

Our reference: **CHSFOI23-24.13**

[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 Monday 04 September 2023.

This application requested access to:

*I would like to request a copy of the following ministerial briefs with the reference numbers outlined (excluding all attachments to the brief);*

- *MCHS23/278*
- *MCHS23/282*
- *MCHS23/292*
- *MCHS23/304*
- *MCHS23/334*
- *MCHS23/338*
- *MCHS23/328*
- *MCHS23/333*

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 **Tuesday 17 October 2023**.

I have identified eight 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 all eight 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 *Human Rights Act 2004*.

### **Full Access**

I have decided to grant full access to all eight documents.

### **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:

- N/A

### **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

A handwritten signature in black ink, appearing to be 'JS' or similar initials, written in a cursive style.

Josephine Smith  
**Executive Branch Manager**  
Strategy and Governance

29 September 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 would like to request a copy of the following ministerial briefs with the reference numbers outlined (excluding all attachments to the brief);</p> <ul style="list-style-type: none"> <li>• MCHS23/278</li> <li>• MCHS23/282</li> <li>• MCHS23/292</li> <li>• MCHS23/304</li> <li>• MCHS23/334</li> <li>• MCHS23/338</li> <li>• MCHS23/328</li> <li>• MCHS23/333</li> </ul>	CHSFOI23-24.13

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	01 - 04	MCHS23-278 - Avenues for raising concerns	08 May 2023	Full Release		YES
2.	05 - 07	MCHS23-282 - CHECC Stand down	15 May 2023	Full Release		YES
3.	08 - 12	MCHS23-292 - CHS Brand Project - Brand architecture	26 June 2023	Full Release		YES

4.	13 - 16	MCHS23-304 - Recruitment campaign	04 July 2023	Full Release		YES
5.	17 -18	MCHS23-328 - Body worn cameras	25 July 2023	Full Release		YES
6.	19 - 21	MCHS23-333 - Comprehensive Investigation Report 2022 - AMHU Incident Nov 2022	15 June 2023	Full Release		YES
7.	22 - 23	MCHS23-334 - Supply Process at Canberra Hospital	08 June 2023	Full Release		YES
8.	24 - 25	MCHS23-338 - Urology Elective Surgery Waitlist	21 June 2023	Full Release		YES
<b>Total Number of Documents</b>						
<b>8</b>						

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

Tracking No.: MCHS23/278

**Date:** 08/05/2023**From:** Dave Peffer, Chief Executive Officer**Subject:** Canberra Health Services - avenues for raising concerns**Critical Date:** 9 May 2023**Critical Reason:** As requested by the Minister's office

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

**Recommendation**

That you:

1. Note the information contained in this brief.

**Noted / Please Discuss**

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

Minister's Office Feedback

**Background**

1. The 2019 Independent Review into the Workplace Culture within ACT Public Health Services Report made two recommendations specifically relating to the reduction of inappropriate behaviours (recommendation 3) and reviewing and strengthening HR procedures to address staff concerns (recommendation 14).

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**Issues**

2. The initiatives put in place to address these recommendations resulted in an increase in informal and formal avenues for team members to raise concerns.
  - a. In 2019, Canberra Health Services (CHS) established the Workplace Resolution and Support Service (WR&SS). WR&SS is a function of the Office of the CEO and provides independent support and advice to all CHS team members experiencing serious workplace issues and unreasonable workplace behaviour. WR&SS also provide a conflict resolution service, which includes facilitated resolution meetings and mediations to settle disputes and restore workplace relationships.
  - b. In 2019, CHS People and Culture Division introduced the Human Resource Business Partner (HRBP) model. A HRBP is allocated per Division to provide expert advice and support to managers for early intervention and expedient complaints handling. CHS team members can raise concerns with the HRBPs.
  - c. The CHS Respect Equity and Diversity Officer Network (REDCO) first established in 2012 was refreshed in 2021. REDCO's provide support and information (on the complaints process) for team members experiencing workplace conflict, unreasonable behaviours, or interpersonal issues. CHS currently has 94 active REDCOs.
  - d. In May 2021, CHS implemented the Speaking Up for Safety (SUFs) Program based on the Vanderbilt Model. To date over 7,000 team members have attended SUFS. SUFS provides team members with a common language to respectfully speak up with concerns of unsafe and/or unprofessional behaviour in the moment directly to their colleagues. SUFS continues to be delivered.
  - e. In March 2023, CHS implemented the SUFS phase 2 Program - the SUFS Portal. The SUFS Portal enables CHS to identify and respectfully engage with team members in a non-punitive manner over observed unsafe and unprofessional behaviours. Team members use the portal to make an observation about a colleague and a peer messenger and/or leader messenger delivers the observation in a non-punitive, informal, and non-judgmental way to the recipient of the observation. An individual may receive up to three observations informally. A formal HR process is triggered if the individual receives a fourth observation of unsafe and unprofessional behaviour and/or the observation describes egregious or mandated.
  - f. CHS team members can raise concerns through the People and Culture Human Resource Advisory team. The HR Advisory team can be directly contacted for support, advice, and information on CHS complaints procedures.

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- g. CHS as part of the whole of government Respect, Equity and Diversity Framework supports team members to raise concerns with their direct supervisor/manager, senior manager, RED Executive Sponsor, Executive, COO, DCEO and CEO.
- h. CHS team members, through the bi-annual Workplace Culture Surveys and Pulse Surveys, can raise concerns and provide positive feedback via the confidential CEO Messages in a Bottle that only the CEO has access to. The CEO received 1,393 messages in a bottle (equating to 48% of survey respondents) from the 2022 Pulse Survey.

**Consultation**Internal

- 3. Nil.

Cross Directorate

- 4. Nil.

External

- 5. Nil.

**Work Health and Safety**

- 6. Nil.

**Benefits/Sensitivities**

- 7. The CHS 2021 Workplace Culture Survey showed improvements in the area of managing unreasonable behaviours with less staff indicating they had been subjected to unacceptable behaviours (bullying, harassment, discrimination and favouritism) compared to 2019 Workplace Culture Survey. The results are shown in the below table.

In the last 12 months, have you been subjected to any of the following behaviours in the workplace?	November 2019	November 2021
Bullying	26%	21%
Harassment	20%	15%
Discrimination	17%	15%
Favouritism	27%	25%

**Communications, media and engagement implications**

- 8. Nil.

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Signatory Name: Kalena Smitham Phone: 512 49631

Action Officer: Flavia D'Ambrosio Phone: 512 49585

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

Tracking No.: MCHS23/282

**Date:** 15/05/2023**CC:** Emma Davidson, Minister for Mental Health  
Dr Kerry Coleman, Chief Health Officer**From:** Dave Pepper, Chief Executive Officer, Canberra Health Services**Subject:** The stand down of the Clinical Health Emergency Coordination Centre**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. In April 2020, under Section 119 of the Public Health Act 1997, delegated authority was allocated to the Canberra Health Services Chief Executive Officer, as the Deputy Health Controller (Clinical Services). The intent was to assist the Chief Health Officer to coordinate, direct and lead the Territory's clinical response to the COVID-19 pandemic.

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2. The Deputy Health Controller (Clinical Services) was to establish a management structure to lead the clinical response for ACT Public and Private hospitals and their community and home-based services, namely Canberra Health Services, Calvary Public Hospital Bruce, Calvary Bruce Private Hospital, Calvary John James Hospital, National Capital Private Hospital, Barton Private Hospital, and Canberra Private Hospital (referred as ACT health facilities).
3. The Deputy Health Controller (Clinical Services) established the Clinical Health Emergency Coordination Centre (CHECC) to work alongside the Public Health Emergency Coordination Centre, and to deliver on the key functions of control, planning, operations, logistics and communications across ACT health facilities.
4. With the Government's decision to revoke the COVID-19 Management Declaration along with related public health restrictions, and individual ACT health facilities transitioning to a model consistent with managing other notifiable diseases, the decision has been made to stand down the CHECC in its current formal construct, effective COB 12 May 2023.
5. A central point of contact based at CHS will ensure that there is a formal mechanism to provide for consistent information sharing across the ACT hospital system in relation to ACT wide COVID-19 matters. This point of contact will also allow for the continued engagement with the ACT Population Health Division.

**Issues**

6. Individual ACT health facilities will communicate any significant changes in the COVID-19 situation at their facility through Canberra Health Services (CHS). This will ensure each facility and ACT Health have the opportunity to review their risk profile, response actions, and necessary communication strategies.
7. A team of Infectious Diseases, infection prevention and control, and COVID-19 modelling experts will monitor COVID-19 data essential to informing the COVID-19 risk profile for ACT health facilities. This process will also inform the need to mobilise resources should the COVID-19 situation change significantly in the near future.

**Financial Implications**

8. There are no financial implications because of this brief.

**Consultation**Internal

9. Clinical Health Emergency Coordination Centre
10. Canberra Health Services Executive

Cross Directorate

11. Chief Health Officer, ACT Health

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12. Director General, ACT Health

External

13. Clinical Services Response Advisory Group
14. Interim General Manager, Calvary Public Hospital, Bruce
15. General Manager, National Capital Private Hospital
16. Acting General Manager, Calvary John James Hospital
17. General Manager, Calvary Bruce Private Hospital
18. General Manager, Canberra Private Hospital
19. Director of Nursing, Barton Private Hospital

**Work Health and Safety**

20. Work health and safety matters will continue to be appropriately handled through individual facility workplace health and safety policies and procedures.

**Benefits/Sensitivities**

21. Nil

**Communications, media and engagement implications**

22. All communications regarding COVID-19 and health services will be undertaken by the individual ACT health facility communications teams.

Signatory Name: Dave Pepper

Phone: 512 44701

**Canberra Health Services**

<b>To:</b>	Minister for Health	Tracking No.: MCHS23/292
<b>Date:</b>	29/06/2023	
<b>CC:</b>	Chief Minister Minister for Mental Health	
<b>From:</b>	David Peffer, Chief Executive Officer, Canberra Health Services	
<b>Subject:</b>	Canberra Health Services Brand Project – Brand Architecture	
<b>Critical Date:</b>	03/07/2023	
<b>Critical Reason:</b>	Confirmation of the brand architecture is critical to developing a brand strategy and the timely delivery of the next phase of this project – the look and feel. It will also enable work on the positioning of the new northside hospital within our brand architecture to progress.	

**Recommendation**

That you:

1. Agree with the proposed new Canberra Health Services (CHS) brand architecture including:
  - a. Establishment of nine sub brands outlined below (noting this is scalable as our system evolves);
  - b. Establishment of North Canberra Hospital sub brand (noting consultation will take place on the name of the new northside hospital as part of detailed infrastructure planning for the building of the new hospital);
  - c. Renaming “Centenary Hospital for Women and Children” to Canberra Hospital: Women’s and Children’s in line with the “no hospital in a hospital” principle;
  - d. Creation of the Canberra Health Services – Community Care sub brand; and
  - e. Retention of the Walk-in Centre sub brand.

**Agreed / Not Agreed / Please Discuss**

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

Minister's Office Feedback
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**Background**

1. The Canberra Health Services (CHS) Strategic Communication and Engagement Branch is undertaking a two-year brand modernisation project to invest in:
  - i. improving the consumer experience as our public health system grows;
  - ii. strengthening our workforce recruitment and retention; and
  - iii. team CHS culture and pride
2. You have been previously briefed on the project, with a specific focus on research, in October 2022. Please see [Attachment B](#) - MCHS22/814 - Initiated Brief -CHS Brand Project.

**Brand Architecture**

3. A brand architecture has been developed to clearly define and simplify the structure of our organisation's brands and streamline our focus and the relationships between our facilities, services, communication and programs.
4. Nine sub brands have been identified for CHS, based on consumer and staff research, expert advice and CHS and ACT Government strategic priorities. All sub brands will share the same logo and brand colours as our master brand (CHS). Please see [Attachment A](#) – CHS Brand Architecture Presentation for details.

**a. Canberra Hospital**

All Canberra Hospital 'place' brands e.g. Intensive Care Unit, are to be consolidated under this one major sub-brand.

Research has shown consumers are confused by having "hospitals within hospitals". CHS will be renaming "Centenary Hospital for Women and Children" to Canberra Hospital: Women's and Children's.

**b. University of Canberra Hospital (UCH)**

To avoid confusion and simplify the name, "University of Canberra Hospital (UCH): Specialist Centre for Rehabilitation, Recovery and Research" will be shortened to University of Canberra Hospital.

**c. ACT Pathology**

A distinct pathology brand helps consumers easily identify public pathology services.

**d. Canberra Health Services – Community Care**

This is a new service brand and incorporates services and facilities including community health centres, maternal and child health (MACH) clinics and Child and Family Centres, as well as future community health services or facilities, such as new health centres. By folding all these facilities under one service brand, CHS will be able to present a unified service-offering led approach to community health care. This will significantly improve how consumers navigate our community services and simplify how we communicate with the public about where to get the right care in the right place at the right time.

**e. Canberra Health Services Walk-in Centres**

Research has indicated that the Walk-in Centre name has existing brand awareness.

This sub-brand could be renamed to accommodate functionality upgrades with the introduction of 'Urgent Care Centres'. However, it is not recommended due to the significant resource and financial risks associated with changing community awareness and education about a new service name and associated model of care, where such a strong brand exists.

Instead of a name change, we recommend using a public awareness campaign to educate the community about care that is available at our network of Walk-in Centres. This will help to address any misconceptions that these services are only for low acuity presentations.

**f. Canberra Health Services Mental Health Care**

Mental Health Care has been elevated to a sub-brand to highlight the services and programs we offer to the community e.g., Step Up Step Down Program, Access Mental Health.

**g. Canberra Health Research**

A research sub-brand will allow CHS to position ourselves clearly in the research community, thereby attracting funding and securing participation in trials. This sub-brand may also include learning and teaching.

**h. Canberra Hospital Foundation**

While independently run, the Canberra Hospital Foundation sub-brand will have 'look and feel' alignment with the CHS brand. This will help create a closer connection of the culture of philanthropy in the minds of donors.

**i. North Canberra Hospital**

5. North Canberra Hospital will be incorporated into the new brand architecture as a sub-brand, noting consultation will take place on the name of the new northside hospital as part of detailed infrastructure planning for the building of the new hospital. All

other facilities, services and programs outside of the above sub-brands will fall under the main CHS brand e.g. Hospital in the Home (HiTH) service.

6. As part of next steps, a naming guide is in development. The naming guide considers the practical application of the brand architecture including current naming structure, a guiding framework for developing future names and governance approach.
7. The proposed brand architecture is scalable as our health services evolve. Initial work has already begun to incorporate North Canberra Hospital into this new brand architecture. This includes recommendations for consistent naming on signage and other communication materials and will be further developed in the naming guide.

### **Financial Implications**

8. This work falls within the scope of our existing contract with Studio Binocular, which has a total budget of \$800,000 across two years.
9. Creation of the sub brand look and feel and associated digital templates is within the scope of this project.

### **Consultation**

#### Internal

10. CHS Executives and Divisions were consulted in the development of the brand project plan.

#### Cross Directorate

11. Consultation has occurred with CMTEDD Whole of Government Communications team. Head of Service has approved co-branding exemption for CHS to allow the development of a look and feel distinct to the ACT Government brand guide.

#### External

12. External consultation with consumer groups such as Health Care Consumers Association has commenced, and they are being kept routinely informed throughout the project.
13. Your office was consulted during the design of the brand architecture.

### **Work Health and Safety**

14. Nil

### **Benefits/Sensitivities**

15. There has been public and stakeholder interest in the value of the brand project in delivering benefit to consumers and team members.



**Communications, media and engagement implications**

16. There will be no proactive public communication of the brand architecture during this phase of the project. The Strategic Communication and Engagement Branch will work with your Office should there be media interest.

Signatory Name: David Jean Phone: 51246115

Action Officer: Josie Khng Phone: 51245000

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Attachment A - CHS Brand Architecture Presentation
Attachment B	Attachment B - MCHS22814 - Initiated Brief -CHS Brand Project

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

Tracking No.: MCHS23/304

**Date:** 04/07/2023**From:** Janet Zagari, Deputy Chief Executive Officer, Canberra Health Services**Subject:** Canberra Health Services recruitment campaign**Critical Date:** Not applicable**Critical Reason:** Not applicable**Recommendations**

That you:

1. Note the information contained in this brief;

**Noted / Please Discuss**

2. Note the Attachments A- C; and

**Noted / Please Discuss**

3. Agree to refer advertising campaign to independent reviewer and sign the approval form at Attachment D.

**Signed / Not Signed / 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 recruitment campaign to support CHS' talent acquisition activities ahead of the opening of the new Critical Services Building (CSB) in 2024.
2. Sustainability of the workforce is a strategic priority for CHS. Due to shortages in the labour market, a lack of suitable candidates regardless of market conditions and normal attrition, CHS is looking for suitably qualified and experienced:
  - Nurses;
  - Pharmacists;
  - medical officers;
  - psychologists;
  - medical imaging staff; and
  - allied health professionals. (Note: allied health staff at mid-tier level with five years or more experience have been identified as the most difficult to attract for CHS).
3. To help address this need, People and Culture and the Strategic Communication and Engagement Branch are working together to develop and implement a recruitment campaign targeting prospective employees. The CHS campaign strategy is at Attachment A. Studio Binocular, the creative agency partnering with CHS on the brand project, has developed the creative campaign strategy and associated campaign assets (Attachment B).
4. The campaign aims to support CHS recruitment efforts by:
  - helping identify potential candidates (lead generation);
  - enabling the creation of talent pools to foster interest in future job openings;
  - showcasing the benefits and opportunities of working for CHS; and
  - extending the reach of traditional recruitment methods.
5. The recruitment campaign will run in two phases. A pilot phase commencing in June 2023 and phase two from September to November 2023. The first phase of advertising is outlined at Attachment C. Advertising will run across digital platforms with the objective to create awareness of what CHS has to offer, and taking senior health professionals to a campaign landing page where they can 'sign up' to stay in touch about future job opportunities.
6. A phased approach will ensure learnings from the pilot phase can inform phase two, which will also leverage the CHS brand project. CHS will also be able to leverage off the Whole of Government Workforce Attraction campaign that is set to launch in May 2023.

## Issues

7. Traditional methods of recruitment (for example, advertising job vacancies) have not always attracted a suitable field of candidates, particularly in specialised health professions.
8. The current competition in market makes filling vacant clinical positions, particularly senior roles, challenging. Most health jurisdictions are competing to fill the same vacancies, and many have introduced attractive incentives.
9. There is an ongoing need to create greater awareness among experienced health professionals across Australia about what it is that CHS and Canberra have to offer.
10. Insights from research undertaken as part of the broader CHS Brand Project have helped to inform the recruitment campaign strategy.
11. Although the Government Agencies (Campaign Advertising) Guidelines 2010 stipulates that jobs advertising and routine advertising carried out by an agency in relation to their operational activities is **not** subject to review by the Independent Reviewer of Campaign Advertising, a decision has been made to seek a review given the scope of the campaign extends beyond routine recruitment advertising (Attachment D).
12. All recruitment advertising will carry the ACT Government and CHS logo so that it is clear who has produced the advertisements. In instances where there is insufficient space within the advertisement for co-branding, the ACT Government logo will be used.

## Financial Implications

13. The total cost to implement the recruitment campaign is approximately \$121,838 (including GST). This includes the advertising cost for phase 1 (\$77,000 including GST) and the development of campaign assets to be used in phase one and two of advertising. Funding for the campaign has been drawn from the CSB commissioning budget.

## Consultation

### Internal

14. CHS Executives and line areas, were consulted in the development of the campaign.

### Cross Directorate

15. The Chief Minister, Treasury and Economic Development Directorate's Whole of Government Communications team and the ACT Health Directorate have been consulted during the development of this campaign.
16. Key learnings from the ACT Health Directorate's recent Nursing and Midwifery Recruitment campaign have informed the CHS recruitment campaign strategy.

### External

17. Your office was consulted during the campaign's development.

**Work Health and Safety**

18. Nil.

**Benefits/Sensitivities**

19. CHS aims to recruit the right people for the right jobs, but the campaign alone will not achieve this. It is designed to complement CHS' existing and future talent acquisition activities by differentiating us from our competitors and capturing the attention and interest of prospective employees.

**Communications, media and engagement implications**

20. The CHS Strategic Communication and Engagement Branch is working with master media agency, Universal McCann, to ensure the recruitment campaign is appropriately targeted and effective.

Signatory Name: David Jean Phone: 51246115

Action Officer: Elaine Greenaway Phone: 51249527

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	CHS Recruitment Campaign strategy
Attachment B	Studio Binocular: Creative Campaign strategy and assets
Attachment C	Universal McCann Media Strategy
Attachment D	Coversheet for Independent Reviewer

**ADVISORY NOTE**

Minister for Health

TRIM Ref: : MIN:2021/001211 (MCHS23/328)	Use of Body Worn Cameras in Canberra Health Services
Critical Date	Not applicable
Chief Executive Officer	Dave Peffer ..... /.../....

**Minister’s question:**

Regarding Body Worn Cameras (BWCs), I am not convinced that having audio capability will provide any additional benefit to Canberra Health Services staff at the time of an incident. In a policing context, BWCs are often introduced as a vehicle to ensure police themselves are behaving appropriately, to hold them to account where that is not the case and enable them to refute unsubstantiated allegations. Please discuss, as the benefit of spending time to further explore this option in the context of the hospital seems questionable.

**Canberra Health Services Response:**

Although there may be benefit to allowing audio recording for the BWCs for Security Officers, advice from Justice and Community Services (JACS) is that building this case is unlikely to meet Human Rights compatibility, specifically in relation to forming a reasonable basis for limiting the right to privacy.

Therefore, Canberra Health Services amendment to the Regulation under the *Listening Devices Act* will not be pursued at this time.

Feedback from Security officers who have used the BWCs indicated that the BWC being worn in plain view, and the additional verbal warning when appropriate, had a positive impact on de-escalating situations. Therefore, Security Officers at Canberra Hospital will continue to wear BWC – with no audio capability.

Additionally, Security Operations will expand the use of BWCs and require all CHS Security Officers in an incident response role, excluding those in a Mental Health clinical area, to wear BWC as part of their standard Personal Protective Equipment.

IHSS will continue ongoing evaluation of the use and efficacy of the BWCs to gather qualitative and quantitative feedback.

**Noted / Please Discuss**

.....

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

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

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Signatory Name: Colm Mooney

Phone: 512 49796

Action Officer: John Ludvigson

Phone: 512 49721

**Canberra Health Services**

<b>To:</b>	Minister for Mental Health	Tracking No.: MCHS23/333
<b>Date:</b>	15/06/2023	
<b>From:</b>	Dave Peffer, Chief Executive Officer	
<b>Subject:</b>	Comprehensive investigation report of the Adult Mental Health Unit incident	
<b>Critical Date:</b>	Not applicable	
<b>Critical Reason:</b>	Not applicable	
<b>• CEO</b>	.../.../...	

**Recommendations**

That you:

1. Note the information contained in this brief;

**Noted / Please Discuss**

2. Note the information contained in Attachment B – Comprehensive investigation report of the Adult Mental Health Unit incident – November 2022; and

**Noted / Please Discuss**

3. Note the information contained in Attachment C – Timeline.

**Noted / Please Discuss**

Emma Davidson MLA ...../...../.....

Minister's Office Feedback



## Background

1. On 12 November 2022, a male patient (Consumer A) was found deceased in a bedroom in the High Dependency Unit (HDU) of the Adult Mental Health Unit (AMHU). You have previously been briefed on this matter (MCHS22/855) – see copy at Attachment A.
2. Another patient (Consumer B) of HDU has been charged with his death.
3. To date, the criminal case has not been heard in the Supreme Court.
4. The death has been referred to the Coroner. Canberra Health Services (CHS) has not been provided a timeframe for the inquest.
5. A critical incident review by CHS was conducted.

## Issues

6. On 26 May 2023, the final report of the Comprehensive Incident Review (review) at Attachment B and the timeline at Attachment C has been provided to CHS.
7. Associate Professor Peter Burrnett, Director of Clinical Governance from NorthWestern Mental Health (Victoria) was engaged to lead the review.
8. Other review team members consisted of staff from CHS as subject matter experts.
9. The scope of the review was from the admission of Consumer B on 11 November 2022 to the discovery of the death of Consumer A on 12 November 2022.
10. The review team had access to the following information:
  - Staff interviews;
  - Review of the clinical records of both consumers; and
  - Policies and procedures.
11. The review team made three recommendations:
  - Implement the allocation of staff (all staff, both clinical and non-clinical) to 'the floor' as well as allocation to tasks during a shift;
  - Implement training to ensure a shared understanding across the multidisciplinary team of the ISBAR handover, Flash Flow handover and Broset checklist; and
  - Begin discussions on the benefits of the implementation of CCTV in the AMHU with relevant partners and stakeholders.
12. CHS accepts all the recommendations in full.
13. CHS plans to offer to meet with the two families of the consumers to discuss the recommendations of the review.

**Financial Implications**

14. Nil.

**Consultation**Internal

15. Nil.

Cross Directorate

16. Nil.

External

17. Nil.

**Work Health and Safety**

18. A copy of the report has been provided to Worksafe as per the requirements of a S155 notice received on 27 February 2023.

**Benefits/Sensitivities**

19. The circumstances of the death of Consumer A are still considered an ongoing investigation by ACT Policing and the Coroners team.

**Communications, media and engagement implications**

20. Nil.

Signatory Name: Katie McKenzie Phone: 5124 1577

Action Officer: Kelly Daly Phone: 5124 7950

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Copy of previous brief - MCHS22/855 Death in Adult Mental Health Unit
Attachment B	Comprehensive Investigation Report 2022 - AMHU Incident Nov 2022
Attachment C	Timeline

**ADVISORY NOTE**

Minister for Health

TRIM Ref: MCHS23/334	Supply Processes at the Canberra Hospital
Critical Date	Not applicable
CEO	Dave Peffer ..... /.../....

**Minister's question/s:**

Can you please provide advice on the supply process at the Canberra Hospital.

**Canberra Health Service response:**

Standard Procurement and Supply practices require goods to be procured using a purchase order. In the majority of cases, suppliers are instructed to deliver to the Supply Warehouse in Mitchell or the Main Dock in Building 1 at the Canberra Hospital campus. Goods are received and delivered to the requesting Department by a Supply Operations Officer.

Suppliers may instruct a courier to deliver goods directly to a location due to urgency or the nature of the goods requiring specialist care. It is also common practice for suppliers to hold consignment stock on campus and attend departments, such as Theatres and Angiography, to replenish stock. In addition, there are a number of private businesses (Pharmacy and Café's) that receive goods directly from suppliers.

Couriers, staff and members of the public are required to adhere to the entry protocols of the hospital. This may include the wearing of masks, hand sanitation and restricted access to certain areas.

Although there may be a requirement for couriers to deliver direct to departments or private businesses, the frequency indicated in the constituent's correspondence is not reflective of everyday practice and is not cause for alarm.

In anticipation of the new Building 5 opening, Canberra Health Services has recently reviewed supply workflow and security protocols to ensure the movement of goods throughout the campus complies with best practice.

**Noted / Please Discuss**

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

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

UNCLASSIFIED

Signatory Name:	Paul Ogden	Phone:	51249683
Action Officer:	Andrew Murphy	Phone:	51244385

## ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS23/338	Current status of the Electvie Surgery Wait List for Urology
Critical Date	Not applicable
CEO	Dave Peffer ..... /...../.....

### Minister's question:

Provide insight into the waiting times for Urology surgery across the Territory and what action is being taken to improve access timeliness for patients.

### Canberra Health Services' Response:

The below data has been generated from the Digital Health Record (DHR) reporting portal on 13 June 2023. The summary is as follows:

There is a total of 959 patients waiting for elective surgery under the care of the Urology Unit across the Territory.

- 225 of these patients have booked surgery dates (105 of these patients are long waits as indicated by EPIC).
  - 163 Category 1 with booked procedure dates
  - 36 Category 2 with booked procedure dates
  - 26 Category 3 with booked procedure dates
- Approximatley 335 of these are awaiting a Cystoscopic procedure.
- Approximatley 20 are awaiting a Trans-urethral Resections of the Prostate (TURPS).
- Approximatley 93 are awaiting Retrograde pyelograms.
- Approximatley 97 are awaiting Bladder biopsies.
- Of the remaining 734 that do not have dates, there are:
  - 43 Category 1\* Long Wait patients + 209 not Long Wait patients
  - 140 Category 2 Long Wait patients + 164 not Long Wait patients
  - 45 Category 3 Long Wait patients + 133 not Long Wait patients

*\* This is inclusive of Category 1 patients who will be given a future date, at which point they will be scheduled to be competed within 30 days as a part of a scheduled surveillance process for cancer.*

**Further Actions to be undertaken:**

- Territory Wide Surgical Services (TWSS) has recommended a tri-lateral meeting with Calvary Public Hospital Bruce, Canberra Health Services (CHS) and TWSS to review all Category 1 long waiting patients and plan surgery dates for this cohort. A meeting will be arranged as soon as practicable, noting TWSS and CHS have met already to discuss a way forward.
- TWSS will review the quality in this overdue data report given the known EPIC issues with classification wait times.<sup>1</sup>
- TWSS is conducting two to four Urology lists per month under the Private Provider Program (PPP).
- The purchase of a Transperineal biopsy machine is being investigated, as there is not a machine available at Calvary Public Hospital following the theatre fires.
- TWSS will continue to run weekly reports to monitor the status of the Urology overdue Category 1 cohort.

**Noted / Please Discuss**

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

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

Signatory Name: Dr Andrew Mitchell

Phone: 49889

Action Officer: Sue Simpson

Phone: 48135

<sup>1</sup> Issues of reclassifications and delays in reporting removals and duplicate RFA's