

Dear 

### **DECISION ON YOUR ACCESS APPLICATION**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Thursday 30 November 2023**.

This application requested access to:

*'Under the FOI Act I would like to be supplied with copies of the following Ministerial Briefs:*

- *MCHS23/539*
- *MCHS23/569*
- *MCHS23/540*
- *MCHS23/367*
- *MCHS23/603*
- *MCHS23/606'*

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 19 January 2024**.

I have identified six 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 one document; and
- grant partial access to three 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 A](#) 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 the one document at reference 1.

### **Partial Access**

I have decided to grant partial access to the three documents at references: 2-4.

The documents at references 2 and 4 are partially comprised of information classified as cabinet information, and under Schedule 1.6, it is taken to be contrary to the public interest to release.

### **Refuse Access**

I have decided to refuse access to the two documents at references: 5-6.

The document at reference 5 is 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.

The document at reference 6 is comprised of information that are currently in possession of integrity commission. The disclosure of the documents would also prejudice the investigation of a contravention of the law. Under Schedules 1.1B and 1.14 the information is taken to be contrary to the public interest to release.

### **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*.

The documents at references 2-4 are also 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 regarding personal information.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the redacted information contains mobile phone numbers 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



Katherine Macpherson,  
**A/g Executive Branch Manager**  
Strategy and Governance


15 January 2024

## 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>'Under the FOI Act I would like to be supplied with copies of the following Ministerial Briefs:</i></p> <ul style="list-style-type: none"> <li>• MCHS23/539</li> <li>• MCHS23/569</li> <li>• MCHS23/540</li> <li>• MCHS23/367</li> <li>• MCHS23/603</li> <li>• MCHS23/606'</li> </ul>	CHSFOI23-24.27

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	01 - 02	MCHS23/367 - Support and Forensic Services for Children in the ACT CaRHU	18 September 2023	Full Release		YES
2.	03 - 12	MCHS23/540 - Critical Services Building Fortnightly Briefing	15 September 2023	Partial Release	Schedule 2, 2.2(a)(ii) Privacy Schedule 1.6 Cabinet Information	YES

3.	13	MCHS23/569 - Health Services Union (HSU) Meeting - Radiation Therapists (15 September 2023)	15 September 2023	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
4.	14	MCHS23/606 - Medical Imaging Staffing	11 October 2023	Partial Release	Schedule 2, 2.2(a)(ii) Privacy Schedule 1.6 Cabinet Information	YES
5.	N/A	MCHS23/539 - Supreme Court Hearing 11 September 2023 - [REDACTED]	07 September 2023	Refused Release	Schedule 1.2 Legal Privilege	NO
6.	N/A	MCHS23/603 - Data Breach – Health Information Services	05 October 2023	Refused Release	Schedule 1.1B Integrity Commission Schedule 1.14 Law Enforcement	NO
<b>Total Number of Documents</b>						
<b>6</b>						

## ADVISORY NOTE

Minister for Health

<b>TRIM Ref: MCHS23/367</b>	Support and Forensic Services for Children in the ACT CaRHU
<b>Critical Date</b>	Not applicable
<b>Deputy Chief Executive Officer</b>	Janet Zagari ..... /...../.....

### Minister's question/s:

Minister's Office has requested some advice on the issues outlined in correspondence received from Ms Chrystina Stanford, Chief Executive Officer, Canberra Rape Crisis Centre relating to the Child at Risk Health Unit.

### Canberra Health Service response:

There is a misunderstanding that that Canberra Health Services is unable to provide a forensic medical service with the support of counselling and nursing services.

The introduction in March 2023 of Enhanced Health Services (EHS) within the Division of Women, Youth and Children (WYC), included the rebranding of the Child at Risk Health Unit. This is now known as the Enhanced Child Health Service (ECHS) and the Developmental Paediatric and Child Protection Medical Service. Under the new model of care, both services work in collaboration to provide a multi-disciplinary service to meet the needs of children and families referred to the service.

The ECHS consists of three teams:

#### Multi-disciplinary Assessment, Intake and Navigation (MAIN)

The team is staffed by counsellors and nurses to provide immediate, short-term support to families including but not limited to crisis counselling, psycho-education, service navigation, warm referral and linkage for parents/carers and children who have experienced child sexual abuse. These counsellors hold specialist knowledge and experience in child protection matters.

#### Child and Family Counselling team

Provide medium to long-term counselling for children and parents/carers where there has been an experience of childhood trauma including sexual abuse.

The third team provides specialist advice and training to health staff in child protection reporting and family violence matters.

All three teams work flexibly with a view to meeting the service demand for the provision of timely advice and counselling support. The counselling team currently has minimal wait time. WYC is presently recruiting additional counselling positions with both permanent and temporary vacancies arising from staff movement and enhanced funding.

ECHS triage a referral from an acute disclosure of child physical and sexual assault as its highest priority for consideration for both an urgent medical assessment and psycho-social support. The multi-disciplinary team meet daily (Monday to Friday) to discuss each referral and to determine the team's response. If a child is referred for an urgent forensic medical examination, the Child Protection doctor may request that a counsellor be involved to offer support to the child/parent during or post the medical examination.

Separate to a referral for a medical examination, ECHS accept referrals for counselling for children who have experienced child abuse including sexual abuse. Where a matter is under criminal investigation, counselling support is not provided directly to the child/young person but is offered to parents/carers to assist them to support their child during the initial period following a disclosure. Parents are also offered information and warm referral with consent, to the Victim Support ACT for counselling and/or Canberra Rape Crisis Centre if they prefer to seek counselling support from another service.

A referral to ECHS for longer-term therapeutic counselling for childhood trauma for the child is accepted once the child's home circumstances are safe and stable, and the police investigation and court process has concluded. For some children, readiness for therapeutic counselling is dependent upon a stable foster or kinship care arrangement or certainty around family court matters.

The Executive Director, Women, Youth and Children and Senior Manager EHS have met with Ms Stanford to communicate the new service model and to explore how both services can work together to meet the needs of children who have experienced sexual abuse.

**Noted / Please Discuss**

.....

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

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

Signatory Name: Suzanne Pilkington

Phone: 5124 7389

Action Officer: Fiona Holihan

Phone: 5124 3267

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

Tracking No.: MCHS23/540

**Date:** 14/09/2023**From:** Janet Zagari, Deputy Chief Executive Officer**Subject:** Critical Services Building Fortnightly Briefing**Critical Date:** 18/09/2023**Critical Reason:** Meeting scheduled for this date**Recommendation**

That you note the information contained in this brief.

**Noted / Please Discuss**

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

Minister's Office Feedback

**Background**

1. The purpose of this Brief is to provide a baseline status of the Building 5 operational commissioning program in advance of the establishment of a recurring fortnightly briefing meeting with you.



**Issues**

2. Performance of the operational commissioning program is monitored on a monthly basis through the following governance forums:
  - a. Operational Commissioning Project Control Group
  - b. Canberra Hospital Expansion Project Control Group
  - c. Canberra Hospital Expansion Project Board

**Key Milestones**

3. Key milestone activities forecasted for the next three months include:
  - a. Move Sequence Plan
  - b. Staff Leave Management Plan
  - c. Clinical Activity Plan
  - d. Training and education content modules
  - e. Education and training enrolment register
  - f. Supply and stock lists
  - g. Engagement of Relocation Consultant
  - h. Building User Guide
  - i. Move Command Centre Plan
  - j. DHR Readiness Checklist

**Recruitment**

4. The process of reviewing and updating the Position Descriptions of the roles targeted for recruitment in the Year 1 staffing profile is well progressed.
5. The Recruitment Agency and Immigration Panel, launched on 1 September 2023, will facilitate clinical recruitment for Building 5.
6. The profile for year 1 operations and recruitment timetable is noted in Table 1.

Table 1. Year 1 Opening Recruitment Profile

Service	Roles	FTE	Recruitment commences	Target commencement with CHS	Status
Medical Imaging	Radiographers	4.8	August 2023	May 2024	25%
	Registered Nurses	2.22	November 2023	May 2024	0%
	Administration	2.4	March 2024	June 2024	0%
Allied Health	Social Workers <sup>1</sup>	3.4	November 2023	May 2024	80%
Patient Support Services	Supervisors	4.5	March 2024	June 2024	0%
	Co-ordinators	2.3	March 2024	June 2024	0%
	Wards persons	11.3	March 2024	June 2024	0%
	Hospital Assistants	5.7	March 2024	June 2024	0%
	Central Equipment & Couriers	5	March 2024	June 2024	0%
Stores & Dock	Dock Manager	1	March 2024	June 2024	0%
	Stores persons	3	March 2024	June 2024	0%
	Supply Truck Driver	1.3	March 2024	June 2024	0%
Security	Security Officers	5	January 2024	May 2024	0%
Facilities Management	Facilities Operations Manager <sup>2</sup>	1	January 2024	May 2024	50%
	Facilities Coordinator <sup>2</sup>	1	January 2024	May 2024	50%
	Contracts Manager	1	January 2024	May 2024	0%
B12 Operating Theatre <sup>3</sup>	Nurses	14	January 2024	July 2024	0%
	Radiographer	1	January 2024	July 2024	0%
	Registrars	2.4	January 2024	July 2024	0%
	Administration (ASO, HSO, TO)	2.6	April 2024	July 2024	0%
<b>Total FTE</b>		<b>74.92</b>			

<sup>1</sup> Allied Health has recruited several graduates in advance of the opening of Building 5.

<sup>2</sup> Infrastructure Health Support Services have commenced recruitment of these roles and will fund the period of advanced commencement.

<sup>3</sup> The FTE classifications may be subject to change based on the determination of the types of procedures to be undertaken for the Division of Women Youth & Children to address the clinical risk assessment. The risk assessment is subject to revision and Executive endorsement.

## Risk Management

7. The operational commissioning program, governance, risk management, change management plan and stakeholder consultation plan was subject to an external audit in February 2023.
8. The audit report provided thirteen recommendations which have been tracked through the project risk register. The status of the treatments is summarised in Table 2.

**Table 2. External Audit Risk Treatments Status**

Report Finding		Treatment	Status
1	Develop an operational commissioning plan that focuses on the period from practical completion/Handover until the commencement of clinical services.	Develop a detailed <b>Building Activity Schedule</b> that identifies all stakeholder groups and activities requiring access to the facility in the period between Practical Completion and Go Live.	Complete
		Develop a <b>Building Management Protocol</b> for period between Practical Completion and Go Live for access, security, contracted services providers and emergency management procedures.	Complete
2	Develop a Go/No Go Assessment Framework that clearly articulates the process to commence clinical services in the CSB.	Revise the Operational Commissioning Program to bring forward the development of the <b>Go / No Go Assessments</b> from January 2024 to Quarter 2 2023.	Complete
3	Develop a readiness assessment process for handover of CSB and the readiness to commence the operational commissioning processes including checks that the FM Team and Executive are ready to take responsibility for the building management.	Develop a Facilities Management <b>Building Handover Readiness Checklist</b> that documents CHS's requirements to accept responsibility of the asset from MPC/Multiplex. Task identified in Operational Commissioning Program.	Complete
		Develop a <b>Hospital Commander Manual</b> for Executive on-call after hours and weekends. Task identified in Operational Commissioning Program.	Complete

Report Finding		Treatment	Status
4	Develop a readiness assessment process prior to the commencement of the early services, particularly the Sterilising Services, but also the Port and the Reception Hall.	Revise the Operational Commissioning Program to bring forward the development of the <b>Go / No Go Assessments</b> from January 2024 to Quarter 2 2023.	Complete
		Insert joint <b>Readiness Assessment Review</b> milestones with Executive, Clinical Directors and Super Users at 160 days, 100 days, 60 days. and 30 days pre-Go Live milestones. Tasks identified in Operational Commissioning Program.	Complete
5	Review the Service Transition (Relocation) deliverables and timelines to commence these activities earlier than planned.	Revise the Operational Commissioning Program to bring forward the procurement of the <b>Relocation Consultant</b> from October 2023 to Quarter 2 2023.	In progress
6	Identify the major decisions to be made from now until the commencement of services by CHS Executive, confirm who should endorse those decisions and who should make those decisions.	Develop <b>Go / No Go Framework</b> which documents the decision matrix for Operational Commissioning deliverables. Task identified in Operational Commissioning Program.	Complete
		<b>Go / No Go Assessment authority decision matrix.</b>	Complete
7	Engage a specialist to assist with the planning for the commissioning of the Sterilising Services in the CSB, the transfer of T-Doc/or development of alternative system and the move from the existing service to the new facility.	Develop resource strategy for the management of the cultural and technical change management program for Sterilising Services in addition to the Client Liaison Officer.	Complete
		ICT Project for T-Doc assigned to CHS Chief Information Officer to scope, procure, design, test and implement. Task identified in Operational Commissioning Program.	In progress
8	Complete the development of the Scenario and Simulation Plan (earlier than initially planned) by end of June 2023 and commence implementation.	Develop Scenario Test Plans with each Operational Readiness User Group (ORUG) for clinical and non-clinical services.	Complete
		Desktop scenarios will be executed progressively through Q3 2023. Scenarios which require on site simulation are scheduled to occur in June/July 2024.	Complete

Report Finding		Treatment	Status
9	There is a risk that staff shortages will limit the ability of CHS to release staff to undertake the appropriate training.	Revise the Operational Commissioning Program to bring forward the development and endorsement of the <b>Leave Management Plan</b> from Quarter 1 2024 to Quarter 2 2023 to maximise the availability of staff for training.	In progress
10	There is a risk that the new building layout will cause clinical safety risks related to the distance of Building 5 to the other Inpatient Units.	<b>Desktop Scenario Testing</b> to include time-in-motion studies for travel distances for patient journeys, material distribution and emergency responses (Code Black and Code Blue). Task identified in Operational Commissioning Program.	Complete
		<b>Clinical Scenario/Simulation Tests</b> to include Code Blue MET responses.	Complete
		Lift management strategy to be developed as part of the <b>Emergency Response Plans and Building User Guide</b> .	Complete
11	There is a risk that there will be a potential need to open up additional clinical spaces at short notice due to increased activity levels in the new hospital	<b>Year 1 Utilisation Footprint</b> endorsed at April 2023 OC PCG and briefed to Minister for Health.	Complete
			Complete
12	There is a risk for potential delay in responding to issues identified based on previous experience with the implementation of the Digital Health Record.	<b>Move Command Centre Plan</b> developed by Relocation Consultant.  <b>The Post Move Issues Management Procedure</b> is programmed for development and endorsement in October 2023.	Open
13	There is a risk that teams will work in isolation within their own department/work stream to manage change.	Insert joint <b>Readiness Assessment Review</b> milestones with Executive, Clinical Directors and Super Users at 160 days, 100 days, 60 days. and 30 days pre-Go Live milestones. Tasks identified in Operational Commissioning Program.	Complete

9. The risk register and changes to risk ratings and escalation items are reported to and monitored through the Canberra Hospital Expansion Project Risk Committee.
10. The Operational Commissioning Monthly Report denotes key items for escalation to the Project Control Groups and Board for the timely resolution for emerging issues.

#### Models of Service

11. The status register for the Building 5 Models of Service is outlined in Table 3. Consultation for document suites 8-11 is targeting completion by November 2023.

Table 3. Model of Service Schedule

#	Service	Consultation			Status
		Staff	Unions	Public	
1	Helipad Landing Site	✓	✓		Published
2	Family Respite Lounge	✓	✓	✓	Published
3	Dock	✓	✓		Published
4	Emergency Department	✓	✓	✓	Consultation complete. Final version prepared for Executive clearance to publish.
5	Intensive Care Unit	✓	✓	✓	Consultation
6	Perioperative Services	✓	✓	✓	Consultation
7	Cardiology	✓	✓	✓	Consultation
8	Building 5 Surgical Inpatients	✓	✓	✓	Executive clearance to proceed to consultation.
9	Medical Imaging	✓	✓		Executive clearance to proceed to consultation.
10	Clinical Training Facility	✓	✓		Drafting
11	Medical Emergency Team	✓	✓		Drafting
12	Building 5 Medicine Administration	✓	✓		Drafting

#### Emergency Department Paediatric Streaming

12. The current Emergency Department in Building 12 provides eight treatment spaces which flex between Fast Track and Acute Bays.
13. The Building 5 year 1 operations plan will activate the same profile, four Fast Track and four Acute treatment spaces. Additional surge capacity of four treatment spaces will be available, noting that there is no additional workforce for the surge spaces.
14. The Paediatric Short Stay will be used as the Adult Short Stay Unit, the year 1 operations plan. An infrastructure solution to separate the adult and paediatric patient cohorts in Paediatric Fast Track and Acute from the Adult use of the Short Stay beds is progressing through Project governance in September 2023.

#### Operating Theatres

15. Fixed infrastructure including Major Medical Equipment (MME) will be procured and installed in all theatre suites.

16. Furniture, Fittings and Equipment (FFE) will be procured and installed for:
  - a. 2 x Interventional Radiology Suites
  - b. 3 x Hybrid Theatres
  - c. 13 x Digital Operating Theatres
  - d. 23 x Stage 1 Post Anaesthetic Care Unit (PACU) Recovery Bays
  - e. 50 x combined Stage 2 and Stage 3 recovery bays and Extended Day Stay Unit Bays
17. The transfer Perioperative workforce supports the utilisation of thirteen theatres, across the 16 theatre suites available to be scheduled for procedures. The two Interventional Radiology Suites are a direct transfer from Building 12.
18. Resolution of the transfer of Endoscopy services with emergency and elective caesareans in the Building 12 theatre complex post go-live of Building 5 is a critical escalation item being determined by the Canberra Hospital Executive.

#### Paediatric Intensive Care Unit (ICU)

19. The recommendations from the Paediatric Expert Panel Review are pending. However, the Intensive Care Unit design provides four enclosed bays within a segregated compartment in a 12-bed ICU pod.
20. A total of 48 beds, divided into pods of 12 beds each will be fully commissioned for go-live.
21. The year 1 opening bed profile for ICU will open 36 ICU beds, compared with the current 39 beds. No additional FTE uplift is planned for ICU in the year 1 operations.

#### **Financial Implications**

22. Two Business Cases are planned for submission [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

#### **Consultation**

##### Internal

23. Sixteen Operational Readiness User Groups are active across clinical and non-clinical service streams which convene on a fortnightly basis.
24. Targeted communications with the Canberra Hospital team has occurred on the year 1 operations plan through the Chief Executive Officer Senior Managers Forum and Clinical Directors meetings.

Cross Directorate

25. The Canberra Hospital Expansion Project Board enables cross-directorate consultation on design, construction and operational commissioning.

External

26. The bi-monthly Union Engagement Forum commenced in December 2021.
27. The agreed items to be formally consulted with Unions are listed below:
  - a. Staffing Profiles – complete;
  - b. Recruitment Plan and Phased Recruitment Plan – complete;
  - c. Clinical Operations Plan – complete;
  - d. Service Transition Plan – complete;
  - e. Position Descriptions - in progress;
  - f. Models of Service /Care - in progress;
  - g. Change Management Plan - September 2023;
  - h. Orientation and Training Plan - - September 2023;
  - i. Operational Commissioning Scenario Test Plan – September 2023;
  - j. Decommissioning Plan – November 2023;
  - k. Building User Guide – December 2023; and
  - l. Service Transition Communication Plan – April 2024.

**Work Health and Safety**

28. Bi-monthly Work Health Safety Forums with Health Safety Representatives (HSR) and Divisional Management Representatives (DMR) commenced in December 2022.

**Sensitivities**

29. Campus Modernisation has engaged an ICT Integration Project Manager to assist ACT Health Digital Solutions Division (DSD) with the development of a detailed program forecasting the full spectrum of infrastructure, application and Digital Health Record (DHR) integration activities required for the sequence for Go Live of services.
30. A weekly meeting with key executives from DSD, CHS and Major Projects Canberra to focus on the remediation steps required to realign the program and resources with the overarching project milestones.
31. DSD additional requirements for resources are not yet known and cannot be fully qualified until the detailed program is complete which is targeted for end of September 2023.



**Communications, media and engagement implications**

32. A '*Building 5 Community Events and Activities Plan*' has been tabled to the September 2023 Operational Commissioning Project Control Group, which will be issued to your office for discussion.
33. A key pillar of the campaign will be a series of community events and activities designed to help familiarise people with the new building and inform them about the services that will be moving in and how to access them.
34. This plan provides a summary of events proposed and the governance arrangements to support the planning and design process to bring these events and activities to life over the next 12 months.

Action Officer: Vanessa Brady

Phone: 

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**From:** Murray, Ryan (Health) on behalf of CHS DLO  
**Sent:** Friday, 15 September 2023 9:18 AM  
**To:** Bransgrove, Meagen  
**Subject:** HSU Dot Points

OFFICIAL

Hi Meg,

From CHS:

Ongoing Bans

- *Commissioning of the LINAC Jervis Bay was completed prior to the bans coming into force.*
- *The ongoing action is not currently impacting on patient services as treatments continue to be managed using the 3 other LINACs*
- *There has been some minimal administrative impact, such as the inability to provide statistics on service delivery.*

Stop work – Tuesday, 19 September 2023

- *The HSU has advised of a planned stop work by Radiation Therapists at TCH from 14:35 to 15:45 on 19 September 2023.*
- *Discussions with the HSU and staff involved regarding the one-off stoppage indicate that sufficient safeguards are in place in the event of an emergency, and that all planned patient treatment will be managed around the stoppages without delaying treatment.*

Thanks,

Ryan Murray | Directorate Liaison Officer

Phone: 02 6205 5030 | [REDACTED] | Email: [CHSDLO@act.gov.au](mailto:CHSDLO@act.gov.au)

Office of Rachel Stephen-Smith MLA | Minister for Health

Officer of Emma Davidson MLA | Minister for Mental Health and Justice Health

Division of the Deputy Chief Executive Officer | Canberra Health Services | ACT Government

ACT Legislative Assembly, 196 London Circuit, Canberra, ACT | [canberrahealthservices.act.gov.au](http://canberrahealthservices.act.gov.au)

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.



**From:** Murray, Ryan (Health) on behalf of CHS DLO  
**Sent:** Wednesday, 11 October 2023 11:29 AM  
**To:** Bransgrove, Meagen  
**Subject:** RE: Medical Imaging Staffing - Advice

**OFFICIAL**

Hi Meg,

Medical Imaging advice is at the link below.

In relation to the Weston Creek Imaging Service, I can confirm the staffing profile included in the 2020-21 budget measure was provided to support the establishment of this service. Whilst the department was provided funding for the additional workforce, Medical Imaging staff participate in a rotating roster to cover services across Canberra Hospital and Weston Creek. There have been instances where the Weston Creek Imaging Service has been unable to service CT and ultrasound patients at the Community Health Centre due to planned and unplanned leave impacting the ability to cover all areas. The Medical Imaging team prioritise staffing for the Canberra Hospital to ensure there is no impact to service provision to the Emergency Department and inpatient wards. On these occasions, patient appointments were not cancelled, all patients were contacted and redirected to the Canberra Hospital to have their CT or ultrasound performed.

[REDACTED] No other increase in Medical Imaging staffing (and therefore capacity) has been progressed, in line with year one operations representing lift and shift of current capacity with only minor exceptions. If additional capacity is to be brought online, such as an additional MRI, this would require new staffing. [REDACTED]

Breakdown of the current Medical Imaging workforce profile is provided in the table below:

**Table 1: Medical Imaging Workforce Profile**

Profession	Classification	Total FTE
Radiographer	MI2	24
Advanced Radiographer	MI3	26
Radiology Team Leaders	MI4	2
CT Modality Lead	MI5	1
Sonographer	MI4	7.5
US Modality Lead	MI5	1
Radiologist	SSPEC	22
Registrar	REG	18
<b>Total Workforce FTE</b>		<b>101.5</b>

Thanks,

Ryan Murray | Directorate Liaison Officer, Acting Director of Government Relations

Phone: 02 6205 5030 | [REDACTED] | Email: [CHSDLO@act.gov.au](mailto:CHSDLO@act.gov.au)

Office of Rachel Stephen-Smith MLA | Minister for Health

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health

Division of the Deputy Chief Executive Officer | Canberra Health Services | ACT Government

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