



**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

## Freedom of Information Publication Coversheet

The following information is provided pursuant to section 28 of the *Freedom of Information Act 2016*.

FOI Reference: CMTEDDFOI 2018-0175

Information to be published	Status
1. Access application	Published
2. Decision notice	Published
3. Documents and schedule	Published
4. Additional information identified	No
5. Fees	N/A
6. Processing time (in working days)	20
7. Decision made by Ombudsman	N/A
8. Additional information identified by Ombudsman	N/A
9. Decision made by ACAT	N/A
10. Additional information identified by ACAT	N/A

**From:** [REDACTED]  
**To:** [CMTEDD.FOI](#)  
**Subject:** Freedom of Information request  
**Date:** Wednesday, 25 July 2018 3:48:30 PM

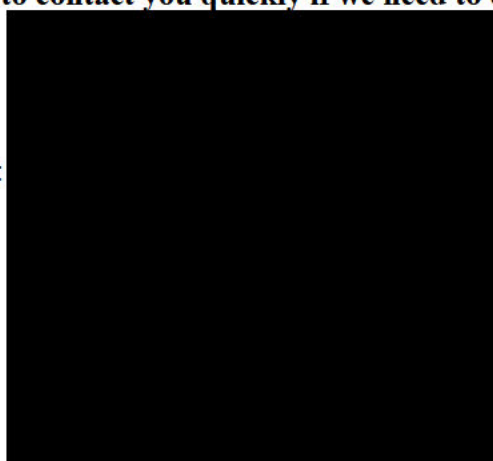
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Please find online enquiry details below. Please ensure this enquiry is responded to within fourteen working days.

### Your details

**All fields are optional, however an email address OR full postal address must be provided for us to process your request. An email address and telephone contact number will assist us to contact you quickly if we need to discuss your request.**

Title:  
First Name:  
Last Name:  
Business/Organisation:  
Address:  
Suburb:  
Postcode:  
State/Territory:  
Phone/mobile:  
Email address:



### Request for information

**(Please provide as much detail as possible, for example subject matter and relevant dates, and also provide details of documents that you are not interested in.)**

1) I received an email from [REDACTED] on the 6 March stating the following: " Hi [REDACTED] Following on from our telephone conversation yesterday, I have had discussions with [REDACTED] [REDACTED]. While the Commissioner notes your request for an audience, he is waiting on advice from Health Directorate to provide context to the broader issues associated with the Canberra Hospital and associated recruitment processes" Consequently, under the FOI Act 2016, I want to access the following documents: I would like to request ALL correspondence ( email and letters and minutes of meeting) between the [REDACTED] [REDACTED] ) and [REDACTED] ) between the dates of February 14th and March 30th. I request all attachments, fwds, replies and any other written data, between the parties, including information that was created outside these dates, but transmitted during these dates. 2) I want to access the briefing ,and any information (email, letters, or minutes) provided in the following document/s briefing or used to create the briefing, given by [REDACTED] [REDACTED] on or around the 15th February, and mentioned in [REDACTED] email of this date I would like the information officer to consider the following when deciding access: (v) allow or assist inquiry into possible deficiencies in the conduct or administration of an agency or public official; (vi) reveal or substantiate that an agency or public official has

Under the Freedom of Information Act 2016 I want to access the following document/s (\*required field):

engaged in misconduct or negligent, improper or unlawful conduct or has acted maliciously or in bad faith; (vii) advance the fair treatment of individuals and other entities in accordance with the law in their dealings with the government; (viii) reveal the reason for a government decision and any background or contextual information that informed the decision (xiii) contribute to the administration of justice generally, including procedural fairness; (xiv) contribute to the administration of justice for a person;

I do not want to access  
the following  
documents in relation  
to my request::

Thank you.  
Freedom of Information Coordinator



**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

Our ref: CMTEDDDFOI 2018-0175



via email: [REDACTED]

Dear [REDACTED]

### **FREEDOM OF INFORMATION REQUEST**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) on 25 July 2018, in which you sought access to:

1. All correspondence (email and letters and minutes of meeting) between the [REDACTED] and [REDACTED] [REDACTED] between the dates of February 14th and March 30th. I request all attachments, fws, replies and any other written data, between the parties, including information that was created outside these dates, but transmitted during these dates.
2. The briefing and any information (email, letters, or minutes) provided in the briefing or used to create the briefing, given by [REDACTED] and the [REDACTED] on or around the 15th February, and mentioned in [REDACTED] email of this date."

### **Authority**

I am an Information Officer appointed by the Director-General of CMTEDD under section 18 of the Act to deal with access applications made under Part 5 of the Act.

### **Timeframes**

In accordance with section 40 of the Act, CMTEDD is required to provide a decision on your access application by 22 August 2018.

### **Decision on access**

Searches were completed for relevant documents and 21 documents were identified that fall within the scope of your request.

I have decided to grant full access to 16 document and partial access to 5 documents. The information redacted in the documents I consider to be information that would, on balance, be contrary to the public interest to disclose under the test set out in section 17 of the Act.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those 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 accordance with section 54(2) of the Act a statement of reasons outlining my decision is below.

### **Statement of Reasons**

In reaching my access decision, I have taken the following into account:

- the Act;
- the content of the documents that fall within the scope of your request; and
- the *Human Rights Act 2004*.

### **Exemption claimed**

My reasons for deciding not to grant access to the identified documents and components of these documents are as follows:

#### Public Interest

The Act has a presumption in favour of disclosure. As a decision maker I am required to decide where, on balance, public interests lies. As part of this process I must consider factors favouring disclosure and non-disclosure.

In *Hogan v Hinch* (2011) 243 CLR 506, [31] French CJ stated that when 'used in a statute, the term [public interest] derives its content from "the subject matter and the scope and purpose" of the enactment in which it appears'. Section 17(1) of the Act sets out the test, to be applied to determine whether disclosure of information would be contrary to the public interest. These factors are found in subsection 17(2) and Schedule 2 of the Act.

Taking into consideration the information contained in the documents found to be within the scope of your request, I have identified that the following public interest factors are relevant to determine if release of the information contained within these documents is within the 'public interest'.

#### Factors favouring disclosure (Schedule 2.1)

- Promote open discussion of public affairs and enhance the government's accountability.

#### Factors favouring non-disclosure (Schedule 2.2)

- Prejudice the protection of an individual's right to privacy or other right under the *Human Rights Act 2004*.

Having considered the factors identified as relevant in this matter, I consider that release of information contained in these documents may promote open discussion of public affairs and enhance the government's accountability by allowing you to have a complete record of the interactions between the [REDACTED] and the steps taken to report and address an allegation.

However, when considering this finding against the factor favouring non-disclosure, I am satisfied that the protection of an individual's right to privacy, especially in the course of assisting in a line of enquiry with a government agency, is a significant factor as the parties involved have provided their personal information for the purposes of meeting obligations under relevant legislation which, in my opinion, outweighs the benefit which may be derived from releasing the personal information of the individual's involved in this matter. These individuals are entitled to expect that the personal information they have supplied as part of this process will be dealt with in a manner that protects their privacy. Considering the type of information to be withheld from release, I am satisfied that the factors in favour of release can still be met while protecting the personal information of the individuals involved.

I therefore weight the factor for non-disclosure more highly than the factor in favour of release in this instance. As a result, I have decided that release of this information (contacts names, email addresses and mobile phone numbers) could prejudice their right to privacy under the *Human Rights Act 2004*.

Having applied the test outlined in section 17 of the Act and deciding that release of personal information contained in the documents is not in the public interest to release, I have chosen to redact this specific information in accordance with section 50(2). Noting the pro-disclosure intent of the Act, I am satisfied that redacting only the information that I believe is not in the public interest to release will ensure the intent of the Act is met and will provide you with access to the majority of the information held by CMTEDD within the scope of your request.

Folios 24,27,31,33 and 39 of the identified documents contain 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.

### **Charges**

Pursuant to *Freedom of Information (Fees) Determination 2017 (No 2)* processing charges are not applicable for this request because the total number folio's to be released to you is below the charging threshold of 50 pages.

### **Online publishing – Disclosure Log**

Under section 28 of the Act, CMTEDD maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the CMTEDD disclosure log after 25 August 2018. Your personal contact details will not be published.

You may view CMTEDD disclosure log at:

<https://www.cmtedd.act.gov.au/functions/foi/disclosure-log>.

### **Ombudsman Review**

My decision on your access request is a reviewable decision as identified in Schedule 3 of the 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 CMTEDD 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)

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

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

Should you have any queries in relation to your request please contact me by telephone on 6207 7754 or email [CMTEDDFOI@act.gov.au](mailto:CMTEDDFOI@act.gov.au).

Yours sincerely,



Daniel Riley  
Information Officer  
Information Access Team  
Chief Minister, Treasury and Economic Development Directorate

22 August 2018





**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

## FREEDOM OF INFORMATION REQUEST SCHEDULE

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	Reference NO.
[REDACTED]	<p>1) I received an email from [REDACTED] on the 6 March stating the following: " Hi [REDACTED] Following on from our telephone conversation yesterday, I have had discussions with [REDACTED] While the Commissioner notes your request for an audience, he is waiting on advice from Health Directorate to provide context to the broader issues associated with the Canberra Hospital and associated recruitment processes" Consequently, under the FOI Act 2016, I want to access the following documents:</p> <p>I would like to request ALL correspondence ( email and letters and minutes of meeting) between the [REDACTED] ) and [REDACTED] between the dates of February 14th and March 30th. I request all attachments, fwds, replies and any other written data, between the parties, including information that was created outside these dates, but transmitted during these dates.</p> <p>2) I want to access the briefing ,and any information (email, letters, or minutes) provided in the briefing or used to create the briefing, given by [REDACTED] and [REDACTED] on or around the 15th February, and mentioned in [REDACTED] email of this date</p>	2018-0175

Ref No	Page number	Description	Date	Status	Reason for Exemption	Online Release Status
1	1-2	Email chain	03-Apr-2018	Full release	N/A	Yes
2	3-9	Email chain	29-Mar-2018	Full release	N/A	Yes
3	10-15	Email chain	29-Mar-2018	Full release	N/A	Yes
4	16-19	Email chain	29-Mar-2018	Full release	N/A	Yes
5	20	All Staff email	23-Mar-2018	Full release	N/A	Yes
6	21	Email chain	22-Mar-2018	Full release	N/A	Yes
7	22	Email chain	22-Mar-2018	Full release	N/A	Yes
8	23	Email chain	21-Mar-2018	Full release	N/A	Yes



9	24-25	Letter	19-Mar-2018	Partial release	Sch 2.2(a)(ii)	Yes
10	26	Email	20-Mar-2018	Full release	N/A	Yes
11	27-28	Email chain	18-Mar-2018	Partial release	Sch 2.2(a)(ii)	Yes
12	29-30	Email chain	13-Mar-2018	Full release	N/A	Yes
13	31-32	Email chain	09-Mar-2018	Partial release	Sch 2.2(a)(ii)	Yes
14	33	Email chain	08-Mar-2018	Partial release	Sch 2.2(a)(ii)	Yes
15	34	Email chain	07-Mar-2018	Full release	N/A	Yes
16	35	Email	06-Mar-2018	Full release	N/A	Yes
17	36	Email chain	05-Mar-2018	Full release	N/A	Yes
18	37	Email	05-Mar-2018	Full release	N/A	Yes
19	38	Email chain	05-Mar-2018	Full release	N/A	Yes
20	39-40	Email	02-Mar-2018	Partial release	Sch 2.2(a)(ii)	Yes
21	41	Email	27-Feb-2018	Full release	N/A	Yes
<b>Total No of Docs</b>						
21						

From: [REDACTED]  
To: [REDACTED]  
Cc: [REDACTED]  
Subject: Re: [REDACTED] [DLM=For-Official-Use-Only]

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Dear [REDACTED]

Thanks for this.

We might discuss the general issue of scope and boundaries of the various roles, and consider doing a brief paper on it to assist the understanding of the interactions; and to highlight any areas which may need to be clarified going forward.

We shd discuss when we are together.

I have copied [REDACTED] in as, subject to your and [REDACTED] views, it is something I might mention in passing at the Joint Council discussion next week.

Kind regards

[REDACTED]

Sent from my iPad

On 29 Mar 2018, at 8:33 am, [REDACTED] wrote:

Thanks [REDACTED]

As discussed and in line with the additional email I just sent to [REDACTED] and [REDACTED], Health will be responsible for coordinating the assessment of [REDACTED] original PID. As the complaint to the Chief Minister is about the same subject matter ([REDACTED] appointment), the information gleaned in the PID review will also assist the Commissioner in responding on behalf of the Chief Minister in due course.

[REDACTED] office is not involved in any of the related preliminary assessments following the various complaints by various doctors.

I hope this clarifies the situation, probably complicated by the change of DG and communication misunderstandings as a result.

Regards

[REDACTED]

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From: [REDACTED]

**Sent:** Thursday, 29 March 2018 8:57 AM

**To:** [REDACTED]

**Subject:** [REDACTED] [DLM=For-Official-Use-Only]

Hi [REDACTED]

As discussed, can you please confirm that the 2 attached documents are the responsibility for ACT Health to review not [REDACTED]?

Thanks and happy to discuss.



**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Re: confusion over PID [SEC=UNCLASSIFIED]  
**Date:** Thursday, 29 March 2018 7:01:44 PM

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Dear All

Just to clarify

The in person meeting 14/2/18 with [REDACTED] and [REDACTED] both providing documents, and statements as a PID was not solely that [REDACTED] PID was not investigated. [REDACTED] PID of early November was resnt in Dec including myself in the email. I replied and agreed with my own comments in email Dec 11, and am part of that PID.

[REDACTED] and I discussed other issues of patient safety and administration not just the orginial PID. This list included  
MRI equipment over 10 years old, in breach of accepted capital sensitivity, and likely ineligible for Medicare.  
No equipment replacement plan to address.  
Service contracts, mostly expired in May, not in place as required with scheduled preventative maintenance, may breach Medicare  
Appointment process of [REDACTED]  
Paediatric imaging rostering as inexperienced radiologists without fellowship or interst rostered, when experienced radiologists including with fellowship available, adversely affecting patients documented and communicated  
Exclusion of HOD from information and decisions as regards changes affecting patient safety, ignoring advice to improve patient safety  
Roster management leading to unreported studies, delays in reporting,RANZCR training program non compliance  
Risks to RANZCR training accreditation, and patient safety with unsupervised registrar days as an adverse patient safety

Kind regards  
[REDACTED]

On Thu, Mar 29, 2018 at 11:51 AM, [REDACTED] wrote:

Dear [REDACTED]

Thank you for the email.

I have many other separate emails to management ([REDACTED]) regarding concerns about patient safety and administration practices some resulting in adverse patient outcomes.

By their nature with these emails and followup verbal discussions, meeting notes occurring throughout 2017 and 2018 communicated to management, these would be additional public interest disclosures, referencing the public interest disclosure fact sheet 2017.?

Is this correct?

**I will provide the documents next week.**

Kind regards  
[REDACTED]

On Thu, Mar 29, 2018 at 9:25 AM, [REDACTED] wrote:

[REDACTED]

I have been speaking with [REDACTED] this morning following your multiple emails.

The original PID submitted to [REDACTED] by [REDACTED] is now being dealt with by [REDACTED] (through Health HR), who will be appointing an independent legal practitioner to look into the matter.

Your joint complaint to me on 14 /02/18 was that [REDACTED] PID had not been actioned. It is not a separate or new PID as the concerns are one in the same, ie the appointment of [REDACTED] and all that flows from that appointment.

Following that 14/02/18 meeting, [REDACTED] engaged in direct communication with Health Directorate, which has now resulted in the original ([REDACTED]) PID being investigated. This investigation will also provide advice to the Commissioner who will be responding on behalf of the Chief Minister in due course.

The separate preliminary assessments on various allegations between various doctors are not the domain of [REDACTED]. Again that is being dealt with by independently Health HR. ([REDACTED] is not conducting those PAs.)

Recruiting additional witnesses does not create additional PIDs when the subject matter is the same. (The appointed investigator will seek information from appropriate witnesses during their process). I refer you to Section 20 (f) & (g) of the PID Act.

Once again, allow the process to run its course.

[REDACTED]

---

**From:** [REDACTED]

**Sent:** Wednesday, 28 March 2018 5:24 PM

**To:** [REDACTED]

**Subject:** confusion over PID

Dear [REDACTED]

I spoke to [REDACTED] today.

She said that ACT Health is only investigating [REDACTED] original PID from the November 3rd to [REDACTED]

I wanted to ask who was investigating the public interest disclosure, handed to you on the 14th February and attached to this email, and also the email from [REDACTED] to you on that day

I would also include

- the conversations that [REDACTED] and I had with you on the day

- selected printed emails handed to you

- the email reply of [REDACTED] from 11th December, to the resent PID from [REDACTED] December

Could you tell me who is investigating these PIDs?

Also of concern to me, is that the ACT health PAs cannot audit email correspondence, according to [REDACTED].

I believe that the original PID was actively ignored, in addition to the appropriate repeated clinical advice in emails and meetings from the Radiologists regarding implementing standard diagnostic Breast protocols to improve patient safety.

best wishes

[REDACTED]

Dear [REDACTED]

1) I attach my Public interest disclosure, submitted to [REDACTED] by email on November 3rd

I followed up this email with further emails to [REDACTED] and his PA [REDACTED] and [REDACTED] on the 15th November. I also phoned up [REDACTED] on the 15th and documented our conversation

[REDACTED] also told [REDACTED] of the emailed public disclosure on the 24th of November and also emailed him on that day

I believe [REDACTED] also emailed [REDACTED] and [REDACTED] on the 13 December

[REDACTED] finally responded on the 22nd December, claiming that it had gone into his spam box.

I would like to disclose that maladministration continues with consequent risk to patients:



2) Mammography examinations are still performed without radiologist supervision. These are now obtained on Friday, and on one occasion Saturday

see RANZCR guidelines below

### “13.4.3 Review of Appropriateness of Request

The radiologist shall be readily contactable to discuss and, if necessary, alter the conduct of the imaging examination.

#### Indicators

1. Practice records show that the radiologist rostered for its mammography services is available to discuss the request and when necessary alter the conduct of the mammography examination.

### 13.4.4 Mammography Examinations

The radiologist shall be responsible for ensuring the implementation and adherence of appropriate written protocols to be followed by members of the imaging team.

The radiologist shall be available to personally attend the patient in order to alter the conduct of the examination.

#### Indicators

1.

Practice records show that the radiologist rostered for mammography services is available to personally attend the patient and/or direct the radiographer in relation to positioning that is consistent with the Mammography Quality Control Manual<sup>[48]</sup> protocols.

2.

Its professional supervision arrangements for mammography provide for the rostered radiologist being able to request repeat or additional projections (eg. magnification views) when these are required to achieve a diagnostic quality examination. “

3.

These guidelines are also applicable to the claiming of Medicare Benefits, but I believe that billing still continues, representing medicare fraud,

“according to the medicare benefits schedule- 1)Professional supervision

Mammography services (items 59300 to 59318) are not eligible for a Medicare

rebate unless the diagnostic imaging procedure is performed under the professional supervision of a:

(a) specialist in the specialty of diagnostic radiology who is available to

monitor and influence the conduct and diagnostic quality of the examination, and,

if necessary, to personally attend on the patient; or

(b) if paragraph (a) cannot be complied with:

(i) in an emergency; or

(ii) because of medical necessity in a remote location.

**Note: Practitioners do not have to apply for a remote area exemption in these circumstances.”**

This issue would be easily solved by either rostering a radiologist on, to supervise the Mammograms or better still, acquiring both the Mammograms and ultrasounds on the same day. This second option could be achieved by rostering 2 radiographers ( one for Mammograms and one for ultrasound) on the same day. This would be const neutral , more efficient and also more convenient for patients. This is standard practice throughout Australia

██████████ claims that this is impossible, yet there are 3 Mammography radiographers, one who also does Breast ultrasound. There are also at least 4 general sonographers available. It is very easy to put 2 radiographers on the 1 day.

The solution has been supported strongly by the ██████████.

This solution is resisted by ██████████ simply because it is less convenient for the radiographer, and he will back up his followers, rather than do the right thing.

C) Radiologists still have no control over protocoling patient examinations and the timing of future bookings

4. In addition I believe that ██████████ and ACT health are aware of my complaint/disclosure, but they have appointed ██████████ to perform a preliminary investigation of me, regarding a complaint. I received notice of this complaint on the 8th of February. Please see email correspondence from my solicitor ██████████. Can the commissioner please protect me from this intimidation

-----  
This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.  
-----

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]; [REDACTED]  
**Subject:** Re: confusion over PID [SEC=UNCLASSIFIED]  
**Date:** Thursday, 29 March 2018 11:52:47 AM

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Dear [REDACTED]

Thank you for the email.

I have many other separate emails to management ([REDACTED]) regarding concerns about patient safety and administration practices some resulting in adverse patient outcomes. By their nature with these emails and followup verbal discussions, meeting notes occurring throughout 2018 and 2018 communicated to management, these would be additional public interest disclosures, referencing the public interest disclosure fact sheet 2017.?

Is this correct?

I will provide the documents next week.

Kind regards

[REDACTED]

On Thu, Mar 29, 2018 at 9:25 AM, [REDACTED] wrote:

[REDACTED]

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The original PID submitted to [REDACTED] by [REDACTED] is now being dealt with by [REDACTED] (through Health HR), who will be appointing an independent legal practitioner to look into the matter.

Your joint complaint to me on 14 /02/18 was that [REDACTED] PID had not been actioned. It is not a separate or new PID as the concerns are one in the same, ie the appointment of [REDACTED] and all that flows from that appointment.

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Once again, allow the process to run its course.



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**From:** [REDACTED]  
**Sent:** Wednesday, 28 March 2018 5:24 PM  
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**Subject:** confusion over PID

Dear [REDACTED]

I spoke to [REDACTED] today.

She said that ACT Health is only investigating [REDACTED] original PID from the November 3rd to [REDACTED]

I wanted to ask who was investigating the public interest disclosure, handed to you on the 14th February and attached to this email, and also the email from [REDACTED] to you on that day

I would also include

- the conversations that [REDACTED] and I had with you on the day
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Could you tell me who is investigating these PIDs?

Also of concern to me, is that the ACT health PAs cannot audit email correspondence, according to [REDACTED].

I believe that the original PID was actively ignored, in addition to the appropriate repeated clinical advice in emails and meetings from the Radiologists regarding implementing standard diagnostic Breast protocols to improve patient safety.

best wishes

[REDACTED]

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I believe [REDACTED] also emailed [REDACTED] and [REDACTED] on the 13 December

[REDACTED] finally responded on the 22nd December, claiming that it had gone into his spam box.

I would like to disclose that maladministration continues with consequent risk to patients:

2) Mammography examinations are still performed without radiologist supervision. These are now obtained on Friday, and on one occasion Saturday

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**(a) specialist in the specialty of diagnostic radiology who is available to monitor and influence the conduct and diagnostic quality of the examination, and, if necessary, to personally attend on the patient; or**

**(b) if paragraph (a) cannot be complied with:**

**(i) in an emergency; or**

**(ii) because of medical necessity in a remote location.**

**Note: Practitioners do not have to apply for a remote area exemption in these circumstances.”**

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the 1 day.

The solution has been supported strongly by the [REDACTED]

This solution is resisted by [REDACTED] simply because it is less convenient for the radiographer, and he will back up his followers, rather than do the right thing.

C) Radiologists still have no control over protocoling patient examinations and the timing of future bookings

4. In addition I believe that [REDACTED] and ACT health are aware of my complaint/disclosure, but they have appointed [REDACTED] to perform a preliminary investigation of me, regarding a complaint. I received notice of this complaint on the 8th of February. Please see email correspondence from my solicitor [REDACTED]. Can the commissioner please protect me from this intimidation

-----  
This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.  
-----

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: confusion over PID [SEC=UNCLASSIFIED]  
**Date:** Thursday, 29 March 2018 9:25:50 AM

---

[REDACTED]

I have been speaking with [REDACTED] this morning following your multiple emails.

The original PID submitted to [REDACTED] by [REDACTED] is now being dealt with by [REDACTED] (through Health HR), who will be appointing an independent legal practitioner to look into the matter.

Your joint complaint to me on 14 /02/18 was that [REDACTED] PID had not been actioned. It is not a separate or new PID as the concerns are one in the same, ie the appointment of [REDACTED] and all that flows from that appointment.

Following that 14/02/18 meeting, [REDACTED] engaged in direct communication with Health Directorate, which has now resulted in the original ([REDACTED]) PID being investigated. This investigation will also provide advice to the Commissioner who will be responding on behalf of the Chief Minister in due course.

The separate preliminary assessments on various allegations between various doctors are not the domain of [REDACTED]. Again that is being dealt with by independently Health HR. ([REDACTED] is not conducting those PAs.)

Recruiting additional witnesses does not create additional PIDs when the subject matter is the same. (The appointed investigator will seek information from appropriate witnesses during their process). I refer you to Section 20 (f) & (g) of the PID Act.

Once again, allow the process to run its course.

---

**From:** [REDACTED]

**Sent:** Wednesday, 28 March 2018 5:24 PM

**To:** [REDACTED]

**Subject:** confusion over PID

Dear [REDACTED]

I spoke to [REDACTED] today.

She said that ACT Health is only investigating [REDACTED] original PID from the November 3rd to [REDACTED]

I wanted to ask who was investigating the public interest disclosure, handed to you on the 14th February and attached to this email, and also the email from [REDACTED] to you on that day

I would also include

- the conversations that [REDACTED] and I had with you on the day
- selected printed emails handed to you
- the email reply of [REDACTED] from 11th December, to the resent PID from [REDACTED] December

Could you tell me who is investigating these PIDs?

Also of concern to me, is that the ACT health PAs cannot audit email correspondence, according to [REDACTED].

I believe that the original PID was actively ignored, in addition to the appropriate repeated clinical advice in emails and meetings from the Radiologists regarding implementing standard diagnostic Breast protocols to improve patient safety.

best wishes

[REDACTED]

Dear [REDACTED]

1) I attach my Public interest disclosure, submitted to [REDACTED] by email on November 3rd

I followed up this email with further emails to [REDACTED] and his PA [REDACTED] and [REDACTED] on the 15th November. I also phoned up Courtney Attwood on the 15th and documented our conversation

[REDACTED] also told Mr Bone of the emailed public disclosure on the 24th of November and also emailed him on that day

I believe [REDACTED] also emailed [REDACTED] and [REDACTED] on the 13 December

Mr Bone finally responded on the 22nd December, claiming that it had gone into his spam box.

I would like to disclose that maladministration continues with consequent risk to patients:

2) Mammography examinations are still performed without radiologist supervision. These are now obtained on Friday, and on one occasion Saturday

see RANZCR guidelines below

### “13.4.3 Review of Appropriateness of Request

The radiologist shall be readily contactable to discuss and, if necessary, alter the conduct of the imaging examination.

Indicators

1. Practice records show that the radiologist rostered for its mammography services is available to discuss the request and when necessary alter the conduct of the mammography examination.

### 13.4.4 Mammography Examinations

The radiologist shall be responsible for ensuring the implementation and adherence of appropriate written protocols to be followed by members of the imaging team.

The radiologist shall be available to personally attend the patient in order to alter the conduct of the examination.

Indicators

1.

Practice records show that the radiologist rostered for mammography services is available to personally attend the patient and/or direct the radiographer in relation to positioning that is consistent with the Mammography Quality Control Manual<sup>[48]</sup> protocols.

2.

Its professional supervision arrangements for mammography provide for the rostered radiologist being able to request repeat or additional projections (eg. magnification views) when these are required to achieve a diagnostic quality examination. “

3.

These guidelines are also applicable to the claiming of Medicare Benefits, but I believe that billing still continues, representing medicare fraud,

**“according to the medicare benefits schedule- 1)Professional supervision Mammography services (items 59300 to 59318) are not eligible for a Medicare rebate unless the diagnostic imaging procedure is performed under the professional supervision of a:**  
**(a) specialist in the specialty of diagnostic radiology who is available to monitor and influence the conduct and diagnostic quality of the examination, and, if necessary, to personally attend on the patient; or**  
**(b) if paragraph (a) cannot be complied with:**  
**(i) in an emergency; or**  
**(ii) because of medical necessity in a remote location.**

**Note: Practitioners do not have to apply for a remote area exemption in these circumstances.”**

This issue would be easily solved by either rostering a radiologist on, to supervise the Mammograms or better still, acquiring both the Mammograms and ultrasounds on the same day. This second option could be achieved by rostering 2 radiographers ( one for Mammograms and one for ultrasound) on the same day. This would be const neutral , more efficient and also more convenient for patients. This is standard practice throughout Australia

██████████ claims that this is impossible, yet there are 3 Mammography radiographers, one who also does Breast ultrasound. There are also at least 4 general sonographers available. It is very easy to put 2 radiographers on the 1 day.

The solution has been supported strongly by the ██████████.

This solution is resisted by ██████████ simply because it is less convenient for the radiographer, and he will back up his followers, rather than do the right thing.

C) Radiologists still have no control over protocoling patient examinations and the timing of future bookings

4. In addition I believe that [REDACTED] and ACT health are aware of my complaint/disclosure, but they have appointed [REDACTED] to perform a preliminary investigation of me, regarding a complaint. I received notice of this complaint on the 8th of February. Please see email correspondence from my solicitor [REDACTED]. Can the commissioner please protect me from this intimidation

**From:** [Head Of Service](#)  
**To:** [###All Staff ACT Public Service](#)  
**Subject:** Changes to the ACT Health Directorate [SEC=UNCLASSIFIED]  
**Date:** Friday, 23 March 2018 5:11:10 PM



23 March 2018

A message from the Head of Service



### Changes to the ACT Health Directorate

Colleagues

With Canberra's third public hospital set to open in mid-2018 and growing demand to meet population growth, the ACT Government has decided to make a change to the ACT Health Directorate.

From 1 October 2018, the Health Directorate will be split into two organisations. One organisation will be responsible for clinical operations. It will focus on the operational delivery of quality health services to our growing community.

The second organisation will be responsible for strategic policy and planning stewardship of the ACT's health system. It will oversee the health system as a whole and set the strategic direction for health services, as well as provide health protection services and health promotion.

These changes will bring the ACT into line with other Australian jurisdictions.

Two new executive positions will be created to lead these organisations.

Both organisations will continue ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.

The ACT Health Director-General Nicole Feely has advised the government she will pursue new opportunities, having successfully led ACT Health over the past three years. Ms Feely has positioned the organisation to take this important next step in its transformation.

I join Ministers in thanking Ms Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health. Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.

Karen Doran will act as Director-General of ACT Health for the immediate period.

**Kathy Leigh**  
Head of Service

Follow us on





**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Fwd: Re:

---

Sent from my iPad

Begin forwarded message:

**From:** [REDACTED]  
**Date:** 22 March 2018 at 11:23:04 am AEDT  
**To:** [REDACTED]  
**Subject:** Re:

Dear [REDACTED]  
Thanks for your advice.  
I agree with the approach you are taking in utilising independent assessors.  
I look forward to your advice in due course.  
Kind regards  
[REDACTED]

Sent from my iPad

On 20 Mar 2018, at 4:22 pm, [REDACTED] wrote:

Dear [REDACTED],

Please see the attached letter from [REDACTED].

Best Regards,

[REDACTED]

From: [REDACTED]  
To: [REDACTED]  
Subject: Re:

---

Dear [REDACTED]  
Thanks for your advice.  
I agree with the approach you are taking in utilising independent assessors.  
I look forward to your advice in due course.  
Kind regards  
[REDACTED]

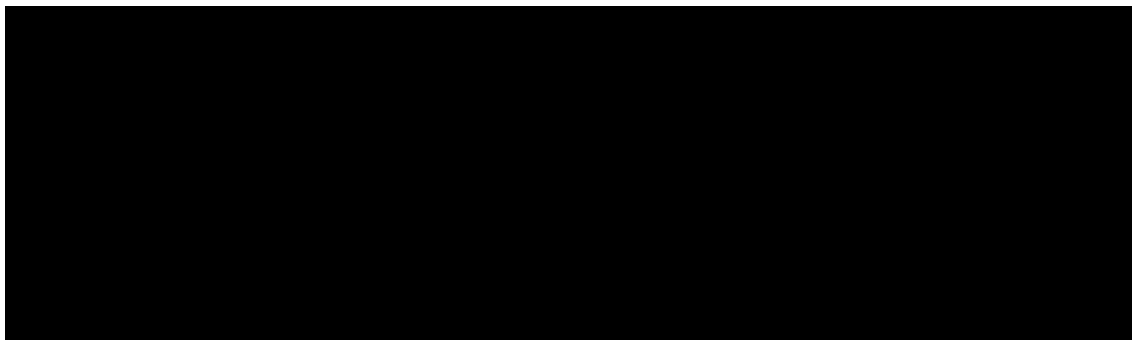
Sent from my iPad

On 20 Mar 2018, at 4:22 pm, [REDACTED] wrote:

Dear [REDACTED],

Please see the attached letter from [REDACTED]  
[REDACTED]

Best Regards,



**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Fwd: PID  
**Attachments:** [Letter from \[REDACTED\].pdf](#)  
[ATT00001.htm](#)

---

Hi [REDACTED]

FYI.

We can discuss tomorrow.

See you then

[REDACTED]

Sent from my iPad

Begin forwarded message:

**From:** [REDACTED]  
**Date:** 20 March 2018 at 4:22:47 pm AEDT  
**To:** [REDACTED]  
**Cc:** [REDACTED]

Dear [REDACTED],

Please see the attached letter from [REDACTED]  
[REDACTED]

Best Regards,

[REDACTED]



---

Office of the Director-General



Dear [REDACTED]

Thank you for your email dated 2 March 2018 in relation to a PID sent to [REDACTED] on 3 November 2017 by [REDACTED] and concerns that have been raised around [REDACTED] conducting a preliminary assessment for a complaint lodged against [REDACTED].

As you have stated, the PID was sent to [REDACTED] on 3 November 2017 and to date has not been actioned due to a number of issues that you are aware of. If you are agreeable ACT Health is proposing to conduct a preliminary assessment into this PID. I am looking to engage a legal practitioner to conduct this assessment on my behalf and provide me with a report following which I can then make a decision on any follow up action required.

In respect to the correspondence from [REDACTED] concerning a preliminary assessment being undertaken in relation to [REDACTED] I can provide the following information. The preliminary assessment is not as a result of [REDACTED] PID but instead is the result of a complaint made by [REDACTED] Sch 2 s2(a)(ii) [REDACTED] [REDACTED]. This preliminary assessment is not being conducted by [REDACTED] but is being undertaken by [REDACTED] who has recently commenced duty in ACT Health People and Culture Branch.

In addition [REDACTED] has made a complaint about Sch 2 s2(a)(ii) [REDACTED] [REDACTED] and ACT Health has sought to have a preliminary assessment undertaken in respect to this complaint. Again [REDACTED] is not conducting the preliminary assessment but it is being undertaken by [REDACTED], a solicitor with Mills Oakly.

If you have any further questions regarding any of these matters please contact



Yours sincerely



**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Date:** Tuesday, 20 March 2018 4:22:47 PM  
**Attachments:** [Letter from \[REDACTED\].RE- PID.pdf](#)

---

Dear [REDACTED],

Please see the attached letter from [REDACTED].

Best Regards,

[REDACTED]

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Fwd: Draft letter - Health matter [DLM=Sensitive]  
**Date:** Sunday, 18 March 2018 10:49:17 AM

---

Sent from my iPad

Begin forwarded message:

**From:** [REDACTED]  
**Date:** 28 February 2018 at 9:14:54 pm GMT-5  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Draft letter - Health matter [DLM=Sensitive]

Dear [REDACTED]

I look forward to meeting with you on 27 March 2018. In the interim, a matter has come to my attention to which you might be able to assist.

In correspondence dated 6 February 2018, **Sch 2 s2(a)(ii)** [REDACTED], wrote to the Chief Minister *et al*, alleging corruption at the Canberra Hospital as a result of the appointment of [REDACTED]. This complaint was referred to CMTEDD for a response.

On 8 February 2018, [REDACTED] (BAL Lawyers) wrote to [REDACTED] about concerns [REDACTED] had in relation to a preliminary assessment (PA) being conducted by [REDACTED] about her, believing the PA was a direct result of a 3 November 2017 PID she had submitted to [REDACTED], complaining about [REDACTED] recent appointment and alleging subsequent mismanagement of the Radiology Department as a result.

On 14 February 2018, [REDACTED] and [REDACTED] met with [REDACTED] (representing my office) for the purpose of disclosing a PID. The substance of their claimed PID was that the previous PID submitted to [REDACTED] on 3 November 2017 by [REDACTED], had not been actioned despite their numerous requests for feed-back (emails were provided to support their claim). At the same meeting both doctors presented an unsigned letter addressed to myself relating to the appointment of [REDACTED]. In essence this letter contained similar allegations to the **Sch 2 s2(a)(ii)** letter above, focussing entirely on the appointment of [REDACTED].

Preliminary enquiries through Health HR resulted in a response from [REDACTED], who advised that the original PID had not been actioned; it had been recovered from his spam filter on 22 December 2017 and he had advised [REDACTED] that he would get back to her in due course. As at 14 February 2018, [REDACTED] advised that [REDACTED] had not received a response.



It would seem the complaint to my office relates to a lack of perceived action regarding the original PID submitted to DDG Bone in November 2017. Are you able to provide advice as to what actions Health Directorate intend taking in relation to that alleged PID and whether there has been any further communication between [REDACTED] and [REDACTED]?

I would appreciate your earliest advice in order that I might respond to [REDACTED] and [REDACTED] and also on behalf of the Chief Minister.

Thank you for considering this matter.

Regards

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Re: Complaint re Radiology Dept [DLM=Sensitive: Personal]  
**Date:** Tuesday, 13 March 2018 3:53:55 PM

---

Hi [REDACTED]

Thank you for your advice

I forgot to mention, although you may already know, that the position was advertised 3 times. not twice

The first time, it was advertised at 137 415 dollars as chief of clinical operations. Please see below from gazette April 2017

My understanding is that was longstanding remuneration of the position.

Then the position was upgraded to 270 000, level executive 2.6, for the 2nd advertisement

That is an extraordinary change in remuneration and promotion for the same position

best wishes

[REDACTED]

Health

Selection documentation for the following positions may be downloaded from

<http://www.health.act.gov.au/employment>.

Apply online at <http://www.health.act.gov.au/employment>

Canberra Hospital and Health Services

Chief of Clinical Operations

Imaging Director of Medical Imaging

Senior Officer Grade A \$137,415, Canberra (PN: 27405) Gazetted: 6 April 2017

Closing Date: 20 April 2017

Details: About us: ACT Health is a values-led Directorate. Our values guide our day to day actions, behaviours, decisions and communications to successfully deliver the best services to meet the needs of our community.

They were developed by us, for us and are unique to our work. Overview of the work area and position: The Director of Medical Imaging is responsible to the Executive Director Canberra Hospital and Health Services for the operational leadership and management of the Medical Imaging department and to develop, support, and supervise teams and individuals in order to provide high quality, efficient, professional and friendly services to patients and referrers whilst achieving business and clinical goals and targets. This includes managing the Department's budget. Eligibility/Other Requirements: Professional experience in a similar or related environment; experience in leadership and management of multi disciplinary teams; experience in developing and maintaining key internal and external stakeholder relationships; demonstrated operational, financial and business acumen; demonstrated knowledge of quality, safety and risk in a health care setting or similar. Prior to commencement successful candidates will be required to undergo a pre-employment Police check.

Contact Officer: Tonia Alexander (02) 6244 2169 [tonia.alexan](mailto:tonia.alexan)

On 6 Mar. 2018, at 12:59 pm, [REDACTED] wrote:

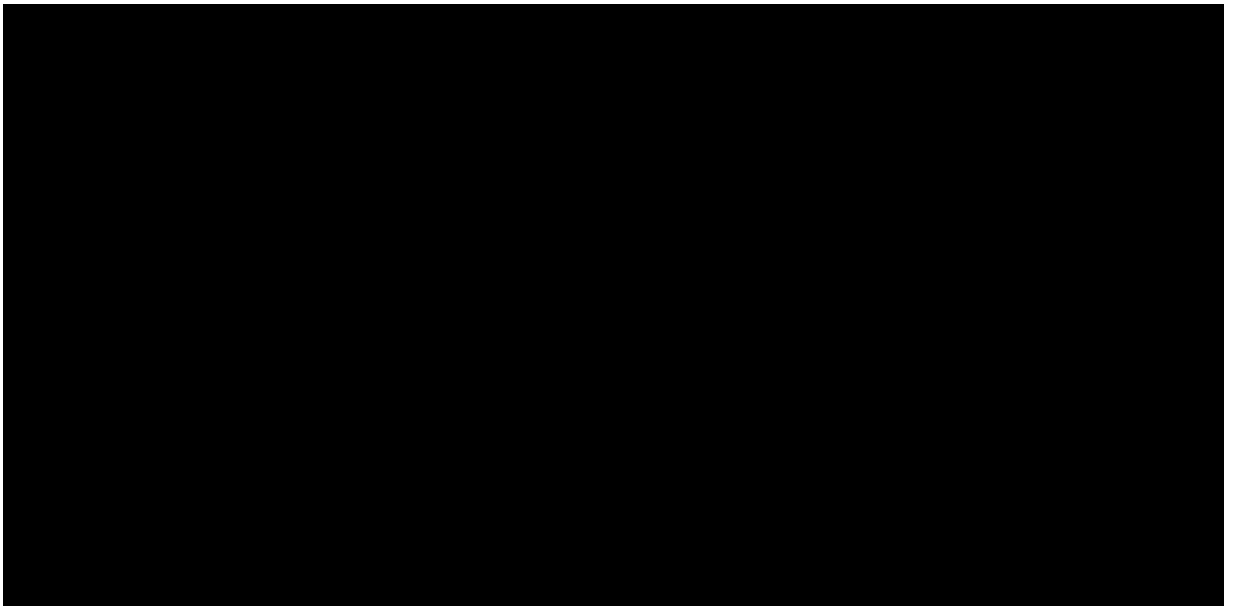
Hi [REDACTED]

Following on from our telephone conversation yesterday, I have had discussions with [REDACTED]. While [REDACTED] notes your request for an audience, he is waiting on advice from Health Directorate to provide context to the broader issues associated with the Canberra Hospital and associated recruitment processes.

Following that advice, the Commissioner may seek further information, at which time a meeting can be facilitated.

[REDACTED] has also been briefed on the request from [REDACTED] to meet with you, based on the information you provided yesterday. In line with my advice, [REDACTED] supports the notion that direct communication often results in the resolution of issues and you are therefore encouraged to take advantage of [REDACTED] invitation.

In the interim, please allow the process to take its course.



**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** RE: Introductory meeting - [REDACTED] [SEC=UNCLASSIFIED]  
**Date:** Friday, 9 March 2018 9:47:38 AM

---

Hi Ian

Your day for Tuesday 10 April currently is:

- 11-11.30AM – Introductory meeting with [REDACTED] (Woden)
- 12-12.30PM – Introductory meeting with [REDACTED] (Dickson)
- 1PM – Joint Council (Nara Centre)

Are you attending the entire Joint Council meeting? If you would like more time between meetings I can reschedule the meeting with [REDACTED] as I suspect it would be easier to find a new time with him rather than with [REDACTED].

Kind regards

[REDACTED]

-----Original Message-----

From [REDACTED]  
Sent: Thursday, 8 March 2018 6:05 PM  
To: [REDACTED]  
Subject: Re: Introductory meeting - [REDACTED]

hi [REDACTED]

Can you double check this one pls.

My phone diary is showing [REDACTED] at 11.30-12.00, and I also have the ACT joint council meeting at 1pm (with [REDACTED] was going to attend too) Thanks [REDACTED]

Sent from my iPad

> On 6 Mar 2018, at 12:20 pm, [REDACTED] wrote:

>

> Good afternoon

>

> This meeting has been scheduled to introduce [REDACTED] to [REDACTED]  
[REDACTED] newly appointed [REDACTED].

>

> Kind regards,

[REDACTED]

>

>

>

>

>

>

>

> <ATT30676>

> <meeting.ics>

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Re: Introductory meeting - [REDACTED]

---

hi [REDACTED]

Can you double check this one pls.

My phone diary is showing [REDACTED] at 11.30-12.00, and I also have the ACT joint council meeting at 1pm (with [REDACTED] was going to attend too)

Thanks

[REDACTED]

Sent from my iPad

> On 6 Mar 2018, at 12:20 pm, [REDACTED] wrote:

>

> Good afternoon

>

> This meeting has been scheduled to introduce [REDACTED] to [REDACTED] newly appointed [REDACTED]

>

> Kind regards,

[REDACTED]

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Fwd: Complaint re Radiology Dept [DLM=Sensitive: Personal]

---

Hi [REDACTED]  
Well done on this.  
Thanks  
[REDACTED]

Sent from my iPad

Begin forwarded message:

**From:** [REDACTED]  
**Date:** 6 March 2018 at 12:59:51 pm AEDT  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject: Complaint re Radiology Dept [DLM=Sensitive: Personal]**


Hi [REDACTED]

Following on from our telephone conversation yesterday, I have had discussions with [REDACTED]. While [REDACTED] notes your request for an audience, he is waiting on advice from Health Directorate to provide context to the broader issues associated with the Canberra Hospital and associated recruitment processes.

Following that advice, [REDACTED] may seek further information, at which time a meeting can be facilitated.

[REDACTED] has also been briefed on the request from [REDACTED] to meet with you, based on the information you provided yesterday. In line with my advice, [REDACTED] supports the notion that direct communication often results in the resolution of issues and you are therefore encouraged to take advantage of [REDACTED] invitation.

In the interim, please allow the process to take its course.

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Complaint re Radiology Dept [DLM=Sensitive: Personal]  
**Date:** Tuesday, 6 March 2018 12:59:51 PM

---

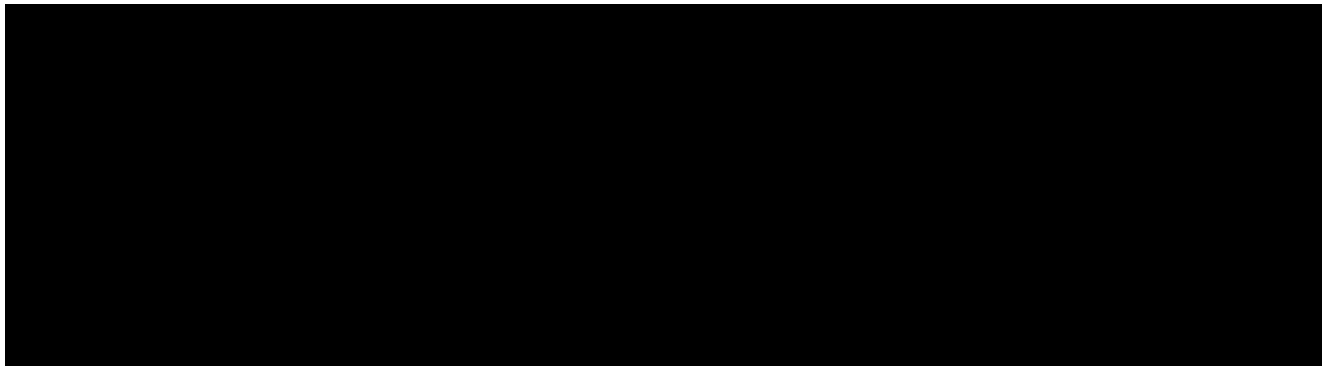
Hi [REDACTED]

Following on from our telephone conversation yesterday, I have had discussions with [REDACTED] [REDACTED]. While [REDACTED] notes your request for an audience, he is waiting on advice from Health Directorate to provide context to the broader issues associated with the Canberra Hospital and associated recruitment processes.

Following that advice, [REDACTED] may seek further information, at which time a meeting can be facilitated.

[REDACTED] has also been briefed on the request from [REDACTED] to meet with you, based on the information you provided yesterday. In line with my advice, [REDACTED] supports the notion that direct communication often results in the resolution of issues and you are therefore encouraged to take advantage of [REDACTED] invitation.

In the interim, please allow the process to take its course.





**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** RE: The canberra hospital public interest disclosure [SEC=UNCLASSIFIED]  
**Date:** Monday, 5 March 2018 1:04:07 PM

---

Agree, he rang me earlier this morning.  
It would be preferable to have input from Health first in order to have some sort of context.  
We can discuss tomorrow and I'll update you on the conversation....

---

**From:** [REDACTED]  
**Sent:** Monday, 5 March 2018 1:00 PM  
**To:** [REDACTED]  
**Subject:** Fwd: The canberra hospital public interest disclosure

Hi [REDACTED]  
Pls see below.  
I think we shd await advice from Health.  
We can get back in touch with [REDACTED] once we get an update?  
If you agree, could you pls prepare a draft response for consideration.  
If you wld suggest an alternative approach, pls let me know.  
Thanks  
[REDACTED]

Sent from my iPad

Begin forwarded message:

**From:** [REDACTED]  
**Date:** 5 March 2018 at 12:35:11 pm AEDT  
**To:** [REDACTED]  
**Subject:** The canberra hospital public interest disclosure

Dear [REDACTED]

Thank you for investigating our public interest disclosure

I believe your [REDACTED], has let you know that we would like to meet with you.

[REDACTED], clinical director at TCH medical imaging, myself and [REDACTED] would like to request an appointment with you as soon as possible. We are under a lot of stress due to the PID, and finding it difficult to perform our duties at work

Kind regards,  
[REDACTED]

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** The canberra hospital public interest disclosure  
**Date:** Monday, 5 March 2018 12:35:20 PM

---

Dear [REDACTED]

Thank you for investigating our public interest disclosure

I believe your chief investigator, [REDACTED], has let you know that we would like to meet with you.

[REDACTED], clinical director at TCH medical imaging, myself and [REDACTED] would like to request an appointment with you as soon as possible. We are under a lot of stress due to the PID, and finding it difficult to perform our duties at work

Kind regards,

[REDACTED]

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Fwd: The canberra hospital public interest disclosure

---

Hi [REDACTED]

Pls see below.

I think we shd await advice from Health.

We can get back in touch with [REDACTED] once we get an update?

If you agree, could you pls prepare a draft response for consideration.

If you wld suggest an alternative approach, pls let me know.

Thanks

[REDACTED]

Sent from my iPad

Begin forwarded message:

**From:** [REDACTED]  
**Date:** 5 March 2018 at 12:35:11 pm AEDT  
**To:** [REDACTED]  
**Subject:** The canberra hospital public interest disclosure

Dear [REDACTED]

Thank you for investigating our public interest disclosure

I believe your [REDACTED], has let you know that we would like to meet with you.

[REDACTED], clinical director at TCH medical imaging, myself and [REDACTED] would like to request an appointment with you as soon as possible. We are under a lot of stress due to the PID, and finding it difficult to perform our duties at work

Kind regards,

[REDACTED]

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Health matter [DLM=Sensitive]  
**Date:** Friday, 2 March 2018 9:37:31 AM

---

Dear [REDACTED]

I look forward to meeting with you at a time that suits. In the interim, a matter has come to my attention which would be best advanced to allow the timely consideration of the issues.

By way of background, on 14 February 2018, [REDACTED] and [REDACTED] met with [REDACTED] (representing my office) for the purpose of disclosing a PID. The substance of their claimed PID was that the previous PID submitted to [REDACTED] on 3 November 2017 by [REDACTED], had not been actioned despite their numerous requests for feed-back (emails were provided to support their claim). At the same meeting both doctors presented an unsigned letter addressed to myself relating to the appointment of [REDACTED]. In essence this letter contained similar allegations to the <sup>Sch 2 s2(a)(ii)</sup> [REDACTED] letter above, focussing on the appointment of [REDACTED].

Preliminary enquiries through Health HR resulted in a response from [REDACTED], who advised that the original PID had not been actioned; it had been recovered from his spam filter on 22 December 2017 and he had advised [REDACTED] that he would get back to her in due course. As at 14 February 2018, [REDACTED] advised that [REDACTED] had not received a response.

It would seem the complaint to my office relates to a lack of perceived action regarding the original PID submitted to [REDACTED] in November 2017. It would be helpful if you were to provide advice as to the actions Health Directorate is taking, or intends to take, in relation to that alleged PID and whether there has been any further communication between [REDACTED] and [REDACTED].

I also mention that in related correspondence, on 8 February 2018, [REDACTED] (BAL Lawyers) wrote to [REDACTED] about concerns [REDACTED] had in relation to a preliminary assessment (PA) being conducted by [REDACTED] about her, believing the PA was a direct result of the 3 November 2017 PID she had submitted to [REDACTED], that complained about [REDACTED] recent appointment and alleged subsequent mismanagement of the Radiology Department as a result. Further, in correspondence dated 6 February 2018, <sup>Sch 2 s2(a)(ii)</sup> [REDACTED] wrote to the Chief Minister *et al*, alleging corruption at the Canberra Hospital as a result of the appointment of [REDACTED]. This complaint was referred to CMTEDD for a response and any advice you provide in relation to the PID matter above, is likely to assist in this regard.

I would appreciate your earliest advice in order that I might respond to [REDACTED] and [REDACTED], and to assist CMTEDD in responding on behalf of the Chief Minister.

Thanks for your consideration.

Kind regards

[REDACTED]  
[REDACTED]

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** FW: [REDACTED] - ACT Health [DLM=Sensitive: Personal]  
**Date:** Tuesday, 27 February 2018 11:54:55 AM  
**Attachments:** [REDACTED] - [ACT Health.vcf](#)

---

Hi [REDACTED]

This is the contact details for [REDACTED].

