

Response to question on notice

Questions on Notice Paper No 9

5 September 2025

Question No. 560

MR CAIN MLA: To ask the Minister for Health

- 1) Has Canberra Health Services received any formal complaints in the past five years relating to patient treatment within Canberra Hospital; if so, how many complaints were received.
- 2) What formal protocols are in place to guide hospital staff in responding to patient dignity concerns, and how is adherence to these protocols monitored and enforced.
- 3) What is the current policy or process for Canberra Hospital management to follow up with patients or their families after an adverse incident, including (a) whether there is a required timeframe for engagement, and (b) how compliance is monitored.
- 4) Is there an independent oversight mechanism to monitor and assess the practices of Allied Health teams within ACT public hospitals, including Canberra Hospital.
- 5) Is there an independent statutory review body with the power to investigate complaints made by patients or their families regarding treatment in public hospitals, and to direct hospitals to implement changes where necessary.
- 6) Does Canberra Hospital currently operate a patient feedback survey program following discharge; if so, how are complaints or negative responses actioned.
- 7) What steps have been taken to ensure patient hygiene and dignity are upheld in Canberra Hospital's Emergency Department and wards, particularly where staff shortages may limit the ability to assist patients with basic care needs such as toileting and hygiene management.
- 8) What is the current number of full-time equivalent registered nurses employed in Canberra Hospital's Emergency Department, including (a) changes in this figure over the past two years, and (b) steps the ACT Government is taking to address any identified shortages.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- 1) CHS advises that for the period 1 July 2020 to 30 June 2025, a total of 12,303 complaints were received across all services (not including North Canberra Hospital or Clare Holland House) and all

complaint types. Of these, 4,867 were themed as treatment related. However, it is not possible to break these down further (for example, into those that related to the way someone was treated or the clinical interventions they received).

- 2) CHS has the following documents to advise staff on responding to patient concerns:
 - a. Consumer Feedback Management Policy and Procedure. These documents outline the CHS process for managing consumer feedback, this includes receiving, recording and responding to feedback. The timeframes for responding to feedback vary between 24 hours and 35 working days, depending on the request. Compliance with the policy and procedure is monitored internally and measures include time frame of response, audit of responses provided and staff survey of feedback processes.
 - b. Patient and Family Escalation Process – Call and Respond Early (CARE) for patient safety procedure. The CARE program enables patients, their families and/or carers to call for assistance when they feel that the healthcare team has not fully recognised and responded to a patient’s deteriorating condition. The procedure guides staff on the program and how to respond to concerns raised. Compliance with the procedure is monitored internally through review of CARE notification data and review of patient outcomes.
- 3) The documents are available to staff on the CHS Policy and Guidance Documents Register and publicly available on the CHS Website through ‘About Us’, then ‘Policies and Guidelines’. In addition to the consumer feedback process CHS has an Open Disclosure Procedure in place. Open Disclosure is an open conversation between CHS staff and a consumer and/or their carer about harm (adverse incident) or potential harm that occurred whilst receiving healthcare. The procedure informs staff of the process to follow and is available to all staff on the CHS Policy and Guidance Document Register, and publicly available on the CHS website.

Open Disclosure is to be commenced as soon as possible when a consumer has experienced harm while receiving health care provided by CHS. Compliance with Open Disclosure is monitored internally, following a clinical incident resulting in death (Harm Score 1) or serious harm (Harm Score 2), and reported through internal governance committees.

- 4) CHS employs a wide range of allied health professionals who must maintain registration with the Australian Health Practitioner Regulation Agency (Ahpra), which governs scope of practice and investigates conduct concerns. For those allied professionals that are not registered with Ahpra, CHS requires these allied health professionals to be eligible for membership with their relevant professional association.

CHS has implemented an internal credentialing process for all allied health professionals, supported by the Allied Health Credentialing Committee chaired by the Executive Director of Allied Health with membership including senior allied health, medical, nursing, professional practice and HR leaders. The Committee reviews: credentialing applications; escalated clinical practice issues; and complaints from staff, applicants or external parties. All Allied Health staff are required to participate in clinical supervision to ensure safe, evidence-based care, skill development, and professional growth.

Please also see response to Question 5.

- 5) The ACT Human Rights Commission handles complaints about the provision of health services in the ACT and complaints about access to and integrity of health records in the ACT under the *ACT Health Records (Privacy and Access) Act 1997*. The role of the Health Services Commissioner (HSC) is to deal with complaints about health services and registered health practitioners in the ACT. Complaints about individual practitioners may be dealt with in conjunction with the Ahpra. The HSC encourages and assists health service users and providers to contribute to the review and improvement of health service quality.

- 6) Yes, CHS offers a variety of patient surveys throughout the year on a service/site specific and organisational level. In addition to this, post discharge, patients/carers are offered the Discharged Inpatient Survey based on the validated Australian Hospital Patient Experience Question Set. Survey feedback is anonymous, and the consumers' identity remains confidential, unless the consumer has requested a call back to discuss any feedback they wish to provide. If the consumer asks to be contacted directly and supplies their contact details, their feedback is referred to the Consumer Feedback and Engagement Team for review and appropriate follow-up.

All survey responses, including rates and free-text responses are reviewed and actioned through internal governance committees, including:

- Clinical governance, operational, and safety and quality committees
- Divisional, site and specialty specific governance committees
- Services or wards
- Specific working groups as required

- 7) Maintaining patient hygiene and the preservation of dignity remains a fundamental aspect of nursing and midwifery care, and it is expected that this care is prioritised for all patients, even during periods where staffing pressures are experienced. To ensure this happens and to support our valued nursing and midwifery teams in this, an Essential Care Project is currently being developed to identify barriers and collaborate with teams on practical solutions to ensure that basic care needs, such as toileting and hygiene are consistently met across the Canberra Hospital Emergency Department and wards.

8)

- a. The Canberra Hospital Emergency Department (ED) Registered Nurse FTE:

As of Date*	FTE
27 August 2025	217.18
28 August 2024	174.95
30 August 2023	160.09

*(Data sourced on the period pay date). Data includes Registered Nurses level 1 and 2. Does not include ENs or AINs. Data does not include North Canberra Hospital as the question was specific to Canberra Hospital.

- b. Recruitment to the ED at Canberra Hospital is a key priority for the Nursing and Midwifery Workforce Unit (NMWU). A comprehensive and sustained approach has been implemented over the past two years to address workforce shortages and support ongoing recruitment efforts. These initiatives include:

- Centralised Recruitment Model: A rolling advertisement for Registered Nurse Level 1 positions is maintained to continuously capture interest and fill ED vacancies as they arise.
- Targeted ED Recruitment Campaigns: Multiple ED-specific advertisements have been launched throughout the year, including:
 - Registered Nurse Level 1 – ED
 - Registered Nurse Level 1 – Foundations Program (designed to support nurses without ED experience through a structured 12-month development program)
 - Registered Nurse Level 2 – ED
 - Registered Nurse Level 3.1 – Advanced Practice Nurses
- New Graduate Placements: The number of new graduate placements in ED was increased for 2025 by five to support workforce sustainability and provide career pathways for early-career nurses.

- **Short-Term Agency Contracts:** These are utilised to temporarily fill vacancies where permanent recruitment has not yet been successful.
- **Visa Sponsorship:** sponsorship pathways have been offered to attract international candidates in instances where national recruitment efforts have not met workforce demand.
- **International Bulk Recruitment:** A large-scale international recruitment round was conducted in 2024 to support staffing needs prior to the opening of Building 5. Approximately 22 nursing staff were recruited to the ED as part of the international bulk recruitment round in 2024.
- **Engagement with Recruitment Providers:** The unit is currently seeking submissions from our recruitment panel of providers to supply further bulk recruitment of both international and national candidates for ED roles.

These strategies demonstrate a proactive and multifaceted effort to try and meet roster requirements within the ED, ensuring continuity of safe and effective patient care.

Approved for circulation to the Member and incorporation into Hansard.



Rachel Stephen-Smith MLA
Minister for Health

Date: 31/10/25

This response required 10 hrs 30 mins to complete, at an approximate cost of \$907.16