

2023-24 Local Hospital Network Service Level Agreement

An agreement between the

ACT Minister for Health

and the

ACT Local Hospital Network

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Approval to the Service Level Agreement

This ACT Local Hospital Network (LHN) Service Level Agreement (SLA) has been developed in accordance with the *National Health Reform Agreement 2020-25 (the 2020-25 NHRA)* and the *Health (National Health Funding Pool and Administration) Act 2013 (ACT) (the Health Funding Act)* and is administered by the ACT Minister for Health (the Minister).

Signed by:



Catherine Rule
Director-General
ACT Health Directorate

Date: 03/08/ 2023

Approved by:



Rachel Stephen-Smith MLA
ACT Minister for Health

Date: 28 / 8 / 2023

Introduction

The ACT Government manages system-wide public hospital and health service delivery, planning and performance, including the purchase of public hospital and health services and capital planning. The ACT Government’s vision, as outlined in the *Framework for the Public Health System 2020-2030* (the Framework), is for a public health system that is accessible, accountable, and sustainable.

- *Accessible: providing the right service, at the right time, in the right place, by the right team – every time;*
- *Accountable: robust and transparent decision making that supports the health system; and*
- *Sustainable: strategic investment to support health services now and into the future.*

The Framework outlines a number of strategic priorities and objectives to be delivered by the ACT Health Directorate (ACTHD) to guide the development of future health services across the public healthcare system, as depicted in the table below.

Table 1: Key strategic priorities

HIGH PERFORMING AND SAFE HEALTH SYSTEM		
PERSON-CENTRED SERVICES; SAFE EFFECTIVE CARE		
<p style="text-align: center;">Strategic Goal 1:</p> <p style="text-align: center;">Access</p>	<p style="text-align: center;">Strategic Goal 2:</p> <p style="text-align: center;">Accountability</p>	<p style="text-align: center;">Strategic Goal 3:</p> <p style="text-align: center;">Sustainability</p>
<p>Providing the right service, at the right time, in the right place, and by the right team — every time</p>	<p>Robust and transparent decision making that supports the health system</p>	<p>Strategic investment to support health services now and into the future</p>
<p style="text-align: center;">Key strategies:</p> <ul style="list-style-type: none"> • Territory Wide Health Services Strategy • Building Health Services Program • ACT Regional Mental Health and Suicide Prevention Plan 	<p style="text-align: center;">Key strategies:</p> <ul style="list-style-type: none"> • Workforce Strategy • Quality Strategy • Performance, Reporting and Data Management Strategy 	<p style="text-align: center;">Key strategies:</p> <ul style="list-style-type: none"> • Digital Health Strategy • Research Strategy • ACT Preventive Health and Wellbeing Plan

ACTHD enacts the Framework through its [Strategic Plan 2020-25](#) alongside key policy documents such as the [ACT Health Quality Strategy 2018-2028](#) and the [ACT Health Services Plan 2022-2030](#).

The ACT Health Services Plan sets a roadmap for the years 2022-2030 for redesign, investment and redevelopment of health services funded by the ACT Government. It also sets out ACT Government priorities for working with Australian Government funded health services, private providers, primary care and allied health services in planning for the future.

This SLA, between the Minister and the Director-General of ACTHD, formalises the performance framework, activity, and funding levels for the ACT LHN for 2023-24.

This SLA supports the objectives of the *Health Act 1993 (ACT)*, to achieve health care principles that have regard to the following:

- a) to improve the efficiency, effectiveness, and quality of health services;
- b) to guarantee equitable access to and participation in health services and to ensure language and culture differences are not barriers to such access or participation;
- c) to maintain a strong and viable public hospital system and a full range of community health services;
- d) to support worker and community participation in the development of policies for the delivery of health services;
- e) to ensure that the community is aware of the range of health services available, and patients have information that is sufficient to enable them to make informed choices;
- f) to foster disease prevention and primary health care; and
- g) to cooperate with community groups in the provision of health services.

Fundamental to the success of this SLA is a strong collaboration between the Minister for Health, the Minister for Mental Health and Justice Health, ACTHD, the ACT LHN service providers, including Canberra Health Services (CHS) and the broader ACT public health system, to achieve the best health outcomes for the community from available resources.

This SLA is in effect for the financial year 1 July 2023 to 30 June 2024.

Legislation, National Agreements, and Governance

Legislation

The LHN activity is bound by the following legislation:

- *Health Act 1993 (ACT)*
- *Financial Management Act 1996 (ACT)*
- *Health (National Funding Pool and Administration) Act 2013 (ACT)*

National Health Reform Agreement

This SLA is established in accordance with requirements of *the 2020-25 NHRA* and *the Health Funding Act*. The *2020-25 NHRA* requires state and territory governments, as the system managers of public hospitals, to establish service agreements with each LHN that covers:

- the number and broad mix of services to be provided by the LHN;
- the quality and service standards that apply to services delivered by the LHN, including the *Performance and Accountability Framework* and *Australian Health Performance Framework*;
- the level of funding to be provided to the LHN; and
- the teaching, training, and research functions to be undertaken at the LHN level.

This SLA is established to give effect to the objectives and priorities of the ACT Government for the ACT public health system as documented in the ACT 2023-24 Budget papers.

This SLA is also established consistent with the objectives and priorities of the ACT-NSW Memorandum of Understanding (MOU) for Regional Collaboration.

The ACT Government is committed to delivering person and family-centred, safe, and effective care, with the appropriate health infrastructure to meet the future needs of the ACT and surrounding region. This is supported by creating a transparent and accountable approach to health service delivery in the ACT, improved health service performance and system capacity within the funding provided.

Funding Arrangements

The *2020-25 NHRA* provides for a continuation of existing public hospital funding arrangements, through which the Australian Government's annual funding contribution is its prior year contribution plus 45 per cent of the efficient growth in the price and volume of activity. Annual growth in total Australian Government funding is capped at 6.5 per cent.

ACT Financial Management Standards

In accordance with Section 54 of the *Financial Management Act 1996 (Act)*, the ACT LHN must manage its budget, to be accountable for the efficient and effective financial management. Accordingly, the LHN has strong financial management and accountability, demonstrated through:

- *Director-General Instructions*; and
- *Australian Accounting Standards*

Governance

The ACT's health system comprises a network of public, private, and not-for-profit services that collectively seek to improve health outcomes for all Canberrans. The health system provides a full range of services, from population and primary health services, community to secondary and tertiary clinical services.

Roles and Responsibilities

ACT Public Health System

Our public hospitals and community health services deliver services in the context of the broader ACT health system which also comprises services delivered by non-government organisations (NGOs) funded by the ACT Government and other sources, Capital Health Network, general practice, and a range of private hospitals and health services. A shared goal of the ACT health system is to ensure that the people within the ACT region maintain optimal health and are provided with the safest care and best experience possible as consumers of the ACT health system.

For the purposes of this SLA, the high-level accountabilities of the Minister, ACTHD and health service providers are summarised below.

Minister for Health

The ACT LHN is managed in accordance with Section 14 of the *Health Funding Act*, which requires "the Treasurer must, under the *Financial Management Act*, dictionary, definition of directorate, paragraph (b), establish and keep a directorate (the ACT LHN Directorate) for this Act". The Minister is the responsible Minister of the Territory for the *Health Funding Act*, with responsibility to report to the National Health Funding Pool (NHFP) Administrator (the Administrator) in relation to expenditure and performance. This includes amounts paid, the basis for those payments, the number of services calculated on activity-based funding and the number of other services also funded.

In accordance with the *Administrative Arrangements 2022 (No. 2) NI2022-697*, made under the *Public Sector Management Act 1994 (Act)*, the Minister is responsible for a range of functions delivered by ACTHD and CHS:

Matters applicable to ACTHD:

Aged care and rehabilitation policy
Cancer policy
Child health development
Commissioning health services
Community health policy and programs (excluding mental health and justice health)
Digital health
Drug and alcohol policy and programs
Health infrastructure planning
Health protection and population health
Health research and innovation policy and programs
Health services planning and policy (excluding mental health and justice health)
Health system policy, planning and performance monitoring
Local hospital network arrangements
Regulation of health services.

Matters applicable to CHS:

Health services and facilities operated by the ACT Government (excluding mental health and justice health).

Minister for Mental Health and Minister for Justice Health

In accordance with the *Administrative Arrangements 2022 (No.2) NI2022-697*, the Minister for Mental Health, and Minister for Justice Health, is responsible for a range of functions delivered by ACTHD and CHS, these include:

Matters applicable to ACTHD:

Mental health (Coordinator-General)
Mental health policy

Matters applicable to CHS:

Mental health services, facilities and programs operated by the ACT Government
Justice health policy
Justice health services, facilities and programs operated by the ACT Government.

Director-General, ACT Health Directorate

The Director-General is responsible, under obligations that arise under the Territory's framework for the responsibilities of Director-General, to Ministers for the performance of ACTHD and ACTHD Executive, including ensuring that the ACTHD Executive is performing and exercising the functions and powers of ACTHD. In line with this responsibility, the Director-General is assigned several functions and powers to guide, monitor and manage ACTHD in undertaking its functions and powers, including:

- whole of territory health strategy and policy, monitoring of system performance and expenditure to ensure quality health outcomes;

- the administration of the ACT LHN, which is part of ACTHD;
- to provide information to the community on delivering the outputs and outcomes, through Annual Reports, Budget Papers and other relevant reporting requirements;
- adopt effective relationships with all service providers across the LHN;
- collaboration with LHN service providers in connection to accountability and performance as set out in this SLA; and
- monitor and scrutinise the activity and performance of contracted service providers.

ACT Health Directorate and administration of the ACT Local Hospital Network

In accordance with the *Administrative Arrangements 2022 (No. 2) NI2022-697*, ACTHD is responsible for administering the ACT LHN. ACTHD provides the administrative functions to support the ACT LHN to deliver the services in accordance with this SLA.

ACTHD through its administration of the ACT LHN, as per Budget Statement C, 2023-24, is responsible for:

- territory-wide health services planning;
- negotiations and submissions for national funding agreements, including the provision of information and data to the national bodies and the Commonwealth;
- commissioning service providers, as delegated by the Minister and Minister for Mental Health and Justice Health;
- monitoring of expenditure and delivery of services by providers against key performance indicators;
- assuring that health services are safe, effective and high quality through monitoring of key performance indicators locally and against national benchmarks; and
- accountability to Minister, legislature, and community for the system-wide performance indicators.

Health Service Providers

The main role of the service providers within the ACT LHN under this SLA is to deliver the services detailed in the schedules consistent with the ACT Government's objectives and priorities, key performance indicators, agreed volume and performance standards in accordance with the budget and governing legislation and regulations.

ACTHD is working to enhance service level agreements with health service providers to implement and monitor high level patient outcomes, system sustainability and transparency. The ACT Public Health Services Performance Framework will drive key performance metrics and monitoring arrangements.

CHS is the main provider of public hospital services in the ACT and delivers a range of acute, sub-acute, primary, and community-based health services. It forms part of the public health system, along with community and NGO health service providers. The Chief Executive Officer of CHS is accountable to the Minister and the Head of Service for the operations of CHS.

Some of these services include, but are not limited to:

- Canberra Hospital, which provides trauma services and most major medical and surgical services;
- North Canberra Hospital, which offers acute and sub-acute services;

- University of Canberra Hospital, a rehabilitation facility that offers additional outpatient services;
- Clare Holland House, which provides public palliative care services;
- Walk-in centres, which provide free treatment for minor illness and injury;
- Community health centres, providing general and specialist health services to people of all ages;
- community based health services, such as early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.
- deliver broad policy expectations and priorities of the Ministers;
- deliver health service and health support services required to provide those services to the specified quality standards and within the specified funding allocation;
- ensure quality and effective provision of health services and health support services that are purchased by the LHN;
- provide training and education relevant to the provision of health services and health support services;
- collect and provide health data to be used for:
 - research purposes
 - quality improvement
 - accreditation
 - reporting
 - clinical governance and
 - jurisdiction-wide planning and coordination of the provision of relevant services.

Improving integrated care and contributing to national discussion on health reform

The *2020-25 NHRA* aims to improve health outcomes for Australians, by enabling better coordinated and more integrated care in the community and ensuring the future sustainability of Australia's public hospital system. There are six long-term health reform areas included in the *2020-25 NHRA*:

- empowering people through health literacy - person-centred health information and support will empower people to manage their own health well and engage effectively with health services;
- prevention and wellbeing - to reduce the burden of long-term chronic conditions and improve people's quality of life;
- paying for value and outcomes - enabling new and flexible ways for governments to pay for health services;
- joint planning and funding at a local level - improving the way health services are planned and delivered at the local level;
- enhanced health data - integrating data to support better health outcomes and save lives;

- nationally cohesive health technology assessment - improving health technology decisions will deliver; and
- safe, effective, and affordable care.

The ACT Health Services Plan 2022-2030 builds a strong action plan for the long-term health reforms that align with the national environment. Other strategies that are providing direction to the ACT’s long-term reform consist of the:

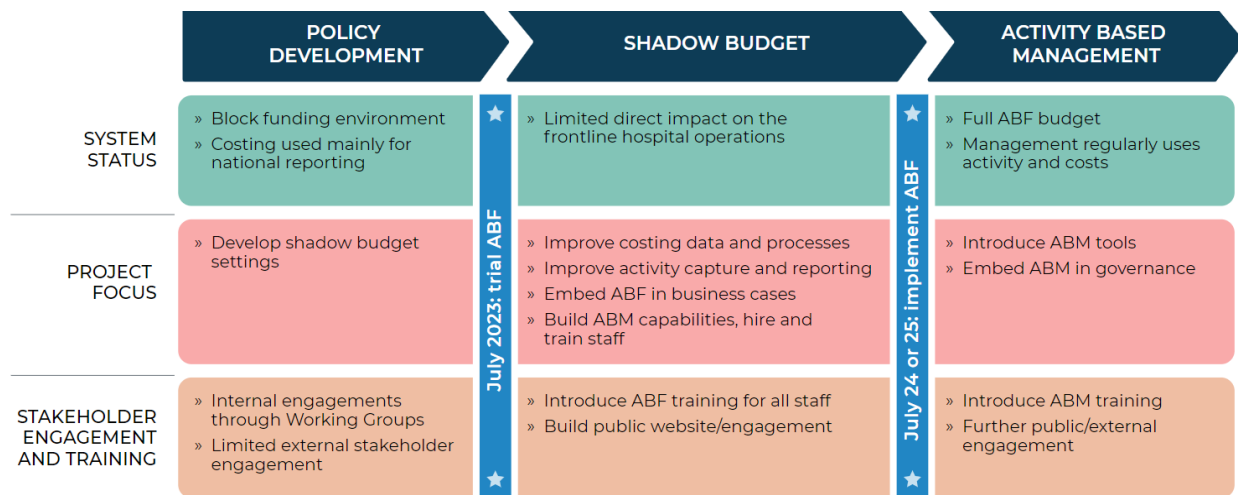
- ACT Health Quality Strategy 2018-2028;
- ACT Public Maternity System Plan 2022-2032 (Maternity in Focus);
- ACT Health Workforce Strategy 2023-2032;
- forthcoming Disability Action and Inclusion Plan;
- ACT Preventative Health Action Plan 2023-2025; and
- forthcoming Child and Adolescent Clinical Service Plan

The above is not an exhaustive listing but serves as an example to demonstrate long-term health reforms within the health eco-system.

Activity Based Funding in the ACT

The ACTHD is trialling a ‘Shadow’ Budget for 2023-24 that is based on an Activity Based Funding (ABF) framework. The Shadow Budget will be used to test the suitability of the model in the ACT context and assess the system readiness for full implementation of ABF in either July 2024 or 2025. While the ACT price for activity is yet to be determined, the Shadow Budget will inform the 2024-25 SLA, for the 2023-24 SLA the price will be based on the National Efficient Price (NEP) overlaid with transition and supplementary grants.

The diagram below describes where the Activity Based Management (ABM) project is headed over the next few years.



Sentinel Events, Hospital Acquired Complications and Avoidable Hospital Readmissions

The 2020-25 NHRA includes a commitment for the Australian Government and state and territory governments to implement several reforms designed to improve patient safety and support greater efficiency in the health system, by reducing sentinel events, hospital acquired complications (HACs), and avoidable hospital readmissions. This will deliver better health outcomes, improve patient safety, and support greater efficiency in the health system.

Licensed health care facilities in the ACT are required to report and maintain certain practices to comply with the Health Care Facility Code of Practice (*Public Health Act 1997*, s133 Public Health (Health Care Facility) Code of Practice 2021). This includes the following: Maintenance of accreditation under the Australian Health Services Safety and Quality Accreditation Scheme.

Providers are required to report notifiable incidents within two business days. Notifiable incidents are:

- the transfer of a patient to another health care facility as a result of an injury sustained at the facility, or iatrogenic condition;
- any critical incident that might reasonably place facility systems or its occupants, including staff, at risk;
- the unexpected death of any patient under the care of the facility; and / or
- any incident listed under the Australian Sentinel Events List.

The 2023-24 ACT funding model will apply the National Safety and Quality pricing adjustments for HACs and zero funding of sentinel events. No adjustments will be made to payment provided to public healthcare providers until further refinement of the ACT's ABF project is fully implemented.

Data Compliance and Provision

Since the implementation of *the NHRA* (first signed in 2011) and ABF, the importance of complete, accurate, timely and transparent health and hospital case mix data has become more important than ever in terms of the level of hospital funding, decision making for planning and resource allocation. Supply of the public hospital data outlined in the [Three Year Data Plan 2023-2026](#) issued by the Independent Health and Aged Care Pricing Authority (IHACPA) and the Administrator, details requirements for jurisdictional compliances to be reported to the Administrator on a quarterly basis in line with clause B81 of the 2020-25 NHRA. Required data for this SLA will:

- a) contain data specified as being required for Reconciliation in the data plan issued by the Administrator for the relevant financial year;
- b) data necessary to enable the Administrator to operate the pricing and funding models agreed by the Parties to calculate Safety and Quality Adjustments;
- c) data necessary to identify Sentinel Events; and
- d) the duly completed Statement of Assurance.

ACT Public Health System – Service Profile

In 2023-24, the ACT LHN will secure services from the following providers:

Provider	Service Profile
<p>Canberra Health Services</p>	<p>CHS delivers a range of publicly funded acute, sub-acute, primary, and community-based health services and programs through:</p> <p>Canberra Hospital and Centenary Hospital for Women and Children Canberra Hospital is a tertiary teaching hospital which provides trauma services and most major medical and surgical sub-specialty services. Services include medical, surgical, emergency, maternity, paediatrics, specialist outpatient clinics, mental health, critical care, allied health, and other clinical support services.</p> <p>Canberra Hospital is the largest public hospital in the region of approximately 600 beds, supporting a catchment area population of around 617,000, with strong links to community-based services that provide continuity of care for patients. It is the principal teaching hospital of the Australian National University Medical School. It also has strong ties with the University of Canberra and the Australian Catholic University Schools of Nursing.</p> <p>Key facilities that are located on the Canberra Hospital campus include:</p> <ul style="list-style-type: none"> • Centenary Hospital for Women and Children • Canberra Region Cancer Centre • Adult Mental Health Unit <p>North Canberra Hospital North Canberra Hospital is a general hospital with approximately 250 beds with a 24/7 Emergency department, intensive and coronary care services, medical and surgical inpatient services, maternity services, voluntary inpatient mental health services, specialist outpatient clinics, Hospital in the Home service and the Geriatric Rapid Acute Care Evaluation service.</p> <p>North Canberra Hospital is a teaching hospital affiliated with the Australian National University, the Australian Catholic University, and the University of Canberra, as well as providing clinical placements for several other tertiary providers.</p> <p>University of Canberra Hospital – Specialist Centre for Rehabilitation, Recovery and Associated Research A dedicated and purpose-built rehabilitation health facility with 140 inpatient beds and 75-day places. UCH provides care and support for people over the age of 18 who are experiencing mental illness or recovering from surgery, illness, or injury. Ambulatory and non-admitted rehabilitation services are also provided from UCH for adult patients.</p> <p>Clare Holland House Clare Holland House, has a 27-bed infrastructure and provides inpatient specialist palliative care service and outpatient clinics, community-based palliative care services, specialist outreach services and the Palliative Care Research Centre and is the main facility for the provision of specialist palliative care across the ACT and surrounding region. A consultation service is provided to North Canberra Hospital, Canberra Health Services, Calvary John James Hospital, and the National Capital Private Hospital.</p>

Provider	Service Profile
	<p><i>Dhulwa Mental Health Unit</i> The unit has 10 acute care beds and 15 rehabilitation beds. The unit delivers 24-hour treatment and care for adults with complex mental health needs.</p> <p><i>Walk-in Centres</i> Walk-in Centres provide free treatment for minor illness and injury, 7 days a week between 7.30am and 10pm.</p> <p><i>Community Based Services</i></p> <p><i>Community Health Centres</i> Located in Belconnen, Canberra City, Dickson, Gungahlin, Kambah, Phillip, Weston, and Tuggeranong. They provide general and specialist health services to people of all ages, including rehabilitation, aged care services, women, youth and children’s services, mental health, dental services, allied health, and nursing services.</p> <p><i>Maternal and Child Health Services</i> Located in ACT Government sites at Lanyon, Tuggeranong, Phillip, Narrabundah, Belconnen, Florey, Kambah, West Belconnen, City, Dickson, Gungahlin, and Ngunnawal.</p> <p><i>Community Paediatric and Child Health Service</i> Located in Holder.</p> <p><i>Canberra Health Services at Molonglo</i> Located in Coombs and provides maternal and child health services.</p> <p><i>Justice Health Services</i> Delivered at the Alexander Maconochie Centre in Hume and Bimberi Youth Justice in Mitchell.</p>

Provider	Service Profile
Tresillian Family Care Centres	<p>Queen Elizabeth II Family Centre (QEII) QEII is a 13-bed facility (a combination of adult beds and 0 to 3 years facilities) providing a residential program for families with children aged up to 3 years experiencing health and behavioural difficulties in the postnatal and early childhood periods.</p>
Calvary John James Hospital	<p>Elective Orthopaedic Program Calvary John James Hospital conducts approximately 400 joint replacements per year on behalf of the ACT Government.</p>
Private Provider Program	<p>Panel for Elective Surgery Wait List Reduction</p> <ul style="list-style-type: none"> • Barton Private Hospital • Calvary Bruce Private Hospital • Canberra Microsurgery • Capital Coast Surgery • Calvary John James Hospital • Canberra Private Hospital • National Capital Private Hospital
ACT Health Directorate	<p>Public Health Services</p> <p>In accordance with the <i>Public Health Act 1997 (Act)</i>, the Chief Health Officer leads:</p> <ul style="list-style-type: none"> • Development and implementation of strategies to promote and protect public health • Advice to the Minister on matters of public health, including leading the Territory’s response to the COVID-19 pandemic • Biennial reporting on priority issues through the Chief Health Officer’s Report • Exercise of a range of critical health emergency management functions • Oversight of regulatory compliance and enforcement of public health legislation which includes the <i>Food Act 2001</i> and the <i>Medicines, Poisons and Therapeutic Goods Act 2008</i>

ACT Priorities for 2023-24

A major focus for the ACT LHN will be balancing the continued pressure of demand for hospital and health services within the resources available. ACTHD, as the ACT LHN manager, will continue to promote collaboration across the whole of the ACT health system, particularly in relation to:

- improving the quality and safety of care and consumer experience by monitoring HACs, clinical outcomes, clinical incidents and consumer experience;
- identifying and improving cost effective models of service delivery; and
- identifying and implementing models of care that reduce the demand on hospital admissions and presentations.

The ABM project will help to achieve these objectives. The Project will trial an ABF styled ‘Shadow Budget’ over 2023-24 which will be used to test the suitability of the model in the ACT context. The goal is to fully implement ABF in July 2025, although there is the potential to bring this timing forward to July 2024 if the system is ready and working well.

The LHN will receive and distribute funding for public hospital services under *the 2020-25 NHRA* for the purchase of public hospital services.

2023-24 Budget Commitments:

In 2023-24, funding will be provided for the following new initiatives:

- boosting outpatient clinics to provide additional capacity to manage the increasing demand and improve access to outpatient appointments;
- first stage of operationalising the new Critical Services Building at Canberra Hospital, including transferring current services from the existing buildings, funding an additional operating theatre at Canberra Hospital, and establishing a new Medical Imaging service in the Clinical Services Building to expand 24/7 emergency services;
- increasing the range of health care services at North Canberra Hospital, including additional medical beds and a package of measures aimed at freeing up inpatient beds to support the Emergency Department and better coordination of care, including afterhours and weekend provision of support services;
- progress the Government's commitment to deliver 60,000 elective surgeries over four years to 2024-25 and respond to the significant and unforeseen impacts caused by the impact of a fire in the operating theatres at North Canberra Hospital and impacts of COVID-19 over the previous two financial years;
- expanding paediatric services at Canberra Hospital to meet the needs of an expanding 0 to 17-year-old cohort in Canberra and the surrounding region;
- continuing the post-COVID-19 Recovery Clinic at the University of Canberra Hospital and the COVID-19 Care at Home program to respond to the remaining impacts of the pandemic in the community;
- investing in the Junior Medical Officer workforce;
- continuing support for the Fitness to Drive Medical Clinic;
- supporting the short-term continuation of the second Police, Ambulance, Clinician Emergency Response team to improve health outcomes for Canberrans experiencing mental health crises;
- funding for a feasibility study and early design of a safe assessment area in the North Canberra Hospital Emergency Department for mental health patients presenting with high-risk behaviours;
- establishing of an Adult Gender Service at Canberra Health Services; and
- supporting the continuation of the Fixated and Lone-Actor Grievance-Fuelled Violence Assessment Team.

Performance, Activity and Funding Schedules

ACTHD is reviewing the Performance Framework for the ACT LHN which will inform and monitor key performance indicators, consistent with quality and service standards that apply to services delivered, including the National Health Reform Performance and Accountability Framework and Australian Health Performance Framework.

Key to this SLA is the Strategic Indicators and Accountability Indicators in the ACT Government Budget Statement C, ACT 2032-24 Budget, detailed below.

ACT Local Hospital Network Performance Indicators

Strategic Objective 1: Access – providing the right service, at the right time, in the right place, by the right team.

Strategic Indicator	2023-24 Target
The number of patients waiting longer than clinically recommended timeframes for elective surgery	430

Strategic Objective1.2: Care Close to Home

Strategic Indicator	2023-24 Target
Number of separations with a Hospital in the Home component to their stay	>3,000

Output Class 1 – ACT Local Hospital Network

Accountability Indicators Output 1	2023-24 Target
a. number of elective surgeries performed	15,500
Percentage of ACT elective surgery patients admitted for surgery within clinically recommended timeframes, by triage category:	
b. Category 1 elective surgery	100%
c. category 2 elective surgery (90 days)	80%
d. Category 3 elective surgery (365 days)	93%
Total in Scope NWAU ¹	187,173
Funding and performance agreements in place with all ACT LHN non-government providers	100%

¹ National Weighted Activity Unit (NWAU) is the 'currency' that is used to express the price weights for all services that are funded on an activity basis. NWAU {23} is the currency as defined by IHACPA in the National Price Determination 2023-24. NWAU {23} is not directly comparable to NWAU {22}. These measures report activity that meets the IHACPA's criteria for inclusion in the 'General List of In-Scope Public Hospital Services'.

Relevant Canberra Health Services Strategic Objectives and Accountability Indicators

Strategic Indicator	2023-24 Targets
Patient Experience Survey – Proportion of respondents rating their overall care as good or very good	>85%
Number of admitted patients who acquire a SAB infection per 10,000 patient days	<1.0 per 10,000
Estimated hand hygiene rate	80%
Participation rate – proportion of women aged 50 to 74 who had a breast screen	60%
Proportion of mental health patients whose emergency department length of stay is greater than 24 hours	0%
Occurrences of staff absence caused by an occupational violence incident (lost time incident frequency rate due to occupational violence)	5.8 per million hours worked
Proportion of patients 80 years or older at admission for an inpatient episode of care at Canberra Health Services with “Goals of Care” registered during admission	100%

Output Class 1: Health and Community Care

Output 1.1: Acute Services

Accountability Indicator	2023-24 Targets
a. Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions	<45
b. Number of avoidable readmissions for selected conditions per 10,000 hospital admissions	<125
c. Percentage of emergency department presentations whose length of stay in the emergency department is four hours or less	≥90%
Percentage of ACT emergency department presentations that are treated within clinically recommended timeframes, by triage category:	
d. Category 1 - Resuscitation patients seen immediately	100%
e. Category 2 - Emergency patients seen within 10 minutes	80%
f. Category 3 - Urgent patients seen within 30 minutes	75%
g. Category 4 - Semi-Urgent patients seen within 60 minutes	70%
h. Category 5 - Non-Urgent patients seen within 120 minutes	70%

Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services

Accountability Indicator	2023-24 Targets
a. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%
b. Proportion of detainees at the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%
c. Proportion of current clients on opioid treatment with management plans	98%
d. Proportion of mental health clients contacted by a Canberra Health Services' community facility within 7 days post discharge from inpatient services	75%
e. The rate of mental health clients who are subjected to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 patient days	<7 per 1,000 patient days
f. Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<17%

Output 1.3: Cancer Services

Accountability Indicator	2023-24 Targets
a. The percentage of patients requiring a breast screen who attend for an assessment visit within 28 calendar days of their screening visit	90%
Radiotherapy Treatment within standard timeframes:	
b. Emergency - treatment starts within 48 hours	100%
c. Palliative - treatment starts within 2 weeks	90%
d. Radical - treatment starts within 4 weeks	90%

Output 1.4: Subacute and Community Services

Accountability Indicator	2023-24 Targets
a. Mean waiting time for clients on the dental services waiting list	12 months
b. Median wait time to be seen (all Walk-in Centres combined)	<30 minutes

LHN Activity and Funding

The table below outlines total funding in the LHN budget for 2023-24.

Activity based funded services and block funded services are defined by the IHACPA under the 2020-25 NHRA. Until ABF is fully implemented, the ACT health system continues to operate on a block funded model and therefore does not have an official price per weighted service unit to report, nor does it apply service loading for the purpose of allocating health funding to the ACT LHN.

TABLE 1: ACT LOCAL HOSPITAL NETWORK - TOTAL FUNDING ALLOCATION

ACT Local Hospital Network 2023-24	Activity	State funding (\$)	Cwlth funding (\$)	Total Funding (\$)
Activity funding	NWAU			
Emergency department	19,910	69,810,595	50,286,525	120,097,120
Admitted acute	112,268	393,646,200	283,554,376	677,200,576
Admitted mental health	11,024	38,653,541	27,843,227	66,496,768
Admitted sub-acute and non acute	15,059	52,801,494	38,034,394	90,835,888
Non-admitted	28,912	101,374,380	73,022,804	174,397,184
Activity funding at National Efficient Price (\$6,032)	187,173	656,286,209	472,741,327	1,129,027,536
Funding adjustment (State Supplementary Grant)				
Emergency department supplementation	-	28,869,500	-	28,869,500
Admitted acute supplementation	-	162,788,600	-	162,788,600
Admitted mental health supplementation	-	15,984,800	-	15,984,800
Admitted sub-acute and non acute supplementation	-	21,835,550	-	21,835,550
Non-admitted supplementation	-	41,922,400	-	41,922,400
Total funding adjustment	-	271,400,850	-	271,400,850
Block funding				
Queen Elizabeth II Hospital	n/a	2,609,549	1,517,451	4,127,000
Non-Admitted Mental Health	n/a	29,840,484	22,928,121	52,768,605
Non-Admitted Child and Adolescent Mental Health	n/a	10,668,285	698,771	11,367,056
Non-Admitted Home Ventilation	n/a	844,452	690,916	1,535,368
Teaching, Training and Research	n/a	51,364,216	10,508,860	61,873,075
Total block funding	-	95,326,986	36,344,118	131,671,104
Other funding - NHRA in-scope				
Cross Border Payments	n/a	34,770,000		34,770,000
Public Health*	n/a	-	9,218,565	9,218,565
Total other NHRA in-scope funding	-	34,770,000	9,218,565	43,988,565
NHRA in-scope funding	187,173	1,057,784,046	518,304,009	1,576,088,055
Out of Scope Funding**				
New Budget initiatives 2023-24	n/a	8,946,000		8,946,000
Other state funded grants***	n/a	134,277,510		134,277,510
Total out of scope funding	n/a	143,223,510	-	143,223,510
Total ACT LHN Funding		1,201,007,556	518,304,009	1,719,311,565

Notes

* Public health only includes payments made to ACTHD; Public health activities undertaken by CHS and costs are being reviewed.

** Out of scope funding is indicative only. Work is being undertaken to identify and potentially reclassify some of these to NHRA in-scope funding.

*** Refer to Table 2 for indicative breakdown.

TABLE 2: OUT OF SCOPE FUNDING - OTHER STATE FUNDED GRANTS

ACT Local Hospital Network 2023-24	State funding (\$)	Cwlth funding (\$)	Total Funding (\$)
Out of Scope Funding***			
ACT Equipment Service	799,334	-	799,334
Blood and Blood Products	12,222,000	-	12,222,000
Canberra Clinical Genomics Service	2,457,833	-	2,457,833
DonateLife	1,777,013	-	1,777,013
Family Violence	332,757	-	332,757
Home Therapies	1,585,443	-	1,585,443
Interstate Patient Travel Assistance Scheme	928,988	-	928,988
Leases	5,623,000	-	5,623,000
Other Out of Scope Services	82,378,401	-	82,378,401
Primary Health (Mental Health and Justice Health)	9,783,064	-	9,783,064
Public Dental Services	12,901,745	-	12,901,745
Retrieval Service	3,487,932	-	3,487,932
Total out of scope funding	134,277,510	-	134,277,510

NWAU Estimates 2023-24

ACT produces data on volume of weighted activity, which is reported for determining the Commonwealth funding contribution to the ACT.

Table 3 – Annual NWAU Estimate 2023-24

Emergency department	Admitted acute	Admitted mental health	Admitted sub-acute and non-acute	Non-admitted	Total
19,910	112,268	11,024	15,059	28,912	187,173

NHRA Public Hospital Funding

In line with the NHRA, a single NHFP has been established, comprising a Reserve Bank of Australia account for each state and territory. The pool is operated by the Administrator, an independent statutory office holder.

All Australian Government funding for the NHRA is deposited into the State Pool Account along with the State's contribution to activity-based public hospital funding. NHRA funding is paid to ACT LHN in accordance with this SLA.

The Administrator has responsibility for calculating the Australian Government contributions to states and territories and ensuring Australian Government funds are deposited in the NHFP are in line with the NHRA (ABF and NHRA Block models):

- Australian Government and State ABF Funding are deposited into the NHFP, then distributed directly to the State Pool Account; this is distributed directly to the ACT LHN. The ABF funding is determined by the NWAU activity itemised in this SLA.
- Australian Government NHRA block funding is deposited into the NHFP, then distributed directly to the ACT LHN through the State Managed Funding (SMF). Similarly, State Block Funding is transferred directly to ACT LHN through the SMF, in accordance with this SLA.

During the annual ABF reconciliation process, the Administrator may make a further adjustment to the price of an admitted activity account for private insurance benefits paid for activity in public hospitals that has not been accounted for by the combined adjustments in the NEP and state or territory funding models.

Further details pertaining to the Commonwealth NHRA funding to states and territories can be found at the NHFB website.