations, one a faith-based organisation. This is no longer the case.
20. The principles of right care, right time, right place are not supported by the evident choice options for people about to give birth.

**Communications, media and engagement implications**

21. This is a sensitive matter, and an accompanying media and communications plan will be provided ahead of implementation.

Signatory Name: Dave Peffer

Phone: 51244701

Action Officer: Grant Howard

Phone: 51247354