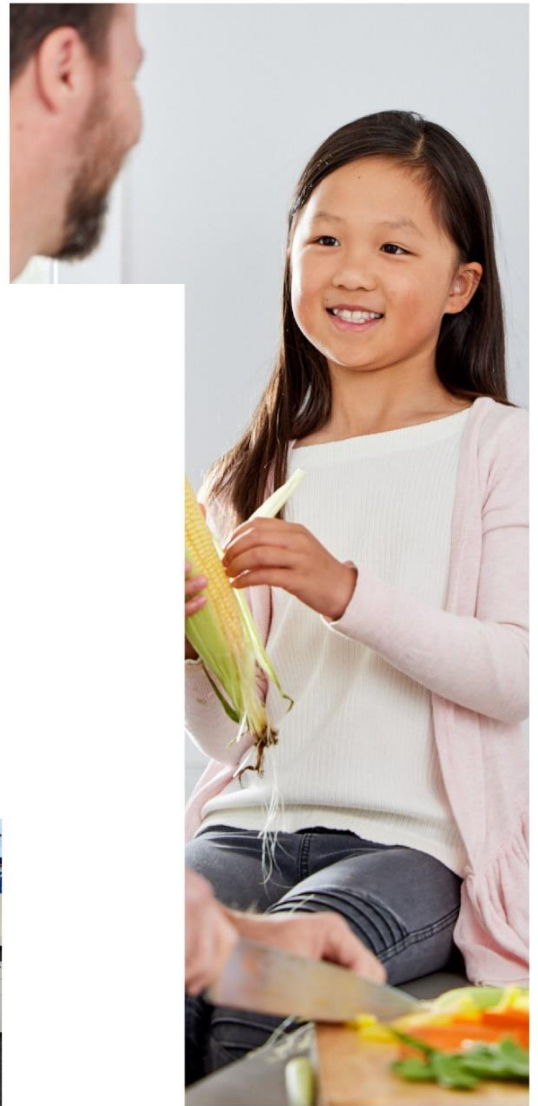




ACT
Government



Annual Report 2020–2021

ACT Health Directorate



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Acknowledgement of Country

The ACT Health Directorate acknowledges the Ngunnawal people as the traditional owners and custodians of the Canberra region. The region is also an important meeting place and significant to other Aboriginal groups. We respect the Aboriginal and Torres Strait Islander people, particularly our Aboriginal staff, and their continuing culture and the contribution they make to the Canberra region and the life of our city.



Our Health Journey Artwork

The ACT Health Directorate Annual Report 2020–21 features artwork by local Ngunnawal, Wiradjuri and Kamilaroi artist Lynnice Church. The concepts of health and wellbeing for Aboriginal and Torres Strait Islander people is holistic and includes physical, spiritual, cultural, emotional, social and economic wellbeing. This is central to achieving good health outcomes when working with individuals and communities.

Lynnice's artwork tells a story of the journey of people accessing the ACT Health system and key themes that support improved health outcomes.

This vibrant image depicts the journey of our people (Aboriginal and Torres Strait Islander communities in the ACT and the surrounding region) and the pathways leading to connection with health services, people and support.

About the artist



Lynnice is named after her grandmother, Letty Little nee Bell, a Ngunnawal woman who inspires Lynnice every time she paints. Lynnice's connections extend across Ngunnawal, Wiradjuri and Kamilaroi country on both her mother's and father's sides.

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Abbreviations and acronyms

Abbreviation	Meaning
4MH	4 Mental Health
ABA	Australian Breastfeeding Association
ABF	Activity Based Funding
ABM	Activity Based Management
ABS	Australian Bureau of Statistics
ACAT	ACT Civil and Administrative Tribunal
ACEM	Australasian College for Emergency Medicine
ACHS	Australian Council on Healthcare Standards
ACT	Australian Capital Territory
ACT LHN	ACT Local Hospital Network
ACTHD	ACT Health Directorate
ACTHPGP	ACT Health Promotion Grants Program
ACTPS	ACT Public Service
AHCS	Aboriginal Health and Community Services
AHPPC	Australian Health Protection Principal Committee
AHPRA	Australian Health Practitioner Regulation Agency
AMC	Alexander Maconochie Centre
AMP	Asset Management Plan
ANU	Australian National University
AOD	Alcohol and Other Drugs
ARIR	Australian Radiation Incident Register
ARMC	Audit and Risk Management Committee
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
ART	Antiretroviral therapy
ASIST	Applied Suicide Intervention Skills Training
AETHER	App Ecosystem Transformative Healthcare Engine and Repository
ATSIPP	Aboriginal and Torres Strait Islander Procurement Policy
AusHFG	Australasian Health Facility Guidelines
BAU	Business as usual

Abbreviation	Meaning
BDI	Black Dog Institute
BFCI	Baby Friendly Community Initiative
BFHI	Baby Friendly Health Initiative
BYJC	Bimberi Youth Justice Centre
C&G	Corporate and Governance Division
CALD	Culturally and linguistically diverse
Calvary	Calvary Health Care ACT Ltd
CAMHS	Child and Adolescent Mental Health Service
CCO	Community Care Order
CCWG	Chronic Conditions Working Group
CEO	Chief Executive Officer
CHECC	Clinical Health Emergency Coordination Centre
CHHH	Clare Holland House Hospice
CHHP	Community Health and Hospitals Program
CHMR	Centre for Health and Medical Research
CHO	Chief Health Officer
CHS	Canberra Health Services
CISO	Chief Information Security Officer
CMO	Chief Medical Officer
CMOS	Canberra Maternity Options Service
CMTEDD	Chief Minister, Treasury and Economic Development Directorate
CNA	Calvary Network Agreement
COAG	Council of Australian Government
COPE	Centre of Perinatal Excellence
CORS	Co-worker Observation Reporting System
COS	Canberra Omnibus Survey
CPHB	Calvary Public Hospital Bruce
CRMEC	Canberra Region Medical Education Council
CSD	Community Services Directorate
CTSC	Clinical Trials Sub-Committee
CwP	Connecting with People compassion-based suicide prevention training

Abbreviation	Meaning
DAC	Drug and Alcohol Court
DAIP	Disability Action and Inclusion Plan
DAMA	Data Management Association
DASL	Drug and Alcohol Sentencing List
DHR	Digital Health Record
Directorate	ACT Health Directorate
DMHU	Dhulwa Mental Health Unit
DRG	Diagnosis Related Group
DSAP	Drug Strategy Action Plan
DSAPAG	Drug Strategy Action Plan Advisory Group
DSD	Digital Solutions Division
DTA	Digital Transformation Agency
DTWG	Drug Treatment Working Group
EAP	Employee Assistance Program
ECT	Electroconvulsive therapy
ED11	Emergency Detention authorised for up to 11 days
ED3	Emergency Detention authorised for up to three days
EDRMS	Electronic document and records management system
ENT	Ear, nose and throat
EOI	Expression of interest
EPHSED	Expanding Public Healthcare Services for Eating Disorders
EV	Electric vehicle
FARE	Foundation for Alcohol Research and Education
FCCO	Forensic Community Care Order
FOI	Freedom of Information
FPTO	Forensic Psychiatric Treatment Order
FTE	Full-time equivalent
G7	Group of Seven
GFF	Government-facilitated flight
GOG	Good Omen Goodeze
GOPIO	Global Organisation of People of Indian Origin

Abbreviation	Meaning
GP	General Practitioner
GRACE	Geriatric Rapid Acute Care Evaluation
GST	Goods and Services Tax
GTM	Groovin' the Moo
Gugan Gulwan	Gugan Gulwan Youth Aboriginal Corporation
HARC	Health Analytics Research Collaboration
HCAI	Human Capital Alliance International
HCCA	Health Care Consumers' Association
HCE	Health Complaints Entity
HCF	Health Care Facility
HCMG	Hoarding Case Management Group
HEAL	Healthy Eating and Active Living
HECC	Health Emergency Control Centre
HITH	Hospital in the Home
HPS	Health Protection Service
HR	Human Resources
HREC	Human Research Ethics Committee
HRIMS	Human Resource Information Management System
HSPE	Health System Planning and Evaluation Division
HSR	Health and safety representative
IAHA	Indigenous Allied Health Australia
ICT	Information and Communication Technology
IHPA	Independent Hospital Pricing Authority
IMEC	Improving Medical Engagement and Culture
JACS	Justice and Community Safety
KPI	Key Performance Indicator
LGBTIQ	Lesbian, gay, bisexual, transgender/gender diverse, intersex and queer
LHN	Local Hospital Network
LIS	Laboratory Information System
LRSC	Low Risk Subcommittee
MAC	Medicines Advisory Committee

Abbreviation	Meaning
MaCCS	Maternity Care Classification System
MACR	Minimum age of criminal responsibility
Master Plan	Canberra Hospital Master Plan
MHCC	Mental Health Community Coalition
MHJHADS	Mental Health, Justice Health and Alcohol & Drug Services
MHSP	Mental Health Services Plan
MHWIGP	Mental Health and Wellbeing Innovation Grants Program
MIEACT	Mental Illness Education ACT
MOC	Model of Care
MOST	Moderated Online Social Therapy
MoU	Memorandum of Understanding
MPC	Major Projects Canberra
MSD	Musculoskeletal disorders
MSPTP	Medicare subsidised psychological therapy program
NAIDOC	National Aborigines and Islanders Day Observance Committee
NBHF	Ngunnawal Bush Healing Farm
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDMS	Notifiable Disease Management System
NEP	National Efficient Price
NGO	Non-government organisation
NGOLG	Non-Government Organisation Leadership Group
NHMRC	National Health and Medical Research Council
NM TASC	Nurses and Midwives: Towards a Safer Culture
NMA	National Mutual Acceptance (of single ethical review)
NSQDMHS	National Safety and Quality Digital Mental Health Standards
NSQHSS	National Safety and Quality Health Service Standards
NSW	New South Wales
NWAU	National Weighted Activity Unit
OCIM	Organisation Culture Improvement Model
OCNMO	Office of the Chief Nursing and Midwifery Officer

Abbreviation	Meaning
ODT	Opioid Dependency Treatment
OMHW	Office for Mental Health and Wellbeing
OMT	Opioid Maintenance Treatment
OPLE	Office of Professional Leadership and Education
OTAC	Opioid Treatment Advisory Committee
P.A.R.T.Y	Prevent Alcohol and Risk-Related Trauma in Youth
PARK-D	Preventing alcohol-related chronic disease
PARS	Patient Advocacy Reporting System
PBL	Positive Behaviour for Learning
PBRC	Power Billing and Revenue Collection
PCYC	Police Community Youth Club
PHPR	Public Health Protection and Regulation
PPE	Personal Protective Equipment
PPH	Preventive and Population Health Division
PPP	Policy, Partnerships and Programs Division
PTO	Psychiatric Treatment Order
QEII	Queen Elizabeth II Family Centre
QPR	Question, Persuade, Refer
RACF	Residential Aged Care Facility
REDCO	Respect, Equity and Diversity Contact Officer
RO	Restriction Order
SAB	Staphylococcus Aureus Bacteraemia
SACY	Safe and Connected Youth
SAM	save-a-mate
SAMP	Strategic Asset Management Plan
SBB	Safer Baby Bundle
SBS	Special Broadcasting Service
SERBIR	Senior Executive Responsible for Business Integrity Risk
SID	Strategic Infrastructure Division
SPIRE	Surgical Procedures, Interventional Radiology and Emergency Centre
SRSC	Social Research Subcommittee

Abbreviation	Meaning
STIBBV	Sexually Transmissible Infection and Blood Borne Virus
Stillbirth CRE	Centre of Research Excellence in Stillbirth
SUFS	Speaking up for Safety
TCCS	Transport Canberra and City Services
TIS	Translating and Interpreting Service
TTY	Telephone typewriter
UC	University of Canberra
UK	United Kingdom
UNSW	University of NSW
VIC	Victoria
VOC	Variant of Concern
WCF	Workplace Culture Framework
WHO	World Health Organization
WHS	Work Health and Safety
Winnunga Nimmityjah	Winnunga Nimmityjah Aboriginal Health and Community Services
WinstonSRS	Winston Sustainable Research Strategies
YAM	Youth Aware of Mental Health

Glossary of technical terms

Term	Meaning
ACT Care Coordinator	A statutory appointment made by the Minister for Mental Health under section 204 (1) of the <i>Mental Health Act 2015</i>
AS/NZS ISO 31000:2018 Risk Management Guidelines	The Australian Standard on Risk Management utilised as the background for Risk Management in the Health Directorate
Community Care Order	<p>A Community Care Order is a type of mental health order for people who experience a mental disorder.</p> <p>Community Care Orders are applied for by a person with authority to give the treatment, care or support proposed to be given to the subject of the order.</p> <p>A CCO is made by the ACT Civil and Administrative Tribunal.</p> <p>A CCO includes information about the treatment, care or support to be provided to the person, including where and when it is to be provided, the type/s of treatment, care or support provided and who will be involved in providing the treatment for any period up to six months but must be reviewed prior to its expiry date or at a time where it is no longer necessary.</p>
Forensic Community Care Order	<p>A Forensic Community Care Order can be made by ACAT where a person with a mental disorder is involved with the criminal justice system.</p> <p>The FCCO may set out the types of treatment, care or support a person is to receive, where the person is to live or be detained and any restrictions on communications, and people or places that the person cannot approach for any period up to three months unless consecutive orders have been in place for one or more years, then one year.</p>
Restriction Order	A Restriction Order can be made in addition to a CCO for a maximum of three months. ACAT can make a RO on a person which may place restrictions on people or places that the person is allowed to approach or identify specific activities the person may not undertake. A RO may also state where a person lives or is detained.

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Aboriginal and Torres Strait Islander Agreement 2019–2028	https://www.communityservices.act.gov.au/_data/assets/pdf_file/0015/1323132/ACT-Aboriginal-and-Torres-Strait-Islander-Agreement-2019-2028.pdf
Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030	https://health.act.gov.au/sites/default/files/2020-07/Strategic%20Framework_Feb%202020_FINAL%20MIN%20ENDORSED.pdf
ACT Approach to Commissioning	https://www.communityservices.act.gov.au/_data/assets/pdf_file/0010/1809874/The-ACT-Approach-to-Commissioning-July-2021.pdf
ACT Cancer Registry	https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats/data-collections
ACT Climate Change Strategy 2019–25	https://www.environment.act.gov.au/_data/assets/pdf_file/0003/1414641/ACT-Climate-Change-Strategy-2019-2025.pdf/_recache
ACT Drug Strategy Action Plan 2018–2021	https://health.act.gov.au/sites/default/files/2021-07/ACT_Drug_Strategy_Action_Plan_2018-21.pdf
ACT Drug Strategy Action Plan 2018–2021 Progress Report 2019–20	https://cms.health.act.gov.au/sites/default/files/2020-09/ACTH%20Drug%20Strategy%20Action%20Plan.pdf

Name	Address
ACT General Health Survey	https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats/data-collections
ACT Government COVID-19 Response	https://www.covid19.act.gov.au/
ACT Government Data Governance and Management Policy Framework	https://www.cmtedd.act.gov.au/_data/assets/pdf_file/0010/1664965/ACT-Data-Governance-and-Management-Framework-v1.0.pdf
ACT Government Wellbeing Framework	https://www.act.gov.au/wellbeing
ACT Health Directorate Strategic Plan: 2020–25	https://health.act.gov.au/sites/default/files/2020-09/ACTH%20Strategic%20Plan%202019%20LR.pdf
ACT Health Quality Strategy 2018–2028	https://www.health.act.gov.au/sites/default/files/2018-10/Quality%20Strategy%20Booklet.pdf
ACT Health Sustainability Strategy 2016–2020	https://health.act.gov.au/sites/default/files/2018-09/ACT%20Health%20Sustainability%20Strategy%202016%20-2020%20(1).pdf
ACT Legislation Register	https://www.legislation.act.gov.au/
ACT Maternal Perinatal Data Collection	https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats/data-collections
ACT Mental Health Advisory Council	https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/act-mental-health-advisory-council
ACT Mental Health and Suicide Prevention Plan	https://www.chnact.org.au/about-us/publications/actmhsp/
ACT Pharmacist Vaccination Standards	https://health.act.gov.au/sites/default/files/2018-09/Pharmacist%20vaccinations%20-%20Standards_1_0.pdf
ACT Public Health Directions	https://www.covid19.act.gov.au/act-status-and-response/act-public-health-directions
ACT Public Service Directorate annual reports	https://www.cmtedd.act.gov.au/open_government/report/annual_reports
Annual and Financial Reports 2019–2020; Appropriation Bill 2020–2021 and Appropriation (Office of The Legislative Assembly) Bill 2020–2021	https://www.parliament.act.gov.au/_data/assets/pdf_file/0011/1738658/HCW-Report-1-AFR-2019-20-and-Budget-2020-21.pdf
Applied Suicide Intervention Skills Training	https://www.livingworks.com.au/programs/asist/
Appropriation Bill 2017–2018 and Appropriation (Office of the Legislative Assembly) Bill 2017–2018	https://www.parliament.act.gov.au/_data/assets/pdf_file/0003/1090164/Estimates-2017-18-FINAL-REPORT.pdf
Appropriation Bill 2018–2019 and Appropriation (Office of the Legislative Assembly) Bill 2018–2019	https://www.parliament.act.gov.au/_data/assets/pdf_file/0006/1227318/9th-Estimates-2018-2019-Appropriation-Bill-2018-2019-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2018-2019.pdf

Name	Address
Appropriation Bill 2019–2020 and Appropriation (Office of the Legislative Assembly) Bill 2019–2020	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1392712/9th-Assembly-Estimates-2019-2020-Appropriation-Bill-2019-2020-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2019-2020.pdf
Arthritis ACT	https://www.arthritisact.org.au/
Australian Capital Territory Remuneration Tribunal	https://www.remunerationtribunal.act.gov.au/
Australian Standard – AS ISO 31000:2018 Risk Management Guideline	https://www.standards.org.au/standards-catalogue/sa-snz/publicsafety/ob-007
Biosecurity Act 2015	https://www.legislation.gov.au/Details/C2020C00127
Black Dog Institute	https://www.blackdoginstitute.org.au/
Calvary	https://www.calvarycare.org.au/
Calvary Health Care ACT Limited	https://www.calvarycare.org.au/act/
Calvary Public Hospital Bruce	https://www.calvarycare.org.au/public-hospital-bruce/
Calvary Public Hospital Financial and Performance Reporting and Management	https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1179940/Report-No.-1-of-2016-Calvary-Public-Hospital-Financial-and-Performance-Reporting-and-Management.pdf
Canberra Health Literacy	https://cbrhl.org.au/
Canberra Health Literacy Network	https://cbrhl.org.au/health-literacy-network/
Canberra Health Services	https://www.health.act.gov.au/about-our-health-system/organisation-structures
Canberra Hospital	https://health.act.gov.au/hospitals-and-health-centres/canberra-hospital
Canberra’s Recovery Plan: Easing of Restrictions Roadmap	https://www.covid19.act.gov.au/_data/assets/pdf_file/0010/1706329/PI-CC0050-COVID-Recovery-Plan-April-2021.pdf
Capital Health Network	https://www.chnact.org.au/
Chief Health Officer’s Report	https://www.health.act.gov.au/about-our-health-system/data-and-publications/reports/chief-health-officers-report-2020#:~:text=The%20ACT%20Chief%20Health%20Officer%20(CHO)%20Report%202020%20was%20released,the%20potential%20opportunities%20of%20improvements
Choosing Wisely Australia	https://www.choosingwisely.org.au/
Clare Holland House Hospice	https://www.calvarycare.org.au/public-hospital-bruce/services-and-clinics/clare-holland-house/
Clinical Governance Framework 2020–2023	https://www.health.act.gov.au/sites/default/files/2020-11/CHS%20Clinical%20Governance%20Framework.pdf
Commissioning of Health Services in the Community Discussion Paper	https://www.health.act.gov.au/sites/default/files/2021-02/Att%20A%20-%20Discussion%20Paper%20-%20Commissioning%20of%20Health%20Service%20in%20the%20Community%20-%20FINAL.pdf

Name	Address
Commissioning Roadmap for NGO Services in the Community 2021–2023	https://www.communityservices.act.gov.au/_data/assets/pdf_file/0006/1815189/ACTHDCSD-Commissioning-Roadmap-2021-2023.pdf
COVID-19 – An ACT Operational Plan for People with Disability	https://www.communityservices.act.gov.au/_data/assets/pdf_file/0007/1626748/COVID-19-An-ACT-Operational-Plan-for-People-with-Disability-FINAL-10092020.pdf
COVID-19 Guidance for Shared Accommodation	https://www.health.act.gov.au/sites/default/files/2020-07/COVID-19%20Guidance%20for%20Shared%20Accommodation%20-%20Version%2020-%2010July2020.pdf
COVID-19 Primary Health Care Support Framework	https://www.health.act.gov.au/sites/default/files/2021-02/COVID-19%20Primary%20health%20care%20support%20framework%20Nov%202020.pdf
COVID-19 Residential Aged Care Sector Plan Preparedness and Response Plan for the COVID-19 pandemic	https://www.covid19.act.gov.au/_data/assets/pdf_file/0008/1644686/COVID-19-Residential-Aged-Care-Sector-Plan-20201008-V-1.0.pdf
COVID-19 Guidance for Funeral Industry Workers	https://www.covid19.act.gov.au/_data/assets/pdf_file/0008/1560095/COVID-19-Guidance-for-funeral-directors-20200611.pdf
Crimes Act 1900	https://www.legislation.act.gov.au/a/1900-40
Dangerous Substances Act 2004	https://www.legislation.act.gov.au/a/2004-7/
Digital Health Strategy 2019–2029	https://www.health.act.gov.au/sites/default/files/2019-05/Digital%20Health%20Strategy%202019-2029.pdf
Emergencies Act 2004	https://www.legislation.act.gov.au/a/2004-28/
Exceptional Care Framework 2020–2023	https://www.health.act.gov.au/sites/default/files/2020-11/CHS%20Exceptional%20Health%20Care%20Framework.pdf
Final Report: Independent Review into the Workplace Culture within ACT Public Health Services	https://www.health.act.gov.au/sites/default/files/2019-03/Final%20Report%20Independent%20Review%20into%20Workplace%20Culture.pdf
Food Act 2001	https://www.legislation.act.gov.au/a/2001-66/
Freedom of Information – Access to Records	https://www.health.act.gov.au/about-our-health-system/freedom-information
Freedom of Information – Disclosure Log	https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log
Freedom of Information Act 2016	https://www.legislation.act.gov.au/a/2016-55/
Fresh Tastes: Healthy Food at School	https://www.health.act.gov.au/about-our-health-system/healthy-living/fresh-tastes
Gene Technology (GM Crop Moratorium) Act 2004	https://www.legislation.act.gov.au/a/2004-40/current/
Global Green and Healthy Hospitals	https://www.greenhospitals.net/
Government Procurement Act 2001	http://www.legislation.act.gov.au/a/2001-28/

Name	Address
Government Procurement Regulation 2007	http://www.legislation.act.gov.au/si/2007-29/default.asp
Gugan Gulwan	https://gugan-gulwan.com.au/
Health (National Health Funding Pool and Administration) Act 2013	https://www.legislation.act.gov.au/a/2013-2/
Healthier Choices Canberra	https://health.act.gov.au/about-our-health-system/healthy-living/healthier-choices-canberra
HealthStats ACT	https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats
Healthy Canberra: ACT Preventive Health Plan 2020–2025	https://health.act.gov.au/sites/default/files/2019-12/Healthy%20Canberra%20ACT%20Preventive%20Health%20Plan%202020-2025.pdf
Hospital in the Home	https://www.health.act.gov.au/services/hospital-home-hith
Independent Review into the Workplace Culture within ACT Public Health Services	https://www.health.act.gov.au/about-our-health-system/culture-review-implementation
Inquiry into Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1371634/9th-HACS-07-Inquiry-into-Drugs-of-Dependence-Personal-Cannabis-Use-Amendment-Bill-2018.pdf
Inquiry into Planning for the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) and The Canberra Hospital Campus and Immediate Surrounds	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1616056/9th-PUR-Report-14-Inquiry-into-Planning-for-the-Surgical-Procedures-Interventional-Radiology-and-Emergency-Centre-SPIRE-and-The-Canberra-Hospital.pdf
Inquiry into the Appropriation Bill 2017–2018 and Appropriation (Office of the Legislative Assembly) Bill 2017–2018	https://www.parliament.act.gov.au/_data/assets/pdf_file/0003/1090164/Estimates-2017-18-FINAL-REPORT.pdf
Inquiry into the Future Sustainability of Health Funding in the ACT	https://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1294844/9th-HACS-05-Inquiry-into-the-Future-Sustainability-of-Health-Funding-in-the-ACT.pdf
Integrity of Data in the Health Directorate	https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1179931/Report-No-5-of-2015-Integrity-of-Data-in-the-Health-Directorate.pdf
Interim Report 3 - Select Committee on the COVID-19 Pandemic Response	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1567303/Select-Committee-on-the-COVID-19-pandemic-response-Interim-report-3.pdf
Interim Report 4 - Select Committee on the COVID-19 Pandemic Response	https://www.parliament.act.gov.au/_data/assets/pdf_file/0006/1619115/Select-Committee-on-the-COVID-19-pandemic-response-Interim-report-4.pdf
It's Your Move	https://www.health.act.gov.au/about-our-health-system/healthy-living/its-your-move

Name	Address
Kids at Play Active Play	https://www.health.act.gov.au/about-our-health-system/healthy-living/kids-play-active-play
Leading Data Reform: The Way Forward – Outcomes of the ACT Health System-Wide Data Review	https://health.act.gov.au/sites/default/files/2018-09/System-Wide%20Data%20Review%20Outcomes%20Report.pdf
LifeSpan	https://health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/lifespan
Management of Care for People Living with Serious and Continuing Illness	https://www.audit.act.gov.au/_data/assets/pdf_file/0007/1626037/Report-No.7-of-2020-Management-of-care-for-people-living-with-serious-and-continuing-illness.pdf
Marymead	http://www.marymead.org.au/
Medicines, Poisons and Therapeutic Goods (Nurse and Midwife Immunisers) Direction 2020 (No 1)	https://www.legislation.act.gov.au/di/2020-290/
Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2021 (No 1)	https://www.legislation.act.gov.au/di/2021-111/
Medicines, Poisons and Therapeutic Goods Act 2008	https://www.legislation.act.gov.au/a/2008-26/
Mental Health Act 2015	http://www.legislation.act.gov.au/a/2015-38/current/pdf/2015-38.pdf
Mental Health Support Package	https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/rattenbury/2020/\$4.5-million-covid-19-mental-health-support-package-to-help-canberrans
National Aboriginal and Torres Strait Islander Health Plan 2013–2023	https://www.health.gov.au/sites/default/files/documents/2021/02/national-aboriginal-and-torres-strait-islander-health-plan-2013-2023.pdf
National Agreement on Closing the Gap	https://www.closingthegap.gov.au/national-agreement
National Health Reform Agreement	https://www.publichospitalfunding.gov.au/public-hospital-funding/about-agreement
National Partnership Agreement on COVID-19 Response	https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-04/covid-19_response_vaccine_amendment_schedule.pdf
National Strategic Framework for Chronic Conditions (2017–2025)	https://www.health.gov.au/sites/default/files/documents/2019/09/national-strategic-framework-for-chronic-conditions.pdf
Ngunnawal Bush Healing Farm	https://www.health.act.gov.au/services-and-programs/aboriginal-and-torres-strait-islander-health/health-and-wellbeing-service-0
Nurse and Midwives: Towards a Safer Culture – The First Step Strategy	https://www.health.act.gov.au/sites/default/files/2018-12/Nurse_Midwives_Towards_a_Safer_Culture_-_The_First_Step_-_Strategy_FINAL_14.12.18%28002%29.pdf
Office for Mental Health and Wellbeing - Resources	https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/resources

Name	Address
Office for Mental Health and Wellbeing Work Plan 2019–2021	https://www.health.act.gov.au/sites/default/files/2019-05/Office for Mental Health Work Plan 2019 - 2021.pdf
Office for Mental Health and Wellbeing Mid-Term Review Final Report	https://health.act.gov.au/sites/default/files/2021-04/OMHW Mid-Term Review Final Report.pdf
Opioid Dependency Treatment (ODT) Contingency Guidelines	https://www.legislation.act.gov.au/View/ni/2020-409/current/PDF/2020-409.PDF
Public Health (Check In Requirements) Emergency Direction 2021	https://www.legislation.act.gov.au/ni/2021-406/
Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No 9)	https://www.legislation.act.gov.au/ni/2021-355
Public Health (Mandatory Face Masks – Canberra Airport and Domestic Flights) Emergency Direction 2021 (No 2)	https://www.legislation.act.gov.au/ni/2021-401
Public Health (Residential Aged Care Facilities) Emergency Direction 2021 (No 4)	https://www.legislation.act.gov.au/ni/2021-344/
Public Health (Restricted Activities– Gatherings, Business or Undertakings) Emergency Direction 2021 (No 4)	https://www.legislation.act.gov.au/ni/2021-405/
Public Health (Returned Travellers) Emergency Direction 2021	https://www.legislation.act.gov.au/ni/2021-339/
Public Health (Self-Isolation) Emergency Direction 2020 (No 4)	https://www.legislation.act.gov.au/ni/2020-662/
Public Health Act 1997	http://www.legislation.act.gov.au/a/1997-69/current/
Queen Elizabeth II Family Centre	https://www.health.act.gov.au/hospitals-and-health-centres/tresillian-queen-elizabeth-ii-family-centre
R U OK?	https://www.ruok.org.au/
Radiation Protection Act 2006	https://www.legislation.act.gov.au/a/2006-33/
Report on Annual and Financial Reports 2017–2018	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1332574/9th-HACS-06-Annual-Report-2017-18.pdf
Report on Inquiry into Maternity Services in the ACT	https://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1555466/9th-HACS-10-Report-on-Inquiry-into-Maternity-Services-in-the-ACT-ver-dated-18-June-2020-revised.pdf
Report on the Annual and Financial Reports 2015–2016	http://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1058819/9th-HACS-01-Annual-Report-2015-16.pdf

Name	Address
Review of Children and Young People in the ACT	https://cms.health.act.gov.au/sites/default/files/2020-03/OMHW Children and Young People Report_0.pdf
Right care, first time, where you live	https://www.sydney.edu.au/brain-mind/our-research/youth-mental-health-and-technology/right-care-first-time-where-you-live-program.html
Speaking Up for Safety	https://www.cognitiveinstitute.org/courses/speaking-up-for-safety-programme/
Tenders ACT	https://www.tenders.act.gov.au/contract/search
Territory-wide Health Services Plan	https://www.health.act.gov.au/about-our-health-system/planning-future/territory-wide-health-services
The ACT's Transition to Zero Emission Vehicles – Action Plan 2018–21	https://www.environment.act.gov.au/_data/assets/pdf_file/0012/1188498/2018-21-ACTs-transition-to-zero-emissions-vehicles-Action-Plan-ACCESS.pdf
The Snow Foundation	https://www.snowfoundation.org.au/
University of Canberra Hospital	http://health.act.gov.au/uch
Winnunga Nimmityjah	https://winnunga.org.au/
Work Health and Safety Act 2011	http://www.legislation.act.gov.au/a/2011-35/current/pdf/2011-35.pdf
Workplace Culture Framework	https://www.health.act.gov.au/about-our-health-system/culture-review-implementation/workplace-culture-framework
Year 7 Health Check Survey	https://www.health.act.gov.au/about-our-health-system/population-health/epidemiology/year-7-health-check-survey
YourSay	https://www.yoursay.act.gov.au/
Youth Aware of Mental Health	https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/lifespan/youth-aware-mental-health-yam
Youth Coalition of the ACT	https://www.youthcoalition.net/
Youth Mental Health in the ACT	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1613518/EEYA-Report-9-Youth-Mental-Health-in-the-ACT.pdf



Part A
Transmittal Certificates





ACT
Government

ACT Health

Office of the Director-General

Ms Rachel Stephen-Smith MLA
Minister for Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

2020-21 ACT Health Directorate Annual Report

This report has been prepared in accordance with section 6(1) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2021*.

It has been prepared in conformity with other legislation applicable to the preparation of the Annual Report by the ACT Health Directorate (ACTHD).

I certify that the information in the attached report and information provided for whole of government reporting, is an honest and accurate account and that all material information on the operations of the ACTHD has been included for the period 1 July 2020 to 30 June 2021.

I hereby certify that fraud prevention has been managed in accordance with the *Public Sector Management Standards 2006*, Part 2.3 (see section 113, *Public Sector Management Standards 2016*).

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the Report to the Legislative Assembly within 15 weeks after the end of the reporting year. However, under section 14, the Chief Minister has granted an extension of the time when the report must be presented by you to the Legislative Assembly. The Chief Minister has granted the extension to the Legislative Assembly sitting day on 2 December 2021.

Yours sincerely

Rebecca Cross
Director-General
9 November 2021



ACT
Government

ACT Health

Office of the Director-General

Ms Emma Davidson MLA
Minister for Mental Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

2020-21 ACT Health Directorate Annual Report

This report has been prepared in accordance with section 6(1) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2021*.

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Yours sincerely

Rebecca Cross
Director-General

9 November 2021

GPO Box 825 Canberra ACT 2601 | Ph: (02) 5124 9400 | Email: DGAHealth@act.gov.au | www.act.gov.au

Director-General Foreword



I am pleased to present the ACT Health Directorate (the Directorate) Annual Report 2020–21.

The last financial year has seen a continued focus on managing the response to the COVID-19 pandemic, and I would like to express my sincere gratitude to the many hundreds of staff who have continued to deliver for our community, and to Kylie Jonasson for her work leading the Directorate over the past year.

Since commencing as Director-General for the Directorate, I have been impressed by our staff, existing and new, who have continued to adapt and go beyond the call of what was expected of them, with resilience, humour and passion in what are often difficult circumstances.

Despite the challenges, including working in a ‘new COVID normal’ environment, the Directorate has been able to deliver some significant and important projects throughout the year. In particular, we saw the rollout of the Check In CBR app, enabling individuals to check in to venues to support contact tracing, and the rollout of the COVID-19 Vaccination Program. The Digital Solutions Division also recruited a team of ICT experts to manage the early rollout of the Digital Health Record to support the vaccine rollout. This was done significantly ahead of time and relatively seamlessly for our community.

The Directorate continued to establish new capability to vaccinate our community, including public health campaigns to lead the community all the way as it progressed. Whilst we have managed to establish systems to cater for the booking and rollout of the program, it is clear that this focus will continue into the next financial year as the pandemic continues.

Additionally, as outlined throughout the Annual Report, there has been a great deal of progress across many priority programs and projects throughout the year.

A highlight for me since commencing as Director-General was launching a major suite of artworks at the Bowes Street offices during the 2021 National Reconciliation Week. The artworks promote Aboriginal and Torres Strait Islander cultures and histories through a timeline of historic events and a depiction of the health journeys Aboriginal and Torres Strait Islander peoples may take, through the “Our Health Journeys” artwork by local Ngunnawal, Wiradjuri and Kamilaroi artist Lynnice Church. The artworks were developed as part of the Directorate’s cultural integrity journey, and I am personally committed to continuing this work in the coming year.

Rebecca Cross

Director-General

B

Part B

Organisational overview and performance



B.1 Organisational overview

Our vision

Our vision is for 'A Healthier Canberra' and our purpose is to provide strategic leadership and action to improve the health of our community and ensure our public health system meets our community's needs, now and into the future.

Our values

We embrace the ACT Public Service (ACTPS) values of Respect, Integrity, Collaboration and Innovation, guiding the way we work with one another, across the Government, and with our community, stakeholders and partners.

Our values are:

Respect

We show respect when we value diversity and listen to the views and contributions of our colleagues and partners.

Integrity

We demonstrate integrity by being apolitical, honest, dependable, and accountable for our actions. We recognise achievements, do not shirk from uncomfortable conversations, and are consistent in our dealings with others.

Collaboration

By collaborating, we better understand the needs of our community. We work together in partnership with our community and key stakeholders to improve the quality of health and wellbeing of Canberrans.

Innovation

Innovation creates value and positive change in our teams and organisation. We support innovation by being curious and courageous.

Our role

The Directorate oversees Canberra's public health system.

The Directorate's key functions are:

- providing strategic leadership and policy advice regarding the public health system



- leading engagement and negotiation with other jurisdictions on health funding agreements and national policy initiatives
- administering the Australian Capital Territory (ACT) Government’s legislative program on health matters
- engaging with the Directorate’s partners and stakeholders to ensure health outcomes and impacts are considered in whole-of-government policy and health services planning
- supporting and enabling clinical excellence, safe high-quality care, and research across the public health system
- delivering a range of health prevention, promotion, and protection services
- implementing innovative digital technologies across the public health system and supporting Information and Communication Technology (ICT) solutions that enable person-centred care and making it easier for clinicians to do their work
- conducting public health system planning and evaluation for sustainable services, workforce and infrastructure that supports effective resource allocation, innovation, and safe and high-quality care
- commissioning value-based care that improves health outcomes
- monitoring and evaluating public health system performance to ensure it meets community expectations and performance criteria.

Ministers, stakeholders and partners

The Directorate supports the ACT Government and ministers in meeting their obligations under the following portfolios:

Ms Rachel Stephen-Smith MLA

Minister for Health

Ms Emma Davidson MLA

Minister for Mental Health

We engage and collaborate across the health system as a whole. In doing this, we recognise the essential role of:

- healthcare consumers, whose engagement is essential to improving our health system and health outcomes
- families and carers, whose support for healthcare consumers plays a significant role in our health system
- public hospital related services, including those provided by Canberra Health Services (CHS) at the Canberra Hospital and the University of Canberra Hospital, Calvary Public Hospital Bruce (CPHB), Clare Holland House Hospice (CHHH), Queen Elizabeth II Family Centre, and services provided by the Emergency Services Agency through the ACT Ambulance Service
- community-based services (government and non-government), which care for people in a variety of community settings and have a crucial role in improving and maintaining health and wellbeing
- Capital Health Network—the ACT’s primary health network—that plans and commissions primary care services in the ACT
- private healthcare professionals, such as General Practitioners (GPs), allied health professionals, nurses, midwives, and medical specialists who provide services to our community in the private system, independently and in collaboration with the public health system

- private hospitals and health facilities, which provide care and services to our community and work closely with the public health system
- tertiary research and education sector partners, including universities, colleges and vocational training institutions, which support innovation and play an essential role in developing our future workforce
- peak groups representing healthcare consumers, carers and service providers, and community interests
- health professional organisations, regulators and unions, which represent our workforce and advocate and advise on their behalf
- other directorates in the ACT Government that we collaborate with to achieve better health outcomes—particularly the directorates that are part of the human services cluster
- Commonwealth, State and Territory Health Ministries
- New South Wales (NSW) Health Local Health Districts, particularly Southern NSW and Murrumbidgee.

Environment and planning framework

The Directorate ensures that Canberrans receive the best possible care and continue to be the healthiest in the country.

The 2020–21 strategic priorities are set out in the ACT Budget papers. The Directorate is dedicated to the health of our growing community, quality, innovation, engagement, accountability, and focused on strategic policy and planning of the ACT health system.

The [ACT Health Directorate Strategic Plan: 2020–25](#) (the Plan) continues to guide our work over the next five years. The Plan outlines the Directorate’s vision, purpose, values, and four strategic priorities and goals towards which we all work together:

- healthy community
- safe, responsive and sustainable public health system
- trusted, transparent and accountable organisation
- high-performing organisation that values its people.

The Plan also reflects the way we work with our partner organisations and it provides the foundation for the Directorate plans, divisional and branch plans, and our individual performance agreements.

[Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030](#) has been developed to provide a common vision for the strategic, policy and planning activities that will shape the future direction of ACT health services over the next decade. The framework was developed in consultation with an advisory group that included representatives from consumer, carer, peak and advocacy groups, and primary health and clinical services.

The framework centres around three strategic goals for a high-performing, safe health system delivering person-centred services and safe and effective care:

- access
- accountability
- sustainability.

The framework also identifies the priority population groups and key strategic partnerships we will focus on to deliver the key strategies identified under each goal. There has been substantial progress made on a number of these strategies, including the:

- [Healthy Canberra: ACT Preventive Health Plan 2020–2025](#)
- [Digital Health Strategy 2019–2029](#)
- [ACT Mental Health and Suicide Prevention Plan](#)
- [Territory-wide Health Services Plan](#) and Infrastructure Planning.

Internal accountability

Executives in the public service are engaged under contract for periods not exceeding five years. Their remuneration is determined by the [Australian Capital Territory Remuneration Tribunal](#).

Table 1 identifies the Senior Executives across the organisation as at 30 June 2021.

Table 1: Senior Executives

Senior executive	Position
Rebecca Cross	Director-General
Naveen Wijemanne	A/g Executive Branch Manager, Office of the Director-General
Jo Spencer	Executive Branch Manager, Communications and Engagement Branch
Jodie Junk-Gibson	Executive Branch Manager, People Strategy and Culture Branch
Meg Brighton	Deputy Director-General, Health Systems, Policy and Research Group
Dr Elizabeth Moore	Coordinator-General, Office for Mental Health and Wellbeing
Peter O'Halloran	Executive Group Manager, Chief Information Officer, Digital Solutions Division
Vacant	Executive Group Manager, Digital Health Record
Peter McNiven	Executive Branch Manager, Technology Operations Branch
Sandra Cook	Executive Branch Manager, Future Capability & Governance Branch
Justine Spina	Executive Branch Manager, Information and Data Management Branch
Liz Lopa	Executive Group Manager, Strategic Infrastructure Division
David Jones	Executive Branch Manager, Strategic Infrastructure Division
John Fletcher	Executive Group Manager, Corporate & Governance Division
Jacqui Bear	Executive Branch Manager, Governance & Risk Branch
Kate Chambers	Executive Branch Manager, Chief Finance Officer
Jacinta George	Executive Group Manager, Health System Planning & Evaluation Division
Margaret Stewart	Executive Branch Manager, Commissioning Branch
Michael Culhane	Executive Group Manager, Policy, Partnerships & Programs Division
Cheryl Garrett	A/g Executive Branch Manager, Mental Health Policy Branch

Senior executive	Position
Maria Travers	Executive Branch Manager, Health Policy & Strategy Branch
Alan Philp	Executive Group Manager, Preventive & Population Health Division
Merryn Hare	Executive Branch Manager, Preventive Health Coordinator
Dr Kerry Coleman*	Chief Health Officer
Victor Martin	Executive Branch Manager, Health Protection Service
Dr Vanessa Johnston*	Deputy Chief Health Officer COVID-19 Response Operations
Jeffrey Butler	A/g Executive Branch Manager, COVID-19 Response Operations
Vanessa Dal Molin	Executive Branch Manager, COVID-19 Response Policy and Support Systems
Fiona Barbaro	Executive Branch Manager, COVID-19 Response Vaccination Program (Lead)
Charmaine Smith	A/g Executive Branch Manager, COVID-19 Response Vaccination Program
Associate Professor Bruce Shadbolt	Executive Branch Manager, Centre for Health and Medical Research
Helen Matthews*	Chief Allied Health Officer
Dr Dinesh Arya*	A/g Chief Psychiatrist
Anthony Dombkins	Chief Nursing & Midwifery Officer
Professor Kirsty Douglas*	Director, Academic Unit of General Practice
Dr Dinesh Arya*	Chief Medical Officer

Notes:

1. Table 1 includes Senior Executives who are on executive contracts. It does not include all senior positions across the organisation, as reflected on the organisational chart on page 40.
2. *denotes members of the executive leadership team who are employed under the relevant Enterprise Agreements, not executive contracts.

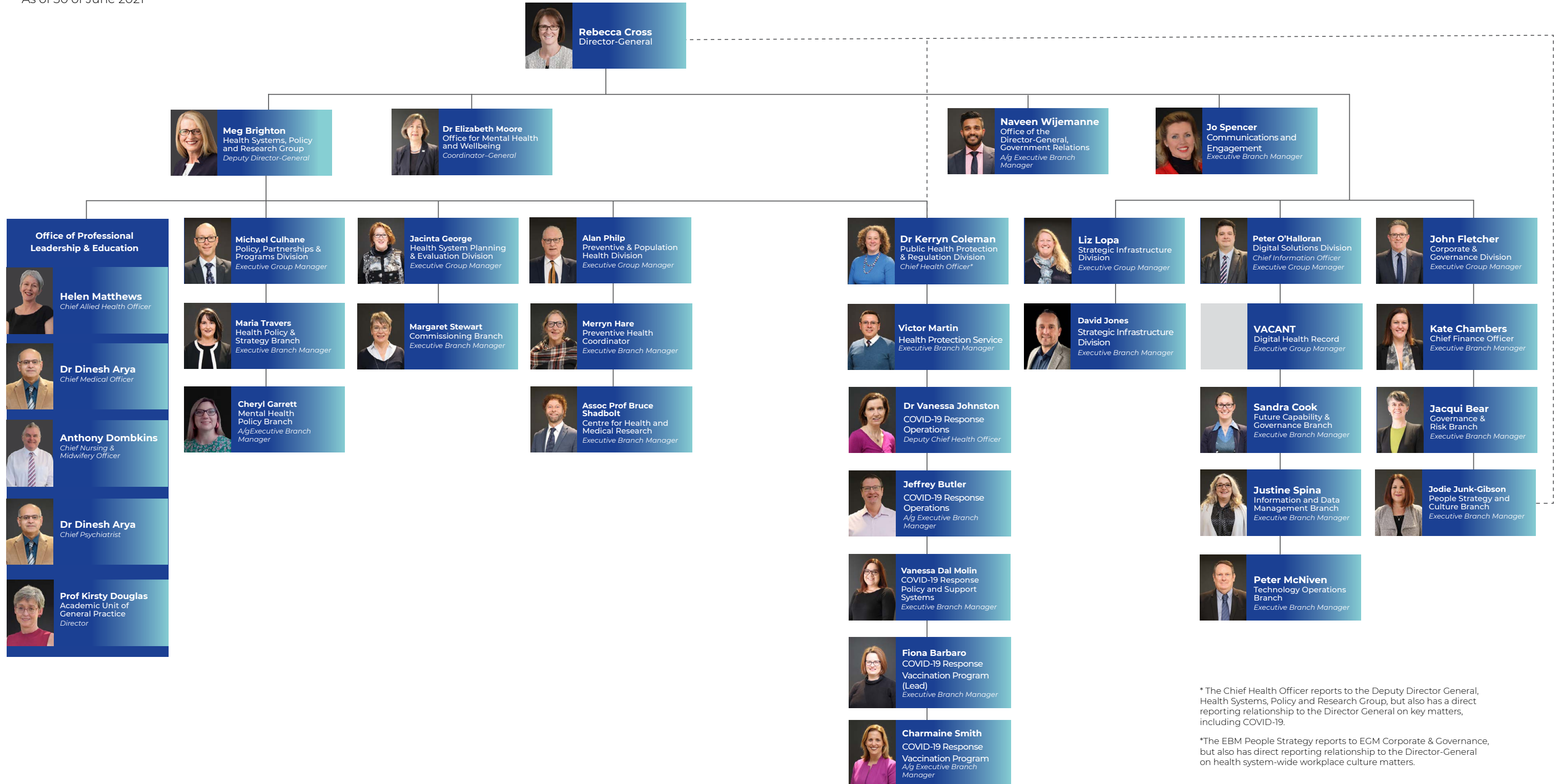
Organisational structure

The Directorate comprises:

- The Office of the Director-General and Communications and Engagement
- Digital Solutions Division
- Strategic Infrastructure Division
- Corporate and Governance Division
- Health Systems, Policy and Research Group
- Office for Mental Health and Wellbeing.

ORGANISATIONAL CHART

As of 30 of June 2021



* The Chief Health Officer reports to the Deputy Director General, Health Systems, Policy and Research Group, but also has a direct reporting relationship to the Director General on key matters, including COVID-19.

*The EBM People Strategy reports to EGM Corporate & Governance, but also has direct reporting relationship to the Director-General on health system-wide workplace culture matters.

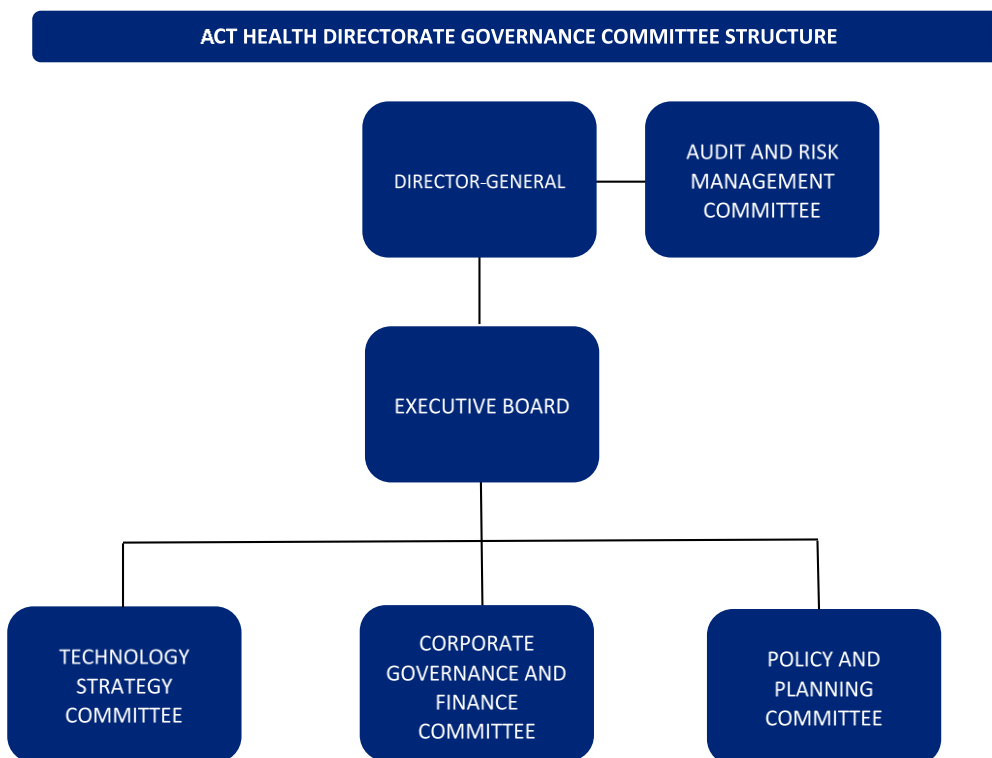
Governance structure

The Directorate's governance structure provides a foundation for corporate activity and supports transparent and accountable decision making that reflects the Directorate's values.

The Directorate's Executive Board, as the Directorate's peak committee, is supported by several committees led by senior executives comprising a cross section of representation and subject matter expertise. The Executive Board approves the Terms of Reference of these committees and periodically reviews their function and membership. The Directorate completed a review of its governance structure during 2021.

Figure 1 shows the governance committee structure as of 30 June 2021.

Figure 1: Governance Committee Structure



Executive Board

The Executive Board is chaired by the Director-General and is the peak governance committee for the Directorate. The Board oversees the Directorate's:

- high-level strategic direction
- performance against its strategic objectives
- progress towards addressing government commitments
- strategic risk management
- strategic financial management
- organisational culture and people management
- governance systems and accountability arrangements.

Policy and Planning Committee

The Policy and Planning Committee is co-chaired by the Deputy Director-General, Health Systems, Policy and Research and the Coordinator-General, Office for Mental Health and Wellbeing. The Committee has been established to:

- provide expert guidance and support to policy and planning concepts by considering early proposals and concepts and providing advice on design, implementation, monitoring, and evaluation
- provide executive leadership, guidance and oversight of Territory-wide health policies, strategies, agreements, initiatives, and commitments
- oversee the delivery of government commitments relating to health policy and planning, in line with its project milestones and deliverables
- oversee processes for planning of stakeholder engagement for the development and evaluation of policies and plans, to ensure the most effective use of stakeholder resources
- provide executive leadership to achieve better value health care through development of policies and processes of commissioning health services
- provide advice to the Executive Board on Territory-wide strategic and planning policies, including policies which have been authorised through this Committee.

Corporate Governance and Finance Committee

The Corporate Governance and Finance Committee is co-chaired by the Executive Group Manager, Corporate and Governance and the Chief Information Officer. The Committee provides governance and oversight for the Directorate's corporate and governance services and functions. It will consider reports and issues relating to:

- corporate operational policies and procedures
- budget management and financial performance, including capital reporting
- human resource management
- governance matters including risk management, internal audit, procurement, and compliance management.

Technology Strategy Committee

The Technology Strategy Committee is chaired by the Chief Information Officer. The Committee provides leadership and oversight of the Directorate's technology investment, ensuring that it appropriately supports the achievement of the Directorate's strategic and operational objectives across the Health System.

Audit and Risk Management Committee

The role of the Audit and Risk Management Committee is to provide independent advice to the Director-General on the Directorate's:

- financial and performance reporting responsibilities
- risk oversight and management
- system of internal control.

The Chair and Deputy Chair are external to the Directorate and the ACT Government.

Committees and advisory bodies

The work of the Directorate is informed by various external committees and advisory bodies, including the following statutory and non-statutory bodies:

Statutory

Gene Technology Advisory Council

The Gene Technology Advisory Council was established under section 11 of the [Gene Technology \(GM Crop Moratorium\) Act 2004](#). The Council performs an investigative and advisory function and provides advice to the Minister for Health on matters related to genetically modified food plants and gene technology.

Medicines Advisory Committee

The Medicines Advisory Committee (MAC) was established under section 194 of the [Medicines, Poisons and Therapeutic Goods Act 2008](#). The Committee provides expert advice to the Chief Health Officer about complex clinical matters involving prescribing and supplying medicines in the ACT. Specifically, the MAC provides advice on the applications for approval to prescribe controlled medicines and applications for endorsement to treat drug dependency.

Mental Health Advisory Council

The Mental Health Advisory Council was established under section 238 of the [Mental Health Act 2015](#). The role of the Council is to provide advice to the Minister for Mental Health and the Coordinator-General, Office for Mental Health and Wellbeing, on emerging or urgent mental health issues; mental health service reforms, policy, and legislative changes; and other mental health and social and emotional wellbeing matters, as requested by the Minister.

Non-statutory

ACT Alcohol and Other Drug Contingency Management Working Group (COVID-19)

The ACT Alcohol and Other Drug Contingency Management Working Group is responsible for establishing and coordinating alcohol and other drug continuity planning during the COVID-19 pandemic.

ACT Drug Strategy Action Plan Advisory Group

The ACT Drug Strategy Action Plan Advisory Group provides advice on prioritising, implementing, and evaluating activities associated with the [ACT Drug Strategy Action Plan 2018–2021](#).

ACT Health and Wellbeing Partnership Board

The ACT Health and Wellbeing Partnership Board is responsible for establishing the ACT health system services framework that combines and prioritises health education activities, research activities, and services. The aim of the framework is to improve the delivery and effectiveness of health services for the communities in Canberra and surrounding regions in NSW.

ACT Health Professional Colleges Advisory Committee

The ACT Health Professional Colleges Advisory Committee provides an avenue for the views and perspective of professional colleges on workforce culture and systemic and institutional issues within the ACT public health system. The Committee provides collective advice and comment to the Culture Review Oversight Group and other key leadership committees to implement improvements.

ACT Safe Haven Café Steering Group

The ACT Safe Haven Café Steering Group provides oversight and leadership in the development and implementation of the ACT Safe Haven Café Project.

ACT Sexually Transmissible Infection and Blood Borne Virus Health Advisory Committee

The ACT Sexually Transmissible Infection and Blood Borne Virus (STIBBV) Health Advisory Committee provides advice and assistance around the implementation of national and territory strategies for successfully addressing sexual health and blood borne viruses. The Committee informs public policy approaches to meet community needs and promote awareness of STIBBV services.

Canberra Hospital (Master Plan) Steering Committee

The Canberra Hospital is the ACT's largest health asset. The Steering Committee provides strategic project oversight and direction for the future growth and development of the Canberra Hospital. It ensures appropriate consultation across government in the development of the Canberra Hospital Campus Master Plan and receives advice on key project decisions and management from the Canberra Hospital Master Plan Project Control Group.

Canberra Region Medical Education Council

The Canberra Region Medical Education Council (CRMEC) performs accreditation functions of the intern (first year postgraduate) training program and training positions for second year postgraduates within the ACT and linked regional networks. CRMEC provides expert advice to the Minister for Health regarding the quality of education, training and welfare for junior medical officers within the ACT and linked regional networks.

Chronic Conditions Working Group

The Chronic Conditions Working Group (CCWG) is focussed on ensuring effective, coordinated and strategic chronic condition care services, in line with the objectives of the [National Strategic Framework for Chronic Conditions \(2017–2025\)](#). The CCWG provides advice to the Minister for Health on integration improvements for chronic condition services across the ACT health system.

Clinical Leadership Forum

The Clinical Leadership Forum is responsible for providing independent and expert clinical advice to the Minister for Health and Minister for Mental Health. The Forum contributes to the continuous improvement of a high-performing health system that aims to:

- keep people well
- provide the best care
- provide an industry-leading workplace.

Collaborative Working Group on Healthy Schools

The Collaborative Working Group on Healthy Schools coordinates the strategic approach for increasing the sale and consumption of healthy food in ACT schools by promoting and marketing healthy food and drinks, sharing information and data, and acting as a steering group for agreed member projects.

COVID-19 Compliance and Enforcement Working Group

The COVID-19 Compliance and Enforcement Working Group provides strategic direction and advice on regulatory issues related to the COVID-19 public health response. The Working Group oversees implementation of the compliance and enforcement framework to support public health emergency directions made under the [Public Health Act 1997](#).

Culture Reform Oversight Group

The role of the Culture Review Oversight Group (now Culture Reform Oversight Group) was to oversight the implementation of the recommendations of the [Final Report: Independent Review into the Workplace Culture within ACT Public Health Services](#) and ensure a strong governance framework for the Territory-wide response.

Culture Review Implementation Steering Group

The Culture Review Implementation Steering Group provides a forum that facilitates the implementation of the recommendations of the [Final Report: Independent Review into the Workplace Culture within ACT Public Health Services](#). The steering group assists the Culture Reform Oversight Group, administers the implementation plan and ensures alignment of implementation work across the health portfolio.

Digital Health Record Program Board

The Digital Health Record Program Board is responsible for implementing the program to meet clinical, business and user needs, and achieve improvements to patient safety and quality. The Program Board provides the structure, stability and guidance required to deliver the outcomes sought by the Directorate, CPHB and CHS.

Drug Treatment Working Group

The Drug Treatment Working Group is an advisory group that supports the development of health services and provides support for the ACT Drug and Alcohol Court.

Executive Steering Committee of the Residential Aged Care Facility Sector Response Plan

The Executive Steering Committee of the Residential Aged Care Facility (RACF) Sector Response Plan oversees the implementation of the [COVID-19 Residential Aged Care Sector Plan—Preparedness and Response Plan for the COVID-19 pandemic](#). The Committee works with stakeholders across the ACT public health system to achieve the agreed objectives and goals of the plan, and monitors and adjusts the plan to address risks and requirements.

Food Regulation Reference Group

The Food Regulation Reference Group provides advice to the Directorate on food regulatory issues and increases transparency in ACT food regulation through a collaborative approach.

Health Education Cross-Directorate Governance Committee

The Health Education Cross-Directorate Governance Committee was formed in partnership with the ACT Education Directorate and CHS to guide information sharing and advice on the development, implementation and evaluation of initiatives designed to optimise the health, wellbeing and development of children and young people in ACT public schools.

Hoarding Case Management Group

The Hoarding Case Management Group (HCMG) provides a coordinated, cross-agency approach to the management of complex hoarding and domestic squalor cases. The HCMG coordinates the interagency response to the most complex cases of hoarding or domestic squalor within the ACT.

Immunisation Operational Committee

The Immunisation Operational Committee is a collaborative forum that provides advice and assistance to the Directorate's Communicable Disease Control section. The Committee promotes and supports operational strategies that will maintain or improve immunisation services in the ACT community.

Indigenous Allied Health Australia Working Group

The Indigenous Allied Health Australia Working Group enables a collaborative approach to improve educational outcomes and opportunities for Aboriginal and Torres Strait Islander youth. The Working Group also supports the ACT's initial implementation of the National Aboriginal and Torres Strait Islander Academy.

Inter-Directorate Committee for Mental Health and Wellbeing

The Inter-Directorate Committee for Mental Health and Wellbeing (formerly the Mental Health and Wellbeing Agency Stewardship Group) drives cross-government collaboration to plan and prioritise mental health and wellbeing initiatives. The committee contributes to the identification of systemic gaps and opportunities to address the social determinants of health.

Multicultural Health Reference Group

The Multicultural Health Reference Group provides future-focused, strategic advice to the Directorate, CHS, CPHB and the Capital Health Network on matters relevant to the provision of health services to people from culturally and linguistically diverse (CALD) backgrounds.

Needle and Syringe Program Advisory Group

The Needle and Syringe Program Advisory Group provides advice to the ACT Drug Strategy Action Plan Advisory Group about the:

- changing health and support needs of people who inject drugs
- investment in needle and syringe policies, programs, and services.

Ngunnawal Bush Healing Farm Board

The Ngunnawal Bush Healing Farm (NBHF) provides a place of healing, where Aboriginal and Torres Strait Islander peoples can feel safe and supported to make ongoing and meaningful changes in their lives. The NBHF Board (the Board) advises the Director-General, ACT Health Directorate, on matters related to the

NBHF and its goal of being a place of best practice in Aboriginal practice and cultural healing. The Board has diverse cultural, community, and government expertise.

Non-Government Organisation Leadership Group

The Non-Government Organisation (NGO) Leadership Group facilitates better integrated services and collaboration with NGOs in the ACT public health system. The Group aims to enhance the quality of strategic policy development and service planning by improving coordinated care, research, learning and culture across the health system.

Nurses and Midwives: Towards a Safer Culture Steering Committee

The Nurses and Midwives: Towards a Safer Culture Steering Committee oversees the implementation of the [Nurses and Midwives: Towards a Safer Culture – The First Step Strategy](#).

Opioid Treatment Advisory Committee

The Opioid Treatment Advisory Committee provides advice to the Directorate about issues of interest to, or concern for, clients and providers of opioid maintenance treatment in the ACT.

Pill Testing Working Group

The Pill Testing Working Group examines the broader public health, legal and social issues related to third-party pill testing in the ACT.

Contact details: For more information, contact ACTHealthCorporate&G@act.gov.au.

Summary of performance

During 2020–21, the Directorate has delivered on key government strategies and priorities. We have also continued to play a central role in the response to the public health emergency faced by the ACT community.

Information on how the Directorate performed against its strategic objectives, strategic indicators and Output Class 1 is detailed in the B.2 Performance analysis overview section, page 69.

COVID-19 Response

Public Health Emergency

A public health emergency was declared in the ACT on 16 March 2020, in response to the global COVID-19 pandemic.

The Minister for Health signed the instrument declaring the public health emergency under section 119 of the [Public Health Act 1997](#).

This was the first time a public health emergency had been declared in the ACT.

The public health emergency declaration was extended beyond its initial declaration based on advice from the Chief Health Officer (CHO) to the Minister for Health. The continuation of the public health emergency declaration ensured the ACT maintained capability to respond to the public health risk of COVID-19. At the

time of this report, the public health emergency declaration was last extended on 18 May 2021 for a further 90 days, to 16 August 2021.

During 2020–21, the CHO provided monthly reports to the Minister for Health on the status of the public health emergency due to COVID-19, which were tabled in the Legislative Assembly. These reports outlined the ACT’s operational response during each 30-day reporting period and provided advice to the ACT Government on the need for the public health emergency declaration in the ACT.

The CHO provided regular advice to the ACT Government on COVID-19 matters considered by National Cabinet, which was informed by the ongoing work of the Australian Health Protection Principal Committee (AHPPC), of which the CHO is a member, and the COVID-19 Response Division within the Directorate.

Public Health Emergency Directions

[ACT Public Health Directions](#) provide the CHO with additional powers to do whatever is necessary to contain the spread of COVID-19 and reduce its risk to the health of Canberrans.

The CHO was guided and assisted by the ACT Government Solicitor’s office in preparing the public health emergency directions, including consistency with human rights.

The CHO made a number of public health directions that restricted gatherings, business activities and interstate travel. Public health directions were also made for quarantine and isolation requirements in aged care settings. Information about specific public health directions is provided in Restrictions, page 55.

Health response

The ACT’s public health response was guided by the advice of the AHPPC and National Cabinet. It successfully prevented incursions of COVID-19 cases in returned overseas travellers, government officials and diplomats from spreading to the community, ensuring that the ACT health care system had the ability to cope with new cases, and surge, if required.

As of 30 June 2021:

- there were no active COVID-19 cases in the ACT
- a total of 121 cases recovered from COVID-19 and were released from self-isolation
- three COVID-19 deaths were recorded.

There was no evidence of community transmission in the ACT. Of the 124 ACT cases:

- 95 were overseas acquired cases, with 29 related to cruise ships
- eight were interstate acquired cases
- 20 were close contacts of known cases
- one was locally acquired with an unknown epidemiological link.

The Directorate continued to take appropriate public health action to contact trace new COVID-19 cases, as well as close or casual contacts of positive cases in the ACT or returning from other jurisdictions, in line with national guidelines.

Health Emergency Control Centre

The Health Emergency Control Centre (HECC) implements the decisions and directions of the CHO, including:

- monitoring, investigating and managing any confirmed cases, contacts and outbreaks
- planning for and managing repatriation flights
- establishing COVID-19 Testing Clinics and testing capability
- developing COVID-19 centric emergency plans.

The composition of the HECC is based on core emergency management principles and is scalable and flexible to meet the nature and complexity of the incident. The HECC has close operational and organisational relationships with key stakeholders across government. It worked closely with numerous stakeholders to prepare and plan for COVID-19 in the ACT. Whole-of-government plans and working groups have been established on:

- compliance and enforcement
- correctional facilities
- disability
- NGOs
- outbreak support (including communications)
- primary health care
- residential aged care
- accommodation.

Public Health Emergency Coordination Centre

The Public Health Emergency Coordination Centre (PHECC) is focused on the public health response to COVID-19 in the ACT. The Deputy Health Controller (Public Health) oversees the PHECC. The PHECC has the following goals:

- effectively identifying, treating and managing new cases of COVID-19
- minimising the transmission of COVID-19 within the community
- ensuring consistency and effective communications across whole of government
- managing returned travellers who have entered mandatory 14 days quarantine.

Key PHECC functions include, but are not limited to:

- operations, for example, case management, contact tracing, data, and medical officers
- logistics, for example, personal protective equipment (PPE) stockpile and accommodation services for hotel quarantine
- planning, for example, daily briefing and situation report and developing health sector plans
- exemptions, legal, policy and support, for example, exemption programs for public health restrictions, development of public health directions, and stakeholder support.

Clinical Health Emergency Coordination Centre

The Clinical Health Emergency Coordination Centre (CHECC) coordinates, enables and facilitates the CHO's ability to manage the COVID-19 pandemic. The Deputy Health Controller (Clinical) oversees the CHECC. The CHECC provides COVID-19 specific:

- clinical advice
- clinical direction
- effective and consistent treatment standards
- best practice advice
- health services to the ACT and surrounding regions.

In doing this, the CHECC aims to protect:

- patients and consumers
- health workers
- the community.

The CHECC is responsible for leading the Territory-wide clinical service delivery response to the COVID-19 pandemic for the ACT, focusing on:

- identifying the capacity of hospital-based services across the ACT and region, such as emergency departments, intensive care units and ward-based care
- identifying the workforce, equipment and supplies required to operate the above if increased cases of COVID-19 increase demand for hospital-based services
- establishing a clear and agreed clinical services response plan for managing increased demand for hospital-based services in the ACT and surrounding regions, including using private hospitals if required
- working closely with the PHECC to align the clinical response plans and activities with the public health response, particularly for the primary health care and non-government sectors.

The CHECC leads the development of the Territory-wide COVID-19 clinical response plans. These plans support the Territory to respond to the impact of the COVID-19 pandemic in the ACT and surrounding regions. The CHECC, as an emergency coordination centre, oversees the implementation and operationalisation of the clinical response plans.

COVID-19 testing

Testing is a vital step in managing COVID-19, and symptomatic people getting tested means early detection of COVID-19 and allows the Directorate to quickly respond before there is widespread transmission.

Table 2 shows number of negative COVID-19 tests in the ACT from 1 July 2020 to 30 June 2021.

Table 2: 2020–21 negative COVID-19 tests in the ACT

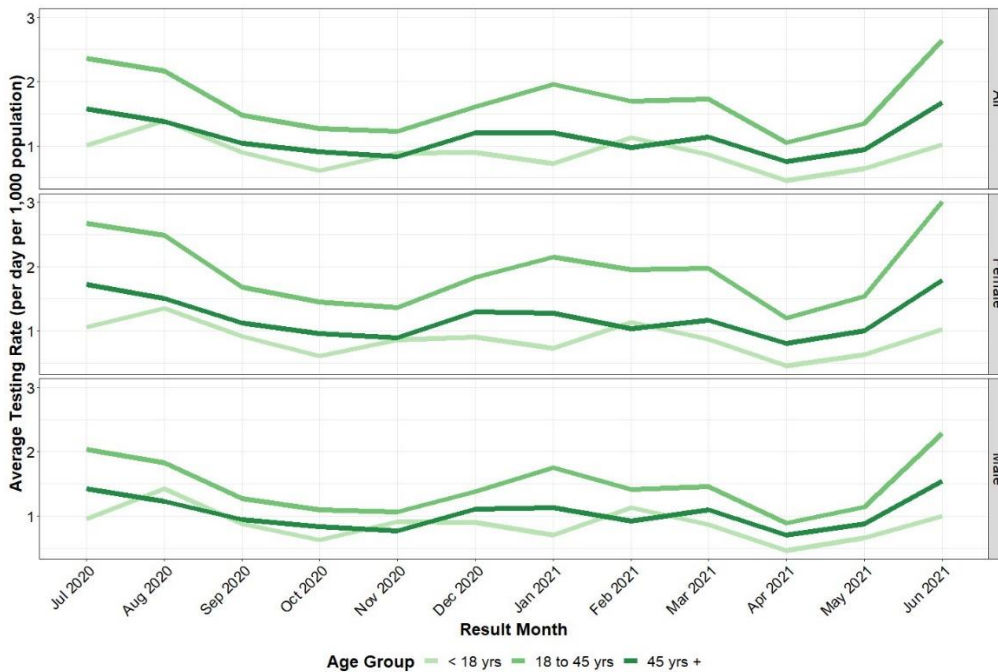
Description	2020–21 financial year
Total negative tests collected	206,357
Average number of negative tests collected – per day	565

Average negative testing rate – per day, per 1,000 population

1.31

Figure 2 shows ACT COVID-19 average monthly testing rates by sex and age group.

Figure 2: COVID-19 average testing rates for ACT residents, by result month (sex, age group)



Planning

The following plans were developed and were, and continue to be, ready for use in the event of a COVID-19 outbreak:

ACT Health Sector COVID-19 Pandemic Operational Response Framework

The ACT Health Sector COVID-19 Pandemic Operational Response Framework outlines the actions to be undertaken in the ACT context in response to COVID-19. This framework was developed in the initial response to COVID-19 in 2020, capturing and guiding the initial and targeted response to COVID-19 by the ACT health sector over the likely duration of the COVID-19 pandemic.

COVID-19 High Risk Settings Outbreak Management Plan

The COVID-19 High Risk Settings Outbreak Management Plan outlines the rapid assessment, coordination, and public health response to an outbreak of COVID-19 in a high-risk setting (for example, residential aged care facilities, boarding residences, or supported accommodations).

COVID-19 Whole-of-Government Outbreak Support Plan

The COVID-19 Whole-of-Government Outbreak Support Plan outlines the whole-of-government emergency management arrangements available to a Directorate-led Outbreak Management Team to respond to outbreaks in high-risk settings.

COVID-19 Outbreak Communications Plan

The COVID-19 Outbreak Communications Plan provides a whole-of-government communications approach to the first 24–48 hours of an outbreak to reduce the likelihood of COVID-19 spreading through the high-risk setting and/or into the broader community.

COVID-19 Transport Support Plan

The COVID-19 Transport Support Plan identifies appropriate mechanisms and services to enable the safe transport of clients due to COVID-19 restrictions and limit the possibility of increased demand on transport services for emergency community transport, as triaged by the Directorate.

COVID-19 – An ACT Operational Plan for People with Disability

The [COVID-19 – An ACT Operational Plan for People with Disability](#) (the Operational Plan) outlines the ACT's response to the Commonwealth Plan (Management and Operational Plan for People with Disability) and focuses on the actions and responsibilities of the Directorate, hospitals, primary healthcare, specialist disability services, and people with disability.

The COVID-19 Primary Health Care Support Framework

The [COVID-19 Primary Health Care Support Framework](#) supports the delivery of primary health care services during the pandemic and the coordination of 'out-of-hospital' services for persons affected by COVID-19.

COVID-19 Residential Aged Care Sector Plan

The [COVID-19 Residential Aged Care Sector Plan](#) outlines the roles and responsibilities of all key stakeholders in preparing and responding to the COVID-19 pandemic in the residential aged care sector.

The Custodial Settings Preparedness and Response Plan for the COVID-19 Pandemic

The Custodial Settings Preparedness and Response Plan for the COVID-19 Pandemic outlines the roles and responsibilities of all key stakeholders in preparing and responding to the COVID-19 pandemic in custodial settings.

Institutional Outbreak Standard Operating Procedure

The Institutional Outbreak Standard Operating Procedure documents the processes and procedures for the Directorate when managing an outbreak of COVID-19 in institutional settings, including aged care facilities, schools and correctional facilities.

The COVID-19 Fatality Action Plan

The COVID-19 Fatality Action Plan outlines how to:

- effectively manage an increase in fatalities as a result of the COVID-19 pandemic using resources within the ACT
- identify when additional resources would be required.

The plan identifies current baseline and surge capacity for each of the domains involved in managing deceased patients. It also identifies points at which additional capacity arrangements would need to be activated via external resources.

The COVID-19: Guidance for Funeral Industry Workers

The [COVID-19: Guidance for Funeral Industry Workers](#) document provides guidance to funeral directors and mortuary personnel. It explains how to safely handle COVID-19 infected bodies and the safeguards for preventing exposure to COVID-19 from family and friends of the deceased person.

Guidance for Entry into the ACT for Essential Parliamentary Business

This guidance outlines a series of core principles which Members of Parliament and Senators are required to follow, and reflects the current travel restrictions that are in place for NSW and Victoria.

The COVID-19 Guidance for Shared Accommodation

The [COVID-19 Guidance for Shared Accommodation](#) document provides guidance to shared accommodation facilities. It explains how to:

- determine the facility's readiness for COVID-19 risks
- develop plans and implement strategies to prevent the introduction and spread of COVID-19
- identify people with respiratory illness
- manage residents with suspected or confirmed COVID-19.

Cases in hotel quarantine

On 1 March 2021, Canberra, ACT received an Australian Government-facilitated flight (GFF) from Singapore. The 146 returning passengers were required to undertake 14 days of hotel quarantine. On 2 March 2021, two passengers were confirmed as COVID-19 cases through the mandatory COVID-19 entry test (within 48 hours of arrival). Public health measures were implemented to limit onward transmission of the infection. The outbreak occurred over a 4-week period, with the last confirmed case clinically cleared on 29 March 2021. There was a total of five (3.4 per cent) confirmed COVID-19 cases. None of the cases required hospitalisation. There was no onward transmission of the virus from the five confirmed cases from the GFF to any of the hotel-quarantine workers or the broader community.

Subsequent viral genomic sequencing processed by ACT Pathology and the Australian National University (ANU) identified genetic association between the confirmed cases in hotel quarantine in Canberra. The genomic sequencing results revealed they had the Variant of Concern (VOC) Beta (previously referred to as the SARS-CoV-2 South Africa variant, where it was first detected). The evidence from epidemiological investigation (and clinical information) supported the likely index of the cluster to be an unidentified case from Singapore International Airport.

ACT COVID-19 vaccination program

The Directorate is leading the ACT Government's rollout of the COVID-19 vaccination program (the program) in accordance with the Australian COVID-19 Vaccination Policy (the national policy) and in partnership with all states and territories.

The national policy sets out the program context, and the arrangements for national governance, vaccine purchasing, program rollout, data and reporting, and communications. It outlines how, dependent on vaccine delivery schedules and the identification of priority groups for vaccination, COVID-19 vaccines will be rolled out.

The ACT Government program complements the Commonwealth Government-led rollout in primary care in the ACT (general practices, general practice respiratory clinics and, at a later date, community pharmacies). The program aims to ensure access to COVID-19 vaccinations for all Canberrans in line with the national eligibility criteria. Three high volume ACT Government-managed vaccination clinics have been established in 2020–21 under the CHECC. This involves close collaboration between the Directorate, CHS, CPHB and other ACT Government directorates. The first clinic was opened on 22 February 2021 at the Garran COVID-19 mass vaccination clinic, and the second clinic was opened on 3 May 2021 at CPHB. The Airport precinct vaccination clinic was opened on 29 June 2021. As at 30 June 2021, ACT Government clinics had administered 85,086 vaccinations, of those 17,346 were for people in Phase 1a priority group including frontline health, quarantine, and border workers.

Another successful component of the program includes the opening of the Access and Sensory clinic at the Garran COVID-19 mass vaccination clinic in May 2021. Established in collaboration with government partners and the disability sector, the Access and Sensory clinic has been designed to better support the individual needs of people with disabilities. The clinic continues to operate and receive positive feedback from the community.

The Directorate also commissioned a component of the Digital Health Record (DHR) system to enable the COVID-19 vaccine booking processes for call centre staff and online through the MyDHR portal. This also enabled nurses to record the administration of the vaccine in the public vaccination clinics. From the commissioning of the system until 30 June 2021:

- 107,574 vaccinations were booked in the system (over the phone or online)
- 85,086 COVID-19 vaccination administrations were recorded in the system.

Restrictions

Business and public gatherings

[Public Health \(Restricted Activities–Gatherings, Business or Undertakings\) Emergency Direction 2021 \(No 4\)](#)

This direction restricted non-essential gatherings and the operation of non-essential businesses and undertakings, to limit the spread of COVID-19. The direction applied restrictions to:

- gatherings in an outdoor space of more than 1,000 persons
- gatherings and patron limits at many non-essential businesses and undertakings, which were permitted to have 25 people across the premises and then required to apply a density limit of one person per two square metres of usable space
- organised functions or events, which were restricted to one person per two square metres of usable space or no more than 100 persons (whichever was the smaller).

Most non-essential businesses and undertakings were required to have a COVID-19 Safety Plan and ask for customers' first name and contact number and record those details, if provided.

Check In CBR app

[Public Health \(Check In Requirements\) Emergency Direction 2021 | Notifiable instruments \(act.gov.au\)](#)

The Check In CBR app was launched on 9 September 2020 to enable the electronic collection of patron contact details at non-essential businesses and gatherings. The Directorate developed the app to assist businesses and venues to meet their obligations under the Public Health Direction and support efficient contact tracing if a new case of COVID-19 was identified in the ACT. Contact information collected through the app is securely stored by the Directorate for 28 days and then deleted, and can only be accessed by the Directorate for contact tracing purposes, if required (or as otherwise required by law).

Following the successful take-up of the Check In CBR app across the Canberra community, use of the Check In CBR app became mandatory for all non-essential businesses, gatherings and undertakings on 6 March 2021.

As of 30 June 2021:

- 10,668 venues were registered with Check In CBR
- 18,510,795 check-ins had been recorded through the app
- there had been 843,868 downloads of the app.

Check In CBR App

As of 30 June 2021:

- ✓ **10,668 venues** were registered with Check In CBR
- ✓ **18,510,795 check-ins** had been recorded through the app
- ✓ **843,868 downloads** of the app.



Aged care

[Public Health \(Residential Aged Care Facilities\) Emergency Direction 2021 \(No 4\)](#)

Restrictions prevented visitors from entering Residential Aged Care Facilities (RACFs) if they had been overseas within the last 14 days, been in contact with a confirmed case of COVID-19, or had a temperature exceeding 37.5°C.

Until 17 May 2021, with the commencement of the Public Health (Residential Aged Care Facilities) Emergency Direction 2021 (No 3), people entering an RACF were required to have a 2020 influenza vaccination with some exceptions, including if:

- a person was entering to provide care and support or end-of-life support, or as a prospective resident visitor or
- the vaccination was not available to the person.

Returned travellers

[Public Health \(Returned Travellers\) Emergency Direction 2021](#)

Restrictions on persons entering the ACT following a flight from outside Australia applied from the point at which the person arrived in the ACT. Returned travellers were required to go directly from the point of

arrival to a designated premise and remain there until clearance from quarantine was given by an authorised medical officer.

The Directorate received three GFFs directly into the ACT in 2020–21, encompassing 432 passengers. At the end of the 2019–20 period, the Directorate had received two GFFs, encompassing 504 passengers.

The Directorate has facilitated a number of direct Special Purpose flights into the ACT, including the return of Commonwealth Officials from the Group of Seven (G7) summit.

The Directorate has worked closely with Commonwealth agencies and undertaken a number of reviews of documentation to ensure a robust and safe hotel quarantine system. This included supporting the National Review into Hotel Quarantine, undertaken by Jane Halton.

Self-isolation

[Public Health \(Self-Isolation\) Emergency Direction 2020 \(No 4\)](#)

A person diagnosed with COVID-19 in the ACT was required to self-isolate until clearance was given by an authorised medical officer, or to travel directly to a hospital for medical treatment. Additionally, persons that had been notified by an authorised person that they were a close contact of a person diagnosed with COVID-19 were also required to self-isolate (quarantine) until given clearance by an authorised person.

Mandatory face masks

[Public Health \(Mandatory Face Masks – Canberra Airport and Domestic Flights\) Emergency Direction 2021 \(No 2\)](#)

From 22 January 2021, face masks have been required for persons travelling through Canberra Airport and on domestic flights. The requirement applies to anyone inside the airport terminal and on-board aircraft. This Direction was implemented in line with all jurisdictions following agreement from National Cabinet.

Commencing 11:59pm on 27 June 2021, face masks were also temporarily* required for persons at businesses and undertakings, residential aged care facilities, public passenger vehicles and at public passenger service waiting areas. This direction was imposed in response to an outbreak in greater Sydney involving the highly infectious Delta variant of COVID-19, and the risk of the Delta variant being imported into the ACT from Sydney.

***NOTE:** this requirement was lifted at 11:59pm on 9 July 2021.

COVID-19 affected areas

[Public Health \(COVID-19 Affected Areas\) Emergency Direction 2021 \(No 9\)](#)

This direction restricted entry to the ACT for people travelling from an area or a place identified by the CHO as a 'COVID-19 affected area', an 'affected area subject to a Stay at Home requirement' or a 'COVID-19 place of concern' due to the identification of positive COVID-19 cases.

Under this direction, certain quarantine, Stay at Home and/or testing requirements apply to individuals wishing to enter the ACT if they have been in an area listed in this direction. In addition, non-ACT residents may be required to obtain an approved exemption from the Directorate to enter the ACT.

Prior to 1 February 2021, COVID-19 affected areas were referred to in directions (including the title of directions) as ‘interstate hotspots’. From 11:59pm on 12 February 2021, beginning with the Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No 4), areas or places identified as being affected areas have been identified through a separate COVID-19 Affected Areas Notice published on the [COVID19.act.gov.au](https://www.covid19.act.gov.au) website. In addition, a tiered approach to travel restrictions was introduced:

- During a ‘Watch and Assess’ period, people entering the ACT are required to complete an online declaration form available on the ACT COVID-19 website within 24 hours prior to travel, or within 24 hours of the requirements being enacted (if travellers are already in the ACT).
- Under ‘Stay at Home’ requirements, non-ACT residents entering the ACT are required to apply for an exemption to travel to the ACT. ACT residents are required to complete an online declaration form. Stay at Home requirements apply.
- Under a ‘COVID-19 Affected Area’ direction, non-ACT residents entering the ACT are required to apply for an exemption to travel to the ACT. ACT residents are required to complete an online declaration form. Quarantine requirements apply.

Since the above requirements were introduced, 159 COVID-19 Affected Areas Notices have been issued up until 30 June 2021.

Restrictions and requirements during 2020–21 year are shown in Table 3.

Table 3: 2020–21 restrictions and requirements

Restriction or requirement	2020–21 financial year
Declaration – introduced on 18 November 2020	68,166
Stay at Home – introduced on 27 April 2021	15,199
Quarantine	18,311
Total	101,676

Easing of restrictions

[Canberra’s Recovery Plan: Easing of Restrictions Roadmap](#) outlines the ACT’s stepwise approach to easing public health restrictions.

Checkpoints between each step of the roadmap helped to identify and respond to any change in circumstances that may have had a negative impact on the ACT’s COVID-19 recovery.

The ‘COVID-normal’ stage of the roadmap came into effect on 14 April 2021. These new restrictions allowed for increased capacity for non-essential businesses and venues, larger gatherings of up to 1,000 people and increased capacity for entertainment facilities including cinemas and movie theatres, outdoor stadiums, and large indoor performance venues.

Exemptions

The CHO has the ability to grant exemptions to the public health directions. In 2020–21, exemptions have been granted for the following reasons:

- Permitting an increased number of persons to attend a funeral.

- Permitting returned international travellers to home quarantine for compassionate reasons.
- Permitting non-ACT residents travelling from COVID-19 affected areas entry into the ACT to undertake essential work (such as for Federal Parliamentarians) and for compassionate reasons.
- Permitting crew of commercial domestic flights from COVID-19 affected areas, who would ordinarily be required to quarantine or 'stay-at-home' for a set duration, to leave early in order to return to flight duties.
- Permitting some people who have been in a COVID-19 affected area or an area of concern to enter the ACT without needing to complete a declaration or exemption form; these are known as standing exemptions. Standing exemptions are available for various groups, including for NSW residents who live within 100 kilometres of the ACT border. At various times under a standing exemption, persons travelling from New Zealand have also been exempted from the mandatory requirement for returned international travellers to quarantine.

Event exemptions

Events are important to our community; they create jobs, provide entertainment, and keep people connected to their community. In September 2020, a COVID Safe Event Protocol was implemented to assist with returning events to the ACT. The Protocol provides guidance to event organisers planning an event within the ACT that goes beyond those permitted by the Public Health (Restricted Activities – Gatherings, Business or Undertakings) Emergency Direction applying for an exemption. Between 23 September 2020 and 30 June 2021, 542 event exemptions requests were assessed under the Protocol.

To assist with the assessment of complex events or high-risk events with more than 1,000 people attending, an Event Assessment Committee was established to provide advice to the CHO. The Event Assessment Committee has representation from the Coordinator-General, Office of the CHO, the Chief Minister, Treasury and Economic Development Directorate, ACT Policing, Access Canberra, and Transport Canberra and City Services.

The event exemption process has helped support events returning to the ACT with increased attendance in a COVID-safe way, including the 2021 Enlighten Festival, the live music sector, and community events.

Compliance

During the COVID-19 Proactive Compliance Inspection Program from 1 July 2020 to 30 June 2021, Health Protection Service (HPS) public health officers conducted 3,123 COVID-19 proactive visits to food businesses, 42 visits to public swimming pools, and 162 visits to infection control premises. The HPS also conducted 113 COVID-19 compliance engagements with places of worship.

The objectives of the HPS COVID-19 Proactive Compliance Inspection Program were ensuring that businesses and organisations:

- comply with the current public health directions
- have measures in place to minimise the risk of COVID-19
- maintain effective hygiene and follow social distancing rules
- take all practicable steps to prevent contamination of their food service or processing environment.

An engagement, education, enforcement compliance approach was used for the HPS COVID-19 Proactive Compliance Inspection Program. HPS public health officers worked closely with businesses and

organisations to support compliance and enable businesses and organisations to continue activities while maintaining public health and safety.

In addition to the proactive visits, the team undertook considerable work responding to enquires and complaints, assisting to interpret the directions, developing education materials for businesses, and supporting communications directly to businesses on direction changes.

This program ran parallel to Access Canberra's COVID-19 Response Program and considerable collaboration, including joint inspections and sharing compliance information, has been essential to the success of both programs.

Other measures to protect Canberra community

The Directorate developed the [Opioid Dependency Treatment \(ODT\) Contingency Guidelines](#) to support individuals using Opioid Maintenance Treatment (OMT) during the COVID-19 response. The development of these guidelines:

- ensured that vulnerable Canberrans using OMT were still able to obtain access to their medication if required to isolate or quarantine
- guided prescribers and health practitioners working with this group on how to safely and effectively help them through the height of the pandemic.

The Directorate supported ACT Health-funded NGOs during the COVID-19 pandemic by providing:

- regular communication updates from the ACT CHO
- access to PPE supplies
- flexibility with service delivery and reporting requirements.

Vaccine authorisations

[Medicines, Poisons and Therapeutic Goods \(Vaccinations by Pharmacists\) Direction 2021 \(No 1\)](#)

Pharmacists and intern pharmacists who meet the requirements of the [ACT Pharmacist Vaccination Standards](#) (Vaccination Standards) are authorised to administer a COVID-19 vaccine to a member of the public. Temporary amendments were also made to the Vaccination Standards to alter the first-aid qualification requirements due to a restriction in face-to-face training during the initial stages of the COVID-19 outbreak.

[Medicines, Poisons and Therapeutic Goods \(Nurse and Midwife Immunisers\) Direction 2020 \(No 1\)](#)

This direction authorised suitably qualified registered nurses and midwives to administer a COVID-19 vaccine to a member of the public. The direction formed part of broader changes to authorising mechanisms for nurse and midwife immunisers in the ACT, established in September 2020.

Contact details: For more information, contact ACTHealthOCHO@act.gov.au.

Workplace Culture Review Implementation overview

[The Final Report: Independent Review into the Workplace Culture within ACT Public Health Services](#) was delivered by an Independent Panel to the ACT Government in March 2019. The former Minister for Health and Wellbeing tabled the Government response to the review on 16 May 2019, agreeing to implement all 20 recommendations over a three-year period.

There has been continued progress in addressing culture and leadership issues and to implement the 20 recommendations of the review across the three organisations that make up the ACT public health system: the Directorate, Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB).

Achievements for 2020–21

Notable achievements in this reporting period include:

- [Speaking Up for Safety \(SUF5\)](#). Both CPHB and CHS have implemented the SUFS program through the Cognitive Institute. CPHB commenced implementing the train-the-trainer program in February 2020, while CHS commenced in January 2021.
- [Choosing Wisely](#). CHS became a champion health service member of Choosing Wisely Australia and established a Choosing Wisely Low Value Care Steering Committee.
- [NGO Engagement](#). The NGO Leadership Group (NGOLG) has continued to meet regularly since the initial meeting in October 2019. The engagement through the NGOLG has provided opportunities for collaboration and engagement between the parties and has been a forum to provide advice on engaging with NGOs to address matters relating to supporting NGOs funded by the Directorate during the COVID-19 public health emergency.
- [Review of recruitment practices to ensure following principles outlined in the Enterprise Agreements and legislation](#). The Directorate and CHS recruitment policies and procedures have been reviewed to ensure well-structured recruitment processes.
- [HR Functions Review](#). The Human Resources (HR) Functions Review was completed in November 2020. The findings from the Review have been considered by each organisation and opportunities for improvement have been assessed. Organisations have commenced progressing the findings.
- [Review of people training programs to ensure alignment with Workplace Culture Framework \(WCF\)](#). Internal HR training programs were reviewed through a formal evaluation process by an external reviewer. Findings are currently being considered for implementation.
- [Development, application and testing of the Organisation Culture Improvement Model \(OCIM\)](#). This is an assessment approach to quantify an organisation's cultural maturity, identify where the organisation aspires to be, and provide a structured action plan to enable meeting the organisation's identified targets.

System-wide approach to enhancing culture

There has been a continued investment in a robust governance process to ensure that the recommendations of the Culture Review are implemented. These arrangements include:

- The Culture Reform Oversight Group (Oversight Group), which is chaired by the Minister for Health, and the Minister for Mental Health as Deputy Chair, with the membership consisting of key external

stakeholders and the senior executive leaders of the ACT public health system. In 2021, the group previously known as the Culture Review Oversight Group agreed to change its name to reflect the solution-focused and future facing role of the group. The Oversight Group provides leadership and accountability to the implementation process. Since its inception, there have been ten meetings held with a focus on system-wide implementation and progress.

- The Culture Review Implementation Steering Group (Steering Group) , which is chaired by the Directorate’s Director-General and consisting of membership of senior executive leaders and HR executives from the three organisations that make up the ACT public health system.

In May 2021, Ms Renee Leon was engaged to undertake the second annual independent review into the progress of implementing the 20 recommendations from the Culture Review.

Outlook for 2021–22

In 2021–22, the focus will be on continuing the solid governance foundations to affect the following priorities:

- consideration of the findings of the second annual independent review, and implementation of targeted actions to enhance the effectiveness and impact of culture reform across the ACT public health system
- continued investment in the ongoing development and evolution of the system-wide initiatives to deliver the five workplace priorities as outlined in [the Final Report: ACT Public Health System – Investing in our People: A system-wide, evidence-based approach to workplace change](#), authored by the Australian National University
- further enhancement and application of the OCIM that has been used by each of the three organisations within the ACT public health system to quantify their cultural maturity
- completion of a third assessment by each organisation against the OCIM, to determine their current level of maturity against each priority area of the Framework – appropriate initiatives will be developed and applied according to the maturity status of each organisation
- continued attention on progressing the ‘whole of health system’ recommendations from the Review, in addition to organisation specific recommendations
- providing greater clarity and reinforcing linkages between governance arrangements across the ACT public health system
- developing and delivering a portfolio-wide dashboard enabling the health system to monitor a range of measures to affect improvements to culture
- continued investment in accessing and analysing data to understand the current state and implement appropriate strategies to support improved workplace reform
- further development of strong evaluation mechanisms to enable the health system to measure the effectiveness of initiatives
- ensuring that the ACT public health system culture reform program continues across the ACT public health system, whilst also being sustainable at the completion of the project being funded.

Contact details: For more information, contact ourculture@act.gov.au.

Divisional overview

Office of the Director-General and Communications and Engagement

Office of the Director-General

The Office of the Director-General, which includes Ministerial and Government Services, provides coordination support and direction in respect to government relations activities.

Ministerial and Government Services provides operational and strategic support to our ministers, the Director-General and the Directorate staff in ministerial and government business, including matters relating to Cabinet, the ACT Legislative Assembly, and intergovernmental and ministerial requests.

Throughout 2020–21, Ministerial and Government Services worked closely with business units to provide advice on a range of Cabinet, Assembly and ministerial matters, including government processes, ministers' preferences, templates, style, and format.

Communications and Engagement

Strategic Communications and Engagement works across the Directorate to ensure effective, best practice, valuable communication and engagement that benefits Canberrans and supports the priorities of our ministers and the Government. In February 2021, a new Executive Branch Manager position was created.

In the first quarter of 2021, the Vaccine Communications Team was created to support the rollout of the COVID-19 vaccination program for Canberrans. The team was established utilising existing staff from the Communications and Engagement Team.

New staff were brought into the team to continue to run the ongoing communication and engagement business of the Directorate. This has served to introduce new ideas and behaviours, as the work in support of important programs across the Directorate escalates to pre-COVID-19 levels.

Strategic Communications and Engagement works closely with business and policy teams to improve understanding and awareness of the communication needs of Canberrans, strengthen the Directorate's communication channels, and ensure the community of the ACT is fully informed on a wide range of public health issues. The unit works to ensure information is timely, relevant, and easy for the community to understand.

Contact details: For more information, contact DGACTHealth@act.gov.au.

Digital Solutions Division

The Digital Solutions Division (DSD) provides high-level leadership, management, and strategic advice in relation to performance reporting and technology capabilities across the ACT public health system. DSD is responsible for:

- implementation of the Digital Health Strategy 2019–2029, including the Digital Health Record Program
- functions and resourcing, including policies and risk management for:
 - technology
 - data

- protective security
- records management
- prioritisation of new and existing initiatives for technology, data, protective security, and records management.

Contact details: For more information, contact HealthCIO@act.gov.au.

Strategic Infrastructure Division

The Strategic Infrastructure Division (SID) is responsible for Territory-wide health infrastructure policy, strategy and design, including public hospital campus planning. SID supports the Territory's health system by:

- providing strategic advice and leadership in infrastructure master planning, strategy and design
- supporting our NGO health service partners by providing fit-for-purpose infrastructure and asset management
- providing a safe, sustainable and effective workplace for the Directorate's workforce through asset, leasing and facilities management
- representing the ACT Government on the trans-Tasman Australasian Health Infrastructure Alliance.

SID takes a long-term look at health infrastructure across the ACT and uses clinical input, demand scenarios, population projections (location of growth areas), community feedback, asset assessment and infrastructure information to plan for modern, dynamic, and accessible health infrastructure. SID works across the whole public health system by liaising with CHS, CPHB and our NGO partners in the planning and design of new health facilities and upgrades to existing health facilities to meet the community's healthcare needs.

Projects include the new northside hospital, Canberra Hospital Master Plan, southside hydrotherapy pool, and minor and major infrastructure upgrades at health facilities across the Territory.

Contact details: For more information, contact acthealthstrategicinfrastructure@act.gov.au.

Corporate and Governance Division

The Corporate and Governance Division (C&G) brings together:

- corporate support services, with specialist skills and experience across its full range of functions
- best business practice sourced from the public and private sectors
- systems and processes structured to support the Directorate and its delivery partners.

C&G provides these services through the following branch structure:

- Governance and Risk Branch – internal audit, governance and compliance, risk management, freedom of information requests, and procurement
- Strategic Finance Branch – budgeting and reporting, financial reporting, and capital reporting
- People Strategy and Culture Branch – people services, the Directorate workforce strategy and culture, performance management, learning and development, and workplace health and safety.

During the 2020–21 reporting year, C&G worked to strengthen the Directorate’s corporate service delivery and governance arrangements across a range of activities, including:

- regular policy audits
- effective corporate budget management
- robust internal auditing
- ongoing human resource management improvements.

Contact details: For more information, contact ACTHealthCorporate&G@act.gov.au.

Health Systems, Policy and Research Group

The Health Systems, Policy and Research Group is led by the Deputy Director-General. It encompasses strategic health policy, program and quality strategy functions, including intergovernmental relations, health services planning and commissioning, and the office of professional leadership. It leads the population health, protection and prevention functions, with a focus on health and medical research, professional leadership, and education.

Health System Planning and Evaluation Division

The Health System Planning and Evaluation Division (HSPE) is focused on designing and facilitating delivery of an integrated and holistic public health service system that meets community needs. This involves:

- strategic health services planning
- project support and management for Territory-wide projects
- commissioning
- health services procurement
- management of contracts for health services.

HSPE supports the administration of the ACT Local Hospital Network (LHN) and management of contracts with LHN providers:

- between the ACT and Calvary Health Care ACT Ltd for the delivery of:
 - public hospital and health services
 - publicly funded palliative care services at CHHH
- between the ACT and Tresillian Family Care Centres for the delivery of services through the Queen Elizabeth II Family Centre.

HSPE also manages the operations of the NBHF and the majority of the Directorate’s contracts with NGOs engaged in the public health system.

Contact details: For more information, contact HSPE@act.gov.au.

Policy, Partnerships and Programs Division

The Policy, Partnerships and Programs Division (PPP) is responsible for strategic health policy advice on: Aboriginal and Torres Strait Islander health; intergovernmental agreements; cross-border negotiations; the National Disability Insurance Scheme; mental health; ageing; palliative care; primary care; chronic

conditions; women, youth and children; cultural and linguistic diversity; lesbian, gay, bisexual, transgender/gender diverse, intersex and queer (LGBTIQ+); maternity; men's health; national workforce regulation policy; and health system policy.

PPP works with CHS, CPHB, CHHH, NGOs and other stakeholders to provide strategic advice across the ACT health system. It operates within the national health system and depends on strong relationships with the Commonwealth Government and other jurisdictions, particularly its regional partners.

Contact details: For more information, contact ACTHealthPolicyPartnerships-Programs@act.gov.au.

Preventive and Population Health Division

The Preventive and Population Health Division (PPH) is responsible for advising on:

- population and preventive health policy
- alcohol and other drug policy
- monitoring of preventive and population health measures
- health promotion
- health research.

There is a strong focus on promoting, protecting, maintaining, monitoring and researching preventive and population health. In December 2020, the Centre for Health and Medical Research (CHMR) became a branch in the PPH Division. CHMR leads strategic development and research governance in the ACT health system, collaborating with service delivery areas and academic institutions to influence the direction and translation of research into clinical practice and disease prevention.

Contact details: For more information, contact ACTHealth.DirectorPPHSupport@act.gov.au.

Public Health Protection and Regulation Division

The Chief Health Officer (CHO) is a statutory position appointed under the [Public Health Act 1997](#). In the ACT, these statutory responsibilities include:

- developing and implementing strategies to promote and protect public health
- advising the minister on matters of public health
- reporting biennially on priority health issues through the CHO's Report
- exercising a range of critical health emergency management functions
- overseeing regulatory compliance and enforcement of public health related legislation which includes the [Food Act 2001](#) and the [Medicines, Poisons and Therapeutic Goods Act 2008](#).

In addition to these obligations under the [Public Health Act 1997](#), the CHO is also:

- Chief Human Biosecurity Officer for the ACT under the Commonwealth [Biosecurity Act 2015](#)
- a member of the Security and Emergency Management Senior Officials Group, which is a statutory committee established by the [Emergencies Act 2004](#).

The Public Health Protection and Regulation (PHPR) Division, led by the CHO, is responsible for exercising these statutory responsibilities on behalf of the CHO. The division focuses on preventing and managing health risks through:

- the use of regulatory and policy activities
- preparedness for managing public health incidents and emergencies
- developing Territory-wide population health strategic initiatives in protection and prevention.

In addition, the division provides a range of scientific analytical services for government and the Canberra community in the areas of microbiology, environmental chemistry, forensic chemistry, and forensic toxicology. Activities include:

- food safety
- communicable disease control
- environmental health
- emergency management
- health care facilities
- pharmaceutical products and services
- tobacco control
- analytical laboratory services.

Contact details: For more information, contact ACTHealthOCHO@act.gov.au.

Office of Professional Leadership and Education

The Office of Professional Leadership and Education (OPLE) provides health professional perspective and expertise, leadership, and strategic policy direction for the ACT health system. It includes the:

- Chief Allied Health Officer
- Chief Medical Officer
- Chief Nursing and Midwifery Officer
- Chief Psychiatrist
- Academic Unit of General Practice.

OPLE also represents the ACT Government on local, national and international forums relevant to health professional areas and provides clinical expertise and expert input into workforce planning, health service design, and clinical care provision.

Contact details: For more information, contact clinical.leadership@act.gov.au.

Office for Mental Health and Wellbeing

The Office for Mental Health and Wellbeing (the Office), led by the Coordinator-General, supports the ACT Government's commitment to a whole-of-community, integrated approach to mental health and wellbeing, and suicide and self-harm prevention.

This year, the Office undertook a wide range of activities to:

- embed the Territory-wide vision for mental health and wellbeing
- work towards the completion of the [Office for Mental Health and Wellbeing Work Plan 2019–2021](#).

For more information about the Office, see the Office for Mental Health and Wellbeing Annual Report 2020–21, page 397.

Contact details: For more information, contact OfficeforMHW@act.gov.au.

B.2 Performance analysis overview

Strategic Objectives and Indicators ACT Health Directorate

The 2020–21 Budget Statement identified the strategic priorities and objectives for the Directorate.

Strategic Objective 1 – A Healthy Community

To enable people to live healthy and active lives and stay well and productive, the Directorate provides evidence-informed, strategic health policy advice to Government to drive system-wide strategies that set clear priorities for safety, quality, expenditure, and activities. To achieve this objective, the Directorate:

- participates in national and inter-jurisdictional forums
- collaborates across the ACT Public Service
- works with business, community, and health sector partners.

Strategic Indicator 1.1 – Improving the Mental Wellbeing of Canberrans

The percentage of ACT adults who self-report their mental health status as very good or excellent.

This indicator reflects people’s feelings and views about their mental health. Mental health is impacted by a range of factors, including access to appropriate preventive care, early intervention, primary care, community, and acute services.

Table 4: Percentage of ACT adults who self-report their mental health status as very good or excellent

Strategic Indicator	2020–21 Target	2020–21 Actual
Percentage of ACT adults who self-report their mental health status as very good or excellent	>60%	52%

Source: ACT General Health Survey

As this is a new strategic indicator, the target is aspirational. The target may change following further scrutiny of the data. The percentage of ACT adults who self-report their mental health status as very good or excellent has remained steady since this question was introduced into the ACT General Health Survey in 2018. In 2020, 17 per cent of adults experienced anxiety, 15 per cent had depression, 18 per cent had a stress-related problem and 5 per cent had another mental health issue, with 28 per cent of adults reporting at least one mental health condition.

While the result from the 2020 General Health Survey is not significantly different to previous years, other surveys have reported a decline in self-rated mental health. It is likely that there is an impact on self-reported mental health as a result of the COVID-19 pandemic.

Strategic Indicator 1.2 – Improving the Health Status of Canberrans

The percentage of ACT adults who self-report their health status as very good or excellent.

This indicator reflects people’s feelings and views about their physical health status. Physical health status at a population level is impacted by a range of factors, including access to appropriate preventive health care, health protection, primary care, and hospital services.

Table 5: Percentage of ACT adults who self-report their health status as very good or excellent

Strategic Indicator	2020–21 Target	2020–21 Actual
Percentage of ACT adults who self-report their health status as very good or excellent	>55%	55%

Source: ACT General Health Survey

The percentage of ACT adults who self-report their health status as very good or excellent has fluctuated since this question was introduced into the ACT General Health Survey in 2011.

Strategic Indicator 1.3 – Reducing the Risk of Fractured Femurs in ACT Residents Aged over 75 years

This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2020–21, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 4.4 per 1,000 persons in the ACT population. This follows a generally decreasing trend over a 10-year period.

Table 6: Reduction in the rate of broken hips (fractured neck of femur)

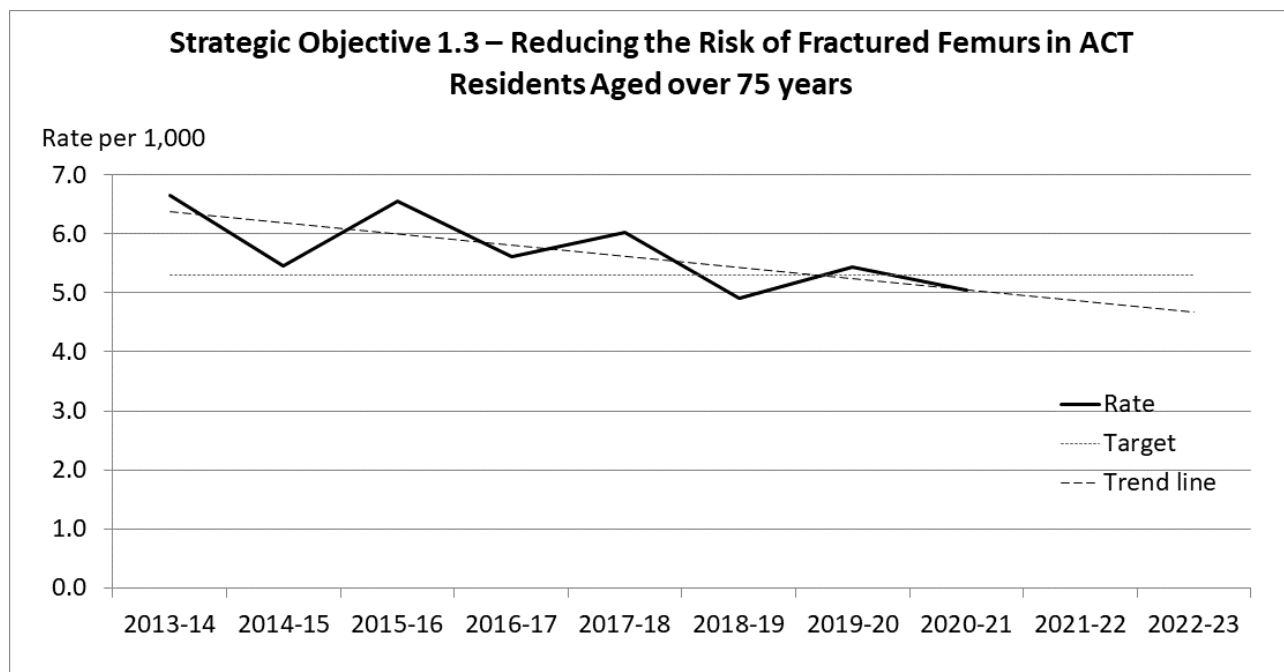
Strategic Indicator	2020–21 ACT Rate	Long-Term Target
Rate per 1,000 people	5.0	5.3

Source: ACT Admitted Patient Care data (Public Hospital data only)

The rate of fractured neck of femur in ACT residents fluctuates from year to year due to a relatively small ACT population aged 75 years and over. Small changes in the number of cases have large influence over the calculated rate, see Figure 3.

The target for this indicator is a long-term target. Figure 3 shows a generally decreasing trend over time, indicating that we are on track to meet the target.

Figure 3: Rate (per 1,000 population) of fractured femurs in ACT residents aged over 75 years, 2013–14 to 2020–21



Strategic Objective 2 – A safe, responsive, sustainable public health system

Effective delivery of government policy requires coordination, cohesion and alignment of efforts across the ACT public health system. The Directorate plans for our community’s future needs, carefully considering how to allocate resources to best improve health outcomes and enable safe, high-quality care for the community, now and into the future. A Territory-wide Health Services Plan is currently being developed and will provide a system-wide view of priorities for health service development and redesign across the ACT, over the next five years.

The Directorate works to deliver high-quality services through:

- ensuring our regulatory services remain responsive and risk based and facilitate regulatory compliance through co-design and engagement
- embedding and utilising accurate and responsive health data and analytics that inform planning, decision making, and service delivery
- delivering high-quality, person-centred digital solutions that enable safe, timely and effective care, improve collaboration and innovation, and are on time and on budget
- driving a dynamic and innovative health and medical research environment that translates research into better health outcomes.

Strategic Indicator 2.1 – Performing more Elective Surgery

Increasing the number of elective surgery procedures performed.

Table 7: Number of elective surgeries performed

Strategic Indicator	2020–21 Target	2020–21 Actual
Number of elective surgeries performed	>16,000	15,324

The ACT delivered a record 15,324 elective surgeries for public patients in 2020–21. This result is a significant increase from the 12,870 elective surgeries delivered in 2019–20, which was impacted by the suspension of non-essential elective surgery during the COVID-19 response.

The record number of elective surgeries delivered in 2020–21 was the result of the ACT Government’s commitment to recover from the impacts on elective surgery activity due to COVID-19. The ACT delivered more elective surgeries for high demand clinical cohorts, including for complex joint procedures and paediatric ear, nose and throat (ENT) procedures. Increased paediatric ENT surgeries enabled a focus on increasing the proportion of Aboriginal and Torres Strait Islander patients to receive treatment.

The ability to deliver the full target volume of elective surgeries was constrained mainly by the availability of a clinical workforce. This was affected by factors including:

- the situation where all jurisdictions and the private sector were also addressing wait lists impacted by the nationwide suspension of non-essential surgery
- a reduced ability to recruit and retain interstate workforce due to border restrictions.

The ACT has committed to delivering 60,000 elective surgeries over the next four years from 2021–22.

Strategic Indicator 2.2 – Reducing the Waiting List for Elective Surgery

Reducing the number of people waiting longer than clinically recommended timeframes for elective surgery.

Table 8: Number of patients waiting longer than clinically recommended timeframes for elective surgery

Strategic Indicator	2020–21 Target	2020–21 Actual
The number of patients waiting longer than clinically recommended timeframes for elective surgery	430	773

This indicator measures the total number of public patients waiting longer than clinically recommended timeframes for elective surgery at the end of the financial year.

At the end of the 2020–21 financial year, a total of 773 patients were waiting longer than clinically recommended, against the target of 430. This result, while worse than target, represented the achievement of a significant reduction from the 1,317 patients overdue at the end of the 2019–20 financial year. This number was largely driven by the suspension of non-essential surgeries during the early COVID-19 response.

Demand for elective surgery was high in 2020–21, with a record number of additions to the total waiting list. Nevertheless, the total number of patients waiting for elective surgery reduced to 5,086 by the end of the 2020–21 financial year, compared with 5,622 at the end of the 2019–20 financial year. The ACT

Government also ensured that more than 99 per cent of patients who were overdue for surgery at the start of the financial year received their surgery by the end of the financial year.

The ACT Government’s commitment to delivering 60,000 elective surgeries over the next four years will support reducing the number of overdue patients.

Strategic Indicator 2.3 – Improving Timeliness of Emergency Department Treatment

Table 9: Percentage of emergency department presentations whose length of stay in the emergency department is four hours or less

Strategic Indicator	2020–21 Target	2020–21 Actual
Percentage of emergency department presentations whose length of stay in the emergency department is four hours or less	90%	57%

This indicator, also known as the ‘four-hour rule’, measures the proportion of emergency department presentations who, within four hours, are either admitted to hospital, are referred for treatment, or are discharged home. This provides an indication of how effectively the public hospital system meets emergency department demand, as well as the effectiveness of patient flow through the hospital.

The 2020–21 result against target represents a slight deterioration on the 2019–20 result of 58 per cent. The percentage of presentations whose length of stay is four hours or less was influenced by the ‘seen on time’ results for triage Category 3 and 4 patients, who made up around 80 per cent of all emergency department presentations in 2020–21.

In 2020–21, the percentage of triage Category 3 and 4 patients who started treatment on time was below the Australasian College for Emergency Medicine (ACEM) performance indicator targets for the maximum waiting time for medical assessment and treatment. While the ACEM targets for triage Category 3 and 4 patients were 75 per cent and 70 per cent respectively, the 2020–21 results for triage Category 3 and 4 patients in the emergency department were 35 per cent and 46 per cent respectively.

It is important to note that in some instances it may be clinically appropriate for patients to remain in the emergency department for more than four hours. Also, delays in patients being admitted from the emergency department can occur for reasons such as periods of high hospital occupancy rates and high rates of admissions.

Canberra Hospital and CPHB both have programs in place to improve ‘seen on time’ performance as well as patient flow from the emergency department into the wards.

During 2020–21, there were 153,718 presentations to ACT emergency departments. This is an increase in presentations by around 9 per cent from the previous year, noting presentations slowed in 2019–20 during the early stage of the COVID-19 pandemic.

Strategic Indicator 2.4 – Surgical complications requiring unplanned return to theatre

This indicator considers unplanned return to theatre because of some selected surgical complications for which clinical risk mitigation strategies are thought to reduce the risk of that complication occurring.

Table 10: Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions

Strategic Indicator	2020–21 Target	2020–21 Interim Outcome	2021–22 Target
Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions	≤20	12	≤20

Strategic Indicator 2.5 – Avoidable Readmissions to Hospital

This indicator considers the number of people re-admitted to hospital with selected diagnoses that are thought to be avoidable through improved clinical management and/or discharge planning.

Table 11: Number of avoidable readmissions for selected conditions per 10,000 hospital admissions

Strategic Indicator	2020–21 Target	2020–21 Interim Outcome ¹	2021–22 Target
Number of avoidable readmissions for selected conditions per 10,000 hospital admissions	≤50	128	≤50

Note:

1. Since the setting of this target in 2020–21, the national methodology of inclusions and exclusions has been redefined, resulting in the above outcome. The results will continue to be monitored with a view to resetting the target in the 2022–23 Budget.

Key achievements 2020–21

The [ACT Health Directorate Strategic Plan: 2020–25](#) elaborates on the Directorate’s priorities and Output Class 1.

During the 2020–21 reporting year, the Directorate progressed significant work towards the four strategic objectives identified in the ACT Health Directorate Strategic Plan: 2020–25:

- healthy community
- safe, responsive, sustainable public health system
- trusted, transparent and accountable
- high performing organisation that values our people.

Healthy community

To enable people to live healthy and active lives, stay well and be productive, the Directorate provides evidence-informed health policy advice to government to drive system-wide strategies that set clear priorities for safety, quality, expenditure, and activities.

To help improve the health of people in our community in 2020–21, we:

Advise, advocate, collaborate

- worked with community sector partners and the Community Services Directorate to develop an agreed approach to commissioning health services in the community
- collaborated with Directions Health Services, the Capital Health Network and the John James Foundation to launch the ACT's purpose-built mobile primary care outreach clinic, 'Chat to Pat,' to help vulnerable communities access better healthcare. Operating full-time across five locations, the mobile clinic takes a wraparound approach, providing mental health care, alcohol and other drug (AOD) services, social support and case management, alongside General Practitioner (GP) services
- progressed planning for transitioning the Ngunnawal Bush Healing Farm (NBHF) to a residential model
- supported the expansion of the [Hospital in the Home](#) (HITH) initiative
- worked to improve health and wellbeing through various health promotion programs including [It's Your Move](#), [Kids at Play Active Play](#) and [Fresh Tastes: Healthy Food at School](#). These health promotion programs were adapted for the COVID-19 restrictions to include online delivery of training and support where appropriate
- drafted and implemented the policy for Medicare-ineligible people to access free COVID-19 testing and treatment
- partnered with CHS, CPHB and the wider community of maternity service providers with the Centre of Research Excellence in Stillbirth (Stillbirth CRE) to implement the Safer Baby Bundle (SBB). The SBB was launched in December 2020 and aims to decrease the rate of stillbirth by 20 per cent in the next 3 years with a range of clinical initiatives. Additionally contributed to the development of the National Partnerships Agreement relating to stillbirth in the ACT, including increased staff training and autopsy rates
- the Academic Unit of General Practice academics participated in 17 radio interviews. Of these, 11 were related to caring for children's mental health during the COVID-19 pandemic
- contributed to the development of the National Strategy to Prevent and Respond to Child Sexual Abuse (due to be published in late 2021).



Commissioned and supported Health Care Consumers' Association (HCCA) to launch the

Canberra Health Literacy website and the Canberra Health Literacy Network,



to provide health literacy training for community workers, and to develop health literacy resources for consumers.

Through the Healthier Choices Canberra

initiative we have partnered with over

 100 local businesses and

 10 state sporting organisations and their junior clubs

to make it easier for ACT residents to find fresh and healthier food and drink options when out and about. The program has a

potential reach of over 50,000 junior sport players in the ACT





Check In CBR App

Designed, developed and implemented by the ACT Health Directorate to support the COVID-19 contact tracing requirements for the Territory.

The Check In CBR app is an easy, fast and secure way to enable the community to check in at businesses, retail and public transport in accordance with the Public Health Directions. In March 2021, Check In CBR was named as the joint winner of the 2021 State Government Project of the Year by iNews. The app has become an essential tool in the efforts to respond to COVID-19 in the ACT.

In addition to Check In CBR, the Directorate has also developed and provides maintenance and support for the COVID-19 check-in apps in Tasmania (Check In TAS), Queensland (Check In QLD) and the Northern Territory (The Territory Check In app).

Understanding our community's needs

- in collaboration with key partners, delivered the Kindergarten Health Checks to schools across Canberra. Data from the survey is used in a range of research projects and informs policy work of the Directorate
- conducted a community survey for LGBTIQ+ people to identify barriers to accessing health services in the ACT and finalised the LGBTIQ+ Health Scoping Study report
- contributed to programs that will inform future decision-making about health and wellbeing in our community, including the:
 - [ACT General Health Survey](#)
 - [Year 7 Health Check Survey](#)
 - [ACT Cancer Registry](#)
 - ACT Prostate Cancer Outcomes Registry
 - [ACT Maternal Perinatal Data Collection](#)
 - [Chief Health Officer's Report](#)
 - [HealthStats ACT](#)
 - ACT Wellbeing Dashboard.

Priorities for a healthy community in 2021–22

To help improve the health of people in our community, some key pieces of work for 2021–22 include:

- delivering a new Notifiable Disease Management System (NDMS)
- continuing support of the COVID-19 screening tool and MyDHR registrations

- finalising the Health Literacy Framework to improve health literacy among consumers, health practitioners and health services
- finalising the Child and Adolescent Clinical Services Plan and Mental Health Services Plan
- commencing consultation on the second three-year action plan of the [Healthy Canberra: ACT Preventive Health Plan 2020–2025](#)
- continuing to coordinate development of the next ACT drug strategy action plan, due for release in 2022.

Safe, responsive, sustainable public health system

To ensure our public health system works for our community, now and into the future, in 2020–21 we:

Commission services that deliver value

- collaborated with other directorates and the community sector to develop a draft Territory-wide Health Services Plan for consultation with stakeholders and the community
- continued working on a master plan for the Canberra Hospital campus, including engaging with the community, clinicians, advocacy groups and across government to inform possible Master Plan options
- completed the design and master plan for the NBHF
- delivered options for government consideration for a new hospital in Canberra’s north
- completed a master plan for the future development of the Watson Hostel site
- commenced analysing the feasibility of a new hydrotherapy pool construction at the preferred site of the Lakeside Leisure Centre in Tuggeranong Town Centre. A location at the Active Leisure Centre at the Erindale Group Centre will be examined as a second option
- delivered major and minor upgrades to existing health facilities at CHHH, the NBHF and Karralika
- facilitated critical upgrade works for building and ICT infrastructure at CPHB to maintain patient, staff and visitor safety
- partnered with Palliative Care ACT to establish Leo’s Place, a non-clinical, home-like respite facility that provides overnight and day respite and support for palliative patients, their carers, and families
- commenced scoping best practice approaches for responding to adolescents who have experienced trauma and/or present with complex needs
- implemented the ACT Government’s decision to continue elements of the Mental Health Support Package, including:
 - \$720,000 to maintain the current expansion of the Access Mental Health team and the Home Assessment Acute Response Team
 - \$14.1 million over four years to extend the Police, Ambulance and Clinician Early Response service and continue its operation for seven days a week
 - over \$800,000 to a range of NGOs to support the provision of mental health services in the ACT. These organisations include Menslink, Mental Health Foundation, Mental Illness Education ACT and Relationships Australia



- \$120,000 for a continued Community Mental Health and Wellbeing Communications Campaign.

Deliver high-quality services

- achieved the following in the DHR Program:
 - On 3 July 2020, the Directorate signed a 10-year \$114 million contract with Epic, a world-leading provider of digital medical record systems to deliver the DHR.
 - The DHR Program was formally launched on 16 November 2020, with recruitment of 120 staff to various roles within the Program by 27 January 2021.
 - Staff in the Program completed 9,707 hours of classroom training and passed 428 exams and 504 projects on their way to certification.
 - Four hundred and twenty-five Subject Matter Experts (SME) from across the public health services were appointed to assist the Program through a governance structure of four steering committees, 10 advisory committees and 48 working groups.
- piloted improved access to government services including Medicare and Centrelink for the Birth of a Child as part of a collaborative project between the Directorate, the Office of the ACT Chief Digital Officer, national Births, Deaths and Marriages Registrars, Services Australia and the Digital Transformation Agency (DTA). Over 200 new parents took part in the pilot to improve the Birth Registration and Medicare registration processes
- supported and maintained the COVID-19 ACT Health Facilities Screening Tool, which was implemented to help determine whether to allow a person entry to a high-risk setting such as a hospital or other health facility
- delivered three culturally-based healing programs to Aboriginal and Torres Strait Islander peoples in the ACT and surrounding regions at the NBHF
- the Health Protection Service (HPS) established four Acute Response Teams throughout the reporting period to rapidly assess, coordinate resources and activities, and respond to emerging public health issues. Acute Response Teams are established for level 1 responses under the ACT Health Emergency Plan. The issues managed within the Acute Response Team included:
 - lead-based paint and levels of lead detected in dust above recommended standards at Yarralumla Primary School (August 2020)
 - potential for poor air quality related to the cumulative impacts of multiple regional hazard reduction burns (April 2021)
 - notification of the potential for expired stock being included in a seasonal flu vaccine affecting NSW and the ACT (May 2021)
 - investigated concerns related to a third-party provider potentially utilising data from the Check in CBR App in an inappropriate manner.
- issued five epidemic thunderstorm asthma warnings for the ACT, spread across either one or two days between October and December 2020. This is the second year that thunderstorm asthma forecasting was undertaken by the HPS and the first year warnings have been issued for the ACT

Digital Health Record



from the commission of the system until 30 June 2021



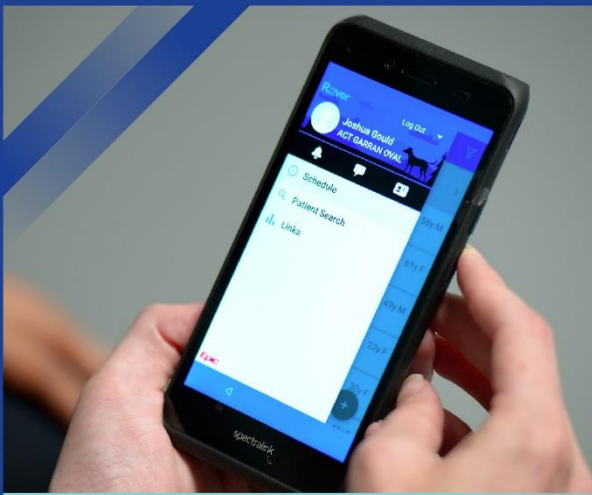
107,574 ✓

Vaccinations booked

85,086 COVID-19

vaccination administrations were recorded in the system.

- distributed 115,490 influenza vaccines, as part of the National Immunisation Program, to immunisation providers in the ACT including GPs and community pharmacies
- conducted 596 inspections of businesses with infection control licences who perform skin penetrating procedures
- responded to 14 outbreaks of influenza-like illness in ACT residential aged care facilities
- responded to 164 outbreaks of gastroenteritis in childcare centres, school groups, aged care facilities and hospitals.



Rover: Epic nursing application

Implemented the Epic 'Rover' app which enables efficient and effective recording of administration of COVID-19 vaccinations. Rover enables nurses to easily record the consumer's identity check, safety questions before administration and the details of where and what vaccine was administered. After the vaccination is administered information is sent from the Epic system to the Australian Immunisation Record and the second vaccine appointment is created and sent via SMS to the consumer.

Engage with our partners

- Academic Unit of General Practice teaching staff developed teaching for online delivery to enable medical students to maintain learning consistency towards graduation
- held the second ACT Allied Health Professional Association Forum
- celebrated International Allied Health Professionals' Day with the theme 'Celebrating, Appreciating, Inspiring and Connecting'. The winners of the Allied Health Excellence Awards, including Allied Health Professional of the Year, were announced
- celebrated the annual [ACT Nursing and Midwifery Excellence Awards 2021](#) to coincide with International Nurses Day and International Day of the Midwife
- convened the ACT Public Health System's Leaders Forum in February 2021 hosting senior executives and clinicians from the Directorate, CHS and CPHB
- supported several research projects in the Sexually Transmissible Infections and Blood Borne Virus (STIBBV) policy space. These included the 'Enhancing behavioural surveillance to address gaps and disparities in Australia's HIV response in a changing HIV epidemic' with the University of NSW (UNSW)



GP Forum
March 2021
attended by **Ministers for Health and Mental Health** along with **over 60 GPs and representatives from key national and state health bodies.**



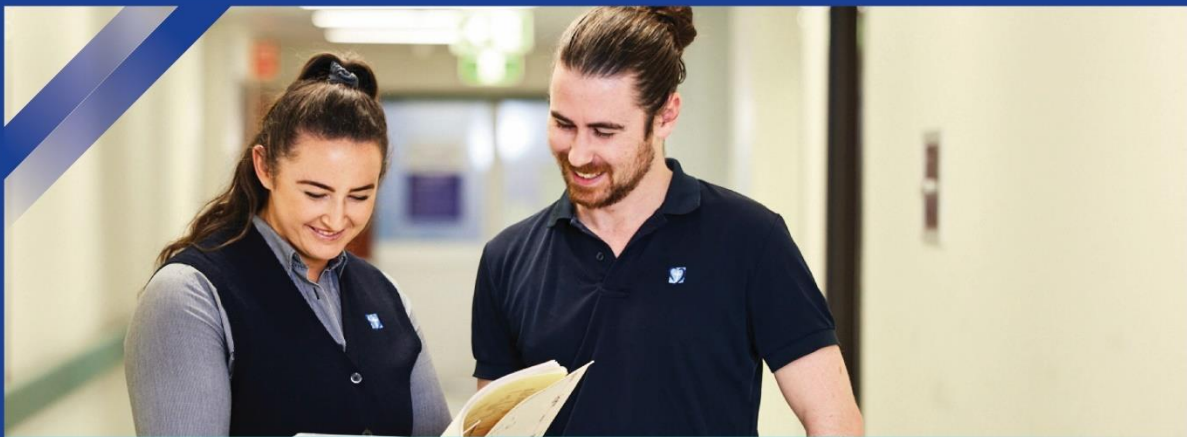
60+ GPs



Issues discussed:
health of Canberrans, integrated care reform, Territory-wide health services for patients from vulnerable groups including palliative care, caring for trans and gender diverse people and adult community mental health services.

and the 'National program to scale-up point-of-care hepatitis C testing and treatment' with the Kirby Institute at UNSW.

- offered two research internship positions through the [Synergy Research Internship Programme](#).



Strong relationships with ACT education institutions

The Directorate facilitates clinical placement, training, education forums and scholarships to nursing, midwifery and allied health students.

In 2020–21, we worked collaboratively with over 30 tertiary and vocational providers to coordinate clinical placements for tertiary students and health professionals from regional health services, the Australian Defence Force, the Australian Federal Police, and those requiring supervised practice.

In 2020–21, we provided scholarships for 130 nurses and midwives to undertake postgraduate studies, and 32 ACT public sector allied health professionals received scholarships to undertake post graduate studies. In 2020 one Aboriginal and Torres Strait Islander Enrolled Nurse Scholarship was awarded.

7,173 placements were attended by students and trainees.
Placement days included:

34,332 to nursing students 

 **7,487 to midwifery students**

19,777 to allied health students 

22,425 to medical students 

 **1,400 to non-clinical students**

In 2020-21, we established the Clinical Supervision Pilot Project, which enabled 24 nurses and midwives and 12 allied health professionals to participate in an endorsed Clinical Supervision for Role Development model program.

Priorities for a safe, responsive, sustainable public health system in 2021–22

To ensure our public health system works for our community, now and into the future, key work for 2021–22 includes:

- continuing the program of work for the DHR
- finalising the Territory-wide Health Services Plan
- finalising contractual arrangements for the management of the Queen Elizabeth II (QEII) Family Centre for a further five years
- continuing to work with CPHB on improving emergency department waiting times

- planning for the commissioning and construction of new health facilities, including:
 - delivering a master plan for the Canberra Hospital campus to guide infrastructure investment over the next 20 years
 - continuing planning and design work for the development of a new hydrotherapy pool in Canberra’s south
 - continuing planning and design work for a new northside hospital
 - continuing planning for an Aboriginal and Torres Strait Islander residential alcohol and other drug rehabilitation facility
 - continued planning for a community-based residential eating disorder treatment centre
 - continued planning for the redevelopment of the Watson Hostel.
- working with community sector partners and the Community Services Directorate to finalise strategic policy to underpin commissioning of health services in the community
- consulting with relevant stakeholders to develop a strategic approach to chronic conditions activities in the ACT
- finalising the feasibility study for fertility preservation in the ACT
- delivering the scoping phase of the Disability Health Strategy
- the [Nurses and Midwives: Towards a Safer Culture Strategy](#) will finalise any remaining priority actions
- reviewing the availability of support services for individuals and couples choosing to access Anti-Retroviral Therapy (ART)
- reducing emissions from health facilities across the Territory in a cost-effective manner
- delivering through the Health Innovation Fund:
 - an integrated model of care which aims to maintain wellbeing for high-risk populations and deliver early interventional care provided by multidisciplinary teams
 - the first 1000 Days project – to address domains identified by the Best Start: First 1000 days initiative as being critical to the success of children in their first 1000 days of life, from conception to two years of age.
- commissioning the Culturally Appropriate Aboriginal and Torres Strait Islander Suicide Prevention, Intervention, Postvention and Aftercare Service
- commissioning a Safe Haven Café to provide peer support for people experiencing crisis
- working with stakeholders to improve promotional material for culturally and linguistically diverse communities and investigate barriers to immunisation in areas with low vaccination coverage rates.

Trusted, transparent and accountable

We want to be a trusted source of information and advice for the community and our stakeholders. In 2020–21, we:

Increase transparency and accountability

- published the [ACT Drug Strategy Action Plan 2018–2021: Progress Report 2019–20](#)

- undertook an extensive review of the Directorate’s internal governance committees to ensure they were still fit for purpose and facilitated the establishment of a new Executive Board
- implemented quality improvement processes for health service data, including:
 - designing and developing Territory-wide data models
 - developing the public facing COVID-19 dashboard that incorporates data from numerous data sources, including private pathology data.
- worked to ensure staff managing data are appropriately certified. Eighty-two per cent of the Digital Solutions Division (DSD) staff managing data are Certified Professionals in the Data Management Association (DAMA) Data Management Body of Knowledge
- the Health Analytics Research Collaboration (HARC) held a ‘Strength in Collaboration’ forum and a REDCap research data capture workshop. 47 research participants attended the forum and 24 attended the REDCap workshop. From the forum, a position paper outlining the principles on conducting research using a collaborative framework was produced
- continued to support the Directorate strengthen its fraud prevention position, including launching a Fraud and Ethical Behaviour eLearning module in May 2021.

Priorities for being trusted, transparent and accountable in 2021–22

To ensure we are a trusted source of information and advice for the community and our stakeholders, some of the key pieces of work for 2021–22 include:

- designing and delivering an enhanced Data Repository for the Directorate, including provisions for DHR and the data capability required to provide quality data at both territory and the health service level
- collaborating with the National Disability Insurance Agency (NDIA) in ACT Health Data and Information Sharing Agreements
- finalising the new Child Concern Reporting Policy and Procedure for the Directorate staff
- undertaking the service mapping analysis for children with harmful sexual behaviours, a recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse
- drafting the Child Safe, Child Friendly, Child Aware Framework in line with the ACT Child Safe Standards Scheme legislation.

High performing organisation that values our people

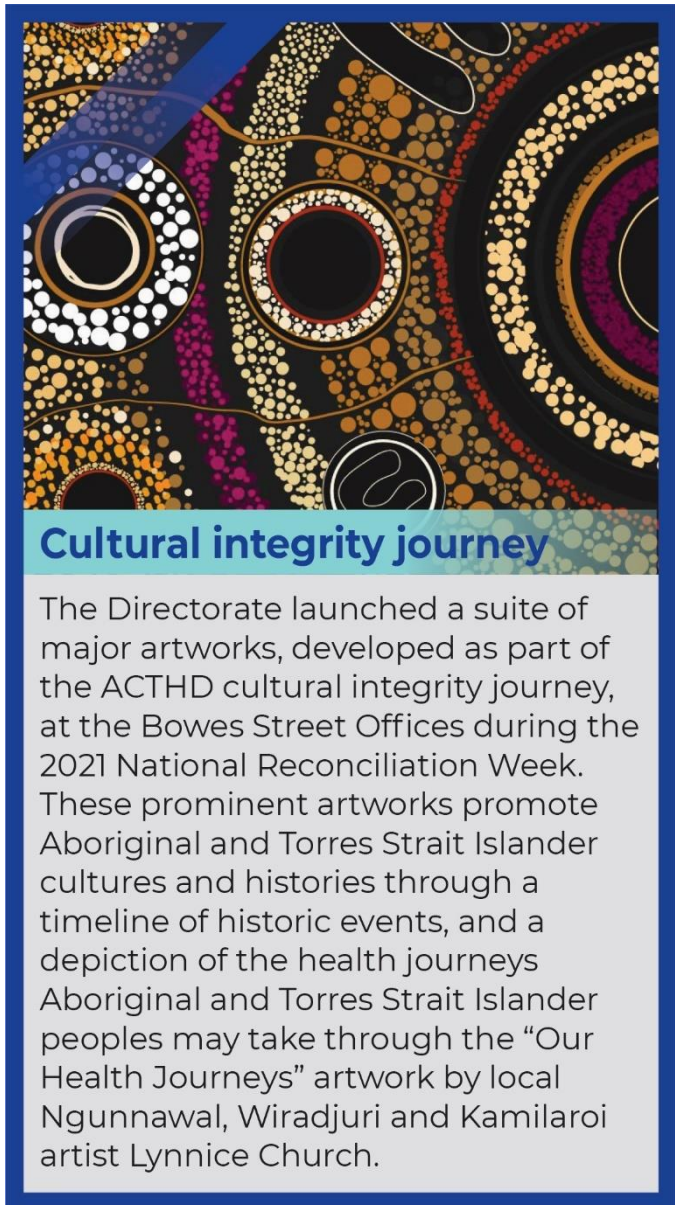
The Directorate aims to support our people and strengthen teams by:

- helping staff to reach their potential
- promoting a learning culture
- providing high-level leadership.

To value and invest in our people and ensure our governance systems and business processes enable us to deliver for the community, in 2020–21 we:

- reviewed recruitment policies and procedures to ensure processes are well structured, and reviewed our Human Resources functions

- progressed development, application and testing of the Organisation Culture Improvement Model (OCIM) for use in assessing the organisation’s cultural maturity and identifying areas for development. The OCIM was reviewed and evaluated by an external reviewer, with the recommendations currently being considered.
- delivered key cultural uplift development courses, supporting the implementation of the Cultural Review recommendations
- worked to ensure the working environment for Directorate staff remained safe, particularly with the continued hybrid working in response to COVID-19. Specific working from home Work Health and Safety (WHS) advice was developed and made available to staff in a variety of formats. Additionally, the Directorate conducted an internal WHS Audit and participated in a Comcare WHS Audit, both having positive outcomes
- provided targeted training to teams such as the cultural capability training with NBHF staff
- supported staff to participate in virtual celebrations and activities during NAIDOC Week 2020 and National Reconciliation Week 2021



- reviewed our Business Continuity Management Frameworks to ensure they were fit for purpose and would be relevant for a hybrid working environment
- established a Diversity and Inclusion Framework with executive champions and staff networks
- commenced the transition to electronic document and records management system (EDRMS) for the Directorate
- implemented a continuing professional development process for staff in DSD, committing the Directorate to support 50 hours of training per annum for DSD staff members
- continued to support improved financial literacy through implementation of TMI financial reporting
- implemented improved business planning to support achievement of our strategic objectives.

Priorities for being a high performing organisation in 2021–22

To value and invest in our people and to ensure our governance systems and business processes enable us to continue to deliver for the community, the key work for 2021–22 includes:

- developing and implementing the policies and structures to ensure the workplace is inclusive and has the supports in place necessary for the cultural and psychological safety of staff
- implementing the recommendations from the Human Resources (HR) Functions Review
- reviewing and restructuring professional development management
- monitoring the Directorate’s maturity through ongoing testing using the OCIM and implementation of structured action plans to enable meeting of identified targets
- continuing to deliver quality infrastructure and appropriate facilities management for the Directorate staffed sites
- finalising implementation of EDRMS.

B.3 Scrutiny

The Directorate responds to requests from ACT Legislative Assembly Committees, including reports automatically referred from the ACT Auditor-General's Office, to help ensure proper examination of matters.

The list below does not include recommendations where our initial response indicated that the implementation of the recommendation was already complete.

The list below includes responses where Canberra Health Services (CHS) has provided input to Territory-wide recommendations.

Contact details: For more information, contact ACTHealthCorporate&G@act.gov.au.

Table 12: Government Response to the Independent Review into the Workplace Culture within ACT Public Health Services

Reporting entity	Chair of the Independent Review into the Workplace Culture within ACT Public Health Services
Report number	N/A
Report title	Final Report: Independent Review into the Workplace Culture within ACT Public Health Services
Link to report	https://www.health.act.gov.au/sites/default/files/2019-03/Final%20Report%20Independent%20Review%20into%20Workplace%20Culture.pdf
Government response title	Government Response to the Independent Review into the Workplace Culture within ACT Public Health Services
Date tabled	16 May 2019

Recommendation	Government response	Update	Status
<p>Recommendation 1</p> <p>That the three arms of the ACT Public Health System should commence a comprehensive process to reengage with staff in ensuring the vision and values are lived, embraced at all levels, integrated with strategy and constantly reflected in leadership. To achieve this the Health Directorate should take the lead in providing the necessary tools and guidelines and coordinate the implementation by Canberra Health Services, Calvary Public Hospital and the Health Directorate.</p>	<p>Agreed</p> <p>Recognising the territory-wide focus reengagement with staff will occur across each of the three arms of the ACT Public Health System. Canberra Health Services and the ACT Health Directorate are embarking on projects to review their vision, values, role and behaviours. These projects will seek to ensure that, with the recent transition of ACT Health to two organisations, the vision and values of the new organisations are appropriate and clearly understood. This work will be completed by September 2019. There will be</p>	<p>Extensive work has been undertaken across the ACT public health system to embed vision, values and desired behaviours into organisational and people-related practices and strategic and business planning.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>significant staff engagement as these projects are rolled out with a view to embedding the vision and values from November 2019. Calvary Public Hospital’s values and vision are in line with the Little Company of Mary. As a key partner in the delivery of territory-wide services Calvary will undergo reengagement with staff to ensure the vision and values are embedded</p>		
<p>Recommendation 2</p> <p>That Canberra Health Services and Calvary Public Hospital in conjunction with the Health Directorate, develop an appropriate suite of measures that:</p> <ul style="list-style-type: none"> • reflect on elements of a great health service – both culture and strategy; • monitor patient/client perspectives of outcomes/experience; and • engage clinicians in their development. 	<p>Agreed</p> <p>Commencement of the development of the suite of measures will occur from July 2019 and it is anticipated that this will take at least six months to finalise phase one. The development and maturity of the measures will be iterative and ongoing to reflect the contemporary culture of the ACT Public Health System.</p>	<p>An Organisational Culture Improvement Model (OCIM) has been developed to measure progress towards improving workplace culture within each arm of the ACT public health system. The OCIM was piloted in 2020. OCIM assessments are being undertaken by each organisation annually.</p> <p>Workforce dashboards have been established within all three organisations and safety and quality dashboards have been developed by CHS. Work is underway to develop a system-wide workforce dashboard.</p> <p>The Exceptional Care Framework 2020–2023 describes how CHS will track progress towards exceptional care for every consumer.</p>	<p>In progress</p>
<p>Recommendation 3</p> <p>That a program designed to promote a healthier culture to reduce inappropriate workplace behaviour and bullying and</p>	<p>Agreed</p> <p>The planning, procurement and foundational work for implementation of a program to promote a healthier culture will commence in</p>	<p>The Cognitive Institute’s Speaking Up for Safety program continues to be rolled out across Calvary Public Hospital Bruce (CPHB) and was launched in February 2021 at CHS. An assessment of the</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>harassment be implemented across the ACT Public Health System. The model adopted should be based on the Vanderbilt University Medical Center Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS).</p>	<p>July 2019. This will be a program based on the Vanderbilt system and the implementation model will be required to be consistent across the three arms of the ACT Public Health System.</p>	<p>applicability of the Speaking Up for Safety program was undertaken by the Directorate, and it was agreed that this program was not suitable for a non-clinical environment. Alternative interventions are being investigated.</p> <p>To harness opportunities identified in the Complaints and Grievance Process Mapping report, action plans have been developed by each organisation to improve the approach to resolving workplace issues.</p> <p>Training programs are being delivered within CHS to educate and inform staff about appropriate workplace behaviours.</p> <p>CHS is piloting an evidence-based civility program developed by Steople (NSW) Pty Ltd to support a positive workplace culture. A refresh of the Respect, Equity and Diversity Contact Officer (REDCO) Network has occurred in CHS. REDCO refresh work continues to progress within the Directorate and CPHB.</p>	
<p>Recommendation 4</p> <p>The Health Directorate convene a summit of senior clinicians and administrators of both Canberra Health Services and Calvary Public Hospital to map a plan of improved clinical services coordination and collaboration.</p>	<p>Agreed</p> <p>The Health Summit of senior clinicians and administrators from across the ACT Public Health System is planned for the second half of 2019.</p>	<p>Senior clinicians from across the health system met in February 2021 to discuss options to improve clinical services coordination and collaboration. The Clinical Leadership Forum is working to progress this recommendation.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 5</p> <p>The CEO of Canberra Health Services should review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures.</p>	<p>Agreed</p> <p>This work has commenced to better integrate the clinical streams of the community health services. This is reflected in the new organisational structure of Canberra Health Services.</p>	<p>Please refer to <i>Canberra Health Services Annual Report 2020–21</i>.</p>	
<p>Recommendation 6</p> <p>That the Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders.</p>	<p>Agreed</p> <p>The Health Directorate has commenced the reestablishment of open lines of communication with the NGO sector with a view to establishing an NGO Leadership Group by October 2019.</p>	<p>The Non-Government Organisation Leadership Group (NGOLG) was established in October 2019 and continues to meet regularly. An evaluation of the effectiveness of the NGOLG is being planned.</p>	<p>In progress</p>
<p>Recommendation 7</p> <p>The initiatives already underway to develop a valued and more coordinated research strategy in partnership with the academic sector and others are strongly supported. These provide a mechanism to encourage professional development and address culture, education, training, research and other strategic issues.</p>	<p>Agreed</p> <p>The ACT Health Directorate is building on work commenced with the inaugural ACT Health Summit: ‘Research, Teaching and Training’, held on 13 November 2018 which included the development of relationships within the academia sector. An academic partnership and training strategy is being developed. The Culture Review Oversight Group membership was extended to include the Deans of the faculties of health at ANU and UC (see response to recommendation 18).</p>	<p>A Reference Group has been formed to draw on the expertise of key stakeholders to develop the strategy. Progress on the development of the Research Strategy is underway and it is expected to be developed by September 2021.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 8</p> <p>That discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding (MoU) for improved collaboration between the two health systems for joint Ministerial consideration.</p>	<p>Agreed</p> <p>The ACT Government is currently renegotiating the ACTNSW Memorandum of Understanding (MoU) for Regional Collaboration, to be re-signed in 2019. Improved Collaboration between the ACT and NSW health systems can be listed as an agreed priority area for this MoU. The ACT Health Directorate has begun work and will commence negotiations with a view to developing an MoU with NSW Health by the end of 2019.</p>	<p>The ACT and NSW Cross Border Senior Officer Working Group was established in September 2020 to progress actions under the MoU.</p> <p>In May 2021, it was agreed that this work would continue as a business as usual (BAU) activity for the Directorate.</p>	<p>Complete</p>
<p>Recommendation 9</p> <p>Clinical engagement throughout the ACT Public Health System, particularly by the medical profession, needs to be significantly improved. Agreed measures of monitoring such improvement needs to be developed through consensus by both clinicians and executives. Such measures should include participation in safety, quality and improvement meetings, reviews and other strategy and policy related initiatives.</p>	<p>Agreed</p> <p>The Canberra Health Service and Calvary Public Hospital have begun work on measures to monitor the improvement in clinical engagement across the ACT Public Health System. It is proposed that the measures be finalised and agreed by December 2019.</p>	<p>The Improving Medical Engagement and Culture (IMEC) Strategy was launched by CHS in August 2020 to improve engagement with the medical profession. The four IMEC priority areas were drawn from medical officer feedback.</p> <p>Regular engagement is continuing with medical officers to inform and consult on relevant issues and initiatives as part of the IMEC Strategy.</p> <p>CPHB has refreshed the Clinical Governance Committee and integrated it into the formal business governance hierarchy with clear terms of reference and reporting lines.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>Recommendation 10</p> <p>There should be a clear requirement for senior clinicians to collaboratively participate in clinical governance activities</p>	<p>Agreed</p> <p>Canberra Health Services and Calvary Public Hospital are developing governance participation plans to ensure senior clinicians are collaboratively participating in clinical governance activities. These plans will be finalised by end of June 2019 with a view to commencement in July 2019.</p>	<p>The Clinical Governance Framework 2020–2023 was launched in August 2020. The Framework describes clinicians’ roles and responsibilities, to ensure clinical governance works across CHS and to embed CHS’ clinical governance approach.</p> <p>The review and standardisation for CHS’ committee structure have been completed, defining CHS’ governance approach and ensuring all levels of the organisation participate in all aspects of governance, including CHS’ clinical governance quality and safety committees.</p> <p>CPHB has reviewed and made changes to governance structures.</p> <p>The CPHB Clinical Governance Committee has been refreshed and integrated into the formal business governance hierarchy, with clear terms of reference and reporting lines.</p>	<p>Complete</p>
<p>Recommendation 11</p> <p>Canberra Health Services and Calvary Public Hospital should assess the appropriateness of the Choosing Wisely initiative as a mechanism for improving safety and quality of care, developing improved clinical engagement and greater involvement in clinical governance.</p>	<p>Agreed</p> <p>The Choosing Wisely Program will be assessed, and recommendations made to the CEO Canberra Health Services and Regional CEO Calvary ACT by October 2019.</p>	<p>CHS and CPHB are champion health service members of Choosing Wisely Australia.</p> <p>A Choosing Wisely Low Value Care Steering Committee has been established within CHS.</p> <p>Several initiatives are being trialled within CHS, designed to engage clinicians in the Choosing Wisely principles and improve the quality and safety of care. The Choosing Wisely initiative is helping to drive improvements in patient care and</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
		improve the safety and quality of care for hospital patients through the implementation of projects to reduce unnecessary tests, treatments and procedures for both inpatients and outpatients.	
<p>Recommendation 12</p> <p>That Canberra Health Services adopt the progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management.</p>	<p>Agreed</p> <p>The restructure of Canberra Health Services Divisions is complete. The progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management will be piloted from May 2019.</p>	<p>Please refer to <i>Canberra Health Services Annual Report 2020–21</i>.</p>	
<p>Recommendation 13</p> <p>That an executive leadership and mentoring program be introduced across the ACT Public Health System specifically designed to develop current and future leaders. This program should include both current and emerging leaders.</p>	<p>Agreed</p> <p>The early planning for an executive leadership and mentoring program is underway.</p>	<p>Work is underway to develop management fundamentals and leadership training programs for the ACT public health system.</p>	<p>In progress</p>
<p>Recommendation 14</p> <p>The three arms of the ACT Public Health System should review their HR staffing numbers and functions in response to the concerns staff have expressed regarding timeliness and confidence in current HR</p>	<p>Agreed</p> <p>The initial review began with the transition to three organisations within the ACT Public Health System. Now that transition has settled, the HR resourcing and functions will be reassessed in line with this recommendation.</p>	<p>A Human Resources (HR) Functions Review was undertaken by an independent reviewer in 2020. Findings are being considered and opportunities for improvement assessed.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
procedures, and the future needs for HR, as proposed in this Review.	Implementation of any findings will take place in the later part of 2019.		
<p>Recommendation 15</p> <p>The recruitment processes in the ACT Public Health System should follow principles outlined in the Enterprise Agreements, Public Sector Management Act 1994 and relevant standards and procedures.</p>	<p>Agreed</p> <p>In line with the transition to three organisations, advice to staff regarding relevant legislation, standards and procedures for recruitment processes is being reviewed and updated to ensure it remains contemporary, clear and effective.</p>	<p>Recruitment policies, processes and procedures have been reviewed, and recruitment selection training has been reviewed and refreshed. Recruitment training is being delivered across the system.</p>	<p>In progress</p>
<p>Recommendation 16</p> <p>The range of training programs for staff offered by the ACT Public Health System should be reviewed with respect to their purpose, target audience, curriculum, training styles and outcomes so that they address the issues raised in this Review.</p>	<p>Agreed</p> <p>The range of training programs is being reviewed. This is expected to be completed by October 2019. Training Programs, particularly focused on resolving workplace conflicts swiftly are being considered within the three organisations.</p>	<p>A review of people management training programs delivered across the ACT public health system was undertaken in early 2021. The review included an assessment of the training programs' alignment with the ACT public health system Workplace Culture Framework. Each organisation is reviewing its training programs in light of the report's findings.</p>	<p>In progress</p>
<p>Recommendation 19</p> <p>That the 'Cultural Review Oversight Group' auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System.</p>	<p>Agreed</p> <p>The Culture Review Oversight Group will auspice the next independent review commencing around November 2019.</p>	<p>The second of three annual, independent and external reviews commenced in June 2021.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 20</p> <p>As a result of this Review, the 'Cultural Review Oversight Group' should engage with staff in the development of a change management and communications strategy, which clearly articulates to staff, patients/clients and the community the nature of the issues to be addressed and the mechanisms for doing it.</p>	<p>Agreed</p> <p>A comprehensive communications and change management strategy is being developed for the Culture Implementation Program. This is being led by the Health Directorate and oversight provided by the Culture Review Oversight Group.</p>	<p>The Communications and Engagement Strategy was endorsed in December 2019. The Phase Two Action Plan continues to be delivered and reviewed at regular intervals.</p>	<p>Complete</p>

Table 13: Government Response to the Inquiry into the Appropriation Bill 2017–2018 and Appropriation (Office of the Legislative Assembly) Bill 2017–2018

Reporting entity	Select Committee on Estimates 2017–2018
Report number	1
Report title	Inquiry into the Appropriation Bill 2017–2018 and Appropriation (Office of the Legislative Assembly) Bill 2017–2018
Link to report	https://www.parliament.act.gov.au/_data/assets/pdf_file/0003/1090164/Estimates-2017-18-FINAL-REPORT.pdf
Government response title	Government Response to the Inquiry into the Appropriation Bill 2017–2018 and Appropriation (Office of the Legislative Assembly) Bill 2017–2018
Date tabled	15 August 2017

Recommendation	Government response	Update	Status
<p>Recommendation 6</p> <p>The Committee recommends the ACT Government build the depth of allied health services available through Hospital in the Home to reflect the service availability of a traditional in-patient setting.</p>	<p>Agreed</p> <p>Scoping to build allied health services within Hospital in the Home will be undertaken as part of the Territory Wide Clinical Services Framework.</p>	<p>This work is now being progressed through development of the Territory-wide Health Services Plan. The ACT Government Care Close to Home project has invested new funding in the establishment of multidisciplinary allied health services within Hospital in the Home services across the ACT.</p>	<p>In progress</p>
<p>Recommendation 112</p> <p>The Committee recommends that the ACT Government undertake a review of the accessibility of ACT Government funded mental health services for students in nongovernment schools.</p>	<p>Agreed</p> <p>ACT Health will provide advice to the Assembly in relation to mental health services available for students in non-government schools.</p>	<p>The Office for Mental Health and Wellbeing (OMHW) will commence this work in 2021–22 year.</p>	<p>In progress</p>

Table 14: Government Response to the Standing Committee on Health Ageing and Community Services Report on the Annual and Financial Reports 2015–16

Reporting entity	Standing Committee on Health, Ageing and Community Services
Report number	1
Report title	Report on the Annual and Financial Reports 2015–2016
Link to report	http://www.parliament.act.gov.au/data/assets/pdf_file/0005/1058819/9th-HACS-01-Annual-Report-2015-16.pdf
Government response title	Government Response to the Standing Committee on Health Ageing and Community Services Report on the Annual and Financial Reports 2015–16
Date tabled	21 September 2017

Recommendation	Government response	Update	Status
<p>Recommendation 6</p> <p>The Committee recommends that the Health Directorate brief the Committee on improvements it is making to health data integrity following the completion of the review.</p>	<p>Agreed</p> <p>The Health Directorate will brief the Committee following completion of the ACT Health System-Wide Data Review.</p>	<p>The Directorate will brief the Committee in 2021–22.</p>	<p>In progress</p>

Table 15: Government Response to the Inquiry into the Appropriation Bill 2018–19 and Appropriation (Office of the Legislative Assembly) Bill 2018–19

Reporting entity	Select Committee on Estimates 2018–2019
Report number	July 2018
Report title	Appropriation Bill 2018–2019 and Appropriation (Office of the Legislative Assembly) Bill 2018–2019
Link to report	https://www.parliament.act.gov.au/_data/assets/pdf_file/0006/1227318/9th-Estimates-2018-2019-Appropriation-Bill-2018-2019-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2018-2019.pdf
Government response title	Government Response to the Inquiry into the Appropriation Bill 2018–19 and Appropriation (Office of the Legislative Assembly) Bill 2018–19
Date tabled	14 August 2018

Recommendation	Government response	Update	Status
<p>Recommendation 55</p> <p>The Committee recommends that the ACT Government examine the risks associated with expanding the home birth program to the northside catchment (through Calvary Hospital).</p>	<p>Agreed</p> <p>This work will be done through the planning stages.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments. This is expected to be completed in late 2021.</p>	<p>In progress</p>
<p>Recommendation 73</p> <p>The Committee recommends that the ACT Government work with Arthritis ACT and other interested parties on an arrangement for maintaining</p>	<p>Agreed</p> <p>The Canberra Hospital rehabilitation pool will close with the opening of the new facility at University of Canberra Hospital. Stakeholders including Arthritis ACT have requested continued</p>	<p>The Directorate has worked with Arthritis ACT and other interested parties on the continuation of hydrotherapy services on the south side of Canberra until a suitable alternative could be found.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>appropriate and affordable access to hydrotherapy pools on the southside of Canberra.</p>	<p>access to the pool at Canberra Hospital. This relates to the availability of hydrotherapy facilities on the south side of Canberra.</p> <p>ACT Health has entered into an agreement with Arthritis ACT to continue access to the pool at Canberra Hospital until June 2019. ACT Health does not intend to keep the pool at Canberra Hospital open past that time, nor do we anticipate providing access to other groups. There are other options for hydrotherapy in the south side of Canberra, as outlined in the table below:</p> <p>Private South side Hydrotherapy Pools (heated to 33oC or greater)</p> <p>Hughes Hydro – Hughes</p> <p>Kings Calwell – Calwell</p> <p>Kings Swim – Deakin</p> <p>Calvary John James Pool – Deakin</p> <p>South side ACT Government Public Schools with Hydrotherapy Pools (heated to 33oC or greater)</p> <p>Malkara Special School – Garran</p>	<p>Following the closure of the Canberra Hospital pool on 29 February 2020, Arthritis ACT received additional funding (\$305,645 over three years) to enable provision of services at their nominated facility, Aqua Harmony in Kambah.</p> <p>Following the commitment made during the 2020 ACT Election, the ACT Government has invested \$250,000 to begin initial design, planning, and costing work for a southside hydrotherapy pool at the preferred site of the Lakeside Leisure Centre in Tuggeranong Town Centre. A location at the Active Leisure Centre at the Erindale Group Centre will be examined as a second option.</p>	

Table 16: Government Response to the Report Leading Data Reform: The Way Forward – Outcomes of the ACT Health System-Wide Data Review

Reporting entity	ACT Health Directorate
Report number	N/A
Report title	Leading Data Reform: The Way Forward – Outcomes of the ACT Health System-Wide Data Review
Link to report	https://health.act.gov.au/sites/default/files/2018-09/System-Wide%20Data%20Review%20Outcomes%20Report.pdf
Government response title	Government Response to the Report Leading Data Reform: The Way Forward – Outcomes of the ACT Health System-Wide Data Review
Date tabled	21 August 2018

Recommendation	Government response	Update	Status
<p>Recommendation D2 – Data Governance</p> <p>Embed new governance structures to delineate roles and responsibilities in relation to data across ACT Health, ensuring accountability and transparency is a priority.</p>	Agreed	The ACT Public Health Data Management Strategy (the Strategy), which is applicable to data management function, roles and responsibilities across the ACT public health system has undergone more extensive consultation in 2020–21. It is anticipated the Strategy will be published in the first half of 2021–22.	In progress

Table 17: ACT Government Response – Standing Committee on Health, Ageing and Community Services Inquiry into the Future Sustainability of Health Funding in the ACT

Reporting entity	Standing Committee on Health, Ageing and Community Services
Report number	Report 5
Report title	Inquiry into the Future Sustainability of Health Funding in the ACT
Link to report	https://www.parliament.act.gov.au/data/assets/pdf_file/0005/1294844/9th-HACS-05-Inquiry-into-the-Future-Sustainability-of-Health-Funding-in-the-ACT.pdf
Government response title	ACT Government Response – Standing Committee on Health, Ageing and Community Services Inquiry into the Future Sustainability of Health Funding in the ACT
Date tabled	2 April 2019

Recommendation	Government response	Update	Status
<p>Recommendation 6</p> <p>The Committee recommends that the ACT Government ensures the development of a territory wide health strategy, which is made available to the Committee and the public as soon as possible.</p>	<p>Agreed</p> <p>ACTHD has developed a Territory-wide Health Services Strategy 2018–2028. The Strategy is in its final stages and will be released to the public and made available to the Committee. The Strategy has been formed with input from the Territory-wide Health Services Advisory Group, established in 2018 and comprised of community sector and ACTHD representatives.</p>	<p>This work is now being progressed through development of the Territory-wide Health Services Plan. The draft Plan was released for consultation in June 2021.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 7</p> <p>The Committee recommends that the ACT Government consider adoption of patient focused service delivery, as patient-focus services encourage the development of more efficient models of care.</p>	<p>Agreed</p> <p>The ACTHD Governance Framework has the Strategic Goal 1: Putting patients at the centre of everything we do. This sets the expectation for the cascading of this strategic goal throughout all services. ACTHD’s Vision is “Your health – Our priority”. Improving the quality of healthcare across the ACT is a key priority for ACTHD, with the aim to be the safest healthcare system in Australia, delivering high-quality, person-centred care that is effective and efficient. The ACTHD Clinical Governance Framework outlines the principles employed to ensure high quality, person-centred, safe and effective health service delivery, underpinned by a strong system of clinical governance. These principles include:</p> <ul style="list-style-type: none"> > Person-centred – improving the experience of care > Patient Safety – proactively seeking a reduction in patient harm > Effective care – best evidence of every person, every time. <p>The ACT Health Quality Strategy (the Strategy) aims to deliver person centred, safe, effective and efficient care with the quality ambition to be a high performing health service that provides person centred, safe and effective care. The Strategy</p>	<p>The 2-Year post launch review (the Review) of the ACT Health Quality Strategy 2018–2028 (the Strategy) is being conducted. The project Steering Committee, comprised of representatives from CHS, CPHB and the Health Care Consumers’ Association (HCCA) have met regularly to consider the progress of the Review. CPHB has completed both self-assessment ‘Progress Report’ and ‘Supplementary Self-Assessment’ documents, while the CHS response is pending. Consultation with the HCCA, Canberra Health Network, NGOs and Carers Groups has concluded. Consultation forums with a cross section of staff has occurred with CPHB. Requests have been made for the same to occur with CHS staff. Draft report and recommendations should be available for consideration by the Steering Committee and Executive Sponsors in September 2021. This will be followed by a review of draft report by the two ACT public health services Estimated completion date of the Review is 31 December 2021.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>provides a framework through which improvements in services we offer to people can be focussed and measured. This Strategy has been the result of an extensive staff and consumer engagement and consultation phase which has informed the strategic priority areas and aims, making explicit ACTHD commitments through its adoption and implementation. The National Safety and Quality Health Service Standards (the Standards) were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the Standards is to protect the public from harm and improve the quality of health care. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care. Version two of the Standards came into effect on 1 January 2019 and addresses gaps identified in the first version including mental health and cognitive impairment, health literacy, end-of-life care and Aboriginal and Torres Strait Islander health. Standard 2: Partnering with Consumers describes the systems and strategies to create a consumer-centred health system by including consumers in the development and design of quality health care. CHS have established a governance committee, with a consumer Chair, to be accountable for the introduction of the new Partnering with Consumers Standard. A mapping exercise will be conducted in the first half of 2019</p>		

Recommendation	Government response	Update	Status
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to identify key achievements to date and areas for improvement. The criteria from the Partnering with Consumers standard includes:

- > clinical governance and quality improvement systems to support partnering with consumers,
- > partnering with patients in their own care,
- > health literacy, and
- > partnering with consumers in organisational design and governance.

From 1 October the Consumer Feedback and Engagement Team was realigned to the Patient Experience Unit within Quality Safety Innovation and Improvement. A working group is being established to review, in partnership with consumers, consumer feedback mechanisms to ensure a person-centred approach. CHS staff are provided with appropriate resources to achieve the Strategic Priority 1: Person-centred – Improve the experience of care. The Consumer Handout Committee continues to review consumer information to ensure the publications are person-centred and adheres to health literacy principles.

Recommendation	Government response	Update	Status
<p>Recommendation 9</p> <p>The Committee recommends that, as the ACT has less than the national in average primary and community health services providers, the ACT Government develop a workforce strategy to build on existing numbers.</p>	<p>Agreed</p> <p>ACTHD is progressing work to improve access to primary and community health services. This work includes the analysis of the policy levers available to the ACT Government to influence the supply of the health workforce and the demand for primary and community health services. ACT Health commenced a project in June 2017 to develop a Workforce Strategy, to respond to the influences shaping the health system; to position ACTHD to achieve its strategic goals and meet future demands; and to support the delivery of ACT Government priorities. The Strategy provides useful insight and recommendations into the existing culture and performance of the organisation that can be harnessed to inform and enhance ACTHD. The transition into two organisations provides an opportunity to reset the culture, refocus on person-centred, safe and high-quality care and to create a high performing and collaborative culture for the two organisations with a critical establishment period between now and 2020. The Report of the Independent Review into the Workplace Culture within ACT Public Health Services has also provided a number of recommendations that aim to enhance the workplace culture of the ACT’s public health system to support workforce attraction and retention.</p>	<p>The Directorate will develop a workforce strategy that will guide decisions about the future workforce. The strategy will support and enable the strategic goals and outcomes outlined in the ACT Health Directorate Strategic Plan: 2020–25, Territory-wide Health Services Plan and other plans and strategies. Consideration is being given to the approach to developing and resourcing the strategy.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 10</p> <p>a) The Committee recommends that the ACT Government investigate what the contributing factors are that cause the highest costs to the Canberra Hospital, as well as Calvary Public Hospital.</p>	<p>Agreed</p> <p>a) The hospital system is becoming more efficient, with the average cost per weighted separation in the ACT decreasing by around 18 per cent in five years, from \$6,854 in 2012–13 to \$5,598 in 2016–17. The program of work that supports these annual average costs include identifying opportunities for improvement. Further, over the medium-term, ACTHD will progressively implement an Activity Based Management (ABM) framework as the basis for defining and allocating funding to commission services across the system and to measure financial performance. Through the ABM structure, activity and cost information will be used to support strategic and operational objectives to further improve patient care and outcomes Central to this will be a comprehensive review of the cost drivers of providing health services in ACT public hospitals.</p>	<p>The ACT Government has considered cost drivers at the two main public hospitals.</p> <p>In 2018–19, the latest year unaffected by COVID-19, the ACT average cost per National Weighted Activity Unit (NWAU) for acute admitted services was \$5,686, which was 13 per cent higher than the National Efficient Price (NEP) in that year. The Taskforce’s investigations indicated the lack of economies of scale, as there was a correlation between low-volume Diagnosis Related Groups (DRGs) and cost above both the NEP and the national average cost per NWAU.</p> <p>In 2018–19, services associated with 11 of the 12 DRGs with episode volumes greater than 1,000 were delivered at a cost per NWAU below the national average cost. Services for around 40 per cent of all DRGs in that year were delivered at a cost below the national average.</p> <p>The ACT Government considers the cost of health services through the annual budget cycle. This process will be supported by the design, development and implementation of Activity Based Funding (ABF) and Activity Based Management (ABM). This work remains under development.</p>	<p>Complete</p>

Table 18: Government Response to the Standing Committee on Health, Ageing and Community Services Inquiry into the Drugs of Dependence (Personal Cannabis) Amendment Bill 2018

Reporting entity	Standing Committee on Health, Ageing and Community Services
Report number	Report 7
Report title	Inquiry into Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018
Link to report	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1371634/9th-HACS-07-Inquiry-into-Drugs-of-Dependence-Personal-Cannabis-Use-Amendment-Bill-2018.pdf
Government response Title	Government Response to the Standing Committee on Health, Ageing and Community Services Inquiry into the Drugs of Dependence (Personal Cannabis) Amendment Bill 2018
Date tabled	19 September 2019

Recommendation	Government response	Update	Status
<p>Recommendation 13</p> <p>4.152 The Committee recommends that, regardless of whether or not the Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018 is passed, the ACT Government ensures that there are sufficient health resources available to treat cannabis dependence.</p>	<p>Agreed</p> <p>The Government will monitor demand for health services following the passage of the bill and adjust resourcing through future Budget rounds as necessary.</p>	<p>The ACT Government invests more than \$22 million annually in Alcohol and Other Drug treatment services. The Directorate monitors changing treatment demand for cannabis, and for alcohol and other drugs.</p> <p>In 2021, the Directorate will undertake a co-design process with the alcohol and other drug sector and other community stakeholders to inform work including development of the next Drug Strategy Action Plan and commissioning of health services.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
		This process will provide an opportunity to consider the appropriateness of the alcohol and other drug service mix in relation to current and future demand.	

Table 19: Government Response to the Standing Committee on Health, Ageing and Community Services Report No 6: Report on Annual and Financial Reports 2017–18

Reporting entity	Standing Committee on Health, Ageing and Community Services
Report number	Report 6
Report title	Report on Annual and Financial Reports 2017–2018
Link to report	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1332574/9th-HACS-06-Annual-Report-2017-18.pdf
Government response Title	Government Response to the Standing Committee on Health, Ageing and Community Services Report No 6: Report on Annual and Financial Reports 2017–18
Date tabled	5 July 2019

Recommendation	Government Response	Update	Status
Recommendation 19	Agreed		
3.78 The Committee recommends that the ACT Health Directorate take necessary steps to facilitate sexual	ACT Health had previously run chlamydia outreach testing programs at Summernats and the Foreshore Music Festival, as part of the Stamp Out Chlamydia campaign which ran from 2010–13. ACT	Due to impacts of COVID-19 on large events throughout 2020–21, including restrictions in relation to music festivals, this work could not be progressed.	In progress

Recommendation	Government Response	Update	Status
<p>health testing at festivals held in the ACT and that the process be evaluated.</p>	<p>Health had proposed to conduct chlamydia testing at the Groovin' the Moo (GTM) music festival in Canberra in April 2019. Unfortunately the festival organisers were unable to accommodate chlamydia testing at that event.</p> <p>ACT Health will investigate other possible festivals in Canberra to conduct chlamydia testing, including Spilt Milk in November 2019, and will revisit having a chlamydia testing program at GTM in 2020. Any programs that are conducted in the ACT will be evaluated.</p> <p>NSW Health has conducted similar testing programs at music festivals in NSW. ACT Health is liaising with NSW Health to inform the development of any future ACT testing programs and will consider opportunities to provide for extra health testing at festivals and other appropriate venues in the future.</p>		

Table 20: Government Response to the Report of the Select Committee on Estimates 2019–20 on the Inquiry into Appropriation Bill 2019–2020 and the Appropriation (Office of the Legislative Assembly) Bill 2019–2020

Reporting entity	Select Committee on Estimates 2019–2020
Report number	July 2019
Report title	Appropriation Bill 2019–2020 and Appropriation (Office of the Legislative Assembly) Bill 2019–2020
Link to report	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1392712/9th-Assembly-Estimates-2019-2020-Appropriation-Bill-2019-2020-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2019-2020.pdf
Government response title	Government Response to the Report of the Select Committee on Estimates 2019–2020 on the Inquiry into Appropriation Bill 2019–2020 and the Appropriation (Office of the Legislative Assembly) Bill 2019–2020
Date tabled	13 August 2019

Recommendation	Government response	Update	Status
<p>Recommendation 27</p> <p>The Committee recommends that the ACT Government ensure financial certainty for community organisations by offering grant funding for periods greater than one year, simplify the grant application process for community groups and streamline the process and paperwork for community grants of up to \$5000.</p>	<p>Agreed in principle</p> <p>A review of the procurement framework for community-based service provision is being undertaken and processes will be simplified where possible.</p> <p>The current grants process for funding already allows for multiple years. However, in the instance of ACTHD, the ability to commit to a multi-year Deed of Grant is contingent upon the directorate</p>	<p>The Directorate is continuing to progress arrangements to procure Health-funded services from 1 July 2022 using a commissioning approach. The approximate value of services to be procured exceeds \$60 million annually.</p> <p>Commissioning, including service planning and design, centres on working with community partners, including service providers and users, to identify the services people need and how best to provide them.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>having budgeted funding allocated for that purpose across the out-years of the grant period.</p> <p>The grant application process currently consists of an assessment of the proposal against service need streamlined approval – given that financial delegation for Deeds of Grant usually rest at Executive Group Manager level rather than at the level of delegation for other funding agreements.</p> <p>There are a number of mechanisms available for expending public monies less than \$5,000 such as Purchase Orders, Exchange-of Letters, pay on quote/invoice – depending upon the nature of the activity. An assessment is made in each circumstance about the most appropriate mechanism to employ.</p>	<p>As part of the commissioning approach, the Directorate is working with community partners to consider the most effective contract periods and opportunities to extend timeframes beyond historic three-year agreements to meet changing needs.</p> <p>In line with the ACT Government’s Red Tape Reduction Recommendations, the Directorate will identify opportunities to procure eligible services through grant arrangements.</p>	
<p>Recommendation 71</p> <p>The Committee Recommends the ACT Government require ACT Health and Canberra Health Services join the Global Green and Healthy Hospitals Alliance.</p>	<p>Agreed in principle</p> <p>ACTHD and CHS will review the requirements to join the Global Green and Healthy Hospitals Alliance.</p>	<p>The ACT Government has now joined the Global Green and Healthy Hospitals Network. The Directorate will facilitate ongoing dialogue with the Network, and liaison with CHS and CPHB.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>Recommendation 76</p> <p>The Committee recommends that the ACT Government, by the end of 2019, require Canberra Health Services and ACT Health give a confidential briefing to Members of the Legislative Assembly on preparedness for disasters in the ACT.</p>	<p>Agreed</p> <p>CHS and ACTHD, with agreement on scope with Minister for Health, will provide a briefing on preparedness for disasters in the ACT.</p>	<p>Members of the Assembly were briefed in 2020 on health emergency management arrangements through the Select Committee on COVID-19 Pandemic Response.</p>	<p>In progress</p>
<p>Recommendation 83</p> <p>The Committee recommends that the ACT Government ensure that there is enough capacity in the public health system to treat patients within clinically appropriate guidelines.</p>	<p>Agreed</p> <p>ACTHD is currently developing a Territory-wide Health Service Plan. The Plan will identify priorities for health service development and redesign including capacity and capability within the public health system. It will be based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for priority population groups and consider the range of public health services provided by CHS, CPHB and other organisations in the community. The Plan will be underpinned by the principles of patient centred care – that the right care is provided in the right place at the right time.</p> <p>To support the Plans’ principles of patient centred care – that the right care is provided in the right place at the right time, the CHS Timely Care Strategy aims to improve patient care delivery, access to services across CHS and patient flow processes. CHS is continuously identifying and</p>	<p>The draft Territory-wide Health Services Plan was released for consultation in June 2021. It is anticipated that the Territory-wide Health Services Plan will be finalised in 2021.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>incorporating change to improve communication and decision-making processes, as well as implementing a number of projects to refresh and refocus systems and processes using a whole of hospital approach. These projects are expected to become embedded into regular processes and policies across CHS to continue the delivery of high quality, safe and timely care to our community. This work does not replace Clinical Services planning, however addresses CHS operational commitments to providing timely care.</p>		
<p>Recommendation 89</p> <p>The Committee recommends that the ACT Government, subject to the external evaluation of the homebirth trial, increase availability of home birthing options for local women.</p>	<p>Agreed in principle</p> <p>The aim of the publicly funded homebirth trial is to provide an option for women with low risk pregnancies in the ACT to birth at home. The final evaluation will provide recommendations for publicly funded homebirth at Canberra Hospital. CHS is committed to delivering quality and safe women centred care and working with any recommendations that come from the external evaluation.</p> <p>Subject to the outcomes of the homebirth trial external evaluation, consideration will be given to increasing the availability of home birthing options across the ACT.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 90</p>	<p>Agreed in principle</p>	<p>The Directorate and CHS continue to work collaboratively to ensure that outpatient data is fit</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
The Committee recommends that the ACT Government publish data on wait times for appointments with specialist outpatient clinics in the ACT.	ACTHD will work with CHS to agree on suitable measures to report wait times for appointments with specialist outpatient clinics in the ACT.	<p>for reporting purposes, which will support the development of suitable metrics.</p> <p>Current reporting includes the public release of the ACT Public Health Services Quarterly Performance Report, which provides a consolidated quarterly activity report on the performance of ACT public health services including insights into overall elective surgery activity and wait times</p>	

Recommendation 91

The Committee recommends that the ACT Government, following a report from the Health Care Consumers Association, prioritise work on developing a patient navigation service.

Agreed in principle

ACTHD has received the report, A model for patient navigation in the ACT for people with chronic and complex conditions, and is exploring options to implement a model for a patient navigation service that would include, but may not be limited to, chronic conditions.

The ACT Government made a 2020 election commitment to establish a patient navigation service. Work is underway to develop and implement the service. The service will coordinate care across the health system for those people at greatest need, including people with chronic and complex conditions.

In progress

Table 21: Government response to Standing Committee on Planning and Urban Renewal – Report 14 – Inquiry into Planning for the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) and The Canberra Hospital Campus and Immediate Surrounds

Reporting entity	Standing Committee on Planning and Urban Renewal
Report number	14
Report title	Inquiry into Planning for the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) and The Canberra Hospital Campus and Immediate Surrounds
Link to report	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1616056/9th-PUR-Report-14-Inquiry-into-Planning-for-the-Surgical-Procedures,-Interventional-Radiology-and-Emergency-Centre-SPIRE-and-The-Canberra-Hospital.pdf
Government response title	Government Response to Standing Committee on Planning and Urban Renewal – Report 14 – Inquiry into planning for the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) and the Canberra Hospital campus and immediate surrounds
Date tabled	9 February 2021

Recommendation	Government response	Update	Status
<p>Recommendation 10</p> <p>The Committee recommends that the ACT Government ensure that the master plan process includes a comprehensive review of traffic and transport for the wider precinct, including options for improving school pick-up and drop-off arrangements.</p>	<p>Agreed in principle</p> <p>The ACT Government is committed to ensuring the safety of staff, patients and visitors on the campus. Consultation with clinicians, the campus workforce and local community will occur during the development of the Canberra Hospital Master Plan. Parking and safe flow of traffic in and around the campus will be considered in the context of the Master Plan,</p>	<p>The ACT Government is committed to ensuring the safety of staff, patients and visitors on the campus. Consultation with clinicians, the campus workforce and local community has occurred during the development of the Canberra Hospital Master Plan (Master Plan). Parking and safe flow of traffic in and around the campus is also being considered in the context of the Master Plan, as well as the management of impacts on the local community and school.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>as well as the management of impacts on the local community and school.</p> <p>Discussions will continue with the Education Directorate, the Garran Primary School community and the Transport Canberra and City Services Directorate to support safe school pick-up and drop-off arrangements, as well as ensure an integrated approach to traffic and transport planning for the Canberra Hospital precinct and surrounding streets.</p>	<p>Discussions will continue with CHS, the Education Directorate, the Garran Primary School community and the Transport Canberra and City Services Directorate, to support safe school pick-up and drop-off arrangements, as well as ensure an integrated approach.</p>	
<p>Recommendation 18</p> <p>The Committee recommends that the ACT Government ensures extensive consultation is undertaken with health and local community stakeholders during development of the master plan.</p>	<p>Agreed</p> <p>The ACT Government is committed to engaging with the local community and users of the Canberra Hospital campus throughout the development of the Master Plan.</p> <p>Throughout the Master Plan, the Government will engage with all users of the campus (including the hospital workforce and clinicians), the surrounding residents and the wider ACT community.</p> <p>The established Consumer Reference Group and Local Community Reference Group for the Canberra Hospital Expansion will be utilised as one mechanism to receive input to and feedback on the Master Plan as it develops.</p>	<p>The ACT Government has engaged with users of the campus (including the hospital workforce and clinicians), the surrounding residents and the wider ACT community in developing Master Plan options.</p> <p>The Master Plan is overseen by a governance framework that includes a Steering Committee, Project Control Group and Executive Planning team. These bodies are established to ensure comprehensive awareness, input and transparency of the Master Plan development.</p> <p>The established Consumer Reference Group and Local Community Reference Group for the Canberra Hospital Expansion have been engaged to receive feedback on the Master Plan. Existing ACT Government community engagement tools, including YourSay, social media and face-to-face</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	Existing ACT Government community engagement channels will also be used.	meetings have also been utilised to promote community engagement.	
<p>Recommendation 20</p> <p>The Committee recommends that the ACT Government complete its current master planning process for the Canberra Hospital precinct as a matter of urgency.</p>	<p>Agreed</p> <p>The Government commenced work on the Master Plan in December 2019, and the original project timelines projected an agreed masterplan by August 2020.</p> <p>Due to the COVID-19 health emergency, stakeholder and clinical engagement on the Master Plan was suspended. However, options for the Master Plan have been progressed based on consultation and engagement undertaken prior to COVID-19, known asset condition and on base level demand projections.</p> <p>Revised timeframes to allow for consultation and engagement with clinicians and the community is expected to see the Master Plan process completed by mid-2021.</p>	<p>The Government commenced work on the Master Plan in December 2019, and original project timelines projected to deliver a Master Plan by August 2020.</p> <p>Due to the COVID-19 health emergency, stakeholder engagement on the Master Plan was paused. Community and stakeholder engagement recommenced in early 2021. A final Master Plan is expected to be delivered to the Government in late 2021.</p>	<p>In progress</p>
<p>Recommendation 25</p> <p>The Committee recommends that the ACT Government ensure that the master plan process identifies ACT Government facilities and functions that can no longer be catered for</p>	<p>Agreed</p> <p>Through the development of the Territory-wide Health Services Plan, scenario modelling will be used to inform functions at Canberra Hospital, University of Canberra Hospital and Calvary Public Hospital Bruce. This will inform decisions around potential relocation or</p>	<p>The draft Territory-wide Health Services Plan was released for consultation in June 2021. It is anticipated that the Plan will be finalised in 2021.</p> <p>The Directorate has commenced work on a Master Plan in close collaboration with CHS. The Master Plan, over the coming 20 years, will guide how future campus infrastructure investment decisions</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
within the precinct and need to be relocated or devolved to other parts of Canberra.	<p>devolving of facilities to other parts of Canberra.</p> <p>Services that could be moved off the Canberra Hospital campus will be considered and explored as part of the Master Plan process, the development of the Northside Elective Surgery Centre and the expanded network of Walk-in and local community health centres.</p>	are considered, ensuring that future changes make the campus welcoming and usable for patients and staff The Master Plan process has examined future service needs and the age and condition of assets, and brought those together into a Plan that reflects the needs of the community.	

Table 22: Government Response to the Standing Committee on Health and Community Wellbeing Reports – 2020–21 ACT Budget and the Appropriation Bill 2020–2021 and the Appropriation (Office of the Legislative Assembly) Bill 2020–21

Reporting entity	Standing Committee on Health and Community Wellbeing
Report number	1
Report title	Annual and Financial Reports 2019–2020; Appropriation Bill 2020–2021 and Appropriation (Office of The Legislative Assembly) Bill 2020–2021
Link to report	https://www.parliament.act.gov.au/_data/assets/pdf_file/0011/1738658/HCW-Report-1-AFR-2019-20-and-Budget-2020-21.pdf
Government response title	Government Response to the Standing Committee Reports – 2020–21 ACT Budget and the Appropriation Bill 2020–2021 and the Appropriation (Office of the Legislative Assembly) Bill 2020–21
Date tabled	20 April 2021

Recommendation	Government response	Update	Status
<p>Recommendation 4</p> <p>That the ACT Government continue to expand ACT public health facilities.</p>	<p>Agreed</p> <p>The ACT Government has allocated almost \$350 million (excluding provisioned works) across the health portfolio’s infrastructure program over the next four years delivering new facilities, upgrades to existing facilities and IT infrastructure. This investment includes the Canberra Hospital Expansion –Critical Services Building, which is the largest health infrastructure investment since self-government.</p> <p>The ACT Government is also developing a Territory-wide Health Services Plan, which will identify priorities for health service development and redesign over the next five to 10 years and inform infrastructure planning. In addition, the Canberra Hospital Master Plan project is currently underway and is looking at the development of infrastructure on the hospital campus over the next 20 years. Planning is also underway for a new Northside hospital as our city continues to grow.</p>	<p>A draft Territory-wide Health Services Plan has been developed and was released for consultation in June 2021.</p> <p>The Canberra Hospital Master Plan and other major investments will not only transform the physical infrastructure on the campus but also allow for new and expanded services to be delivered to the community.</p> <p>Phase 2 of Master Plan consultation is planned to occur from 22 July 2021 to 1 September 2021. Phase 2 will allow the community and stakeholders to provide their thoughts and feedback on two Master Plan options. The options, which address the thoughts and concerns raised, include solutions for carparking, access and accessibility, and improved open space.</p> <p>Planning work for a new Northside Hospital is currently underway.</p>	<p>In progress</p>

Table 23: ACT Government response to the Standing Committee on Education, Employment and Youth Affairs, Report 9: Report on Inquiry into Youth Mental Health in the ACT

Reporting entity	Standing Committee on Education, Employment and Youth Affairs
Report number	9
Report title	Youth Mental Health in the ACT
Link to report	https://www.parliament.act.gov.au/data/assets/pdf_file/0007/1613518/EEYA-Report-9-Youth-Mental-Health-in-the-ACT.pdf
Government response title	ACT Government Response to the Standing Committee on Education, Employment and Youth Affairs, Report 9: Report on Inquiry into Youth Mental Health in the ACT
Date tabled	9 February 2021

Recommendation	Government response	Update	Status
<p>Recommendation 9</p> <p>The Committee recommends the ACT Government also provide access to school-based mental health resources and expertise to non-government schools, where there is a demonstrated need.</p>	<p>Agreed in Principle</p> <p>The ACT Government shares resources and supports with non-government schools, including postvention planning after a critical incident when requested.</p> <p>Non-government schools have access to Be You resources, which are specifically targeted at supporting teachers to assist young people with mental health concerns.</p>	<p>The Youth Aware of Mental Health (YAM) program is being offered to non-government schools. To date, six non-government schools have agreed to participate in the program.</p> <p>The Online Youth Navigation Portal will be launched in October 2021 to support children and young people, parents and carers, and service providers. All ACT schools will have access to the support through this portal, which includes a range of online resources to support children and young people’s mental health and wellbeing.</p>	In progress

Recommendation	Government response	Update	Status
	<p>In addition, the ACT Government is coordinating the roll out the Youth Aware of Mental Health (YAM) Program in ACT schools, as part of the OMHW's LifeSpan approach to suicide prevention. YAM is an evidence-based program, recommended by the Black Dog Institute and developed to promote mental health and address suicidal behaviour in young people. The program is targeted at Year 9 students and is available for ACT public schools and non-government schools.</p>		
<p>Recommendation 12</p> <p>The Committee recommends that the ACT Government address gaps in mental health service provision between different age brackets.</p>	<p>Agreed in Principle</p> <p>As outlined in the Introduction and response to Recommendation 11 the ACT Government is mapping mental health service activities as part of the OMHW's Review of Children and Young People and the MHSP.</p> <p>These activities will help to identify priorities for service development, including any gaps in services for different age groups or in transitions of care between different care settings. Where a need for investment in increased or new service provision is identified this will require consideration through future budget processes.</p>	<p>The OMHW is finalising a co-design process with the Youth Coalition of the ACT and the Capital Health Network to identify the support needs of young people with moderate mental illness. The final report will be completed this financial year and will provide recommendations based on the areas of service need in the gaps identified.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 13</p> <p>The Committee recommends that the ACT Government address gaps in mental health service provision between different genders.</p>	<p>Agreed in Principle</p> <p>Please refer to the response to Recommendation 12, these mapping activities will assist identify any gaps in services for young people of different genders. Recommendations to Government will apply a principle of support for equity of access and be informed by analysis of population demographics, health status and burden of disease.</p> <p>As above, it is important to note that any investments in increased or new service provision will require consideration through future budget processes.</p>	<p>The OMHW is finalising a co-design process with the Youth Coalition of the ACT and the Capital Health Network to identify the support needs of young people with moderate mental illness. The final report will be completed this financial year and will provide recommendations based on the areas of service need in the gaps identified.</p>	<p>In progress</p>
<p>Recommendation 21</p> <p>The Committee recommends the ACT Government provide more counselling services to address the gap between headspace requirements for treatment and other facilities such as CAMHS so that young patients are adequately supported.</p>	<p>Agreed in Principle</p> <p>The term ‘missing middle’ has recently been coined to refer to people who are not able to access headspace, or similar mental health services, because of their presentation, but who do not meet the threshold criteria for a tertiary mental health service. This is a difficult issue experienced nationally between services and was noted by headspace in their submission to this Inquiry stating that the ‘model has limitations in reaching the “missing middle”’.</p>	<p>The Directorate has commenced scoping work on this recommendation. Progress following successful completion of scoping work is subject to the ACT Budget processes.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
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ACT Government made election commitments to boost community counselling, mentoring, home visits, advocacy and case management for 10 to 25-year olds. A commitment has also been made to implementing Orygen Digital’s Moderated Online Social Therapy (MOST) platform, which is an evidence-based online service that enables personalised therapy for children and adolescents to supplement face-to-face treatment.

In addition, the ACT Government has committed, through the OMHW’s Review of Children and Young People, to lead a co-design process in partnership with the Capital Health Network to identify potential solutions and additional support options to ensure those experiencing moderate to severe mental illness are adequately supported. The Youth Coalition of the ACT are also co-leading this project.

While the ACT Government agrees with the sentiment of this Recommendation, the findings of this Youth project may identify a range of different services for this cohort that are more beneficial or effective than counselling. As a result, it would be inappropriate to agree to this recommendation in full at this stage. Future

Recommendation	Government response	Update	Status
	actions will be informed by the recommendations of the Youth project.		
<p>Recommendation 23</p> <p>The Committee recommends that the ACT Government work with higher education providers to ensure there is suitable provision of mental health services on campus.</p>	<p>Agreed</p> <p>The mental health and wellbeing of students in tertiary education is a priority for both the ACT Government and tertiary education institutions. The OMHW’s Review of Children and Young People identified that more work is required to support young people in the transition period from school between the ages of 18 to 25.</p> <p>The ACT Government engages with institutions across various touch points on matters relating to students’ wellbeing. Most recently, this included engaging with institutions to ensure appropriate support systems were in place for students during the COVID-19 pandemic.</p> <p>The ACT Government will continue to engage with these institutions on issues related to mental health and wellbeing on campus, in student accommodation and in the broader community.</p>	<p>The Online Youth Navigation Portal will be launched in October 2021 to support young people. ACT universities and campus support programs will have access to the support through this portal, which includes a range of online resources to support mental health and wellbeing of young people up to 25 years of age.</p>	<p>In progress</p>
<p>Recommendation 26</p> <p>The Committee recommends the ACT Government assess the current mental health</p>	<p>Agreed in Principle</p> <p>As noted and committed to in the ACT Regional Mental Health and Suicide Prevention Plan, the ACT Government agrees to continue</p>	<p>The OMHW has commenced an initial scoping of mental health workforce needs, which will consider options for more diversity in roles such as expanding peer work.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
workforce and ensure it reflects the diversity of Canberra’s population.	<p>to progress strategies to develop career pathways for Aboriginal and Torres Strait Islander workers and workers from culturally and linguistically diverse communities.</p> <p>However, given the difficulties that are experienced both locally and nationally with regards to recruiting to highly specialised mental health professional roles, there are significant challenges associated with developing a workforce that reflects the full diversity of the ACT.</p>		

Recommendation 38

The Committee recommends that the ACT Government provide mental health support, especially for those under 25 involved with the justice system to divert young people from custodial harm.

Agreed in Principle

The ACT Government supports the notion that mental health support for people involved with the justice system will help to divert people and prevent custodial harm, particularly in young people.

Where an offender is subject to a community-based supervision order, case management plans are developed and focus on addressing criminogenic risk/needs. Identification of mental health challenges will involve a referral to an appropriate service external to ACT Corrective Services.

Early support for people living with a mental illness is a pillar in the ACT’s Justice Reinvestment, ‘Building Communities, Not

The Directorate is progressing work to support young people with a variety of complex needs and/or comorbidities. This range of work will also provide more support for young people who have contact with the justice system.

The Directorate has now recruited two project officers to undertake the scoping, design and preparatory work for:

- a multidisciplinary service to support young people with complex needs who experience mental health challenges alongside trauma and/or drug and alcohol abuse
- an intensive trauma service for adolescents to support recovery and positive behaviour for 13 to 17-year-olds

In progress

Recommendation	Government response	Update	Status
	<p>Prisons', strategy. There are opportunities for the ACT Government to explore investment in this area, subject to future funding decisions.</p>	<p>who have experienced childhood trauma, including abuse or neglect.</p> <p>Further work in this space will have to take into account the outcomes of the current discussions around raising the minimum age of criminal responsibility in the ACT.</p>	
<p>Recommendation 39</p> <p>The Committee recommends that the ACT Government fund more accessible and free counselling and mentor services for young people aged 12-25 years.</p>	<p>Agreed</p> <p>A key theme from the OMHW's Review of Children and Young People was that affordability was a primary obstacle for young people to access mental health services. As reported in this review, these obstacles are known issues within the mental health sector more broadly and were also included in the recent Productivity Commission final report on Mental Health.</p> <p>Election commitments have been made to boost community counselling, mentoring, home visits, advocacy and case management for 10 to 25-year olds and to establish a psychologist subsidy scheme for young people and people on low incomes, which will increase access to free mental health supports.</p> <p>These commitments will also be guided by the outcomes of the MHSP and the project resulting from the OMHW's Review of Children and Young People so that any counselling</p>	<p>The Directorate has commenced work on this recommendation. Progress is subject to the ACT Budget processes.</p> <p>The Online Youth Navigation Portal will be launched in October 2021 to support young people to access the support they need at the time they need it. This will enable the collection of data to identify the level of unmet needs and gaps in services.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>services aimed at young people can be targeted where necessary.</p> <p>The online youth mental healthnavigation portal, being developed by the ACT Government, will also have a role in improving the accessibility of these services by providing a coordinated approach to help seeking and linking young people up with services.</p> <p>The ACT Government also notes that the availability of counselling services aimed at 12 to 25-year olds in the ACT will be increasing with the upcoming opening of a second headspace office in the ACT.</p>		
<p>Recommendation 40</p> <p>The Committee recommends that the ACT Government trial more automated e-health services and report back on outcomes by mid-2021.</p>	<p>Agreed in Principle</p> <p>The current market of digital mental health services is extensive, and implementation of any program must be quality assured, safe, evidence-based, and demonstrate impact and outcomes.</p> <p>The Commonwealth Government has recently released the ‘National Safety and Quality Digital Mental Health Standards’ (NSQDMHS) to provide a quality assurance mechanism for such digital platforms. The ACT Government will assess and apply these standards to future implementation of any digital mental health services to ensure participants receive a</p>	<p>The Directorate has commenced work on this recommendation. Progress is subject to the ACT Budget processes.</p> <p>The Online Youth Navigation Portal will be launched in October 2021 to support young people to access the support they need, including access to the wide range of online support services This will also enable the identification of gaps in services.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>quality, and outcomes focused service to engage with.</p> <p>It is also important to note, that whilst trialling services helps to determine quality, outcomes, and impact; temporary implementation of a program may cause harm to users who have become reliant on engagement with a service. The preferred approach is to implement a tried and tested model that is likely to continue so users can engage long-term. As part of the 2020 election commitments, the ACT Government committed to the implementation of Orygen Digital’s MOST program, which is an online mental health support platform for young people aged 16 to 25. Implementation of this program will be subject to a budget process.</p> <p>After answering a survey, MOST presents young people with a personalised guided therapy ‘journey’. These journeys draw on evidence-based research and are designed by psychologists working collaboratively with creative writers and artists. There are currently a range of therapy journeys provided by the platform, including for depression, anxiety, social anxiety, body issues and others.</p> <p>The implementation of this platform will be a useful trial of e-health services in the ACT. The Government will report back on</p>		

Recommendation	Government response	Update	Status
	<p>implementation in a reasonable timeframe, noting that the service will not be implemented by mid-2021. If this is successful and more e-health services are desired, the ACT Government will seek these through the appropriate budget and procurement processes.</p>		
<p>Recommendation 42</p> <p>The Committee recommends that the ACT Government should as a matter of urgency bring online the central navigation portal for youth mental health services</p>	<p>Agreed</p> <p>The portal, as an identified project from the OMHW’s Review of Children and Young People in the ACT, has been committed to by the ACT Government. The ACT Government has begun work on this project and the portal is scheduled to be available by mid to late 2021, following a comprehensive consultation process with young people, service providers, parents and carers.</p>	<p>The Online Youth Navigation Portal will be launched in October 2021 to support children and young people, parents and carers, and service providers to access the support they need at the time they need it.</p>	<p>In progress</p>
<p>Recommendation 43</p> <p>The Committee recommends that the ACT Government expand drug rehabilitation services in the ACT.</p>	<p>Agreed</p> <p>The ACT Drug Strategy Action Plan 2018-2021 commits the ACT Government to identifying options to expand alcohol and other drug services to meet the needs of a growing population, and to identifying implementation priorities, including residential rehabilitation for Aboriginal and Torres Strait Islander peoples.</p>	<p>In 2021, the Directorate will undertake a co-design process with the alcohol and other drug sector and other community stakeholders to inform work including development of the next Drug Strategy Action Plan and commissioning of health services.</p> <p>This process will provide an opportunity to consider the appropriateness of the alcohol and other drug service mix in relation to current and future demand.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>Furthermore, through the Community Health and Hospitals Program (CHHP), between the Commonwealth and ACT Governments, the ACT will receive \$4.3 million across 2022-23 and 2023-24 to expand capacity of residential alcohol and other drug rehabilitation services in the ACT.</p> <p>In addition, the ACT Drug and Alcohol Court (DAC), which was established in December 2019, is a sentencing option available to those over the age of 18 who meet eligibility and suitability criteria. A key part of the DAC is taking an individualised approach to meeting a person’s treatment needs, allowing for an additional referral pathway into alcohol and other drug treatment services, including rehabilitation services. The ACT Government provided \$2.151 million (GST excluded) over the 2019-20 and 2020-21 financial years for alcohol and other drug treatment services and health staffing for the DAC.</p> <p>As part of the 2020 election commitments, the ACT Government committed to double the existing funding for services to address drug and alcohol and mental health co-morbidity. Any increase in funding will be subject to a budget process.</p>	<p>The Terms of Reference for the Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021 include consideration of current and future demand for drug treatment. The Government will consider any recommendations made by the Select Committee and respond in due course.</p>	

Recommendation	Government response	Update	Status
<p>Recommendation 44</p> <p>The Committee recommends that the ACT Government expand evidence-based residential rehabilitation programs for young people struggling with addiction in the ACT.</p>	<p>Agreed in Principle</p> <p>Early life experiences can have an important impact on the likelihood of taking up alcohol, tobacco and other drug use earlier in life and experiencing ongoing use. Government-funded programs to minimise harms from alcohol, tobacco and other drugs among young people need to address the broader social contexts of young people’s lives, as well as providing more intensive evidence-based health services for people who are addicted.</p> <p>Responses to alcohol, tobacco and other drugs therefore need to address prevention, treatment, and harm reduction, and not be solely focused on residential rehabilitation treatment. Harm reduction services, such as overdose response training are particularly important because many young people may not be ready to stop using drugs or may not engage in treatment.</p> <p>The ACT Government is commencing a scoping study to support young people who have mental health needs co-occurring with trauma, disability and/or drug and alcohol abuse. This may not be a residential service, however, will be determined on need to continue to respond to young people’s addiction issues.</p>	<p>In 2021, the Directorate will undertake a co-design process with the alcohol and other drug sector and other community stakeholders to inform work including development of the next Drug Strategy Action Plan and commissioning of health services.</p> <p>This process will provide an opportunity to consider the appropriateness of the alcohol and other drug service mix in relation to current and future demand, including proposals for specific services such as youth-focused services.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 45</p> <p>The Committee recommends that the ACT Government pursue young people’s use and possession of drugs in a coordinated and holistic manner.</p>	<p>Agreed</p> <p>The ACT Government supports taking a holistic approach to alcohol, tobacco and other drug use among young people. This includes addressing the social determinants of health, and the broader context of young people’s lives in addition to alcohol, tobacco and other drug specific prevention, harm reduction and treatment programs.</p> <p>An example of this, as highlighted by this Inquiry, includes justice diversion because it is recognised that a criminal record for drug use and possession may increase stigma and disadvantage.</p> <p>The ACT Drug Strategy Action Plan 2018-2021 commits to exploring ways to increase diversion from the criminal justice system and the treatment and support options available, as part of an integrated diversion system in the ACT (Action 33).</p> <p>ACT Legislation provides a range of existing diversion options for young people apprehended in possession of illegal drugs. These include the Youth Alcohol Diversion Program, the Illicit Drugs Diversion Initiative, and the Simple Cannabis Offence Notice. As a result of recent changes to legislation on minor cannabis offences, young adults (and older</p>	<p>The feasibility of a simple drug offence notice for the ACT is being considered to inform a response to the 20 August 2020 Legislative Assembly motion. A Legislative Assembly Select Committee is also considering the Drugs of Dependence (Personal Use) Amendment Bill 2021, which, as currently drafted, would introduce a simple drugs offence notice for a wide range of drugs. The ACT Government will consider any recommendations made by the Select Committee and respond in due course, including their application to young people.</p> <p>In 2021, the Directorate will undertake a co-design process with the alcohol and other drug sector and other community stakeholders to inform work including development of the next Drug Strategy Action Plan and commissioning of health services.</p> <p>This process will provide an opportunity to consider the appropriateness of the alcohol and other drug service mix in relation to current and future demand, including proposals for specific services such as youth-focused services.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>adults) are no longer subject to criminal penalties for such offences.</p> <p>It is also important to note that the ACT Government has committed to raising the minimum age of criminal responsibility (MACR) from 10 to 14. Work towards raising the MACR will consider how appropriate therapeutic, restorative and diversionary pathways can help manage harmful behaviour by children and young people outside the criminal justice system, including those who are currently charged with drug offences. This work will be relevant to this recommendation and will include consultation with all relevant stakeholders.</p>		
<p>Recommendation 46</p> <p>The Committee recommends that the ACT Government consider further criminal justice diversion for young drug users by investigating the appropriateness of a simple drug offence notice for some drugs.</p>	<p>Agreed</p> <p>As outlined in the response to Recommendation 45, the ACT Government supports measures to increase the diversions of young people from the criminal justice system.</p> <p>On 20 August 2020 the Ninth Legislative Assembly passed Mr Pettersson’s motion calling on the ACT Government to investigate the feasibility of a simple offence notice for other drugs of dependence and to ascertain the legal, social and health impacts and report to the Assembly no later than November 2021.</p>	<p>The feasibility of a simple drug offence notice for the ACT is being considered to inform a response to the 20 August 2020 Legislative Assembly motion. A Legislative Assembly Select Committee is also considering the Drugs of Dependence (Personal Use) Amendment Bill 2021, which, as currently drafted, would introduce a simple drugs offence notice for a wide range of drugs. The ACT Government will consider any recommendations made by the Select Committee and respond in due course.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>Initial work has begun to consider the motion and recommendation.</p> <p>Through the ACT Drug Strategy Action Plan 2018-2021, the ACT Government is committed to exploring ways to increase diversion from the criminal justice system. However, such measures will need to be guided by the available best-practice evidence to minimise the harms from drug use.</p> <p>One example includes the ACT Government's establishment of the ACT Drug and Alcohol Court (DAC), as part of a goal to reduce recidivism by 25 percent by 2025. The DAC commenced operating within the ACT Supreme Court in December 2019 and is a sentencing option available to those over the age of 18 who meet eligibility and suitability criteria.</p> <p>Work around the MACR, as noted in Recommendation 45, will also help to support criminal justice diversion for children between 10 and 14 years old.</p>		

Recommendation 49

The Committee recommends that the ACT Government provide further eating disorder support services in the ACT, prioritising services on the northside.

Agreed in Principle

The ACT Government's 2018 ACT Eating Disorders Position Statement Identified the need for further support for eating disorders across the ACT.

The Expanding Public Healthcare Services for Eating Disorders (EPHSED) project includes establishment of a Territory-wide Model of Care for Eating Disorders, development of a Clinical Hub, an Early Intervention Service, a Residential Treatment Facility and other related bodies of

In progress

Recommendation	Government response	Update	Status
	<p>The EPHSED project includes establishment of a Territory wide Model of Care for Eating Disorders, development of a Clinical Hub, an Early Intervention Service and a Residential Treatment Facility.</p> <p>Consideration is currently being given to the appropriate location of new and expanded services having regard to population distribution and service demand by place of residence. Supporting access to services for residents of both north and south side of Canberra is a key consideration in current planning activities.</p> <p>Additionally, the ACT Government election commitments include various programs that target and support mental health and eating disorders for consumers and their carers.</p>	<p>work. The EPHSED project is governed by a Steering Committee and informed by a Reference Group.</p> <p>The final recruitment activities are underway for the Clinical Hub, with this to be operational shortly.</p> <p>The Model of Care for the Residential Treatment Facility was endorsed by the Steering Committee in March 2021. The planning process for infrastructure works is underway, with a suitable block of land identified for this Facility.</p> <p>The Early Intervention Service is on track for establishment in July 2022, as per the outlined allocation of budget funding for service in the 2022–23 financial year.</p> <p>The Territory-wide Model of Care for Eating Disorders is underway and will be informed by the Reference Group and key stakeholders before seeking endorsement from the Steering Committee.</p>	
<p>Recommendation 55</p> <p>The Committee recommends the ACT Government consider how to address the broader root causes and compounding factors of youth mental illness.</p>	<p>Agreed</p> <p>The ACT Government agrees that there are a broad range of social and economic determinants that affect mental health, which lie outside the traditional purview of health departments and organisations. Examples of the breadth of these determinants range from</p>	<p>The Directorate has commenced scoping work on this recommendation. Progress following successful completion of scoping work is subject to the ACT Budget processes.</p> <p>The OMHW is finalising a co-design process with the Youth Coalition of the ACT and the Capital Health Network to identify the support needs of</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
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education, housing, family environment, and justice through to employment.

As the Committee notes, addressing the broader factors of mental health was a key theme in the Productivity Commission’s Final Report in their Inquiry into Mental Health. The ACT Government is a proponent of this approach, having advocated its inclusion strongly to the Productivity Commission in both the ACT Government’s initial submission to the Inquiry and in its feedback on the Productivity Commission’s Draft Report.

The ACT Government is proud of a wide range of work that is progressing across a number of diverse areas across government. Examples of these include, but are not limited to:

- > The OMHW was established to ensure a whole of government approach to mental health and wellbeing to guide systemic responses and reforms across all areas of life.
- > An Inter-Directorate Committee to help coordinate action to improve mental health and wellbeing for Canberrans.
- > The ACT Aboriginal and Torres Strait Islander Agreement 2019-2028. articulates that all social determinates are intrinsically linked for individuals, families

young people with moderate mental illness. The report will address the areas of need as well as potential factors contributing to mental illness.

Recommendation	Government response	Update	Status
	<p>and community for Aboriginal and Torres Strait Islander people. It is acknowledged under the priority action plans that connection to culture and family has significant impacts on health and wellbeing. Addressing all of the priority areas will have a positive impact on the mental health of individuals and families, including young Aboriginal and Torres Strait Islander people</p> <ul style="list-style-type: none"> <li data-bbox="696 639 1240 1046">> Early Support: Changing Systems, Changing Lives (Early Support) is a ten-year plan to shift government and non-government human services from a crisis focus to one enabling earlier support. The Early Support reform agenda includes a range of initiatives aimed at providing support early in the life of a child or in the life of an issue in order to improve long term wellbeing outcomes for individuals, children and their families. <li data-bbox="696 1078 1240 1412">> The Safe and Connected Youth (SACY) program is based on research showing that youth homelessness is often the result of unmet service needs elsewhere in the system, including mental health needs. Of the 13 children and young people involved in the trial, nine (9) have identified mental health concerns. The Therapeutic Case Workers have 		

Recommendation	Government response	Update	Status
	<p>coordinated supports across the service system to improve outcomes for them and their families. The results from the trial are promising, with case studies from the SACY program showing that having support needs being met improved family functioning resulting in children and young people staying safely at home. A formal evaluation is currently underway.</p>		
<p>Recommendation 60</p> <p>The Committee recommends that the ACT Government acknowledge the diversity of needs in provision of mental health services for young people and ensure services are co-designed by young people, including Aboriginal and Torres Strait Islander young people, CALD young people (including international students), LGBTIQ+ young people and young people living with disabilities.</p>	<p>Agreed</p> <p>The ACT Government recognises the diversity of needs for mental health services for young people and commits to continuing to uphold the principles of co-design with young people.</p> <p>There are a number of examples of co-design of mental health services that are currently occurring in the ACT. The OMHW, in partnership with the Youth Coalition of the ACT, are including youth reference groups as part of the co-design process for the Online Youth Navigation Portal.</p> <p>The ACT Government acknowledges that these co-design processes must include effective engagement with young people who are Aboriginal and/or Torres Strait Islander, Culturally and Linguistically Diverse, Lesbian, Gay, Bisexual, Transgender/gender diverse,</p>	<p>Co-design processes and recognition of diverse needs are routinely incorporated into the development of programs and initiatives being developed. Examples are:</p> <ul style="list-style-type: none"> • Culturally Appropriate Aboriginal and Torres Strait Islander Suicide Prevention Service which is being community-led, including people with lived experiences • co-design work on the model for the ACT Safe Haven Cafés. <p>Consultation and co-design with a range of young people is also a feature of the scoping work being undertaken for developing responses to young people with mental health concerns, trauma and other co-occurring issues.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>Intersex and Queer, and young people living with disabilities.</p> <p>As these co-design processes would occur within the usual service design consultation processes of any projects, this would not require additional funding</p>		
<p>Recommendation 61</p> <p>The Committee recommends that the ACT Government take a whole family approach to supporting children and young people at risk of poor mental health or showing symptoms of mental illness.</p>	<p>Agreed</p> <p>The ACT Government agrees to continue taking a whole family approach to support children and young people at risk of poor mental health, or with symptoms of mental illness.</p> <p>As discussed in Recommendation 57, the Early Support initiative is a critical part of the ACT Government’s approach in this area. This initiative is an ongoing response to help families where young people are at risk of poor mental health.</p> <p>Additionally, in any mental health treatment Canberra Health Services also utilise family-based therapies in situations where it is recommended as best-practice. As an example of this, the Eating Disorders Program provides Maudsley Family-Based therapy for adolescents, up to the age of 18, with eating disorders.</p>	<p>A whole of family approach is supported as it is considered best practice and is routinely incorporated into the development and delivery of services. For example, the scoping for responding to young people with mental health concerns, trauma and other co-occurring issues will incorporate a whole of family approach where possible.</p> <p>The scoping for this project will also align with the Early Support initiative and aim to integrate with programs in other directorates such as Community Services and Education.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>Recommendation 62</p> <p>The Committee recommends that the ACT Government promote accessible and flexible evidence-based parenting support programs to parents and integrate these into whole-of-school approaches to mental health and wellbeing.</p>	<p>Agreed in Principle</p> <p>The ACT Government is implementing Circle of Security, Seasons for Growth and Parents as Teachers. The government promotes these programs online, via Child and Family Centre publications, school newsletters, and through established partnerships including with Child and Youth Protection Services.</p> <p>The ACT Government is also implementing the Positive Behaviour for Learning (PBL) Framework in schools, which is a multi-tiered system of support and an evidence-based whole school process to improve learning outcomes for all students. PBL is a whole of school approach that includes students, staff families and the wider school community.</p> <p>There are three specific aspects to PBL:</p> <ul style="list-style-type: none"> > To create a preventative, positive learning environment for all students > To improve social-emotional skills for students who need additional support; and > To provide individual intensive supports for students who have experienced academic and behavioural difficulties. 	<p>The Directorate's contract with Marymead to provide the Circle of Security continues until June 2022.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>Many ACT schools are already engaged with the PBL Framework. The ACT Government is committed to supporting all public schools to implement the PBL Framework over 2020 and 2021.</p> <p>PBL is also further supported by the parent intervention groups that school psychologists can run where there is interest from the school community.</p> <p>A common theme that emerged in the OMHW’s Review of Children and Young People was a need for support for parents. As an action from this Review, the OMHW are currently undertaking an analysis of the mental health and wellbeing programs that are available in primary schools for 8 to 12-year olds. This analysis will comprehensively capture the ‘big picture’ of the mental health programs available in schools for 8 to 12-year olds and will help to inform further decision making and investment in programs. Programs aimed at parents will be included in this analysis.</p> <p>The Parliamentary and Governing Agreement includes a commitment to provide free seminars to parents and carers with advice and mental health training to support their young people. Subject to budget process, this will also provide parent peer support groups to</p>		

Recommendation	Government response	Update	Status
	assist parents in support a young person with or at risk of a mental health concern or disorder.		
<p>Recommendation 66</p> <p>The Committee recommends that the ACT Government roll-out the mental health promotion program which is found to be most effective for 8-12 year olds as a matter of urgency, including to non-government schools.</p>	<p>Agreed in Principle</p> <p>The OMHW are currently undertaking an analysis of mental health and wellbeing programs available in primary schools for 8 to 12-year olds. This project was committed to in the OMHW’s Review of Children and Young People.</p> <p>Rather than select a single program, this project aims to comprehensively capture the ‘big picture’ of mental health programs available for children aged 8 to 12 years in the ACT, which will enable the development of consistent and evidence-based guidelines to ACT schools on the delivery of these programs.</p> <p>These guidelines will enable schools to pick the best programs for them based on their own contexts. They will also be provided to non-government schools, although the ACT Government’s ability to influence whether these programs are implemented is limited.</p> <p>In addition, the ACT Government will be in a better position to understand the current mental health promotion programs available</p>	<p>The OMHW recently completed a literature review to investigate appropriate evidence-based programs for 8 to12-year-olds in the ACT to inform the analysis of mental health and wellbeing programs in primary schools. This will continue in 2021–22.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	to schools and potentially advocate for more programs if required.		

Table 24: ACT Government Response to the Standing Committee on Health, Ageing and Community Services Report 10: Report on Inquiry into Maternity Services in the ACT in the ACT

Reporting entity	Standing Committee on Health, Ageing and Community Services
Report number	10
Report title	Report on Inquiry into Maternity Services in the ACT
Link to report	https://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1555466/9th-HACS-10-Report-on-Inquiry-into-Maternity-Services-in-the-ACT-ver-dated-18-June-2020-revised.pdf
Government response title	ACT Government Response to the Standing Committee on Health, Ageing and Community Services Report 10: Report on Inquiry into Maternity Services in the ACT
Date tabled	13 August 2020

Recommendation	Government response	Update	Status
Recommendation 1	Agreed		
The Committee recommends that the ACT Government ensure that the planning, design and delivery of	The ACT Government agrees that the focus of care for maternity services should continue to develop to be person- and baby-centred and embrace the diverse needs and experiences of the community,	The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.	In progress

Recommendation	Government response	Update	Status
maternity services in the ACT is woman- and baby-centred.	moving away from the traditional service-centred model.		
<p>Recommendation 2</p> <p>The Committee recommends that the ACT Government report to the ACT Legislative Assembly by the last sitting day in August 2020 on the implementation of the National Strategy—Woman-centred care: Strategic directions for Australian maternity services. This should include: (i) detail on the implementation plan and phases; and (ii) an assessment of the broad changes needed to the planning, design and delivery of maternity services in the ACT to provide for woman-centred care pursuant to the National Strategy.</p>	<p>Agreed in Principle</p> <p>The <i>Woman centred care: Strategic directions for Australian maternity services</i> (the Strategy) is important to ensure consumer expectations of an equitable, safe and person-centred maternity service is available in the ACT, and that the information provided to inform choice is evidence based and consistent.</p> <p>The ACT Health Directorate has been involved in the development of this Strategy at a national level. The ACT Government recognises the importance of the Strategy and the strong linkage to the findings in the Inquiry.</p> <p>To ensure the implementation of the Strategy is carefully considered, consulted and evidence based, an implementation plan will be delivered to the Assembly in the first quarter of 2021. This timeframe will allow an appropriate amount of time for the Government to work with health care providers, staff, consumers, non-government organisations and other relevant stakeholders to deliver an informed, accessible and family centred maternity system for the ACT.</p>	<p>In lieu of a standalone implementation plan as per Recommendation 2, the ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>This reflects the importance of active engagement in the design and delivery of maternity services in the ACT highlighted in this Inquiry</p>		
<p>Recommendation 6</p> <p>The Committee recommends that the ACT Government ensure that ACT maternity care clinical practices and referral pathways—in particular those concerned with post-natal depression are inclusive of fathers and partners to support timely identification and treatment.</p>	<p>Agreed</p> <p>The ACT Government acknowledges the need for increased mental health support for partners post birth. Currently all persons accessing maternity services at Canberra Health Services and Calvary Public Hospital Bruce are screened for symptoms of emotional distress during pregnancy and the postnatal period using the Edinburgh Postnatal Depression Scale and Psychosocial Assessment in conjunction with clinical assessment.</p> <p>Persons with identified mental health concerns are referred to Perinatal Mental Health Consultation Services and/or Perinatal Wellness Centre. Perinatal Wellness Centre also offer services for partners affected by emotional distress during the perinatal period.</p> <p>Further work will explore new referral pathways and/or screening opportunities to support the mental health needs of new parents and will be considered as part of the development of national evidence-based guidelines for postnatal care (refer to Recommendation 68). This work will also consider how to ensure that services and pathways are inclusive of partners.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>Any financial implications associated with an expanded program would be subject to the outcome of future budget processes. This work would also be subject to appropriate procurement and probity requirements.</p>		
<p>Recommendation 7</p> <p>The Committee recommends that the ACT Government ensure infrastructure planning responds to women’s preference for partners and/or support people to remain with them during and after labour.</p>	<p>Agreed</p> <p>The ACT Government will continue its preference for partners/support people to remain during and after labour and will consider this through the planning process for future infrastructure.</p> <p>At both the Centenary Hospital for Women and Children and Calvary Public Hospital Bruce a partner and/or support person is encouraged to be involved across the maternity continuum through the inclusion in antenatal care, childbirth education, support during labour/birth and also to stay postnatally with the person and baby.</p> <p>The hospital is designed for partners/support people to remain close by both during and after labour. Each postnatal room has facilities for the partner/support person to sleep in overnight.</p> <p>As part of the recent upgrades to Calvary Public Hospital Bruce the maternity ward has been made more family friendly, with an increased number of single bedrooms and day beds for partners to stay.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p> <p>The ACT Government is currently expanding the Centenary Hospital for Women and Children. This expansion will continue the current infrastructure design that allows for a partner and/or support person to be present during birth and to stay postnatally with the person and baby.</p> <p>Planning for the new Northside Hospital will follow this lead and ensure infrastructure allows for this preference to be implemented.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 8</p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for changes to the Australasian Health Facility Guidelines (AusHFG) to support women’s preference for partners and/or support people to remain with them during and after labour.</p>	<p>Agreed in Principle</p> <p>The ACT Government will consider the applicability of amending the Australasian Health Facility Guideline to ensure partners and/or support people can remain during and after labour.</p> <p>The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 9</p> <p>The Committee recommends that the ACT Government should prioritise improving the availability of woman-centred midwife-led continuity of care throughout the ACT.</p>	<p>Agreed in Principle</p> <p>The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum.</p> <p>Canberra Maternity Options currently provides the person and their families with evidence-based information on the benefits of midwife led care.</p> <p>Both the Centenary Hospital for Women and Children and Calvary Public Hospital Bruce offer continuity of midwife care programs which are person-centred and appropriate models of care to meet the person’s preference and requirements.</p> <p>The Territory-wide Health Services Plan, currently under development, will identify priorities for health service development and redesign across the ACT. It will be based on a comprehensive assessment of</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>health service needs across the care continuum on a geographic basis and for priority population groups and will consider the range of public health services provided by Canberra Health Services, Calvary Public Hospital Bruce and other organisations in the community. This will include consideration of service and infrastructure requirements for maternity services including birthing to meet the needs of the growing ACT population.</p> <p>The ACT Health Directorate will work with public maternity service providers and consumers to review access and eligibility to continuity of care models in the ACT, including home birth and birth centre, to determine future expansion and improvements to these models of care. This will capture Recommendations 9, 10, 11, 12, 13, 41, 44 and 60.</p> <p>Any financial implications associated with an expanded program would be subject to the outcome of future budget processes.</p>		

Recommendation 10

The Committee recommends that the ACT Government should prioritise dismantling the barriers that prevent the availability of and access to woman-centred midwife-led continuity of care. This includes but is not limited to: (i) extending midwife visiting rights to ACT

Agreed in Principle

The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum. Please refer to the response to Recommendation 9.

The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.

In progress

Recommendation	Government response	Update	Status
<p>hospitals; (ii) expanding birth centre and home birth places and options; and (iii) establishing avenues for providing women and families with independent evidence-based information on the benefits of midwife-led continuity of care.</p>			
<p>Recommendation 11</p> <p>The Committee recommends that the ACT Government should expand the availability of continuity of care and carer models to enable women’s choices to be met and supported.</p>	<p>Agreed in Principle</p> <p>The ACT Government acknowledges the benefit of person -centred, continuity of care for families along the maternity continuum. Please refer to the response to Recommendation 9.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 12</p> <p>The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services in the ACT is underpinned by the concept of continuity of care and carer. This should include the incorporation of the three dimensions of continuity of care— relational/personal; information; and management—in and across all available models of maternity care.</p>	<p>Agreed in Principle</p> <p>The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum. Please refer to the response to Recommendation 9.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 13</p> <p>The Committee recommends that the ACT Government should ensure that funding models for maternity services in the ACT recognise the need to include not only women but also their babies—to ensure adequate services and staffing and reasonable workloads to meet continuity of care needs of both mothers and their babies.</p>	<p>Agreed in Principle</p> <p>The ACT Government will review funding models for maternity services in the ACT. Please refer to the response to Recommendation 9.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 14</p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for the development of funding models to support access to continuity of care and continuity of carer models in all jurisdictions.</p>	<p>Agreed in Principle</p> <p>The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum.</p> <p>The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 15</p> <p>The Committee recommends that the ACT Government revisit the accreditation of its hospitals and health services as World Health Organization (WHO) health promoting hospitals and health services.</p>	<p>Agreed</p> <p>The ACT Government is currently fully accredited against the National Safety and Quality Health Service Standards (NSQHSS) with the Australian Council on Healthcare Standards (ACHS), and both Canberra Health Services and Calvary Public Hospital</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>Bruce are accredited with the Breastfeeding Friendly Hospital Initiative.</p> <p>The ACT Government recognises that the WHO health promoting hospitals and health services accreditation has a positive influence in creating a supportive policy and physical environment, which promotes the health and wellbeing of the community who access the services and work there.</p> <p>The ACT Government will investigate this initiative, determine the changes required to implement this accreditation, and the benefit for the community and staff across all public hospitals and health services, not just Centenary Hospital for Women and Children.</p>		

Recommendation 17

The Committee recommends that the ACT Government should: (i) publicly release key indicators of maternity safety, quality and health outcomes at regular intervals; and (ii) where quality and safety data indicate that services are performing below the National average in any area—a plan to improve care, involving women in the governance of these initiatives, should be developed and implemented. The Committee further recommends that the Government consider publishing this

Agreed in principle

Maternity data on safety, quality and health outcomes is reported to Health Round Table, Women's Healthcare Australasia, Australian Commission on Safety and Quality in Health Care and Australian Institute of Health and Welfare on a regular basis. Canberra Health Services and Calvary Public Hospital Bruce monitor quality and safety indicators and performance to determine trends and possible improvements.

The ACT Government will consider the appropriateness and feasibility of including relevant indicators on maternity quality, safety and health

The ACT Government has commenced work on an action and implementation plan to address the Government's multiple maternity related commitments.

Additional reporting metrics will be reviewed as part of the Digital Health Record implementation process.

In progress

Recommendation	Government response	Update	Status
information in the ACT Public Health Services Quarterly Performance Report.	outcomes in the ACT Public Health Services Quarterly Performance Report or the development of a regular alternative reporting mechanism.		
<p>Recommendation 18</p> <p>The Committee recommends that the ACT Government should develop measurable targets for increasing women’s access to continuity of care services, and access to psychological support and services across the maternity continuum.</p>	<p>Agreed in Principle</p> <p>The ACT Government recognises the importance of accountability and transparency in meeting the needs of the person and their families. The ACT Health Directorate will investigate the development of measurable and meaningful targets using current data sources and captured through existing mechanisms in Canberra Health Services and Calvary Public Hospital Bruce.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 19</p> <p>The Committee recommends that the ACT Government consider developing a consumer feedback tool and process that elicits at six months post birth a woman’s maternity experience— physical, social, cultural, emotional, psychological and spiritual safety—in accordance with the Australian Commission on Safety and Quality in Health Care Partnering with Consumer Standard.</p>	<p>Agreed</p> <p>The ACT Government recognises the importance of capturing consumer experiences with the maternity system to inform future changes and improvements. Capturing a holistic perspective of the journey through the maternity continuum will provide valuable insight into an individual’s experience to create a more robust and inclusive maternity system.</p> <p>The development of a consumer feedback tool to capture this information would require work across ACT Health Directorate, Canberra Health Services, Calvary Public Hospital Bruce and involve consumers and other stakeholders.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>The ACT Government, working with stakeholders, will explore the best mechanisms to undertake this work and determine what information should be captured and publicly reported. This information will be used to consider the development of a consumer feedback tool. This will be considered with Recommendation 24.</p>		
<p>Recommendation 20</p> <p>The Committee recommends that the ACT Government prioritise how lessons can be learned and future risks mitigated in relation to service complaints that are settled on a confidential basis and are not reported to the Health Practitioner Regulation Agency (AHPRA) or the ACT Health Complaints Entity (HCE).</p>	<p>Agreed</p> <p>The ACT Government understands the importance of consumer feedback in informing change within a health system. Both Canberra Health Services and Calvary Public Hospital Bruce use consumer feedback to assist in the continuous improvement of the quality of services and the care provided to families.</p> <p>The ACT Government will explore the processes associated with health service complaints to ensure opportunities for systemic improvement and future risk mitigation are captured and implemented. This work will give due consideration to the privacy, confidentiality and legal aspects related to service complaints.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p> <p>Any actions agreed by a CHS service as a result of constituent feedback are tracked and reported through the Our Care Committee. Each division is provided a monthly report with their actions. Each division then provides feedback to the Consumer Feedback and Engagement Team about what action has been taken, lessons learned and future risk mitigation in order to close the action.</p>	<p>In progress</p>
<p>Recommendation 22</p> <p>The Committee recommends that the ACT Government should implement the Australian Nursing and Midwifery Federation’s Mandated Minimum</p>	<p>Agreed in Principle</p> <p>The ACT Government recognises the importance of ratios in health outcomes for patients and for safe and manageable workloads for nurses and midwives. The ACT Government is working with</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Nurse/Midwife to Patient Ratios Framework for the safe management of maternity workloads across publicly funded maternity services.</p>	<p>nurses, midwives and relevant stakeholders on how to implement ratios for safe management of maternity workloads across publicly funded services.</p> <p>Negotiations with the Australian Nursing and Midwifery Federation on ratios were underway earlier this year but work was placed on hold due to the COVID-19 pandemic. The ACT Government is expected to reconvene discussions on the Nursing and Midwifery Enterprise Agreement with key stakeholders in August 2020.</p>	<p>As part of the negotiations for the new Nursing and Midwifery Enterprise Agreement, parties agreed that the first phase of implementation of nursing and midwifery to patient ratios at CHS and CPHB will focus on General Medical, General Surgical, Acute Aged Care, and the Adult Mental Health Unit.</p> <p>The first phase will commence in February 2022, with the intention that other areas, including Midwifery, will be addressed with future enterprise agreements.</p>	
<p>Recommendation 23</p> <p>The Committee recommends that the ACT Government establishes a Ministerial Advisory Council on Maternal Health comprising consumer and community representatives to advise the Minister on the policy direction for maternity services and models of care with a view to developing a comprehensive model of woman-centred care that encompasses a care continuum for the mother baby family unit from conception to early childhood.</p>	<p>Agreed in Principle</p> <p>Feedback from new parents is vital in informing change in our maternity system, so opportunities for engagement must be tailored to be inclusive of the needs and wishes of new parents.</p> <p>The ACT Government will investigate the best mechanism for consumers and community representatives to support and inform the Minister for Health, ACT Health Directorate and public health services on the community needs and expectations of public maternity services in the ACT.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 24</p> <p>The Committee recommends that the ACT Government should ensure that woman-reported outcomes well-being and experiences are collected (for example, using patient reported experience(s) and outcome measures) and reported as a core part of quality assessment of maternity services.</p>	<p>Agreed in Principle</p> <p>Please refer to the response to Recommendation 19.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 25</p> <p>The Committee recommends that the ACT Government strengthen the current consumer involvement process to ensure that it represents the needs of the people accessing maternity care.</p>	<p>Agreed</p> <p>Please refer to the response to Recommendation 23.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 26</p> <p>The Committee recommends that the ACT Government ensure that maternity consumers are represented and included in ACT Maternity Services planning and monitoring committees.</p>	<p>Agreed</p> <p>All health service planning activities in the ACT are undertaken according to an established methodology that places high importance on engagement with consumers and carers. This includes representation of consumers and carers in project governance structures and engagement through various consultation activities throughout the development of a plan.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	Further engagement opportunities will be considered as part of the work committed to in response to Recommendation 23.		
<p>Recommendation 31</p> <p>The Committee recommends that the ACT Government prioritise a feasibility study to examine the establishment of a perinatal hospice facility to provide perinatal services and care to relevant women, their babies and families.</p>	<p>Agreed</p> <p>The ACT Government acknowledges the extreme impact that the loss of a child has on a family and that better bereavement care and emotional support is required. The ACT Government is undertaking work to improve supports and care through the maternity continuum for those experiencing perinatal loss, stillbirth and newborn death. This will include investigating the feasibility of establishing of a perinatal hospice facility, the incorporation of bereavement care into planning, design and delivery of maternity care, bereavement training for health professionals and increased bereavement care and emotional support and information for families experiencing loss.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 32</p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for changes to the Australasian Health Facility Guidelines (AusHFG) to include inpatient requirements for perinatal hospice facilities, services and care.</p>	<p>Agreed in Principle</p> <p>The ACT Government will consider the applicability of amending the Australasian Health Facility Guideline as part of the work to be undertaken in Recommendation 31.</p> <p>The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 36</p> <p>The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care reflect and support the competencies detailed in the Characteristics of culturally competent maternity care for Aboriginal and Torres Strait Islander women report.</p>	<p>Agreed in Principle</p> <p>The ACT Government acknowledges the importance of an integrated, holistic and culturally appropriate model of care for Aboriginal and Torres Strait Islander families. Currently at Canberra Health Services and Calvary Public Hospital Bruce, Aboriginal and Torres Strait Islander people have access to an Aboriginal Liaison Officer during their perinatal journey.</p> <p>Canberra Health Services and Calvary Public Hospital Bruce also work in conjunction with Winnunga Nimmityjah Aboriginal Health and Community Services to provide maternity care for Aboriginal and Torres Strait Islander people.</p> <p>The ACT Government will work with consumers and health professionals to ensure public maternity services and models of care are culturally safe and responsive to Aboriginal and Torres Strait Islander peoples.</p> <p>Any financial implications associated with an expanded program would be subject to the outcome of future budget processes and dedicated resourcing.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 38</p> <p>The Committee recommends that the ACT Government support the</p>	<p>Agreed</p> <p>The ACT Government acknowledges the importance of growing and developing the capacity of the</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
implementation of strategies identified in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023.	<p>Aboriginal and Torres Strait Islander health workforce. The ACT Government will work with ACT public maternity providers to support the implementation of the strategies identified in the <i>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023</i>.</p> <p>ACT Government is currently represented on the Project Reference Group developing the National Aboriginal and Torres Strait Islander Health Workforce Plan, which will further guide this work.</p>	<p>Government’s multiple maternity related commitments.</p> <p>The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 is progressing through finalisation stages, prior to release in late 2021. ACT actions under the implementation plan will be incorporated within the maternity plan.</p>	
<p>Recommendation 39</p> <p>The Committee recommends that the ACT Government support the development of an Aboriginal and Torres Strait Islander maternity services workforce.</p>	<p>Agreed</p> <p>The ACT Government acknowledges the importance in growing and developing the capacity of the Aboriginal and/or Torres Strait Islander health workforce and will work with ACT public maternity providers to support the continued development of an Aboriginal and/or Torres Strait Islander maternity services workforce.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 40</p> <p>The Committee recommends that the ACT Government enhance continuity of care for Indigenous women in the ACT—in particular, in regard to transfers between community-based and hospital settings.</p>	<p>Agreed</p> <p>The ACT Government will work to strengthen the relationship between community-based and hospital care providers to enhance the continuity of care across health services for Aboriginal and Torres Strait Islander people</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 42</p> <p>The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care reflect and support the competencies detailed in the Competency Standards Framework for Clinicians—Culturally responsive clinical practice: Working with people from migrant and refugee backgrounds.</p>	<p>Agreed</p> <p>ACT Government acknowledges the importance of integrated, holistic and culturally appropriate care for the ACT community, and will work with consumers and health professionals to ensure public maternity services and models of care are culturally safe and responsive to the needs of people from migrant and refugee backgrounds.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation 43

The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care support all health professionals providing services and care to people who need to use a language other than English to access information and/or communicate effectively when accessing maternity services and care. This should include: (i) the development of strategies to improve training in working with interpreters and bicultural workers; (ii) women who require interpreting services having access to these services at every appointment; (iii) improved

Agreed

The use of interpreters and accessible language services for those who don't speak English or are deaf or hard of hearing is critical for patient safety and informed consent and should be considered throughout the planning, design and delivery of all health services.

The ACT Government will review current policies on the use of interpreters, bicultural and bilingual workers, and training provided to staff on the use of interpreters and accessible language services, to improve understanding and utility of these services.

The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.

CHS Translating and Interpreting Service (TIS) is available, free of charge, for all inpatients and outpatients. This service includes Auslan interpreters for the deaf or hard of hearing community.

The *CHS Language Services – Interpreters and Translated Materials Procedure* was reviewed and updated in September 2020 and is available to staff with instructions on how to access TIS in each service.

In addition, all CHS patient handouts can be printed in multiple different languages and the Patient

In progress

Recommendation	Government response	Update	Status
<p>accessibility of language services and bilingual and bicultural workers; and (iv) accessible language services should also be extended to women who are deaf or hard of hearing and require the use of Auslan or Deaf interpreters.</p>		<p>Experience Survey has the option of 23 different languages.</p>	
<p>Recommendation 44</p> <p>The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care supports the delivery of care, especially face-to-face delivery, in places and in ways that are accessible for women with a range of disabilities.</p>	<p>Agreed</p> <p>The ACT Government acknowledges the importance of accessible and appropriate care for the ACT community, and the benefit of person-centred, continuity of care for families along the maternity continuum.</p> <p>Please refer to the response to Recommendation 9.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 49</p> <p>The Committee recommends that the ACT Government—in partnership with all stakeholders that work in and across the integrated network of public, private and voluntary health services that deliver maternity services to the ACT community—develop a Fit for the Future Territory-Wide Maternity Workforce Plan. The Plan should address the drivers of supply and retention including, but not limited to, higher education,</p>	<p>Agreed in Principle</p> <p>The ACT Government acknowledges the importance of the supply and retention of a highly trained and competent health workforce and will work with relevant stakeholders to develop a maternity workforce plan.</p> <p>Any financial implications associated with an expanded program would be subject to the outcome of future budget processes.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>recruitment and working conditions, targeted ongoing learning, positive cultures, effective leadership, and well-articulated and supported transition to practice programs.</p>			
<p>Recommendation 51</p> <p>The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care adopt and uphold the 10 principles outlined in the Global Respectful Maternity Care Council’s Respectful Maternity Care Charter: Universal Rights of Mothers and Newborns.</p>	<p>Agreed</p> <p>The ACT Government acknowledges that interactions between health professionals and families should be respectful and appropriate.</p> <p>The ACT Government will review the 10 principles in the Global Respectful Maternity Care Council’s Respectful Maternity Care Charter: Universal Rights of Mothers and Newborns to determine potential improvements in maternity care.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 53</p> <p>The Committee recommends that the ACT Government strengthen the structure of antenatal education to be inclusive of all the potential risks as well as the positive aspects of pregnancy, the birthing experience and parenting. This should include: (i) coverage of where birthing events may not progress as planned; and (ii) planning for unanticipated complications, necessary precautions and redress measures.</p>	<p>Agreed</p> <p>The ACT Government recognises the importance of families being informed about common interventions and potential risks as part of antenatal education. However, antenatal education may not be the appropriate environment to discuss all the potentials risks associated with birth complications and redress.</p> <p>The ACT Government will encourage public maternity providers to review opportunities for these risks to be raised with families and for</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>conversations to be tailored to individual wishes during scheduled antenatal visits.</p>		
<p>Recommendation 54</p> <p>The Committee recommends that the ACT Government: (i) adopt the Maternity Care Classification System (MaCCS) and use it when referring to models of care available in the ACT in the information provided to women and their families; and (ii) use the MaCCS to evaluate the effectiveness of all single-models of maternity care available to pregnant and birthing women in the ACT and surrounding region and publicly report this information at regular intervals.</p>	<p>Agreed in Principle</p> <p>The Maternity Care Classification System (MaCCS) was developed to provide common terminology in describing and comparing outcomes for persons and babies.</p> <p>This allows maternity providers to classify, record and report data on maternity models of care in Australia. The Centenary Hospital for Women and Children and Calvary Public Hospital Bruce were national pilot sites for MaCCS and the Centenary Hospital for Women and Children continues to use this system.</p> <p>The ACT Government will determine the suitability of the data for publicly reporting.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 55</p> <p>The Committee recommends that the ACT Government—in partnership with key advocacy and consumer stakeholders—develop and facilitate access to specialised models of maternity care for women who have a high risk of poorer outcomes</p>	<p>Agreed</p> <p>Canberra Health Services currently has a variety of programs focused on persons who are at risk of poorer outcomes, including the Fetal Medicine Unit, Preterm Birth Prevention Program, Pregnancy Enhancement Program, Step Ahead Program, Antenatal Endocrine Clinics, BUMP Clinic, Multiples Clinic, and Early Pregnancy Unit.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>The ACT Government will continue to develop and facilitate access to specialised models of maternity care for those who have high risks of poorer outcomes in partnership with consumers and key stakeholders</p>		
<p>Recommendation 59</p> <p>The Committee recommends that the ACT Government establish eligibility criteria for planned home birth models of care in accordance with evidence-based guidelines such as the National Midwifery Guidelines for Consultation and Referral.</p>	<p>Agreed in Principle</p> <p>Please refer to the response to Recommendation 58.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 62</p> <p>The Committee recommends that the ACT Government, pursuant to the ACT Breastfeeding Strategic Framework 2010–2015, ensure the provision of effective, consistent, up to date and evidence-based breastfeeding information and services for mothers and babies in hospital and community settings</p>	<p>Agreed in Principle</p> <p>Breastfeeding is a highly personal choice and often emotive journey. The importance of support and advice throughout the breastfeeding journey cannot be underestimated.</p> <p>Prompt, consistent and informed advice on options and supports associated with breastfeeding is vital for increased breastfeeding rates in the ACT, and for families to feel supported through challenging times. Promotion of breastfeeding within the ACT community will help boost confidence for those choosing to breastfeed and in turn, increase rates of breastfeeding.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>The ACT Government has been involved in the development of the Australian National Breastfeeding Strategy: 2019 and beyond. This document highlights the importance of the first 1000 days of a child life, and the long-term health and wellbeing outcomes linked to good nutrition in this period.</p> <p>The Strategy provides guidance on evidence-based approaches to protect, promote, support and monitor breastfeeding, and is designed to be used as a resource across governments, stakeholder organisations, the public and private health sectors, families and communities as a tool to protect, promote and support breastfeeding.</p> <p>The ACT Government recognises that increased support and information is needed for families when establishing breastfeeding, and throughout the breastfeeding journey.</p>		
<p>Recommendation 63</p> <p>The Committee recommends that the ACT Government collect annual statistics on breastfeeding outcomes 0–24 months for hospitals and clinics, and publish annual ACT breastmilk production, performance of ACT hospitals and health services on breastfeeding outcomes performance, especially for at-risk groups. The</p>	<p>Agreed in Principle</p> <p>The ACT Government will review the current data collected on breastfeeding outcomes and rates in the ACT. The ACT Health Directorate in partnership with maternity services providers will explore the development of new data collection to capture the provision of support and outcomes of parents who are breastfeeding, and the best options for publishing this data.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Committee further recommends that the Government consider publishing this information in the ACT Public Health Services Quarterly Performance Report.</p>			
<p>Recommendation 64</p> <p>The Committee recommends that the ACT Government strengthen the promotion of and support for breastfeeding across the maternity continuum—including by: (i) making Baby-Friendly Health Initiative (BFHI) accreditation mandatory in all health facilities where babies are born; (ii) creating supportive breastfeeding services in all communities by adopting the Baby Friendly Community Initiative (BFCI); (iii) facilitating compulsory and adequate breastfeeding education for all health professionals who may encounter women of reproductive age, both during their initial training and when undertaking ongoing professional development; (iv) promoting Australian Breastfeeding Australia (ABA) health professional seminars—annual health professional education (seminars) as well as workshops and study modules; (v) ensuring well-informed referral by health professionals to breastfeeding</p>	<p>Agreed in Principle</p> <p>Refer to response to recommendation 62.</p> <p>The Baby-Friendly Health Initiative has been developed to create health care environments where breastfeeding is the norm and practices known to promote the health and wellbeing of all persons and babies are followed. Currently, both Centenary Hospital for Women and Children and Calvary Public Hospital Bruce are accredited by the Baby-Friendly Health Initiative.</p> <p>Health professionals within the maternity continuum provide support, education and encourage people to breastfeed. Nurse, Midwives, General Practitioners and other health professionals undertake breastfeeding education as part of their undergraduate and postgraduate degrees.</p> <p>Currently, all health professionals at the Centenary Hospital for Women and Children in contact with persons of reproductive age undertake compulsory education on breastfeeding. Additional education is available for those who want to extend their scope of practice through professional development opportunities, training and seminars.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>support organisations, including the ABA, and informing mothers adequately about the work of breastfeeding-support groups in the community, such as the provision of Breastfeeding Education Classes for expectant parents and local peer support groups (not just handing them a brochure or placement of a sticker on their baby book); and (vi) ensuring all health professionals who encounter mothers and their breastfed babies understand and follow the evidence-based National Health and Medical Research Council (NHMRC) Australian Infant Feeding Guidelines.</p>	<p>The infant feeding information provided by Canberra Health Services and Calvary Public Hospital Bruce to families is in line with the National Health and Medical Research Council Infant Feeding Guidelines.</p> <p>The ACT Government will continue to support and promote breastfeeding within the ACT community and look at ways to expand access to evidence-based information on breastfeeding, referrals to support services and education for health professionals on breastfeeding. The ACT Government will also look at the benefit of adopting Baby-Friendly Health Initiative for community health services, or whether increased education, awareness and support can be provided to the community through other opportunities.</p>		
<p>Recommendation 66</p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for a Medicare rebate for professional lactation consulting services.</p>	<p>Agreed</p> <p>The ACT Government recognises the increased support and information is needed for families when establishing breastfeeding, and throughout the breastfeeding journey. Some people will seek lactation support outside of the public health system and unless the lactation consultant is also a midwife, there is not a Medicare rebate. This can make this option prohibitive for some people and cut their breastfeeding journey short.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.</p>		
<p>Recommendation 68</p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for the development and implementation of national evidence-based guidelines for postnatal care.</p>	<p>Agreed in Principle</p> <p>The importance of continued support through the postnatal period is vital for good mental and physical health. The early days with a new baby can be challenging for families to navigate, and the ongoing, continued support from trusted health professionals across the maternity system is vital to ensure families receive the information and guidance they need.</p> <p>Many families transition between health providers in the post-natal period, so a consistent approach to postnatal care across the health care continuum would benefit parents and babies.</p> <p>While individual health facilities and health services may have postnatal care policies, national guidance on postnatal care will benefit families in standardising the care they should receive and streamlining services to assist in the transition process.</p> <p>The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 69</p> <p>The Committee recommends that the ACT Government ensure that women and their families accessing maternity services are educated about the availability of resources such as the Centre of Perinatal Excellence (COPE)—Ready to COPE e-guide to pregnancy.</p>	<p>Agreed in Principle</p> <p>The provision of education and evidence-based information is vital to ensure families are informed to choose the maternity care that suits their needs and have supports available as needed. The ACT Government will review information available on accessing maternity services education and resources on conception, pregnancy and beyond to ensure families are supported and informed throughout the conception to birth continuum.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 70</p> <p>The Committee recommends that the ACT Government ensure that perinatal mental health is included in health professional training and the existing maternity care workforce accesses professional development in perinatal mental health (such as the Centre of Perinatal Excellence online training package).</p>	<p>Agreed in Principle</p> <p>For families to receive informed and consistent mental health information and support, our health professionals need to have a strong understanding of mental health issues, early warning signs and information on referral pathways to support families as needed. The inclusion of perinatal and antenatal mental health information into existing health professional training programs is vital to have an informed workforce.</p> <p>The ACT Government will work with public maternity providers to identify training needs of the workforce to determine the best opportunities to equip health professionals with a strong understanding of perinatal and antenatal mental health</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 71</p> <p>The Committee recommends that the ACT Government in the planning, design and delivery of maternity services and models of care adopt the Australian Practice Guidelines for the Treatment of Complex Trauma and Trauma Informed Care and Service Delivery.</p>	<p>Agreed in Principle</p> <p>Trauma informed services are foundational to high quality health care that promotes a culture of safety, empowerment and healing. Adverse and traumatic experiences can have a significant impact on a person and surrounding family and prioritising mental health needs should be integrated throughout the maternity care continuum. The ACT Government will consider how the Australian Practice Guidelines for the Treatment of Complex Trauma and Trauma Informed Care and Service Delivery and other guidance relating to birth trauma can be applied to the planning, design and delivery of maternity services and models of care. This work will be considered with Recommendations 46 and 50.</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>
<p>Recommendation 73</p> <p>The Committee recommends that the ACT Government in the planning, design and delivery of maternity services and models of care ensure that expectant mothers are screened to assess the likelihood of developing and/or experiencing mental health problems in pregnancy and the first year following birth.</p>	<p>Agreed</p> <p>Currently, all persons accessing maternity services at Canberra Health Services and Calvary Public Hospital Bruce are screened for symptoms of emotional distress during pregnancy and the postnatal period using the Edinburgh Postnatal Depression Scale and Psychosocial Assessment in conjunction with clinical assessment.</p> <p>Persons with mental health issues are referred to Perinatal Mental Health Consultation Services and/or Perinatal Wellness Centre. Perinatal Wellness Centre also offer services for partners</p>	<p>The ACT Government has commenced work on an action and implementation plan to address the Government’s multiple maternity related commitments.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>affected by emotional distress during the perinatal period.</p> <p>The ACT Government will explore new referral pathways and/or screening opportunities to support the mental health needs of new parents.</p>		

Table 25: Government Response to Auditor-General’s Report Number 5 of 2015 Integrity of Data in the Health Directorate

Reporting entity	ACT Auditor-General
Report number	05/2015
Report title	Integrity of Data in the Health Directorate
Link to report	https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1179931/Report-No-5-of-2015-Integrity-of-Data-in-the-Health-Directorate.pdf
Government response title	Government Response to Auditor-General’s Report Number 5 of 2015 Integrity of Data in the Health Directorate
Date tabled	17 September 2015

Recommendation	Government response	Update	Status
<p>Recommendation 2</p> <p>Outcome measures for data quality, including metrics, should be developed and incorporated into the Information</p>	<p>Agreed</p> <p>The Data Credentialing Framework, which is referred to in the Information Management Strategy, includes the development of key</p>	<p>The Directorate continues to work closely with the national bodies to provide assurance and transparency of the integrity of ABF data in accordance with the nationally established</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Management Strategy. These should be monitored to ensure the adequacy of data integrity, particularly related to ABF data</p>	<p>performance measures for data quality and data quality assurance processes.</p> <p>These measures will provide quality assessments of all major ACT data sets, including data submitted for ABF purposes.</p>	<p>processes. The draft ACT Public Health Data Management Framework moves towards publication and it highlights a data quality approach that encompasses a range of activities including assurance of ABF data. This, in turn, is supported by the draft ACT Public Health Data Management Strategy 2021–2029, as well as the ACT Government Data Governance and Management Policy Framework, the ACT Health Quality Strategy 2018–2028, and the Digital Health Strategy 2019–2029.</p>	
<p>Recommendation 3</p> <p>ACT Health’s Information Management Strategy should clearly articulate the following:</p> <ul style="list-style-type: none"> a) Key data risks associated with ABF-related data and submissions to national bodies; b) Frequency, scope of control assessments and other assurance activities that will be undertaken to provide assurance in relation to ABF data integrity <p>The ABF data integrity risks and control assessments will need to be updated from year to year as national submission requirements change.</p>	<p>Agreed</p> <p>ACT Health will amend its Information Management Strategy to ensure that key data risks and control assessments for ABF data is implicit within the Document. At present, the Strategy provides details about data quality control processes. However, additional specific references will be made in relation to ABF data validation and quality assurance processes.</p>	<p>The establishment of the ACT Public Health Data Management Strategy 2021–2029, the implementation of data quality and validation processes, the establishment of data management standards and certification, and the transition to the Digital Health Record all support the health services’ move to ABF.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 8</p> <p>HIGH PRIORITY RECOMMENDATION</p> <p>ACT Health should finalise and implement the Non-admitted Patient Activity Data Standards.</p>	<p>Agreed</p> <p>ACT Health has commenced implementing the non-admitted standards. As noted in the report, data standards for Non-admitted data are less mature than in other domains of health activity and relevant areas of ACT Health will continue to develop and implement the standards as requirements change over time.</p>	<p>Business process modelling and analysis activities of non-admitted patient data continues as part of BAU, and the activities to establish and embed Non-admitted Patient Activity Data Standards will continue through our transition to the Digital Health Record. This program of work is supported by both the ACT Public Health Data Management Strategy 2021–2029 (to be published in 2021) and the draft ACT Public Health Data Management Framework.</p>	<p>In progress</p>
<p>Recommendation 9</p> <p>HIGH PRIORITY RECOMMENDATION</p> <p>ACT Health should develop and implement overarching policies and procedures related to data validation processes and activities. These should provide a consistent framework that is flexible and adaptable when needed to reflect local processes and organisational structure.</p>	<p>Agreed</p> <p>ACT Health established a new Data Credentialing Framework in 2014 which includes greater access to data validation processes and improved data validation and quality assurance systems. The main issues within the framework have been addressed and the programme of work will continue as the capability of ACT Health’s reporting infrastructure expands.</p>	<p>The continued development of the ACT Public Health Data Management Strategy 2021–2029 and the ACT Public Health Data Management Framework during 2020 and early 2021 has driven the review of a number of the Directorate’s policies, including work on Data Custodian and Stewardship, and the Data Sharing and Release policy. Although part of BAU for Data Governance, the updates on these policies incorporate and align with developments in data management at a Territory-wide level, as well as anticipating strategic directions at a national level, such as the incorporation of the Five Safes Data Sharing Principles. In addition to this work, data literacy standards and training have been established across Digital Solutions Division (DSD), with 82 per cent of Information and Data personnel receiving Data Management Association (DAMA) certification.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 11</p> <p>HIGH PRORITY RECOMMENDATION</p> <p>ACT Health should develop KPIs for the validation of data that can be supported by information from the data warehouse.</p>	<p>Agreed</p> <p>The establishment of KPIs and reports is incorporated within the Data Credentialing Framework.</p> <p>This framework also includes an escalation process to ensure that data issues are addressed as required.</p>	<p>The management of data quality has been noted as a critical component of the data management function detailed in the ACT Public Health Data Management Strategy 2021–2029 (to be published in 2021) and is supported in the draft ACT Public Health Data Management Framework and Framework Key Performance Indicators (KPIs). Data validation processes have been implemented for the management of data submitted to national bodies. These data validations are applied to data prior to submission and have had a significant impact in reducing submission error rates. These outcomes are scheduled to be incorporated into internal reporting processes as Data Validation KPIs.</p>	<p>In progress</p>
<p>Recommendation 17</p> <p>HIGH PRIORITY RECOMMENDATION</p> <p>a) ACT Health should investigate the root causes of errors in non-admitted data, including errors in Indigenous status, postcode and funding sources and develop and implement policies and procedures for improvement.</p> <p>b) ACT Health should implement a single patient administration system and standardise data management policies and procedures across all public outpatient clinics.</p>	<p>Agreed in principle</p> <p>ACT Health has already established new processes to focus on and improve data quality within non-admitted services. Some errors identified in the report have already been addressed and data re-submitted to IHPA. The new Advancing Data group (within non-admitted services) and the work to finalise the non-admitted data standards will provide a firm basis for improved data quality in this area. On top of this, new formal and informal forums will also be established to provide information to those responsible for entering</p>	<p>The Directorate has worked closely with CHS and CPHB to improve the accuracy and quality of the recording and reporting of non-admitted data. Foundational work is now complete and ongoing validation and quality improvement activities will transition to BAU under the ACT Public Health Data Management Framework.</p> <p>The Directorate is currently developing an ACT Digital Health Record for public health services in the ACT, which will replace existing patient administration systems in a phased approach.</p> <p>The standardisation of operational level data management practices, including those in</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>data into systems related to non-admitted care.</p> <p>ACT Health will need to undertake a review of the impact and capacity of establishing a single system for non-admitted services.</p>	outpatient clinics, is the responsibility of CHS and CPHB.	

Table 26: Government Response to Auditor-General’s Report Number 1 of 2016 – Calvary Public Hospital Financial and Performance Reporting and Management and Review by the Standing Committee on Public Accounts

Reporting entity	ACT Auditor-General
Report number	01/2016
Report title	Calvary Public Hospital Financial and Performance Reporting and Management
Link to report	https://www.audit.act.gov.au/data/assets/pdf_file/0004/1179940/Report-No.-1-of-2016-Calvary-Public-Hospital-Financial-and-Performance-Reporting-and-Management.pdf
Government response title	<p>Government Response to Auditor-General’s Report Number 1 of 2016</p> <p>Calvary Public Hospital Financial and Performance Reporting and Management and Review of the Auditor-General’s Report by the Standing Committee on Public Accounts</p>
Date tabled	4 August 2016

Recommendation	Government response	Update	Status
<p>Recommendation 1</p> <p>The ACT Government should examine:</p> <ul style="list-style-type: none"> a) the fundamental issue of whether or not the Calvary Network Agreement is the most appropriate mechanism for delivering Public Hospital services; and b) whether the Public Hospital staff employed by Calvary Health Care ACT Ltd should be engaged under the terms and conditions of the Public Sector Management Act 1994 and associated enterprise agreements. <p>If it is determined that the Calvary Network Agreement is to be retained then Recommendation 2 is a high priority. If it is determined that staff are to be employed by Calvary Health Care ACT Ltd under the <i>Public Sector Management Act 1994</i> then Recommendations 6 and 8 are high priority.</p>	<p>Agreed in principle</p> <ul style="list-style-type: none"> a) The Government will work with Calvary to ensure that the Calvary Network Agreement has the capacity to deliver value in terms of patient care and service efficiency within an integrated public hospital and health service. This work will also assist to inform whether the current Agreement is the most appropriate mechanism to delivery public hospital services, with this process completed by December 2016.\ b) The Government believes that the current arrangements in relation to the coverage of staff at Calvary Public Hospital by the provisions of the Public Sector Management Act 1994 and associated enterprise agreements is an effective arrangement given the small size of the ACT and the benefit to employees to be able to transfer between our two public hospitals. This is particularly important for our health reform program which will provide more integrated services between our two public hospitals. However, the outcome of the review noted in (a) above will identify any issues with current arrangements and whether alternatives are appropriate. 	<p>The ACT Government is continuing to engage Calvary under the arrangements of the Calvary Network Agreement for the services delivered at CPHB.</p> <p>Governance arrangements between the Directorate and Calvary continue to be improved and strengthened, with finance and performance reporting being the focus. This work will continue as part of the Directorate’s ongoing responsibilities for contract management.</p>	<p>Complete</p>

Table 27: Government Response to Auditor-General’s Report Number 7 of 2020 – Management of Care for People Living with Serious and Continuing Illness

Reporting entity	ACT Auditor-General
Report number	07/2020
Report title	Management of Care for People Living with Serious and Continuing Illness
Link to report	https://www.audit.act.gov.au/_data/assets/pdf_file/0007/1626037/Report-No.7-of-2020-Management-of-care-for-people-living-with-serious-and-continuing-illness.pdf
Government response title	ACT Government Response – Auditor-General No. 7 of 2020 – Management of Care for People Living with Serious and Continuing Illness
Date tabled	February 2021

Recommendation	Government response	Update	Status
<p>Recommendation 1</p> <p>The ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) should determine what ACT-specific response is warranted to the ACT Government’s commitment to the National Strategic Framework for Chronic Conditions (2017), how this should be achieved, and by whom. In order to do this, ACT-specific challenges and priorities should be identified and responded to.</p>	<p>The ACTHD and CHS will work together to develop an ACT specific response to the National Strategic Framework for Chronic Conditions (2017) (the National Framework). The Chronic Conditions Working Group will develop a coordinated and strategic approach to improve health care for Canberran’s with chronic conditions (to replace the ACT Chronic Conditions Strategy 2013–18). The ACT response will reflect an integrated model of care.</p>	<p>The Directorate is developing an ACT response to the National Strategic Framework. The response will be informed by relevant research including ACT-specific actions, and reflect ACT Government priorities as set out under the Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030 and the Territory-wide Health Services Plan.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 2</p> <p>As part of the ACT’s response to the National Strategic Framework for Chronic Conditions (2017) the ACTHD and CHS should identify and promote the development of partnership arrangements that are capable of implementing chronic disease management improvement strategies in the ACT. In doing so they should:</p> <ul style="list-style-type: none"> a) identify the organisational and mutual goals and objectives to be achieved from the different partnership arrangements and their contribution to chronic disease management in the ACT; and b) clearly identify roles and responsibilities of the various groups and fora that have been established through these partnership arrangements. 	<p>Improved integrated care relies on effective partnerships between all levels of government, Non-Government Organisations (NGOs), private sector, industry, researchers, academics, communities, individuals, carers and families.</p> <p>ACTHD and CHS will build on existing collaborative relationships internal and external to ACT Government, in addition to forging new collaborations to achieve better outcomes for Canberrans with chronic conditions and identify opportunities to improve the operation of the ACT health system.</p> <p>The Chronic Conditions Working Group will oversee the strategic direction and management of work in relation to chronic conditions, with a particular focus on the roles and responsibilities of each directorate, supporting NGO, and group/fora.</p>	<p>Partnership arrangements will be considered in the context of the CHS Integrating Care Program to foster links between acute, community, primary care, specialists, NGOs, aged care, and local community health hubs.</p> <p>The Directorate will also collaborate with health services, including NGOs, to address the needs of people with chronic conditions. This will include clearly setting out goals and objectives.</p>	<p>In progress</p>
<p>Recommendation 5</p> <p>CHS and the ACTHD should develop and implement a model for working in partnership with non-government and community-based organisations for the delivery of chronic disease management programs and services. The model should identify and articulate the agencies’ intention to:</p>	<p>ACTHD and CHS will lead a collaboration with consumers, carers, the Capital Health Network, the Royal Australian College of General Practitioners and community health service providers to address these systemic issues. This will include consultation for the development of a model of integrated care, being developed in partnership between</p>	<p>The Directorate is finalising a collaborative commissioning framework for the future contracting of NGO services. This will be a new way of working with the community, including community and health sector partners, service users and other key stakeholders, to shape and deliver the services the community needs. It will be outcomes-focused, client-centred and</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<ul style="list-style-type: none"> a) provide visible leadership and invest commensurate time and effort where commitments have been made to working in partnership; b) undertake shared planning; c) facilitate joint responsibility; d) achieve equal commitment to activities; e) hold a shared vision of the program or service's outcomes; and f) develop high-level trust across partners, based on knowledge and expertise. 	<p>ACTHD and CHS, which will occur in late 2020 and early 2021</p> <p>The delivery of chronic disease management programs and services in the ACT is often achieved through NGOs. Stakeholder consultation for the co-design of a commissioning process for the chronic conditions and primary care subsector, as part of the ACTHD NGO Procurement Project, will occur in 2021. The procurement and subsequent contracting process will be finalised by June 2022.</p> <p>The commissioning/procurement of services focusing on chronic conditions will seek to achieve a shared vision and be aligned with the National Framework, and with a number of complementary ACT plans and priorities. Consistent with the National Framework, the procurement of services addressing chronic conditions will prioritise those services aimed at prevention, support and priority populations</p>	<p>implemented in genuine collaboration with the community.</p> <p>The Directorate will engage with service users and community providers in late 2021 to clarify areas of need in the community and review current service provision. This will include identifying points of integration and coordination between services.</p> <p>The draft Territory-wide Health Services Plan supports a collaborative approach with NGOs, stating that “the ACT Government will work with NGOs and the primary care sector to support patient centred, holistic care that is delivered as close to home as possible and maximises patient outcomes whilst also supporting sustainability of the broader public hospital and health system. This will be achieved through collaborative service design, improved referral pathways from primary care generalists to acute specialists, community pharmacy, pain management, rehabilitation and colocation of services.”</p>	

Table 28: Government Response to the Auditor-General’s Report Number 2 of 2020 – 2018-19 Financial Audits – Computer Information Systems

Reporting entity	ACT Auditor-General
Report number	02/2020
Report title	2018-19 Financial Audits – Computer Information Systems
Link to report	https://www.audit.act.gov.au/data/assets/pdf_file/0005/1541543/Report-No-2-of-2020-2018-19-Financial-Audit-Computer-Information-Systems.pdf
Government response title	Government Response to Auditor-General’s Report Number 2 of 2020 - 2018-19 Financial Audits – Computer Information Systems
Date tabled	20 August 2020

Recommendation	Government response	Update	Status
<p>Recommendation 2</p> <p>The ACT Health Directorate should:</p> <ul style="list-style-type: none"> a) complete its work to eliminate the use of generic (shared) user accounts and assign users with a unique username and password where possible; b) where generic (shared) user accounts are unavoidable, implement appropriate controls to mitigate the risks associated with their use, such as: <ul style="list-style-type: none"> i. a method for attributing actions undertaken using these accounts to a specific person, for example, 	<p>Agreed</p> <ul style="list-style-type: none"> a) The Health Chief Information Security Officer (CISO) will continue to evaluate and reduce the use of generic accounts across the ACT Health Directorate and Canberra Health Services where possible. b) The CISO will complete this work and ensure that appropriate controls are in place for the generic accounts that remain by 30 June 2020. Activities to reduce the number of generic accounts has resumed since the COVID-19 health crisis, which has further reduced the number of generic accounts to 47. 	<p>This was reported back to the Audit Office, which has agreed that the current controls and processes to manage generic accounts are sufficient.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>a logbook documenting who has access to these accounts and when they are used;</p> <p>II. restricting access using these accounts to only those functions required; and</p> <p>III. changing passwords every 180 days in accordance with the ACT Government’s Password Standard.</p>			
<p>Recommendation 4</p> <p>The ACT Health Directorate should:</p> <p>a) finalise the implementation of the new system to replace the Pathology Laboratory System, which includes arrangements that provide assurance that the system will be continuously available; and</p> <p>b) document these arrangements (e.g. duplicate information technology infrastructure arrangements) in their business continuity and disaster recovery plans.</p>	<p>Agreed</p> <p>a) The ACT Health Directorate advised to manage existing system weaknesses, while the new system is being procured.</p> <p>b) The existing Pathology system was upgraded on 22 July 2020 with duplicated infrastructure arrangements in place.</p>	<p>An upgrade to the Pathology system was undertaken last year, completing the audit requirements.</p>	<p>Complete</p>

Table 29: Government Response to the Select Committee on COVID-19 pandemic response - Interim Report 3

Reporting entity	Select Committee on the COVID-19 Pandemic Response
Report number	June 2020
Report title	Interim Report 3 - Select Committee on the COVID-19 Pandemic Response
Link to report	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1567303/Select-Committee-on-the-COVID-19-pandemic-response-Interim-report-3.pdf
Government response title	Government Response to the Select Committee on COVID-19 Pandemic Response – Interim Report 3
Date tabled	13 August 2020

Recommendation	Government response	Update	Status
<p>Recommendation 4</p> <p>The Committee recommends that ACT health, in conjunction with health and disability organisations, provide information for GPs and other health workers about how to prevent infection with in-home workers and the importance of support for disabled people.</p>	<p>Agreed</p> <p>ACT Health has provided comprehensive information to the health sector in relation to infection control, including sending regular updates to the sector and providing a range of resources, including webinars. There is also detailed information available for health care professionals at the ACT Chief Health Officer's Alerts website.</p> <p>There is also detailed information for disability and community support workers provided on</p>	<p>The Directorate continues to provide comprehensive information and education to the health sector in relation to infection control, including sending regular updates to the sector and providing a range of resources, including webinars. There is also detailed information available for health care professionals and disability and community support workers on the Government website.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>the ACT Health non-government community, disability and health service providers website.</p>		
<p>Recommendation 5</p> <p>The Committee recommends that any further directions issued by the ACT Government be clearer about what aspects of a venue fall within the floor space that determines how many patrons can be in a space in a venue.</p>	<p>Agreed in principle</p> <p>The current directions and associated guidance provided on the covid19.act.gov.au website provide clear and specific advice for the hospitality sector on how to ensure compliance with the public health directions. The Government will continue to work with businesses to ensure advice is as accessible as possible.</p>	<p>Detailed guidance was available for businesses while density requirements were in place in the ACT. Compliance teams provided support and education in visits to businesses, and detailed resources are available on the Government website.</p>	<p>Complete</p>
<p>Recommendation 7</p> <p>The Committee recommends that the ACT Government publish the AHPPC advice that states that gaming venues should not open until stage 3</p>	<p>Agreed in part</p> <p>The 3 step framework for a COVIDSafe Australia approved by National Cabinet provided clear advice that gaming venues should not open until Stage 3. The 3-step framework is based on advice from the AHPPC.</p> <p>It would not be appropriate for the ACT to release AHPPC guidance that informs National Cabinet discussions. This is a matter for the Commonwealth to determine whether advice can be publicly released.</p>	<p>The 3-step framework for a COVIDSafe Australia, approved by National Cabinet, provided clear advice that gaming venues should not open until Stage 3. The 3-step framework is based on advice from the Australian Health Protection Principal Committee (AHPPC). This is published on the Australian Government website.</p>	<p>Complete</p>
<p>Recommendation 14</p> <p>The Committee recommends that the ACT Government revise its clinical guidelines in</p>	<p>Agreed</p> <p>The Clinical Health Emergency Coordination Centre has established a Steering Group, with</p>	<p>The Global COVID-19 Pandemic Triage Process for Intensive Care Resources underpinned by the Guiding Principles for the ACT Framework for</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>order to reassure people with a disability that they will continue to have access to health care, including emergency and critical health care, on the basis of equality with others and based on objective and non-discriminatory clinical criteria.</p>	<p>representatives from the ACT Human Rights Commission and ACT Government Disability Reference Group, to oversee the development of the Global COVID-19 Pandemic Triage Process for Intensive Care Resources underpinned by the Guiding Principles for the ACT Framework for Ethical Decision Making during the Global COVID-19 Pandemic.</p> <p>A number of disability groups (National Disability Service, ACT Council of Social Service, ACT Disability, Aged and Carer Advisory Service, Advocacy for Inclusion, Women with Disabilities ACT, ACT Down Syndrome Association) and other community groups (Health Care Consumers Association, Human Rights Commission, Winnunga Nimmityjah, A Gender Agenda, Carers ACT), have been consulted throughout the development of the Principles for the Ethical Framework for Decision Making and the Triage Process.</p> <p>The triage process will ensure that people with disabilities will have access to health care, including emergency and critical health care, on the basis of equality with others and objective and non-discriminatory clinical criteria.</p>	<p>Ethical Decision Making during the Global COVID-19 Pandemic was endorsed by the Clinical Health Emergency Coordination Centre (CHECC) on 10 September 2020.</p>	

Recommendation	Government response	Update	Status
<p>Recommendation 15</p> <p>The Committee recommends that the ACT Government ensures that any ethical decisionmaking framework is designed with close consultation and active involvement of people with a disability and their representative organisations.</p>	<p>Agreed</p> <p>Refer to response to recommendation 14.</p>	<p>A number of disability groups, including the National Disability Service, ACT Council of Social Service, ACT Disability, Aged and Carer Advisory Service, Advocacy for Inclusion, Women with Disabilities ACT, ACT Down Syndrome Association and other community groups (Health Care Consumers Association, Human Rights Commission, Winnunga Nimmityjah Aboriginal Health and Community Services, A Gender Agenda, Carers ACT), were consulted throughout the development of the Global COVID-19 Pandemic Triage Process for Intensive Care Resources.</p>	<p>Complete</p>

Table 30: Government Response to the Select Committee on COVID-19 pandemic response - Interim Report 4

Reporting entity	Select Committee on the COVID-19 Pandemic Response
Report number	August 2020
Report title	Interim Report 4 - Select Committee on the COVID-19 Pandemic Response
Link to report	https://www.parliament.act.gov.au/_data/assets/pdf_file/0006/1619115/Select-Committee-on-the-COVID-19-pandemic-response-Interim-report-4.pdf
Government response title	Government Response to the Select Committee on COVID-19 Pandemic Response – Interim Report 4
Date tabled	9 February 2021

Recommendation	Government response	Update	Status
<p>Recommendation 6</p> <p>The Committee recommends that the ACT Government advocate to the Commonwealth Government that telehealth services are made available indefinitely</p>	<p>Agreed</p> <p>The ACT Minister for Health wrote to the Commonwealth Minister for Health on 27 July 2020 and 25 August 2020 seeking support for retaining the temporary Medical Benefits Schedule telehealth services beyond 30 September 2020. Other State Health Ministers have also advocated for this. The Commonwealth has agreed to extend telehealth services to 31 March 2021.</p>	<p>The Commonwealth has extended Medical Benefits Schedule subsidies for telehealth services twice since March 2021. Additional telehealth services were made available on 20 July through to 31 December 2021 for areas declared by the Australian Government Chief Medical Officer (CMO) as COVID-19 hotspots, or for people under COVID-19 isolation or quarantine requirements. Telehealth services in other areas are available until 31 December 2021 subject to some restrictions. The ACT was declared as a COVID-19 hotspot on 12 August 2021.</p>	<p>In progress</p>
<p>Recommendation 7</p> <p>The Committee recommends that the ACT Government work with the NGO sector to increase capacity to respond to those experiencing stress and anxiety and focus on emotional and psychological wellbeing of community members as the pandemic progresses and in the longer term.</p>	<p>Agreed</p> <p>The ACT Government has supported NGOs to continue to deliver vital services to the community during the COVID-19 pandemic. This has included funding to support adjustments to models of service delivery (for example, moving to online service provision), to meet increased demand and transition staff to work from home arrangements.</p> <p>In addition to financial assistance during COVID-19, ACT Health Directorate has undertaken ongoing, regular communication with all funded NGOs to monitor demand and unmet need. ACT Health Directorate will continue regular communication, working with the NGO sector to monitor community needs,</p>	<p>The ACT Government recognises the importance of our community sector and is continuing to support the NGO sector as the pandemic progresses.</p> <p>In the 2020–21 ACT Budget, the ACT Government committed funding to a range of NGOs as part of a continuation of the support provided in the May 2020 COVID-19 Mental Health Support Package.</p> <p>Examples of this include:</p> <ul style="list-style-type: none"> • \$500,000 to Mental Health Foundation ACT • \$80,000 to Mental Illness Education ACT (MIEACT) for the increased provision of community mental health education and awareness 	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>including those relating to stress, anxiety and broader emotional and psychological wellbeing and ensure available supports are adequate as the pandemic progresses into the longer term.</p> <p>Work is also currently underway within ACT Health Directorate to map Government provided or funded services in the ACT, through development of the Mental Health Services Plan, and implementation of the ACT Regional Mental Health and Suicide Prevention Plan. In the context of this work, broader strategic planning in relation to future mental health service needs and how our service system can be designed to best respond to them will incorporate emerging needs associated with COVID-19 including those identified in this report</p>	<ul style="list-style-type: none"> • \$135,000 to Menslink for the provision of counselling support services to young boys and men from the age of 10 to 25 • \$100,000 of additional funding to Relationships Australia for the delivery of a grief counselling service. <p>The ACT Government will continue to provide funding support for NGOs as the pandemic progresses and in future budget decisions.</p>	

Recommendation 8

The Committee recommends that the ACT Government increase funding to the NGO sector to enable them to respond to those experiencing stress and anxiety and focus on emotional and psychological wellbeing of community members as the pandemic progresses and in the longer term.

Agreed in principle

The ACT Government has provided a number of funding and support packages to support NGOs to respond to the challenges of COVID-19 and assist community members.

A health sector stimulus package provided \$1.4 million in support for 46 NGOs, across a range of health domains including mental health, to respond to demand pressures.

As outlined above, the ACT Government has continued to support NGOs to deliver vital services during the COVID-19 pandemic, including through the continuation of a range of programs funded as part of the COVID-19 Mental Health Support Package, including through the 2020–21 ACT Government Budget.

This support is in addition to the Service Funding Agreements that the Directorate holds with NGOs

In progress

Recommendation	Government response	Update	Status
	<p>On 6 May 2020, the ACT Government announced the COVID-19 Mental Health Support Package. This included \$2.571 million in additional funds for mental health NGO service delivery, to increase capacity of existing services and to scope and support new and innovative services to respond to emerging need.</p> <p>The ACT Government also provided an additional \$275,000 for targeted mental health support for young people, as part of the Youth Support Package announced on 12 August 2020.</p> <p>The mental health impacts of COVID-19 will remain for some time after the pandemic has ended. It is therefore anticipated that additional support for mental health NGO service delivery may be required beyond this investment and community need will be monitored and responded to over time.</p> <p>As noted in the response to recommendation 7, the emerging needs associated with COVID-19 will be incorporated in the development of the Mental Health Services Plan, implementation of the ACT Regional Mental Health and Suicide Prevention Plan and broader strategic planning in relation to future mental health service needs and how our</p>	<p>to fund the provision of their mental health services in the community.</p>	

Recommendation	Government response	Update	Status
	<p>service system can be designed to best respond to them.</p>		
<p>Recommendation 9</p> <p>The Committee recommends that that the ACT Government take steps to engage with the Commonwealth Government to extend the current capabilities of mental health plans, including expanding the number of free psychologist and counsellor sessions that can be accessed.</p>	<p>Agreed in principle</p> <p>On 2 August 2020, the Commonwealth Government announced an expansion of the Medicare subsidised psychological therapy program (MSPTP) to provide an additional 10 MSPTP sessions for people subject to restrictions in areas impacted by COVID-19. This measure is currently available until 31 March 2021. ACT Health Directorate will work with the Territory’s Primary Health Network, Capital Health Network and Canberra Health Services to advocate to the Commonwealth where appropriate, to support provision of initiatives such as mental health plans that meet the needs of the Canberra community.</p>	<p>The ACT Government is working with the Commonwealth Government and all other states and Territories to develop a National Agreement for Mental Health and Suicide Prevention. This National Agreement will guide collaboration on whole-of-government reforms to deliver a comprehensive, coordinated, consumer focussed and compassionate mental health and suicide prevention system. The Commonwealth intend to have a finalised National Agreement by the end of November 2021.</p> <p>As part of the interjurisdictional negotiations for the National Agreement, the ACT Government continues to advocate for the extension of mental health plan.</p>	<p>In progress</p>
<p>Recommendation 10</p> <p>The Committee recommends that that the ACT Government work with other governments and providers to ensure that all medical institutions have the capability to grant mental health plans through telehealth for young people who cannot attend in person.</p>	<p>Agreed in principle</p> <p>The ACT Government encourages broad access to mental health services and the availability of mental health support plans (MHSP). It notes that the guidelines on the provision of MHSP are set under the Better Access Initiative managed by the Commonwealth Government. Under this scheme, people can seek support through their GP, or through referral to a Psychiatrist or Paediatrician. ACT Health</p>	<p>In addition to the work previously detailed, as part of the interjurisdictional negotiations to develop a National Agreement for Mental Health and Suicide Prevention, the ACT Government continues to advocate other governments the importance of mental health plans and telehealth in the National Agreement.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>Directorate will work in partnership with the Territory's Primary Health Network, Capital Health Network and Canberra Health Services to advocate to the Commonwealth where appropriate, to ensure that mental health plans and telehealth are accessible and available to meet the needs of the Canberra community.</p>		
<p>Recommendation 13</p> <p>The Committee recommends that the ACT Government provide clear and transparent advice on the COVID-19 website on why mask use is not currently recommended and the circumstances that would need to occur for the official position on that to change.</p>	<p>Agreed</p> <p>This information is available on the ACT Government COVID-19 website.</p>	<p>This information is available on the ACT Government COVID-19 website.</p>	<p>Complete</p>
<p>Recommendation 15</p> <p>The Committee recommends that ACT Government establishes on-going liaison protocols to work with NSW to manage the COVID-19 restrictions.</p>	<p>Agreed</p> <p>The ACT Office of the Chief Health Officer has regular meetings and discussions with counterparts in NSW in relation to restrictions related to the COVID-19 pandemic.</p>	<p>The ACT Office of the Chief Health Officer has regular meetings and discussions with counterparts in NSW in relation to restrictions related to the COVID-19 pandemic.</p>	<p>Complete</p>
<p>Recommendation 19</p> <p>The Committee recommends that the ACT Government acknowledge that Aboriginal and Torres Strait Islanders are a particularly at-risk group and ensure this is a consideration when</p>	<p>Agreed</p> <p>ACT Health Directorate continues to work with the Community Controlled and broader health sector to support the complex needs of at-risk priority Aboriginal and Torres Strait Islander</p>	<p>The Directorate continues to work with the Community Controlled and broader health sector to support the complex needs of at-risk priority Aboriginal and Torres Strait Islander people,</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>determining where to focus further resources as the COVID-19 pandemic progresses.</p>	<p>people, throughout the COVID-19 public health emergency.</p> <p>Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) has been a close partner in developing ACT's response to the COVID-19 pandemic. Winnunga has:</p> <ul style="list-style-type: none"> • been a member of the COVID-19 Primary Care Emergency Response working group; • agreed to provide support and clinical management for Aboriginal & Torres Strait • Islander clients who are diagnosed with COVID-19; • been contracted by the Australian Government to operate a GP-led respiratory • assessment centre; and • worked closely with ACT Health to develop an outbreak plan for correctional settings. This planning includes consideration of culturally appropriate advice, support and clinical management to be provided by Winnunga with specialised support as needed. <p>The ACT's general planning has focussed on managing outbreaks in high risk settings. These are defined as a setting where there is a likelihood of a risk for rapid spread and ongoing spread of infection. This would include any living arrangements that put Aboriginal & Torres Strait Islander people at increased risk.</p>	<p>throughout the COVID-19 public health emergency.</p> <p>The Directorate has:</p> <ul style="list-style-type: none"> • provided three nurses to Winnunga Nimmityjah Aboriginal Health and Community Services to support the vaccination rollout • engaged a local artist to design and develop artwork that highlights Aboriginal and Torres Strait Islander mental health and wellbeing to include on all social media platforms. 	

Recommendation	Government response	Update	Status
	<p>The ACT Government has allocated \$580,000 to support Aboriginal and Torres Strait Islander organisations and services during COVID-19:</p> <ul style="list-style-type: none"> • Gugan Gulwan Youth Aboriginal Corporation will receive \$200,000 to enhance • capacity to deliver their youth support services and integrated services for families; • Winnunga will receive \$100,000 to deliver a range of holistic wellbeing supports for individuals and families. This in addition to almost \$250,000 provided to Winnunga to support its COVID-19 health response; • Relationships Australia Dhunlung Yarra will receive \$100,000 to enhance its capacity to provide counselling and conflict resolution services; • Canberra Rape Crisis Centre Nguru Program will receive \$75,000 to increase the provision of holistic, culturally appropriate counselling for people who have experienced sexual assault and their families; and • Tjillari Justice Aboriginal Corporation and Yeddung Mura Aboriginal Corporation will each receive \$20,000 to continue their important work supporting individuals and families, including those who are or have been engaged with the justice system. <p>A total of \$65,000 will also be available for grass roots organisations to support activities</p>		

Recommendation	Government response	Update	Status
	<p>that help with connection to culture and mental health. This includes support for funerals and Sorry Business during the COVID-19 pandemic. Work to identify the most appropriate organisations to receive or distribute these funds will continue in partnership with the Aboriginal and Torres Strait Islander community</p>		

Recommendation 26

The Committee recommends that the ACT Government ensures that there are disability access and inclusion plans for all of Canberra Health Services across ACT Health.

Agreed

The ACT Government has committed to the development of Disability Action and Inclusion Plans (DAIPs) across all government directorates as part of the implementation of the Disability Justice Strategy 2019-2029. Canberra Health Services is currently undertaking a Disability Needs Assessment review to inform the creation and implementation of a DAIP.

The Office for Disability is supporting this work and has provided funding for the Canberra Health Services to access consultancy services from the Australian Network on Disability, who have expertise in this area. Canberra Health Services has commenced consultations including meeting with the Disability Reference Group.

The COVID-19 – An ACT Operational Plan for People with Disability was finalised and

The COVID-19 – An ACT Operational Plan for People with Disability (the Operational Plan) was last revised in April 2021 and is currently undergoing a major revision in consultation with representatives from the disabilities sector and other members of the Oversight Group: COVID-19 Plans for People with Disability (the Oversight Group). The revision will remove duplication, simplify the document, and improve accessibility for the target audiences.

Phase One of the ACT Disability Health Strategy Project includes the recent delivery of a report from Human Capital Alliance International (HCAI), which focuses on best practice national and international disability health service frameworks. The Directorate will soon commence a first round of consultation, which will take the form of small, targeted, facilitated roundtables, using the report to guide discussion. Feedback obtained through this targeted consultation will form a Listening Report.

In progress

Recommendation	Government response	Update	Status
	<p>publicly released by the ACT Government in September 2020.</p> <p>The Government is also committed to the development of a Disability Health Strategy, which will be co-designed with people with disability, their families and carers, and organisations across the health system.</p>		

B.4 Risk management

Overview

The Directorate has in place effective risk management practices, with a framework, plan and guide that align with the ACT Government's 2019 Risk Management Policy. Known and emerging divisional and strategic risks are monitored by the Executive Board.

Aligned to the Directorate's strategic plan and business planning reporting cycles, risk management is both considered and integrated into all critical decision-making processes associated with the Directorate.

Developing the Risk Management Plan

The core framework and plan remain unchanged from last year, with a comprehensive review to occur in 2021–22 following the current review of the ACT Government Risk Management Policy 2019. The Directorate's Risk Management framework, plan and associated documents continue to reference and align to the [Australian Standard – AS ISO 31000:2018 Risk Management Guideline](#).

Identifying areas of significant risk

In 2020–21, there was engagement across the organisation on risk management strategies that considered government commitments, the Directorate's strategic objectives, and its compliance obligations.

Monitoring risks

The Directorate uses risk registers to monitor and document risks across the organisation. Divisional and strategic risk and project registers identify, manage, monitor, and report risks across the organisation.

Identifying and responding to emerging risk

The Directorate recognises that the ongoing process of identifying, monitoring, and reporting known and emerging risks and their treatment is core to the effectiveness of the organisation.

The Directorate's governance committees are a key mechanism for reviewing known risks and identifying and responding to emerging risks.

Contact details: For more information, contact ACTHealthCorporate&G@act.gov.au.

B.5 Internal audit

Overview

Internal Audit is an essential part of the Directorate's corporate governance functions. The Directorate's Strategic Audit Plan and Internal Audit Program assist the Directorate in achieving its strategic goals, managing risks and providing assurance that supports continuous improvement. Internal Audit engages external auditors to assist in the delivery of the Internal Audit Program. During the reporting year, one audit was completed and tabled at the Audit and Risk Management Committee (ARMC) - Risk Deep Dive: ICT Systems Risk.

Three audits remained in progress at the end of 2020–21:

- NGO Contract Management Arrangements
- Procurement
- Strategic Asset Management.

Audit and Risk Management Committee

During 2020–21, the ARMC Charter and Internal Audit Charter were endorsed by the ARMC and approved by the Director-General. The ARMC Charter and Internal Audit Charter both reflect ACT Government requirements and the Institute of Internal Auditors better practice guides. The ARMC Charter governs its operations and details the Committee's responsibilities as providing assurance to the Director-General on governance arrangements and oversight on:

- financial reporting
- risk management
- systems of internal control
- legislative compliance.

During 2020–21, the Committee's members included:

- an independent chair
- an independent deputy chair
- one independent external member
- two senior executives as management from the Directorate.

Observers from the Directorate and ACT Auditor-General's Office also attend the meetings.

The ARMC met five times during 2020–21. The Committee membership and attendance are displayed in Table 31.

Table 31: Committee members and attendances

Name of member	Position	Meetings attended
Mr Geoff Knuckey	Independent Chair	5
Mr Jeremy Chandler	External Member and Deputy Chair	5
Ms Janine McMinn	External Member	4
Ms Jacinta George	Directorate Internal Representative	3
Ms Liz Lopa	Directorate Internal Representative	5

The Independent Chair, Independent Deputy Chair and External Member of the ARMC are engaged under contract and remunerated based on an hourly rate for each meeting.

Contact details: For more information, contact ACTHealthCorporate&G@act.gov.au.

B.6 Fraud prevention

Overview

The Directorate places great importance on maintaining a culture that values integrity and ethical behaviour. Fraud prevention strategies are part of the Directorate's governance framework which includes reporting to the ARMC.

The Senior Executive Responsible for Business Integrity Risk (SERBIR), who is appointed by the Director-General, is responsible for championing integrity in the workplace. The SERBIR reports directly to the ARMC and the Director-General.

During 2020–21, the Directorate strengthened its approach to fraud prevention through several key activities, including:

- responding to a series of Integrity Commission Information Briefs aimed at strengthening Directorate frameworks, systems and processes
- creation of an alternate SERBIR position
- release of the updated Fraud and Corruption Control Plan and associated fraud risk assessments
- a SERBIR presentation to an all-staff forum on fraud and corruption prevention
- release of an eLearning module on Fraud and Ethical Behaviour to all staff.

During 2020–21, no reports or allegations of fraud or corruption were received by the SERBIR or Alternate SERBIR.

Risk assessments conducted

Fraud risk assessments were reviewed and approved for use in the Directorate in July 2020. These were still in place on 30 June 2021. The risk assessment review was comprehensive across the organisation and included confirmation on potential fraud and corruption risk exposures, the assessment of controls, treatments, and reporting requirements.

Fraud control plans

The Fraud and Corruption Control Plan was the subject of review in 2019–20, with the updated document published in September 2020. This plan remains in place and is available to all staff via the intranet. Key updates to the Fraud and Corruption Control Plan included:

- incorporation of mandatory reporting obligations to the Integrity Commissioner
- redefining and reallocation of responsibilities across the Directorate
- confirmation of reporting requirements, executive oversight obligations, references, and processes.

The Fraud and Corruption Control Plan is reviewed every two years and is next scheduled for review in 2021–22.

Fraud awareness training

A Fraud and Ethical Behaviour eLearning module was formally released in May 2021. Since that time, 21 staff have completed this module.

The SERBIR is active in promoting awareness of the ACT Public Service (ACTPS) Integrity Policy and associated processes to detect and investigate fraud and corruption.

Fraud prevention strategies

In addition to the Fraud and Corruption Control Plan, the Directorate's fraud prevention strategies include:

- regular reviews of procedures relating to integrity, including the Gifts, Benefits and Hospitality Procedure and the Conflict of Interest Procedure
- engagement with the Integrity Commission
- oversight of fraud and corruption control activities by the SERBIR, the Executive Board, and the ARMC.

Contact details: For more information, contact ACTHealthCorporate&G@act.gov.au.

B.7 Freedom of information

The [Freedom of Information Act 2016](#) (The Act) provides a right of access to government information unless access to the information would, on balance, be contrary to the public interest. The Act recognises the importance of public access to government information for the proper workings of a representative democracy. The Act ensures that, to the fullest extent possible:

- government information is freely and publicly available to everyone
- personal information held by the territory is accurate, complete, up-to-date and not misleading.
- The Freedom of Information (FOI) Application Form can be accessed at: <https://www.health.act.gov.au/about-our-health-system/freedom-information>
- The FOI Disclosure Log for the Directorate can be accessed at: <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>

The Directorate's responses regarding FOI access applications are presented in Table 32.

Table 32: Freedom of Information

Access applications		
Overall		
Data	Agency response	Notes and explanation
Number of access applications on hand at the beginning of the reporting period	12	Of these applications 11 were decided and one closed following no response from the applicant.
Number of access applications received during the reporting period	28	
Number of access applications transferred to another agency	3	Three transferred in full.
Number of access applications finalised	29	
Number of access applications finalised by not being dealt with after more than 3 months suspended during the reporting period	2	
Number of access applications on hand at the end of the reporting period	4	The Directorate had two applications withdrawn by the applicant and information was provided informally.

Access applications

Timeliness

Data	Agency response	Notes and explanation
Number of access applications decided within the time to decide under section 40 of the Act	28	1 application was decided within the extension of time under section 41.
Number of access applications not decided within the time under sections 40, 41 and 42 (deemed decisions)	0	
Of the access applications not decided within the time (deemed decisions), number of access applications decided:		
within 35 days	0	
within 60 days	0	
over 60 days	0	

Access applications

Fees charged

Data	Agency response	Notes and explanation
Total charges and application fees collected from access applications	\$0	
Number of access applications to which a fee or charge was applied	0	

Access applications

Outcomes

Data	Agency response	Notes and explanation
Number of access applications with a decision which:		
• gave full access	4	
• gave partial access	19	
• refused access	6	Four refused as contrary to the public interest and two technical refusals as agency held no documents within the scope of the request.

Access applications		
Ombudsman/ACT Civil and Administrative Tribunal (ACAT) review		
Data	Agency response	Notes and explanation
Number of applications for Ombudsman review	5	
Number of applications made to ACAT	0	

Access applications		
Outcome of Ombudsman reviews		
Data	Agency response	Notes and explanation
Number of decisions confirmed through Ombudsman review	0	2 awaiting Ombudsman decision.
Number of decisions set aside and substituted through Ombudsman review	2	
Number of decisions varied through Ombudsman review	1	

Access applications		
Outcome of ACAT reviews		
ACAT reference	Outcome	Notes and explanation
	N/A	

Open access information scheme		
Open access		
Data	Agency response	Notes and explanation
Number of decisions to publish open access information	52	This includes 27 decisions to publish policy documents.
Number of decisions not to publish open access information	0	
Number of decisions not to publish a description of open access information	0	

Contact details: For more information, contact ACTHealthCorporate&G@act.gov.au.

B.8 Community engagement and support

Community Engagement activities

Maintaining an effective healthcare system requires genuine collaboration with stakeholders including peak bodies, community organisations, consumers, carers, and health system staff. The Directorate provides meaningful opportunities for its stakeholders to help inform, develop and deliver health programs, policies, and services in the ACT.

The Directorate’s community engagement activities align with a broader whole-of-government communication and engagement framework. This ensures activities are coordinated, focused, and aligned with key government priorities. This has been even more important during COVID-19 when the communication and engagement activities have been enhanced to keep the community safe.

The Directorate’s community engagement activities are listed in Table 33.

Table 33: Community Engagement Activities

Project	Summary	Type of Engagement
Community event – RU OK? Day	<p>The event was arranged to promote and engage community in a national day of action dedicated to encouraging all people to regularly, and meaningfully ask, ‘Are you OK?’ to support those struggling with mental health.</p> <p>The event allowed for the promotion of ACT suicide prevention postvention and mental health education services and support. The event also enabled community engagement/building of new sector partnerships to plan future community-based mental health promotion events.</p>	<p>Approximately 100 participants attended the event.</p> <p>Attendees included students and teachers from Erindale College, ACT StandBy, Erindale Police Community Youth Club (PCYC), Mental Illness Education ACT, Black Dog Institute, Office for Mental Health and Wellbeing (OMHW), ACT Minister for Mental Health, and local television news media.</p>
Community Catch-up, Office for Mental Health & Wellbeing	<p>The event (held on 13 April 2021) offered the opportunity to provide an update to the community on the OMHW programs and to meet the Coordinator-General. The event also enabled feedback from attendees who were able to ask questions and raise issues.</p>	<p>Approximately 20 people attended this face-to-face event.</p>

Project	Summary	Type of Engagement
Webinar – Value Based Healthcare Seminar Series	This monthly webinar was held eight times over the year and is a collaboration between the OMHW, Centre for Medical Research, and Health Analytics Research Collaboration (HARC). The seminar explores and discusses the adoption and uptake of a Value Based Healthcare model in the ACT. This seminar series has served to create a strong bridge between research and practice in the ACT, fostering application of research to the health setting.	There have been eight seminars with an average of 40 attendees per seminar. Attendees were from the Australian National University (ANU), University of Canberra (UC), the Directorate, and CHS.
Webinar – Presenting options for a Safe Haven Café Concept for the ACT	The ACT Government, under the mental health support package, has funded the implementation of Safe Haven Cafés in the ACT. This presentation provided options to the community to co-design a concept for the ACT model. The Safe Haven Café model will provide a safe alternative to the emergency department and other crisis services for adults over 18 years of age who are experiencing loneliness, personal difficulties, or seeking social connection.	Virtual discussion involving key stakeholders was held in July 2020.
Webinar Series – Mental Health Month	A series of webinars were held during month of October 2020 for Mental Health Month. These included: <ul style="list-style-type: none"> • Older Person’s Mental Health & Wellbeing • ACT LifeSpan – A Systems Approach to Suicide Prevention • Safewards and Connecting with People • Co-design for positive impact • Indigenous mental health and suicide prevention 	Attendees were from various stakeholder groups including the Directorate staff, CHS staff, members of the community, children, young people, parents/carers, and service providers.
Webinar – Exploring the needs of people experiencing mental health and alcohol, and other drug issues	Held in November 2020, this webinar was provided to raise community awareness on mental health and alcohol and other drug issues.	Community participants.
Re-envisioning the Older Persons Mental Health and Wellbeing in the ACT Strategy	In February 2021, the OMHW sought feedback on key issues impacting older persons’ mental health and wellbeing in the ACT, including in the context of COVID-19. Feedback was also sought on the initial draft of the Strategy as to whether it reflected key issues and priorities. Feedback was incorporated into subsequent drafts of the Strategy and used to inform discussions on key priorities and ideas for intervention by the working group.	Approximately 20 key stakeholders were contacted for feedback, and approximately 10 responses were received.

Project	Summary	Type of Engagement
ACT LifeSpan Health Working Group	The purpose of this group was to consult with health and community stakeholders regarding the health strategies of the ACT LifeSpan model. It has allowed for discussion and joint decision making related to ACT LifeSpan.	There were approximately 25 key stakeholder attendees from the Directorate, CHS, CPHB and the non-government sector.
Children and young people (including youth navigation portal) – various working groups, reference groups and communities of practice	The purpose of this project was to consult with health and community stakeholders regarding the health strategies of the ACT LifeSpan model. It has allowed discussion and joint decision making related to key projects. The project: <ul style="list-style-type: none"> • helped bringing together diverse stakeholders • allowed discussion of concepts and ideas to inform key projects • promoted collaboration and networking opportunity. 	There were approximately 50 key stakeholder attendees from the Directorate, CHS, community and the non-government sector.
DHR Consumer Experience Steering Committee – fortnightly meetings	Commencing in June 2021, this committee provides oversight and direction to support consumer engagement during implementation of the DHR. Discussion and awareness points include MyDHR: <ul style="list-style-type: none"> • activation • branding • proxy access • health information. The steering committee decisions and discussions assist in the configuration requirements for the DHR implementation.	The steering group includes representatives from the Health Care Consumers’ Association (HCCA), Carers ACT, and CPHB.
DHR Clinical Steering Committee – fortnightly meetings	Commencing in May 2021, this committee provides oversight and direction to the content and workflows of the DHR. Discussion and awareness points include DHR: <ul style="list-style-type: none"> • data conversions • Training Plan • Clinical System Design. The steering committee decisions and discussions assist in the configuration of content and workflows in the DHR.	HCCA

Project	Summary	Type of Engagement
HCCA – Ongoing contribution to the DHR program	<p>This program provides:</p> <ul style="list-style-type: none"> ongoing support and commitment of HCCA in the development and implementation of the DHR program, including consumer representation on the DHR Program Board a consumer member on the DHR Program Board and other governance committees for the DHR consumer input to the recruitment of the Patient Experience Lead. <p>Representation on the DHR Program Board ensures that there is high-level consumer input to decisions made at the program level.</p> <p>A consumer representative was a panel member for the Patient Experience Lead that was recruited in December 2020.</p>	HCCA
ACT Allied Health Professional Association Forum	<p>The ACT Allied Health Professional Association Forum (held on 16 March 2021) provided an opportunity for the Directorate to engage with multiple professional associations representing Allied Health professional groups to:</p> <ul style="list-style-type: none"> showcase some of the activities undertaken in the Directorate share relevant information from local and national allied health stakeholders provide an opportunity for allied health professional association stakeholders to share information with the Directorate identify how we and our stakeholders can collaborate to contribute to ‘a Healthier Canberra’ communicate priority areas in the ACT encourage networking and ongoing engagement. 	<p>Over 40 allied health leaders, predominantly Chief Executive Officers (CEOs) of national Allied Health professional associations, attended the forum hosted by the Chief Allied Health Officer.</p> <p>Other organisations represented: Capital Health Network, Allied Health Professions Australia, CHS, CPHB, Indigenous Allied Health Australia (IAHA), Skills Canberra, and Chief Minister, Treasury and Economic Development Directorate (CMTEDD).</p> <p>The Health Minister attended the event, provided an address and answered questions from the online audience.</p> <p>Due to COVID-19 restrictions this event was held virtually in 2021.</p>

Project	Summary	Type of Engagement
ACT Allied Health Excellence Awards 2020	<p>The ACT Allied Health Excellence awards aim to highlight and provide formal recognition of the excellent contribution of public sector allied health professionals to the health and wellbeing of our community. The awards were announced on 14 October 2020, which was the international Allied Health Professions Day.</p> <p>The details and photos of all category winners were shared on the Directorate's website and social media channels.</p> <p>The Awards aim to encourage and inspire excellence in health professionals as aligned with organisational values and safety and quality healthcare standards.</p>	<p>In 2020, there was no face-to-face Awards ceremony event due to COVID-19 restrictions.</p> <p>There were 37 nominations.</p>
Canberra Hospital Master Plan consultation phase 1	<p>The Canberra Hospital Master Plan consultation phase 1 was undertaken in early 2021 to confirm and understand issues, aspirations and ideas for the Canberra Hospital Campus.</p> <p>The consultation generated a high level of awareness of the project across the entire Canberra community, with over 800 pieces of feedback received.</p> <p>The outcomes of consultation are informing the development of Master Plan options, which will be released for consultation in 2021–22.</p> <p>To support broader ACT Government planning, the results have been provided to CHS, Major Projects Canberra (MPC), Transport Canberra and City Services (TCCS), and Education.</p> <p>The results were also provided publicly via a listening report on the YourSay consultation portal, to ensure transparency and a shared understanding of the campus and community priorities.</p>	<ul style="list-style-type: none"> • Over 300 attendees face-to-face. • Over 45,000 social media views. • Over 2,000 visits to YourSay. • 150 stakeholders emailed. • 11 key campus stakeholders invited for one-on-one meetings. • 2,800 postcards distributed to surrounding area. • Seven presentations at Community Council meetings. • Attendance at Canberra Hospital Expansion Local Community Reference Group and Consumer Reference Group meetings.
National Aborigines and Islanders Day Observance Committee (NAIDOC) week stall – bowel and breast screening program information	<p>This stall was held to provide information and engage attendees at the NAIDOC Family Day in conversation about screening.</p>	<p>Approximately 1,500 people and 30–40 organisations attended the event.</p>
NAIDOC week stall – health promotion	<p>This stall was held to provide information and increase community engagement to support the Territory-wide Health Services Plan.</p>	<p>Approximately 1,500 people and 30–40 organisations attended the event which provided drink bottles, health food cookbooks, and pamphlets.</p>

Project	Summary	Type of Engagement
Opioid Treatment Advisory Committee (OTAC) quarterly meetings	Advisory body to the Directorate and CHS on matters relating to Opioid Maintenance Treatment (OMT) in the ACT. The committee has supported the streamlining of OMT regulations to enable prescribing of new injectable OMT treatments.	28–30 committee members made up of internal and external stakeholders attended the meetings. Attendees were from the Health Protection Service (HPS), CHS Alcohol and Drug Services, non-government organisation (NGO) Alcohol and Other Drug (AOD) treatment services, General Practitioners (GPs), Pharmacy Guild of Australia – ACT representatives, and consumer representatives.
Drug Treatment Working Group (DTWG)	<p>The purpose of this working group is to work collaboratively across Justice policy and Health/AOD policy to:</p> <ul style="list-style-type: none"> • support development of the Drug and Alcohol Sentencing List (DASL) • ensure effective communication, consultation and collaboration in the implementation for the DASL • provide a forum for the early identification of issues and risks associated with the DASL • provide means of collective problem-solving to resolve any issues. <p>The intelligence provided by the working group informs the future treatment needs of DASL participants and assists in the planning of future service provision.</p>	20 working group members made up of internal and external stakeholders participated in the working group. Participants were from CHS Alcohol and Drug Services, Justice and Community Safety Directorate (JACS) and NGO AOD treatment services.
ACT Drug Strategy Action Plan Advisory Group (DSAPAG)	<p>This group provided advice to the Directorate and JACS to inform decision making on the implementation and evaluation activities outlined in the ACT Drug Strategy Action Plan 2018–2021 (DSAP).</p> <p>The group provided data and intelligence on:</p> <ul style="list-style-type: none"> • current and emerging alcohol, tobacco and other drug trends • advice on implementation of actions • advice on development of the Action Plan evaluation strategy, including appropriate data sources • other advice to inform prioritisation of Actions. 	<p>Quarterly meetings.</p> <p>Members include internal and external stakeholders from approximately 20 organisations or areas:</p> <ul style="list-style-type: none"> • ACT Policing • Australian Federal Police • JACS • mental health sector • an Aboriginal and Torres Strait Islander Elected Body representative

Project	Summary	Type of Engagement
	<p>The group assisted in the development of the ACT Drug Strategy Action Plan 2018–2021 and is currently informing the development of the next ACT Drug Strategy Action Plan.</p>	<ul style="list-style-type: none"> • youth sector • NGO AOD treatment services representatives • HCCA • Public Health Association Australia.
<p>ACT Drug Strategy Action Plan Monitoring and Evaluation Working Group</p>	<p>The role of this working group is to advise on monitoring and evaluation of the ACT DSAP. It reports to the ACT DSAPAG.</p> <p>The group provided advice on:</p> <ul style="list-style-type: none"> • development of a monitoring and evaluation framework to assess the ACT DSAP • suitable evaluation approaches, methods, data sources, measures, and analytical approaches to support monitoring and evaluation of the plan • development of annual progress reports • development of monitoring and evaluation approaches for the next iteration of the Action Plan beyond 2021. <p>The group will help to inform the development of the next ACT Drug Strategy Action Plan.</p>	<p>Members of the DSAPAG were asked to nominate participants for this group, which meets monthly.</p> <p>It includes representatives from the Directorate, the Alcohol Tobacco and Other Drug Association ACT and the DSAPAG Research Advisor (from the ANU).</p>
<p>Alcohol and Other Drug COVID-19 Contingency Group</p>	<p>The purpose of this group is to establish and coordinate AOD business continuity planning during the COVID-19 pandemic. The group met fortnightly in the early stages of the COVID-19 response, and when required (such as changes to the Chief Health Officer’s advice) in subsequent months.</p> <p>The group provided information and advice on:</p> <ul style="list-style-type: none"> • operations and coordination of AOD treatment, support and harm reduction and primary care services for people with alcohol and drug issues during COVID-19 • continuation of the OMT delivery service as a result of the COVID-19 pandemic • review of identification requirements for individuals attending needle and syringe programs anonymously • coordinated Personal Protective Equipment (PPE) training for residential AOD treatment service providers. 	<p>Attendees included 30 members made up of internal and external stakeholders from the HPS, CHS Alcohol and Drug and Justice Health Services, ACT Ambulance Services, Community Services Directorate (CSD), NGO AOD treatment services, Winnunga Nimmityjah Aboriginal Health and Community Services, Gugan Gulwan Youth Aboriginal Corporation, Pharmacy Guild of Australia – ACT, and community pharmacy representatives.</p>

Project	Summary	Type of Engagement
Healthier Choices Canberra – Young Ambassadors Consultation	<p>The consultation was undertaken with young people (13–18 years of age) from different ACT sporting codes from 1 to 18 June 2021, to investigate perspectives of health, role models, and incentives for program participation.</p> <p>Understanding the important role young people play in promoting health to their peers is paramount to effecting behaviour change of younger players in junior sporting environments.</p> <p>Young people are seeking a young ambassador who is supportive, caring and confident, wants to promote healthy eating, physical activity and mental health, is approachable and fair, and models sportsmanship, respect and encouragement.</p> <p>The results will be used to inform the design of the Young Ambassador Program, so that it effectively meets the needs of young sportspeople in the ACT.</p>	27 young people across five different local ACT sporting codes participated in the consultation.
Healthier Choices Canberra – Consumer discussion groups	<p>The consumer discussion groups for Healthier Choices Canberra were to assess consumer recognition of, and demand for, the Healthier Choices Canberra brand. The findings of the evaluation work were used to reflect and improve Healthier Choices Canberra and to add to the evidence base.</p> <p><i>Healthier Choices</i> means options, freedom to choose, small things you can do to make a difference. The new look and feel is distanced enough from the government that it is believable and personally relevant.</p> <p>There is a strong need to differentiate in order to stand out amongst the clutter. Clear and friendly language is required to emphasise the initiative is for all Canberrans. Though awareness of the Healthier Choices Canberra initiative is low, there is a genuine interest in the initiative and desire to learn more about how it can be used as a shortcut to help Canberrans make better choices.</p>	<p>An initial survey to recruit for discussion groups had 202 responses.</p> <p>A cross-selection of respondents were then invited to participate in discussion groups.</p> <p>There were three facilitated discussion groups with the public, each group consisting of 8–10 people.</p>
Mental Health and Nutrition Teacher Resources	<p>Georgia Houston (GH Nutrition) was contracted to run a project scoping supply and demand for teacher resources on the links between Mental Health and nutrition for primary school students.</p> <p>Health Promotion will work with stakeholders to develop an appropriate resource.</p> <p>Educators have identified significant interest in a Mental Health and Nutrition teacher resource.</p>	<p>A survey was distributed via <i>Fresh Tastes</i> e-newsletter to approximately 300 people, with some on-forwarding that occurred.</p> <p>Responses from 20 educators were received.</p>

Project	Summary	Type of Engagement
<p>Food From Home Pilot Project Consultation. A part of the <i>Fresh Tastes</i> program – improving the healthy food and drink environment for school age children</p>	<p>The purpose of the consultation was engagement to identify (and subsequently test) new strategies and approaches to ensure the <i>Fresh Tastes</i> message is appropriate, inclusive and can reach diverse population groups, including Aboriginal and Torres Strait Islander families and Culturally and Linguistically Diverse families.</p> <p>Members of the target communities provided their responses, for example:</p> <ul style="list-style-type: none"> Aboriginal and Torres Strait Islander parents indicated they wanted support and resources for fussy eaters families from culturally and linguistically diverse backgrounds indicated they wanted support for growing their own culturally specific food and adapting culturally specific recipes to increase the healthy content. <p>Outcomes of the engagement influenced service design.</p>	<p>The consultation had three phases:</p> <ul style="list-style-type: none"> engagement with 14 organisational stakeholders across ACT Government and the community sector to identify stakeholders with suitable community assets to further engage with target groups. active consultation with members of the target groups to inform pilot service design, including: <ul style="list-style-type: none"> 60 responses to an SMS/online survey run by Gugan Gulwan responses from 45 families to an engagement run by Northside Community Service and Canberra Institute of Technology during free after school sports activities in Ngunnawal and Moncrieff iterative ongoing engagement between Health Promotion, community partners and community members during pilot project implementation.
<p>Commissioning of Health Services in the Community workshop and webinars</p>	<p>The Directorate hosted a facilitated workshop that brought together representatives from CHS, Capital Health Network, CPHB and key stakeholders within the community sector to agree on principles for commissioning in a health service context.</p> <p>The workshop was followed by two interactive webinars with funded NGO service providers, where participants could learn more about the Directorate’s proposed commissioning approach.</p>	<p>Over 20 organisations attended the workshop and approximately 50 organisations participated in the webinars.</p>

Project	Summary	Type of Engagement
	<p>The workshop allowed for agreed commissioning principles and a commitment from the Directorate to develop a roadmap of key commissioning dates, forums, and engagement opportunities.</p> <p>Workshop outcomes helped inform the ACT Approach to Commissioning document and initiated the development of the Commissioning Roadmap for NGO Services in the Community 2021–2023.</p>	
<p>Consultation on The ACT Approach to Commissioning (May–June 2021)</p>	<p>The consultation was conducted jointly by the Directorate and CSD. The ACT Approach to Commissioning was posted on the Directorate and CSD’s websites, with written feedback on the document invited by 11 June 2021. The views of NGO service providers and other stakeholders were sought on the ACT Government’s planned approach to commissioning, including a shared vision and principles for commissioning practice.</p> <p>Stakeholder feedback was incorporated into the final ACT Approach to Commissioning document. The ACT Approach to Commissioning document will guide how the Directorate and CSD work in partnership with the NGO sector to design and deliver services that meet the needs of our community.</p>	<p>Written feedback was received from seven organisations.</p>
<p>Consultation on the Commissioning of Health Services in the Community Discussion Paper</p>	<p>The Directorate’s NGO Leadership Group (NGOLG) provided feedback on the draft Commissioning of Health Services in the Community Discussion Paper, with a focus on ensuring clarity and consistent terminology.</p> <p>The Commissioning of Health Services in the Community Discussion Paper outlines why the Directorate is moving to a commissioning approach, what the new approach will be, who will be affected, and how we intend to engage and collaborate with community partners.</p>	<p>Written feedback was received by members of the NGOLG and was incorporated into the final Commissioning of Health Services in the Community Discussion Paper, which was published on the Directorate website in February 2021.</p>
<p>Territory-wide Health Services Plan – commenced June 2021</p>	<p>The purpose of the engagement was to seek feedback from key stakeholders and the broader community on the draft Territory-wide Health Services Plan.</p> <p>Feedback provided on the Territory-wide Health Services Plan is to inform further stakeholder consultations and consideration of amendments to the Plan.</p> <p>The draft Plan will be updated following finalisation of consultations, analysis of feedback, and subsequent decisions about changes.</p>	<p>In the month of June, there were two sessions with external organisations including approximately 20 participants.</p>

Project	Summary	Type of Engagement
COVID-19 Community Engagement Survey	<p>The objective of the survey was to explore knowledge, attitude and practice around COVID-19 among Culturally and Linguistically Diverse communities, Aboriginal and Torres Strait Islander peoples and young adults. Social research company Winston Sustainable Research Strategies (WintonSRS) was engaged to carry out the survey.</p> <p>The benchmarking survey provided varied insights to some of the previous discussions with the above groups, contributing to the development of future recommendations of this work.</p> <p>The results of the survey will inform how we tailor approaches to different demographics.</p> <p>The outcomes of the survey have been collated into a Community Engagement Report, which includes a set of recommendations. These recommendations will form the basis of the next action steps and plan, to further strengthen community engagement work and support the COVID-19 response.</p>	<p>Survey of 1,001 participants was undertaken by telephone.</p> <p>The WintonSRS Canberra Omnibus Survey (COS) is a monthly multi-client telephone survey of 1,000 adults within the ACT boundaries.</p> <p>Keeping up with rapid changes in people’s behaviour regarding market and social research surveys, WintonSRS uses melded samples of:</p> <ul style="list-style-type: none"> • landlines • mobile phone numbers – better to include highly mobile and younger people • a small online sample component – better to include people who are unable or unwilling to be interviewed by telephone. <p>The sample is weighted by age, gender, area, and education to align it with Australian Bureau of Statistics (ABS) population estimates and provide the most accurate representation of the population.</p> <p>The December 2020 survey took place over the period 1 to 5 December 2020.</p>
Review of the Regulation of the health care facilities	<p>In August and September 2020, the Directorate conducted public consultation on updates to the licensing and regulation of health care facilities (HCFs). The Directorate released a discussion paper to ensure local stakeholder views could be considered in making regulatory updates to the HCFs licensing framework. All stakeholders broadly supported updates to the HCF regulatory framework.</p>	<p>A discussion paper was circulated and received 17 responses.</p>

Project	Summary	Type of Engagement
The Office of the Chief Nursing and Midwifery Officer (OCNMO) partnerships with the aged care sector	<p>The objective was to develop and implement an ACT Residential Aged Care Facility (RACF) COVID-19 Sector Plan in relation to prevention, preparedness, and response to COVID-19.</p> <p>The OCNMO also had a focus on training aged care staff in infection prevention and control within ACT RACFs.</p> <p>This work has led to the completion and implementation of the COVID-19 Residential Aged Care Sector Plan. Preparedness in the event of COVID-19 entering the ACT has been heightened in the aged care sector.</p>	<p>27 aged care facilities across the ACT were involved in the sessions from October 2020 through to July 2021.</p> <p>Training has been provided to 354 aged care staff, in particular related to infection control with a focus on ‘donning and doffing’ of PPE.</p>
Launch of the ACT Safer Baby Bundle (SBB)	<p>Implementation of the SBB commenced in December 2020 and aims to decrease the rate of stillbirth by 20 per cent in the next three years through a range of clinical initiatives. The project is continuing over the next three years and includes engagement with consumers.</p> <p>The project will not only reduce the rate of stillbirth, but also align with other efforts to improve maternity services across the ACT.</p>	<p>The Directorate has partnered with CHS, CPHB, the wider community of maternity service providers, and the Centre of Research Excellence in Stillbirth (Stillbirth CRE) to implement the SBB.</p>
Nurses and Midwives: Towards a Safer Culture (NM TASC)	<p>The project is led by the Directorate and encompasses CHS and CPHB. Its purpose is to create a safer and healthier environment for staff and visitors to ACT public health workplaces.</p> <p>In 2021–22, the NM TASC Strategy is transitioning from Stage 2 (Implement and Launch Phase) to Stage 3 (Embed a Positive Safety Culture Phase).</p> <p>Stage 3 aims to embed a high level of maturity whereby targets of the Strategy are met.</p>	<p>The strategies and findings have been formalised into policy, procedures and/or guidelines.</p> <p>There has also been community wide communication and education campaigns in relation to the NM TASC across the ACT.</p>
Safe Haven Café Promotion and engagement	<p>The objective was to engage and inform the community about the Safe Haven Café concept.</p> <p>The first webinar was held to give the community an opportunity to hear from other jurisdictions that have implemented similar models.</p> <p>The second webinar was held to inform the community about the process undertaken to develop the model for the ACT.</p>	<p>Two webinars were held, in July 2020 and April 2021, with approximately 150 participants attending.</p>

Project	Summary	Type of Engagement
Safe Haven Café Co-Design Process and community consultation	<p>Held from September through to November 2020, the process allowed for collaboration with stakeholders on the design of the ACT Safe Haven Café model. A consultant was engaged to work through a co-design process with two design teams over eight weeks. The design teams presented their approaches to the Safe Haven Café Steering Group, who identified the key features to be included in the final model.</p> <p>To complement the co-design process, an opportunity was provided for written submissions, face-to-face discussions, virtual focus groups, and presentations. This allowed for the identification of additional considerations for specific stakeholders and increased awareness and an opportunity for engagement with the project.</p>	<p>Approximately 21 individuals representing key organisations and agencies were involved.</p> <p>Eight organisations, one working group and approximately 50 people were involved.</p>
Culturally Appropriate Aboriginal and Torres Strait Islander Suicide Prevention Service Design	<p>The purpose of this project is a consultation with stakeholders to design tender requirements for commissioning a Culturally Appropriate Aboriginal and Torres Strait Islander Suicide Prevention Service.</p> <p>The project forms part of a community-led commissioning process to establish a holistic Suicide Prevention Service for the Aboriginal and Torres Strait Islander community in the ACT.</p>	<p>One information session was held on 26 March 2021.</p> <p>Information was collected from the ACT LifeSpan Aboriginal and Torres Strait Islander Working Group from January to June 2021.</p>
Adolescents with complex needs projects	<p>Consultations with stakeholders to complete a landscape analysis of services for young people with comorbid:</p> <ul style="list-style-type: none"> • substance use and mental health issues • complex trauma and mental health issues. <p>The engagement included direct consultations and attendance at interagency workshops and increased awareness of the projects across key organisations. Feedback from stakeholders about current services gaps and limitations was provided.</p> <p>Stakeholder consultations will continue through to November 2021. This ongoing feedback will help define the issues these projects are seeking to address, and will inform the service scoping and design.</p>	<p>11 consultations, face-to-face and online, took place in June 2021 across eight key organisations and agencies.</p>

Community support initiatives – grants and sponsorship

Healthy Canberra Grants Program

The ACT Health Promotion Grants Program (ACTHPGP), and its signature grants round, Healthy Canberra Grants, is a key strategic program for engaging the community in ongoing preventive health priorities of the ACT Government. The ACTHPGP is complementary to the [Healthy Canberra: ACT Preventive Health Plan 2020–2025](#) and provides seed funding to support programs that improve the ongoing health and wellbeing of Canberrans in the following priority areas:

- supporting children and families
- enabling active living
- increasing healthy eating
- reducing risky behaviours
- promoting healthy ageing.

Table 34: Multiyear grants provided through the 2018–19 to 2020–21 Healthy Canberra Grants

Program title	Recipient	Program purpose/Summary	Amount (\$) provided in 2020–2021
Meet & Move	Bluearth Foundation	Meet & Move provides opportunities for parents and carers and their children to get involved in active play in their local environment.	123,585.00
Addressing the booming booze culture among ACT women: combining innovative technology with an awareness raising campaign	Foundation for Alcohol Research and Education (FARE)	This project aims to reduce alcohol-related harm through a combined intervention program and targeted awareness raising campaign.	86,768.00
Nourishing Little Minds	Nutrition Australia ACT	Nourishing Little Minds combines early childhood literacy with experiential learning. It enriches children's awareness, interest, and enjoyment of healthy foods in a safe and familiar environment.	33,400.00
Circus for Health – Schools Spin Out Extension Program	Warehouse Circus	The Circus for Health – Schools Spin Out Extension is a community-based circus therapy and nutrition program	149,154.00

Program title	Recipient	Program purpose/Summary	Amount (\$) provided in 2020–2021
		targeting young people in the ACT with complex and multiple disabilities.	

Table 35: Multiyear grants provided through Healthy Canberra Grants: Focus on Reducing Alcohol-Related Harm

Program title	Recipient	Program purpose/Summary	Amount (\$) provided in 2020–2021
Not So Straight Up	Meridian (formerly known as the AIDS Action Council of the ACT)	The Not So Straight Up program is a multi-faceted campaign that uses a peer-led approach to reduce risky drinking behaviour and lifetime alcohol-related harm within the ACT's LGBTIQ+ communities.	47,656.40
save-a-mate (SAM)	Australian Red Cross Society	SAM is an alcohol and other drugs (AOD) education program to equip young people and those at risk with the knowledge and skills to prevent, recognise and respond to AOD emergencies through a harm reduction framework.	47,592.60
Prevent Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y.) Canberra Outreach	Canberra Health Services	The P.A.R.T.Y. Canberra Outreach program is an in-school injury prevention strategy for senior high school students.	41,635.00
Preventing alcohol-related chronic disease – PARK-D	Foundation for Alcohol Research and Education (FARE)	This program is a public education campaign designed to raise awareness of the long-term harms of alcohol consumption, such as chronic diseases, including cancer.	184,616.30
Winnunga AHCS – Reducing alcohol-related harm for Aboriginal and Torres Strait Islander peoples	Winnunga Nimmityjah Aboriginal Health and Community Services (AHCS)	This program targets Aboriginal and Torres Strait Islander peoples to help prevent excessive alcohol consumption, provide education about risky drinking, and reduce the harm associated with risky drinking.	127,985.00

Table 36: Multiyear grants provided through the 2019–20 to 2021–22 Healthy Canberra Grants

Program title	Recipient	Program purpose/Summary	Amount (\$) provided in 2020–2021
Healthy Happy Life صحية سعيدة حياة	Companion House Assisting Survivors of Torture and Trauma	Healthy Happy Life is an Arabic language-based program focused on encouraging physical activity and healthy eating for families with children and young people.	50,555.00
Pregnant Pause – be a Hero, Take Zero	Foundation for Alcohol Research and Education (FARE)	Pregnant Pause is a campaign focused on creating an environment where women are supported by the whole community to have alcohol-free pregnancies.	87,004.00
Reaching Men in the ACT	Foundation for Alcohol Research and Education (FARE)	This program explores the most effective methods to engage with men, addressing their drinking habits and increasing their awareness of the harms associated with risky drinking behaviour.	29,206.00
Healthy Eating and Active Living (HEAL)	MARSS Australia	This is a nutrition education and physical activity program for migrants and refugees from various culturally and linguistically diverse backgrounds.	33,769.00
Community Health Activation Network (CHANGE) Program	Northside Community Service	The program supports marginalised or at-risk members of the community to access, engage in and lead a healthy and active lifestyle.	234,340.00
Nourishing Little Minds in Early Childhood Settings	Nutrition Australia ACT	This program is focused on creating a positive food and healthy eating culture within early childhood settings.	56,900.00
NEST 2.0 (Nutrition Education Skills Training)	OzHarvest	NEST 2.0 includes a range of activities focused on improving the food literacy and dietary behaviours of vulnerable adults.	90,000.00
Stronger Us	The Woden School	Stronger Us is a whole school community program primarily focused on creating an environment that provides healthy nutrition and physical activity opportunities.	19,720.00
United Healthy Ageing Project	Uniting Church Kippax	The United Healthy Ageing Project is a holistic program focused on supporting healthy ageing in adults aged 50 years and above.	43,439.00

Program title	Recipient	Program purpose/Summary	Amount (\$) provided in 2020–2021
Smoke, Booze and Drug Free Prison Post-Release	Worldview Foundation	This program provides pre and post release alcohol and other drug related support to Aboriginal and Torres Strait Islander detainees at the Alexander Maconochie Centre.	76,158.00

Table 37: Multiyear grants provided through Healthy Canberra Grants: Focus on Reducing Smoking-Related Harm

Program title	Recipient	Program purpose/Summary	Amount (\$) provided in 2020–2021
Tackling Tobacco in the ACT	Cancer Council ACT	This program addresses smoking in disadvantaged communities in partnership with not-for-profit community sector organisations, to increase their capacity to support people to stop smoking.	129,100.00
Butt it Out! Smoking Support Program	Directions Health Services	This program addresses smoking in people with alcohol and other drug dependency and comorbid mental illness.	97,197.00
Pre-Release Non-Indigenous Supplement along with Post-Release Activity Support	Worldview Foundation	This program targets approximately 50 detainees at the Alexander Maconochie Centre. It is an extension of Worldview Foundation’s existing Smoke, Booze and Drug Free Prison pre and post-release program that works with Aboriginal and Torres Strait Islander detainees.	162,848.00

Table 38: Multiyear grants provided through the 2020–21 to 2022–23 Healthy Canberra Grants

Program title	Recipient	Program purpose/Summary	Amount (\$) provided in 2020–2021
Building Positive Body Image Program	Australian National University	This program is for adults with a range of chronic diseases and aims to equip them with knowledge and skills to build a positive relationship with their body and hence promote health and wellbeing.	20,226.00

Program title	Recipient	Program purpose/Summary	Amount (\$) provided in 2020–2021
ANU Kitchen Garden Program	Australian National University	This program aims to build social connectedness with students coming together to grow, cook and share food, as well as volunteering opportunities in the community. It also aims to assist students with mental health problems to access relevant support services.	32,046.00
ENRICHing Survivorship Program ACT	Cancer Council ACT	This program aims to restore physical and emotional wellbeing for people over 18 who have completed active cancer treatment. It is facilitated by exercise physiologist/physiotherapist, dietitian, yoga instructor and Cancer Council volunteers.	34,007.00
Leading Healthy Communities	Companion House Assisting Survivors of Torture and Trauma	This program will work with people from refugee and asylum seeker backgrounds to positively influence their knowledge, attitudes, and behaviours to reduce the impact of chronic illnesses.	34,257.00
Supports for Carers of People Living with Frontotemporal Dementia	Dementia Australia	This program offers peer and psychological support, as well as information and education to those caring for people living with Frontotemporal Dementia in the ACT.	10,844.00
Healthy Community – Happy & Peaceful Life	Global Organisation of People of Indian Origin (GOPIO) Canberra	This program aims to increase the social connectedness of people in the Indian community in the ACT, as well as raise awareness of the risk factors for chronic disease.	1,100.00
Recovery and Wellbeing through Nature	Landcare ACT	This program aims to improve mental health and increase social connectedness of Canberrans through therapeutic nature-based activities.	27,654.00
Building a Socially Connected and Mentally Healthy Community	Macquarie Primary School	This program encompasses a range of activities designed to build stronger social connectedness amongst families and staff attached to the school. It will also contain specific activities to support students with mental health conditions to better manage their condition now and into the future.	34,534.00

Program title	Recipient	Program purpose/Summary	Amount (\$) provided in 2020–2021
My Mind, My Voice	Mental Illness Education ACT	This program aims to increase awareness of mental illness and empower vulnerable communities to actively pursue greater wellbeing and mental wellness, through a co-designed and peer-led educational outreach initiative.	70,628.00
The Deadly Lunchbox	Ngunnawal Primary School	This program aims to bring together parents and carers of Aboriginal and Torres Strait Islander children to inspire and encourage them to prepare healthy food for their children.	7,000.00
MatesCONNECT	Prostate Cancer Foundation of Australia	This program will be a phone-based peer support program for men in the ACT who are living with prostate cancer.	29,960.00
Systems of Sanity	Rebus Theatre	This program will create an extended community theatre program in which participants with lived experience of mental ill-health will co-design, rehearse and perform two new theatre works.	3,285.00
Healthy Living Inclusive Garden Program	SHOUT	This is an inclusive program for people living with chronic health conditions and aims to enhance their physical and mental health and wellbeing, as well as increase their social connectedness.	20,372.00
Creating peer-led networks for people with a spinal cord injury in the ACT	Spinal Cord Injuries Australia	This program will deliver a community-based peer and family support program for Canberrans living with a spinal cord injury, through lived experience, social connectedness, and health and wellbeing.	16,784.00
Learning Support Unit – Healthy Cooking Skills Program	Wanniassa School	This program is for high school students in the Learning Support Unit and aims to enhance their social connectedness, as well as their understanding of healthy lifestyles with a focus on healthy eating.	4,800.00

Mental Health and Wellbeing Innovation Grants Program

Mental Health and Wellbeing Innovation Grants Program (MHWIGP) was part of the ACT Government's COVID-19 Mental Health Support Package announced in May 2020. The funding in MHWIGP was for innovative and new ways of working identified by community groups and organisations to help fill gaps and meet emerging mental health support needs.

The MHWIGP funded applications are listed in Table 39.

Table 39: MHWIGP funded applications

Recipient	Project purpose/Summary	Term of Grant (if applicable)	Amount (\$)
Council of The Ageing ACT	<u>A Glimpse into the effects of COVID-19 Seclusion:</u> This program utilises theatre to explore how recent experiences have affected our older citizens, their mental health, feelings of loneliness and isolation, and their outlook into the future.	2020–21 financial year	10,000.00
University of Canberra	<u>Strength Becomes Her:</u> This is a strength training program for women to promote mental health and wellbeing for women who have experienced domestic or family violence.	2020–21 financial year	10,000.00
Havelock Housing Association Incorporated	<u>Nurturing Havelock Community Well-being Leadership Program:</u> This is a leadership and peer mentoring program for residents of Havelock House Community Housing to promote connection, personal development and confidence, having a positive impact on their mental health and wellbeing.	2020–21 financial year	10,000.00
Feros Care	<u>Creative Expressions Program:</u> This program provides a series of multi-modal art workshops to enable connections and expression for people with psycho-social disability from culturally and linguistically diverse (CALD) backgrounds.	2020–21 financial year	46,373.00
Campbell High School	<u>Seasons for Growth:</u> This program provides a 10-week grief and loss education program that will run at Campbell High School to support students aged 12–16 who are experiencing grief or loss exacerbated by or related to COVID-19.	2020–21 financial year	550.00
Ngunnawal Primary School	<u>Five Ms for Mental Health:</u> This program provides a nine-week series of workshops including music, movement, meditation, mixed media and mingling for young parents and their	2020–21 financial year	9,100.00

Recipient	Project purpose/Summary	Term of Grant (if applicable)	Amount (\$)
	children within the Ngunnawal Community, with indoor and outdoor experiences held at the Ngunnawal School.		
Charles Conder Primary School	<u>Family Support:</u> This program supports parents and carers through training a staff member to deliver the evidence-based Circles of Security and Triple P Parenting and Seasons for Growth programs. The programs support management of behaviours of concern and emotional difficulties in young people within the Conder School community.	2020–21 financial year	9,350.00
Companion House Assisting Survivors of Torture and Trauma Incorporated	<u>Gather, Listen, Celebrate:</u> This program enables connection through celebrating the contribution of refugee communities who have provided essential work in the ACT over the course of the pandemic.	2020–21 financial year	34,605.00
Palliative Care ACT Incorporated	<u>Palliative Care Carer Respite:</u> This program supports the wellbeing and mental health of family carers supporting terminally ill loved ones, the challenges of which have increased further during the COVID-19 pandemic.	2020–21 financial year	75,000.00
The Stagemaster Inc	<u>Re-Storying: The Resilience Project:</u> This project is to provide a creative practice resource for a systemic change, re-build, rejuvenation and re-imagination of artists' futures through a combination of live workshop, live-streaming, recorded access, and mentored processes.	2020–21 financial year	10,000.00
The Scout Association of Australia ACT Branch	<u>Standing Up – A Recovery Focused Short Film Festival for Young People:</u> This program provides for a recovery focused short film festival for young people exploring the theme 'standing up' following challenging times.	2020–21 financial year	8,900.00
Australian Red Cross Society	<u>Culture Talks and Mental Health Matters:</u> This program provides wraparound support to Aboriginal and Torres Strait Islander peoples reintegrating into the community after having been involved in the criminal justice system.	2020–21 financial year	68,004.00
Mental Health Community Coalition	<u>Online Reunion: Your Mental Health and Wellbeing in the Time of COVID-19 (Taiwanese Association of Canberra):</u>	2020–21 financial year	4,785.00

Recipient	Project purpose/Summary	Term of Grant (if applicable)	Amount (\$)
	This program was to deliver four mental health and wellbeing seminars online to the Taiwanese community in Canberra.		
Meridian Incorporated	<u>Queer Zumba:</u> This program takes an innovative approach to dance, fitness and social opportunities for Canberra's LGBTIQ+ community to promote mental health and wellbeing.	2020–21 financial year	7,810.00
The Ted Noffs Foundation	<u>Street University Live:</u> A Canberra 'virtual youth centre' based on the Ted Noffs' Sydney project <i>Street University LIVE</i> .	2020–21 financial year	38,400.00
Mental Health Community Coalition	<u>Mental Health First Aid Training Program for Girl Guides Leaders (Girl Guides Association ACT and SE NSW region):</u> This program provides training to equip group leaders with skills to respond to the mental health needs of their members.	2020–21 financial year	4,950.00
Mental Health Community Coalition	<u>Good Omens Goodeze (GOG) Community Threads:</u> This program provides a series of therapeutic creative wellbeing groups with participants' knitting or crocheting projects such as lap rugs, beanies, quilts and soft toys. Items produced will be gifted to patients in Canberra's Intensive Care Units and Palliative Care.	2020–21 financial year	9,251.00
The Food Cooperative Shop	<u>Pick It Cook It Eat It – Together <3:</u> This program utilises ANU Co-Op's rooftop garden to offer meetups where participants can grow, cook and eat healthy meals together, promoting living skills development, social connection and mental health and wellbeing support to multicultural students.	2020–21 financial year	3,095.00
Mental Health Community Coalition	<u>Stand Up Snacks:</u> This program is a pilot to support emergency department staff through bite-sized conversations about mental health, resilience and stress-relief. It will combine discussions with hands-on mini workshops, meditation and gentle exercise to support wellbeing.	2020–21 financial year	5,989.00
Volunteering & Contact ACT Limited	<u>Mental Health Literacy and Pathways to Volunteering for Young People:</u> This project is aimed at unemployed and underemployed young people.	2020–21 financial year	42,799.00

B.9 Aboriginal and Torres Strait Islander reporting

New programs, projects and initiatives

Healthy community

COVID-19 pandemic response

Aboriginal and Torres Strait Islanders experiencing ill-health or chronic conditions are at an increased risk from exposure to COVID-19.

The Directorate continues to represent the ACT Aboriginal and Torres Strait Islander community at the:

- National Aboriginal and Torres Strait Islander COVID-19 Advisory Group
- Vaccination Data Surveillance Working Group
- internal ACT Health Public Health Impacts of COVID-19 Working Group

to ensure that critical culturally appropriate services continue to be delivered.

Safe, responsive, sustainable public health system

Culturally Appropriate Aboriginal and Torres Strait Islander Suicide Prevention, Postvention, Intervention and Aftercare Service

Suicide continues to be the leading cause of death for Aboriginal and Torres Strait Islander children aged five to 17 years, with 8.3 deaths per 100,000, compared to 2.1 per 100,000 for non-Aboriginal and Torres Strait Islander people. (2018 Australian Bureau of Statistics Cause of Death Report)

The ACT Government has committed to developing an Aboriginal and Torres Strait Islander Suicide Prevention, Postvention, Intervention and Aftercare Service for the ACT.

This service is potentially the first Aboriginal and Torres Strait Islander Culturally Appropriate Aboriginal and Torres Strait Islander Suicide Prevention, Postvention, Intervention and Aftercare Service in Australia. Aboriginal and Torres Strait Islander voices and advice have led the needs assessment, requirement design and will lead the evaluation process and ultimately the service design.

The tender to deliver services was released to market for the duration of one month on 18 June 2021.

Aboriginal and Torres Strait Islander Alcohol and Drug residential rehabilitation facility

Alcohol and other drugs (AOD) issues have a disproportionately high impact on Aboriginal and Torres Strait Islander peoples. The absence of a culturally appropriate residential rehabilitation facility in the ACT is recognised as a critical service gap.

The ACT Government has committed to deliver a First Nations-led dedicated community controlled medical withdrawal and rehabilitation service, for community, by community. During this reporting period, ACT

Health engaged Winnunga Nimmitjyah Aboriginal Health and Community Services (Winnunga Nimmitjyah) as the peak and only community controlled Aboriginal and Torres Strait Islander health provider in the ACT to develop a culturally appropriate Model of Care (MOC) alcohol and drug residential rehabilitation service, which was provided and accepted by the Directorate in 2021.

Trusted, transparent and accountable

Community engagement

The Directorate continually works with community organisations to celebrate, advocate for, and raise awareness of Aboriginal and Torres Strait Islander health and wellbeing matters of importance. During 2020–21, this included:

- providing information sessions and advice to Aboriginal Community Controlled Organisations regarding the commissioning of health services
- hosting a community stall at the 2021 ACT National Aborigines and Islanders Day Observance Committee (NAIDOC) family day at Boomanulla Oval
- conducting a service industry information session regarding the design, delivery, and implementation of the ACT Aboriginal and Torres Strait Islander Suicide Prevention, Postvention and Aftercare Service for the ACT
- expanding the Ngunnawal Bush Healing Farm (NBHF) Board to include increased community representation, to support the collaboration and co-design processes undertaken between the Directorate and the Board, as part of a phased plan to transition to a residential program and non-government service provision.

High performing organisation that values our people

Cultural development

Cultural development in the Directorate is an ongoing journey aimed at better equipping Directorate staff to address health disparities and provide equity for Aboriginal and Torres Strait Islander peoples.

The Directorate Executive attended three sessions of ‘Cultural Immersion’ training during 2020. The training tackled themes such as systematic racism through testing assumptions and challenging perceptions. The cultural immersion process supports transformational growth and change in the Directorate.

The Directorate has established as a standard practice working groups of non-Aboriginal and Torres Strait Islander staff to plan and coordinate activities and events, including National Reconciliation Week and NAIDOC week, to support, recognise and celebrate Aboriginal and Torres Strait Islander peoples, their histories and cultures.

The Directorate launched a suite of major artworks, developed as part of the Directorate’s cultural integrity journey, at the Bowes Street offices during the 2021 National Reconciliation Week. These prominent artworks promote Aboriginal and Torres Strait Islander cultures and histories through a timeline of historic events and a depiction of the health journeys Aboriginal and Torres Strait Islander peoples may take, through the “Our Health Journeys” artwork by local Ngunnawal, Wiradjuri and Kamilaroi artist Lynnice Church.

The revitalised Acknowledgement of Country in Ngunnawal language was gifted to the Directorate by the Ngunnawal Winanggaay Language Group and is infused with photographs and artwork commissioned by Lynnice Church.

Progress on existing programs, projects and initiatives

Strategies for Aboriginal and Torres Strait Islander Health

The Directorate is involved in developing strategies and actions for Aboriginal and Torres Strait Islander Health to align with the:

- [National Agreement on Closing the Gap](#)
- [Aboriginal and Torres Strait Islander Agreement 2019–2028](#)
- [Territory-wide Health Services Plan](#) (in-development)
- [National Aboriginal and Torres Strait Islander Health Plan 2013–2023](#).

Aboriginal and Torres Strait Islander Agreement 2019–2028

The Aboriginal and Torres Strait Islander Agreement 2019–2028 was launched in March 2019. It includes Focus Area Action Plans that outline how we will meet the agreement's core and significant focus areas.

In 2020–21, progress included:

- engaging Winnunga Nimmityjah to develop a model of care for the ACT Aboriginal and Torres Strait Islander residential AOD rehabilitation facility
- engaging with Aboriginal and Torres Strait Islander communities to co-design an ACT Aboriginal and Torres Strait Islander Suicide Prevention, Postvention, Intervention and Aftercare Service, which is currently being procured
- commencing an Aboriginal and Torres Strait Islander Research Project to project ACT population growth and future health requirements for the Aboriginal and Torres Strait Islander community
- reviewing the NBHF operational model and increasing community representation on the NBHF Board, through an expression of interest process
- co-designing the NBHF Healing Framework with the NBHF Board and the Healing Foundation as a key element to support the transition to a residential model and non-government controlled and facilitated service.

Winnunga Nimmityjah Aboriginal Health and Community Services

The new purpose-built [Winnunga Nimmityjah](#) facility in Narrabundah became operational in early 2021. The ACT Government provided funding of \$13.3 million from 2015–18, with the Government working with Winnunga Nimmityjah to secure an additional \$4.5 million funding from the Commonwealth Government during this reporting period to support the completion. Consistent with the principle of self-determination, the funds were provided to Winnunga Nimmityjah which oversaw the design and construction of the facility.

The new facility will support Winnunga Nimmityjah to continue providing culturally safe, holistic primary health care services to the ACT and surrounding Aboriginal and Torres Strait Islander communities, now and into the future.

The ACT Government has further supported the Aboriginal and Torres Strait Islander community's health and wellbeing needs by reaching agreement to fund the equivalent of two full-time Mental Health nurses based at Winnunga Nimmityjah, to deliver mental health support services for Aboriginal and Torres Strait Islander peoples, with a focus on young people and their families.

The Mental Health nurses will provide services to clients at Winnunga Nimmityjah, as well as outreach as required at Canberra hospitals and psychiatric settings, the Alexander Maconochie Centre (AMC), Bimberi Youth Detention Centre, Gugan Gulwan Youth Aboriginal Corporation (Gugan Gulwan), and the community.

The Government has continued funding Winnunga Nimmityjah to provide health services for detainees at the AMC and is working with Winnunga Nimmityjah, Justice Health and Justice and Community Safety Directorate (JACS) to further expand the model of care at the AMC.

ACT Health provided Winnunga Nimmityjah with non-ongoing funding for work to address domestic and family violence in the context of AOD use in the ACT and local region. In line with the concept of self-determination, this funding was provided for Winnunga Nimmityjah to work flexibly across a range of areas, community interests and services, including:

- engaging with Gugan Gulwan and other Aboriginal Community Controlled Services in the ACT
- updating family violence materials developed to raise awareness of family violence in the context of AOD use for local Aboriginal and Torres Strait Islander communities
- engaging with experts within the family violence and AOD fields who work within a trauma informed practice framework, to engage with Winnunga Nimmityjah social health program participants to increase engagement in responding to family and domestic violence.

Gugan Gulwan Youth Aboriginal Corporation

The Directorate funds [Gugan Gulwan](#) to provide the Aboriginal and Torres Strait Islander children, youth, and their families with a range of culturally appropriate health and wellbeing programs that meet the needs of community. Gugan Gulwan services funded by the Directorate include:

- the Streetbeat Youth Outreach program
- harm reduction, support, and case management
- young men's and women's mentoring, including healthy lifestyles, training, and education
- early intervention – mental health and wellbeing.

Ngunnawal Bush Healing Farm

The [Ngunnawal Bush Healing Farm](#) (NBHF) provides a place of healing for Aboriginal and Torres Strait Islander peoples using a therapeutic community approach, traditional healing concepts, and cultural programs.

Three programs, each running for ten weeks, have been held at the NBHF during the reporting period, with a total of nine programs held since the opening in 2017.

During this reporting period, NBHF participants have had an opportunity to:

- (re)connect to Country and culture, including building a connection to Ngunnawal Country and cultural protocols
- engage with art practices as a tool for healing and expression
- develop strategies that build resilience, through participation in trauma informed groupwork.

During 2020–21, the Directorate, guided by the NBHF Board, began several projects across key priority areas. Meeting at alternative locations across the community, improvements included:

- increasing Aboriginal and Torres Strait Islander community representation on the NBHF Board, through an expression of interest process
- developing a NBHF Farm Master Plan, to guide future development
- co-designing the NBHF Healing Framework in collaboration with the Healing Foundation
- producing a community newsletter with information relating to program delivery, participation and key strategic developments.

Contact details: For more information, contact atsihp@act.gov.au.

B.10 Work health and safety

Overview

The Directorate is committed to providing a safe and healthy working environment for all staff, contractors, visitors, and others.

During 2020–21, the Directorate:

- reviewed the Work Health and Safety (WHS) Policy
- developed its WHS Performance Management Plan 2021–22
- developed key WHS management system resources, including:
 - the WHS Training and Competency Procedure
 - the WHS Audit and Assessment Procedure
 - resources about specific hazards, including the risk of falls, occupational violence and contractor safety management
- completed one internal WHS audit (using a modified National Audit Tool), supported the external WHS self-insurance audit by Comcare and implemented a corrective action plan to track outcomes
- undertook consultation to develop procedures that will build WHS management system capability in respect of managing plant and equipment and hazardous chemicals
- supported staff and workplaces to implement safety actions in response to the COVID-19 pandemic, including those related to physical distancing, hygiene measures, working from home, and wellbeing and mental health
- applied a continuous improvement approach to WHS, to improve workplace arrangements and minimise workplace injury and disease
- promoted early intervention support to prevent and manage injuries
- provided influenza vaccinations to minimise the transmission of vaccine preventable disease in the workplace.

Development of the **Work Health and Safety Performance Management Plan 2021–22**

The risk management action to address the key risks of psychological health, occupational violence and hazardous manual tasks included:

- supporting the Nurses and Midwives: Towards a Safer Culture Strategy that focusses on workplace culture and occupational violence
- developing and promoting occupational violence risk management resources
- undertaking hazardous manual task risk assessments and implementing standard operating procedures that incorporate specific risk controls
- developing hazardous manual tasks e-learning training
- promoting WHS guidance and providing targeted advice on working at home, including the Virtual Early Intervention Physiotherapy Service

- promoting psychological health and wellbeing resources.

The People Strategy Team provided advisory services to help managers, health and safety representatives and workers to:

- comply with the [Work Health and Safety Act 2011](#)
- complete safety inspections
- report and investigate WHS incidents and hazards
- identify, assess and manage WHS risks
- ensure appropriate consultation occurred for issues and matters that impacted on WHS.

Work health and safety reporting

Table 40 details the number of WHS incidents from 1 July 2019 to 30 June 2021. There was an increase in the number of incidents reported in 2020–21, in line with the operations of the Directorate and following an increased promotion of the incident reporting procedures.

Most of these incidents were minor and did not cause injury. Four incidents involving minor spills or ceiling damage were notified to WorkSafe ACT.

Table 40: WHS incidents

Year	No. of WHS incidents submitted
1 July 2019 – 30 June 2020	52
1 July 2020 – 30 June 2021	101

Source: Riskman – Staff Incident Register

Worker consultation arrangements

The WHS Committee is chaired by the Executive Group Manager, Corporate and Governance and includes management and employee representatives. The Committee met four times during the year. Information about the activities of the WHS Committee is provided on the internal intranet.

Health and safety representatives

The Directorate has 20 health and safety representatives (HSRs) to facilitate consultation with workers on WHS matters.



The Directorate has
20 health and safety representatives (HSRs)
to facilitate consultation with workers on WHS matters

Notifiable injuries, illness and incidents

One incident involving a small chemical spill was reported to SafeWork ACT but did not require a regulatory inspection. No notices were issued under the *Work Health and Safety Act 2011*.

Injury prevention programs

Injury prevention activities included promoting mental health awareness through:

- e-learning programs, such as Question, Persuade, Refer (QPR) training
- [R U OK](#) Day information sessions
- communication from the Directorate's Mental Health Champions
- information on the HealthHQ intranet and other information products, such as guidelines for supporting mental health and wellbeing in response to the COVID-19 pandemic
- establishing onsite Employee Assistant Program (EAP) support for staff working in the Health Emergency Control Centre (HECC).

Performance against Australian Work Health and Safety Strategy 2012–22 targets

Work health and safety reporting

Target 1: Reduce the incidence rate of claims resulting in one or more weeks off work by at least 30 per cent

Table 41: Incident rate of claims resulting in one or more weeks off work

Financial year	# new 5-day claims	Rate per 1,000 employees	Directorate target	ACTPS # new 5-day claims	Rate per 1,000 employees	ACTPS target
2012–13	4	9.54	3.84	274	13.42	10.08
2013–14	0	0.00	3.72	257	12.20	11.70
2014–15	2	4.24	3.60	228	10.49	11.33
2015–16	1	2.04	3.48	205	9.36	10.96
2016–17	1	1.99	3.37	243	10.91	10.58
2017–18	0	0.00	3.25	202	8.93	10.21
2018–19	1	1.85	3.13	201	8.50	9.84
2019–20	2	3.26	3.01	230	9.32	9.46
2020–21	4	5.61	2.86	325	12.46	9.09
2021–22			2.77			8.72

Target 2: Reduce the incidence rate of claims for musculoskeletal disorders (MSD) resulting in one or more weeks off work by at least 30 per cent

Table 42: Incident rate of claims for MSD resulting in five days off work

Financial year	# new 5-day MSD claims	Rate per 1,000 employees	Directorate target	ACTPS # new 5-day MSD claims	Rate per 1,000 employees	ACTPS target
2012–13	2	4.77	1.40	183	8.96	8.29
2013–14	0	0.00	1.35	175	8.31	8.03
2014–15	1	2.12	1.31	144	6.63	7.78
2015–16	1	2.04	1.27	146	6.67	7.52
2016–17	0	0.00	1.22	150	6.73	7.26
2017–18	0	0.00	1.18	128	5.66	7.01
2018–19	0	0.00	1.14	102	4.31	6.75
2019–20	0	0.00	1.09	126	5.09	6.49
2020–21	1	1.40	1.05	194	7.44	6.24
2021–22			1.01			5.98

Notes:

- With small numbers of claims submitted each year, the target result can vary significantly from year to year. The long-term trend over the period from 2012–13 to 2020–21 shows a sustained reduction in claims, with three of the last five years producing a result better than both targets. The target for reducing the overall incidence of injury was not achieved in the last two years.
- The data:
 - includes accepted claims received by the Insurer in each financial year which result in one or more weeks off work
 - is taken at 30 June in each of the years, to allow for direct comparisons to be made
 - includes claims up to 30 June 2021.

Contact details: For more information, contact ACTHealthCorporate&G@act.gov.au.

B.11 Human resources management

Overview

The People Strategy and Culture Branch supports the Directorate's managers and staff to achieve their corporate and employee goals by providing effective human resources management policies, programs, support and services that contribute to a positive, safe, engaged and committed workforce. In broad terms, this work can be described as:

- people services
- workplace strategies and culture
- workplace health and safety.

The focus for the People Strategy team in 2020–21 was to provide continued support to the Directorate's workforce who are working in hybrid ways. A wellbeing check-in survey was conducted in October 2020. In response to the feedback, the team worked to continually update the self-service information available on the internal intranet, facilitated opportunities for staff to connect through face-to-face learning opportunities, and implemented safe ways for teams to connect within the workplace.

Initiatives undertaken by the People Strategy team related to organisational values, measuring cultural maturity and designing learning and development strategies also directly contributed to improving workplace culture and the continuing work to implement the recommendations from the [Independent Review into the Workplace Culture within ACT Public Health Services](#). One of the recommendations included an external review of the Human Resources (HR) function within the Directorate, which was undertaken in February 2020. Implementation of these recommendations is ongoing.

Internal governance was strengthened through the development of the Working Together: People Plan that guides service delivery, centred around four themes of *Invest, Belong, Safe and Attract*; and through the development of a Diversity and Inclusion Framework.

In May 2021, the People Strategy Branch and the Culture Improvement Branch were merged, to better support the integration of work undertaken by both work areas.

People services

Strengthened recruitment governance

Improving the quality of recruitment processes was a continued focus during the year. This year, 162 staff completed the Best Practice Recruitment and Selection training program, bringing the total number trained to 224. This training has continued to run as a face-to-face course, with COVID-19 safe measures. In addition to participants learning about relevant legislation, principles, policies and procedures, the training strongly links recruitment practices to the ACT Public Service (ACTPS) Values.

Significant recruitment activity has been undertaken to support the Health Emergency Control Centre (HECC) and the Digital Health Record (DHR) program. Two temporary employment registers were also

established; one to support the HECC and one for casual program support for the Ngunnawal Bush Healing Farm.

Human Resource Information Management System

The Directorate continued its participation in governance and working groups supporting the implementation of the Human Resource Information Management System (HRIMS). The People Strategy team continued to contribute to this significant project through its role on the Steering Committee, Program Board, Design Council and participation in various working groups.

Graduate recruitment

The Directorate participated in the ACTPS Graduate Program by placing three graduates in 2020 and three in 2021. The 2020 graduate cohort worked across a range of areas, primarily information communication technology. In 2021, graduates worked in Health, Policy and Strategy Branch and Health Protection Service.

Complaints and grievances

The People Strategy team has provided advice and support to managers and staff in relation to any complaints and grievances. Using whole-of-government processes, this allows the immediate manager to seek an early resolution to issues and ensures that employees feel that their issues are dealt with quickly, efficiently, and with procedural fairness. During the reporting period, no referrals were made to the Professionals Standards Unit.

Workplace strategies and culture

Organisational Culture Improvement Model

In August 2020, the Directorate undertook its first self-assessment of cultural maturity using the Organisational Culture Improvement Model (OCIM) tool. The next measurement point will be in August 2021.

Recognition

The Director-General Awards were held virtually in 2020, to recognise employees and teams who have made an outstanding contribution to the Directorate. The award categories align with the ACTPS Values of Respect, Integrity, Collaboration and Innovation. An additional award is also presented for Excellence in Leadership.

A Quiet Achiever award was initiated by the Directorate's Values Champions. A total of 69 nominations were received, with 11 individual and 3 team awards being presented.

The Director-General presented a special 'COVID-19' award to all staff of the Directorate for their response and resilience during the year.

Senior Officer A/B and equivalent engagement

In May 2021, the Directorate Executive Board agreed to improve engagement with the Senior Officer Group and ran a two-week survey for Senior Officer Group A, B and equivalents, to assess their level of interest in

being proactively engaged on broad matters that affect the organisation. The results indicated a strong desire by the Senior Officer Group to be engaged in decision-making.

The two priority areas identified for initial engagement were:

- review of the Directorate’s current performance planning process
- contemporary work practices – including hybrid working.

It is anticipated that this engagement will support the system-wide culture program by shaping the internal focus on people within the Directorate.

Continuation of Culture Uplift Program

The team continued to facilitate the Culture Uplift Program for staff, within the limits of the COVID-19 environment. The program entails two workshops that aim to achieve holistic cultural change through skill-building, awareness raising and development of shared goals, norms and language.

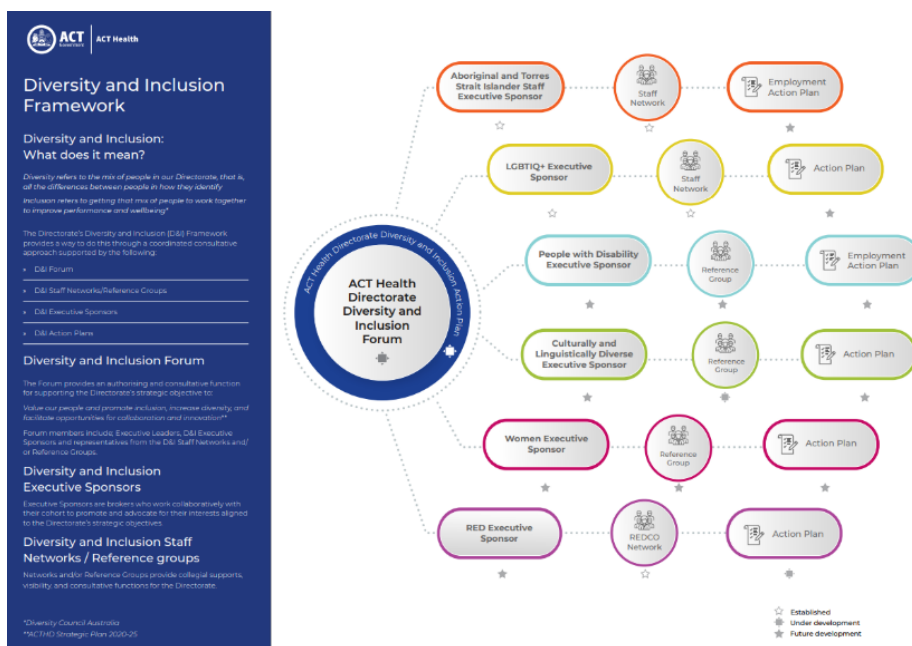
Values Champions Network

The Values Champions Network met five times in 2020 and focused on values-based recruitment, diversity and inclusion, and two professional development masterclasses: Unconscious Bias and Mindfulness in the Workplace. The Network will continue to meet quarterly in 2021 to further strengthen the application of values in our workplaces, with a focus on building organisational trust.

Diversity and inclusion

The Directorate continued to meet its Diversity and Inclusion commitments through delivery of the Diversity and Inclusion Framework. The purpose of the Framework is to provide a governance structure to support the initiating phase for Diversity and Inclusion. Figure 4 shows the Diversity and Inclusion Framework.

Figure 4: Diversity and Inclusion Framework



The Framework was released for all-staff feedback in March 2021 and was finalised and published in June 2021, following consultation. During the consultation period, expressions of interest (EOI) were sought from staff to join the following reference groups and existing staff networks:

- People with Disability Reference Group
- Culturally and Linguistically Diverse Reference Group
- Women's Reference Group
- Aboriginal and Torres Strait Islander Staff Network
- LGBTIQ+ Pride Staff Network.

Executive Sponsors are brokers who work collaboratively with their cohort to promote and advocate for their interests in alignment with the Directorate's strategic objectives. Executive Sponsors are in place for each group:

- Executive Sponsor Aboriginal and Torres Strait Islander
- Executive Sponsor LGBTIQ+
- Executive Sponsor People with Disability
- Executive Sponsor Culturally and Linguistically Diverse
- Executive Co-Sponsors Women.

In June 2021, the Deputy Director-General, Executive Sponsors and members from the networks met for the launch of the Diversity and Inclusion Forum. The Diversity and Inclusion Forum provides an authorising and consultative function for supporting the Directorate's strategic objective of valuing our people, promoting inclusion, increasing diversity, and facilitating opportunities for collaboration and innovation. The Diversity and Inclusion Forum members include Executive Leaders, Diversity and Inclusion Executive Sponsors and representatives from staff Networks and Reference groups.

Figure 5: Diversity and Inclusion Forum launch



Executive Sponsors and Pride Network Co-Chairs at the Diversity Forum launch. (L-R) DD-G Meg Brighton Forum Chair, George Valance Co-Chair Pride Network, Sandra Cook Executive Sponsor RED, Michael Culhane Executive Sponsor LGBTIQ+, Jodie Junk-Gibson Executive Co-Sponsor Women, Elizabeth Moore Executive Sponsor Culturally and Linguistically Diverse, Jo Spencer Executive Co-Sponsor Women, Bruce Shadbolt Executive Sponsor People with Disability and Travis Wu Co-Chair Pride Network.

Due to COVID-19, the Directorate had to pivot and promote inclusion via online means, for example, through Director-General Forums and targeted communications through internal intranet articles and the weekly Director-General Friday Wrap newsletter. The following Diversity and Inclusion annual milestones were acknowledged during the reporting period:

- NAIDOC Week
- Wear it Purple
- International Women’s Day
- Harmony Day
- Close the GAP Day
- International Day Against Homophobia, Biphobia, Intersexism and Transphobia
- National Reconciliation Week.

Figure 6: “Wear It Purple” photo competition



The Pride Network hosted a “Wear it Purple” photo competition for Wear it Purple in August 2020. (Top row, L-R) Seriden Hall, Julie Nolan, Vanessa Johnston. (Bottom row, L-R) Alana Devine, Peita Bonato, Justine Spina, Sandra Cook, Gillbert de Rujiter, Travis Wu, Louise Kael, Caitlin Sands.

Harmony Day (March 2021) was acknowledged with an online Director-General Forum, featuring Sandra Cook Executive Sponsor, Respect Equity and Diversity sharing reflections on “Diversity is a fact, equity is a choice, inclusion is an action.” A panel of staff from the developing Culturally and Linguistically Diverse Reference Group provided powerful insights into the struggles faced by people of colour, including First Nations people and migrants, within Australia’s dominant white culture.

A “Wear it Orange for Harmony” staff photo campaign was conducted during Harmony Week.

Figure 7: “Wear it Orange for Harmony” staff photo campaign



(L-R) Andrew Benson and Louise So

To mark Close the Gap Day, the Aboriginal and Torres Strait Islander Partnerships team produced a video with staff explaining what Close the Gap means to them, and how it can be applied to our work. The Partnership Team also held a 'Close the Gap Day' morning tea, with 30 staff from across the Directorate attending, and most staying for a Yarning Circle afterwards

NAIDOC Awards are presented annually in recognition of staff working in the ACT health system – the Directorate, Canberra Health Services and Calvary Public Hospital Bruce – who have shown outstanding leadership and commitment to improving health care delivery and services to Aboriginal and Torres Strait Islander peoples of the ACT and surrounding regions.

There were two categories in the reporting period:

Individual Awards:

- Joyce Graham, Manager Aboriginal and Torres Strait Islander Liaison Service at Canberra Health Services
- Neville Perkins, Policy Officer, Life Span project, Office of Mental Health and Wellbeing, Health Directorate.

Figure 8: NAIDOC Individual Awards



(L-R) Joyce Graham and D-G Kylie Jonasson

(L-R) Neville Perkins and D-G Kylie Jonasson

Team Awards:

- Aboriginal and Torres Strait Islander Services, Canberra Hospital and Mental Health, Justice Health and Alcohol and Drug Services, Canberra Health Service
- Program of Experience in the Palliative Approach, Aboriginal and Torres Strait Islander Media Project Team, ACT Specialist Palliative Care team, Clare Holland House Hospice, Calvary Public Hospital.

Diversity and inclusion employment data in the reporting period shows the Directorate's Aboriginal and Torres Strait Islander employee head count at 18 (2.05 per cent), which meets the ACTPS target of 2 per cent. 28 Directorate employees (3.19 per cent) identify as having a disability, meeting the Directorate's target of 3.1 per cent for the reporting period.

The Directorate continues to have inclusion statements on job advertisements, and each year Directorate staff are encouraged to update their diversity information held in the payroll system. It is anticipated that as our staff networks mature, self-reporting of diversity status will increase.

Learning and development programs

The Directorate has remained committed to building a capable and high-performing workforce through its learning and development programs, despite challenges presented by COVID-19. Staff can access a range of face-to-face and online learning and development programs that are provided by the Directorate and through the ACTPS *ACTGovLearn* platform.

The People Strategy Branch performs a fundamental role in:

- identifying training requirements
- procuring appropriate courses
- ensuring staff have access to the Capabiliti learning management system
- reporting and collaborating with whole-of-government learning and development groups and communities of practice.

During the reporting period, our staff participated in programs on:

- building management and leadership capability
- diversity and inclusion
- domestic and family violence
- job-specific technical training
- managing change
- best recruitment and selection processes.

Training in Focus – ACTPS Domestic and Family Violence Awareness Training

This year, the Directorate commenced rolling out its plan for the relaunched ACTPS Domestic and Family Violence Awareness Training. The rollout commenced with the People Strategy team to enable them to support Directorate staff with their enquiries and requests for support. In July 2021, the full rollout will commence with executives, followed by managers, then all other staff.

Training in Focus – Writing for Government

A highlight of this year's training was the introduction of the ACT Health Directorate Writing for Government course. This highly successful training, delivered by Canberra-based company Alta Pete Pty Ltd, is designed to assist senior officers and executives with developing their writing skills, to produce and inspire more effective communications.

The training is delivered as two half-day sessions, set two weeks apart. This delivery model provides participants with the opportunity to acquire new knowledge and skills and apply them to their current and historical writing during the intervening period. This year, 77 staff completed Writing for Government training.

Studies assistance

During the reporting period, the Directorate continued to support staff to undertake tertiary studies through the Studies Assistance Program. Areas of study included:

- environmental health
- human resources
- information technology and data analytics
- biostatistics
- public health.

Most employees who accessed the Studies Assistance Program were provided with financial assistance and access to paid and unpaid study leave.

Supporting staff through the COVID-19 pandemic

Staff wellbeing surveys

A COVID-19 Staff Wellbeing Survey was conducted in October 2020 to seek views and experiences, specifically related to:

- wellbeing
- concerns about returning to office-based work
- thoughts on 'lessons learned' about working from home that can be applied into the future.

The survey was provided to 643 staff with 430 responses (67 per cent) received. At the time of the survey:

- 79.9 per cent of staff were working remotely
- 20.1 per cent of staff were working from the office in response to COVID-19 pandemic or supporting business-critical operations.

The results indicated that:

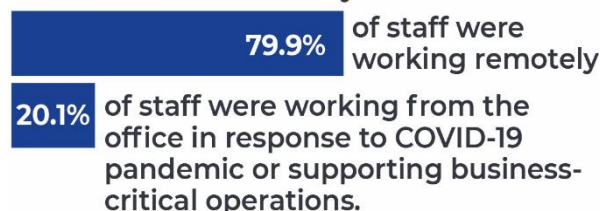
- 95 per cent of staff coped well during the pandemic
- 32 per cent of staff working from home valued flexibility of remote working the most
- 74 per cent of staff felt supported in getting their job done
- 77 per cent of staff said that the Directorate communicated effectively during the pandemic
- 98 per cent of staff said that the Directorate handled the pandemic well
- 32 per cent of staff reported to have missed the social connectedness from being in the office from before the pandemic.

The Directorate also participated in the ACTPS Your Voice Survey in December 2020, which looked at the work health and safety response to COVID-19. The response rate was 29 per cent, with 186 responses received from Health Directorate staff. The results indicated that:

Staff wellbeing survey

The survey was provided to **643 staff with 430 responses (67 per cent) received.**

At the time of the survey:



- 79 per cent of co-workers were taking appropriate precautions to protect themselves
- 77 per cent of staff had enough flexible work arrangements to meet their needs
- 88 per cent of staff felt safe carrying out their role
- 89 per cent of staff were aware of what to do if they came into contact with someone who was unwell
- 74 per cent of staff reported that changes associated with COVID-19 were well managed.

Areas for improvement were identified in the ability of staff to manage their work-life balance, having clear processes for work, communication, and collaboration. The survey responses indicated that:

- 64 per cent of staff had clear processes for how work is to be done
- 67 per cent of staff were empowered to make the decisions to do their job well
- 64 per cent of staff had a manageable work-life balance
- 65 per cent of staff were made aware of how COVID-19 would impact their job
- 64 per cent of staff reported that their team received help and support from other teams.

The themes of communication, consultation and planning were key to the development of the Directorate's operational planning for 2021–22. The Directorate undertook an extensive consultation process in designing the way in which work would be undertaken, featuring hybrid work, full-time workplace operations, and flexible working elements. The communication strategy included virtual forums, meetings, messages, and intranet content. The business units undertaking hybrid work have:

- flexible rostering that enables teams to attend the workplace together
- access to collaboration space for team-based work, planning, and activities.

Staff Wellbeing

Wellbeing and employee assistance program

The Directorate values its people and is committed to their health, safety and wellbeing. In addition to working to create a safe, fair, respectful and inclusive workplace through policy and cultural changes, the Directorate provided a range of wellbeing resources, including:

- online mental health information, including the Mental Health Guru online learning program
- mental health awareness information sessions, e-learning modules, and face-to-face training
- two Mental Health Executive Sponsors to promote mental health and wellbeing in the workplace.

Staff and their immediate family members can access the ACTPS Employee Assistance Program (EAP). The EAP providers offer free, professional and confidential counselling services to help staff experiencing work-related or personal issues. The EAP providers are also available to help managers and deliver programs to support teams. The People Strategy team provides advice to managers and teams to help them design and implement workplace support programs and initiatives.

Respect, Equity and Diversity Contact Officer Network

Respect, Equity and Diversity Contact Officer (REDCO) Network currently has five staff, including our newly appointed RED Network Executive Sponsor. This year, the focus was on upskilling REDCOs, including completion of diversity and inclusion e-learning produced by Special Broadcasting Service (SBS) and hosted

on the *ACTGovLearn* platform. The e-learning was followed by discussion sessions with subject matter experts within the Directorate, to assist with evaluation and constructive improvement of the programs.

REDCOs have commenced ACTPS Domestic and Family Violence Awareness Training to assist them in providing improved support to staff. In addition, the People Strategy team has undertaken Tier 1 Domestic and Family Violence Awareness Training to assist in providing staff with the best possible advice and support.

Our workforce

Full-time equivalent and headcount by division

Table 43 shows full-time equivalent (FTE) and headcount by division in 2020–21.

Table 43: Full-time equivalent and headcount by division

Division	FTE	Headcount
Corporate and Governance Division	45.7	47
Digital Solutions Division	292.6	300
Health Systems, Policy and Research Group	407.1	458
Office of the Director-General	50.2	53
Strategic Infrastructure Division	10.9	11
Total	806.5	869

FTE and headcount by gender

Table 44 shows FTE and headcount by gender in 2020–21.

Please note: staff identifying as intersex/indeterminate/other gender are not included in gender-based results due to the low representation and potential for individuals to be identified.

Table 44: FTE and headcount by gender

	Female	Male	Total
FTE by gender	515.6	289.9	805.5
Headcount by gender	565	303	868
Percentage of workforce	65.1%	34.9%	100.0%

Headcount by classification and gender

Table 45 shows headcount by classification and gender in 2020–21.

Table 45: Headcount by classification and gender

Classification group	Female	Male	Total
Administrative Officers	192	75	267
Executive Officers	19	12	31
General Service Officers and Equivalent	4	2	6
Health Assistants	1	0	1
Health Professional Officers	67	39	106
Information Technology Officers	11	27	38
Legal Officers	0	1	1
Medical Officers	10	3	13
Nursing Staff	20	1	21
Senior Officers	241	141	382
Technical Officers	0	2	2
Total	565	303	868

Headcount by employment category and gender

Table 46 shows headcount by employment category and gender in 2020–21.

Table 46: Headcount by employment category and gender

Employment category	Female	Male	Total
Casual	33	9	42
Permanent full-time	338	217	555
Permanent part-time	78	6	84
Temporary full-time	95	68	163
Temporary part-time	21	3	24
Total	565	303	868

Headcount by diversity group

Table 47 shows headcount by diversity group in 2020–21.

Table 47: Headcount by diversity group

Diversity group	Headcount	Percentage of total staff
Aboriginal and/or Torres Strait Islander	18	2.1%
Culturally and linguistically diverse	183	21.1%
People with disability	27	3.1%

Headcount by age group and gender

Table 48 shows headcount by age group and gender in 2020–21.

Table 48: Headcount by age group and gender

Age group	Female	Male	Total
Under 25	33	17	50
25–34	145	70	215
35–44	168	105	273
45–54	137	67	204
55 and over	82	44	126

Average length of service by gender (headcount)

Table 49 shows the average length of service by gender (headcount) in 2020–21.

Table 49: Average length of service by gender (headcount)

Gender	Female	Male	Total
Average years of service	7.7	7.0	7.4

Recruitment and separation rates

Table 50 shows recruitment and separation rates in 2020–21.

Table 50: Recruitment and separation rates

	Recruitment rate	Separation rate
Directorate	11.9%	7.0%

Contact details: For more information, contact ACTHealthCorporate&G@act.gov.au.

B.12 Ecologically sustainable development

Overview

To achieve the ACT Government's target of net zero emissions by 2045, the Directorate continued to:

- embed a zero-emissions pathway into its activities
- work with partners across the health system to raise awareness of zero emissions.

The Directorate relied on the following documents to guide emissions reduction activities:

- [ACT Climate Change Strategy 2019–25](#)
- [The ACT's Transition to Zero Emission Vehicles – Action Plan 2018–21](#)
- [ACT Health Sustainability Strategy 2016–2020](#).

The Directorate reviewed the assets that it owns, and the premises that it leases to support action 5.10 of the ACT Climate Change Strategy 2019–25. As the Directorate upgrades or refurbishes facilities, opportunities to remove emissions are examined.

During 2020–21, the Directorate facilitated the ACT Government joining the Global Green and Healthy Hospitals Network. This was done in conjunction with Canberra Health Services and Calvary Public Hospital Bruce.

Transport

The Directorate complies with the ACT Climate Change Strategy 2019–25 and the ACT's Transition to Zero Emission Vehicles – Action Plan 2018–21. At 30 June 2021, the Directorate had 26 fleet vehicles, of which one was hydrogen and seven electric. In 2020–21, electric vehicle (EV) charge stations were upgraded at the Bowes Street building, and installed at the Health Protection Service building, to support the Directorate's electric fleet vehicles. Electronic logbooks are used to capture usage data, including fuel use.

During 2020–21, the Directorate continued planning for two major projects that will contribute to a zero-emissions health sector:

- the Canberra Hospital Master Plan (the Master Plan)
- a new hospital in Canberra's north.

The Master Plan establishes a pathway for the Canberra Hospital campus to become net zero emissions by 2040. This includes how and when existing buildings can be retrofitted, refurbished, or replaced with all-electric services. Additionally, the Master Plan will identify opportunities to replace existing infrastructure with emerging technologies like hydrogen generators, battery storage, and building management systems.

The Directorate continued its planning work for a new northside hospital during 2020–21. The ACT Government has committed to beginning construction by mid this decade. Current work is examining locations and scope; providing new, environmentally friendly facilities that incorporate modern, energy-efficient features will be front of mind during the planning for the new hospital.

Commissioner for Sustainability and the Environment

The Directorate updates the Commissioner for Sustainability and the Environment on progress to implement recommendations from completed reports and inquiries. These updates are incorporated into the Commissioner's annual report. In 2020–21, the Commissioner for Sustainability and the Environment did not investigate any Directorate activities.

Sustainable development performance

Table 51: Sustainable development performance

Indicator as at 30 June	Unit	2020–21	2019–20	Percentage change
Stationary energy usage				
Electricity use	Kilowatt hours	1,479,422	1,836,574	-19.45
Natural gas use (non-transport)	Megajoules	4,041,655	3,485,365	15.96 ¹
Diesel use (non-transport)	Kilolitres	0	0	
Transport fuel usage				
Electric vehicles	Number	7	1	600
Hybrid vehicles	Number	0	2	-100
Hydrogen vehicles	Number	1	0	
Total number of vehicles	Number	26	24	8.33
Fuel use – Petrol	Kilolitres	10.57	9.88	6.98 ¹
Fuel use – Diesel	Kilolitres	14.3	11.09	28.94 ¹
Fuel use – Liquid Petroleum Gas (LPG)	Kilolitres	0	0	
Fuel use – Compressed Natural Gas (CNG)	Gigajoules	0	0	
Water usage²				
Water use	Kilolitres	4,433.4	NA	
Resource efficiency and waste²				
Reams of paper purchased	Reams	2,541	NA	
Recycled content of paper purchased	Percentage	54.6	NA	

¹ The Directorate increased its operational hours throughout the reporting period as part of responding to the COVID-19 pandemic. This has resulted in increased use of natural gas (for heating and cooling office buildings) and transport fuel.

² The establishment of the ACT Health Directorate and Canberra Health Services meant that the Directorate did not have the mechanisms in place to report on its water usage and resource efficiency and waste in 2019–20.

Indicator as at 30 June	Unit	2020–21	2019–20	Percentage change
Waste to landfill	Litres	170,667	NA	
Co-mingled material recycled	Litres	861,905	NA	
Paper and cardboard recycled (including secure paper)	Litres	152,000	NA	
Organic material recycled	Litres	33,236	NA	
Greenhouse gas emissions				
Emissions from electricity use	Tonnes CO ₂ -e	0	49.59	-100
Emissions from natural gas use (non-transport)	Tonnes CO ₂ -e	208.26	179.6	15.96 ¹
Emissions diesel use (non-transport)	Tonnes CO ₂ -e	0	0	
Emissions from transport fuel use	Tonnes CO ₂ -e	63.9	53.72	18.95 ¹
Total emissions	Tonnes CO ₂ -e	272.16	282.91	-3.79

Contact details: For more information, contact acthealthstrategicinfrastructure@act.gov.au.



Part C
Financial Management Reporting



C.1 Management discussion and analysis for the ACT Health Directorate for the year ended 30 June 2021

Management Discussion & Analysis for the ACT Health Directorate

For the Year Ended 30 June 2021

General Overview

Operations and Principal Activities

The ACT Health Directorate (the Directorate) provides strategic leadership, policy advice, and oversight of the public health system, including planning, and monitoring which facilitates services that improve the Territory-wide health system in the ACT. A key responsibility in 2020-21 is leading the Territory's COVID-19 health response and implementation of COVID-19 vaccination program to eligible persons in the ACT. The Directorate engages with our partners, the non-government sector and key stakeholders to inform better health outcomes for all in the ACT and surrounding regions.

We develop strategies and set directions to meet community needs and expectations. We work to ensure our public health system is innovative, effective and sustainable now and into the future.

The Directorate's key functions are:

- leading engagement and negotiation with other jurisdictions on health funding agreements and national policy initiatives;
- administering the ACT Government's legislative program on health matters;
- engaging with the Directorate's partners and stakeholders to ensure health outcomes and impacts are considered in Whole of Government policy and health services planning;
- supporting and enabling clinical excellence, safe high-quality care, and research across the public health system;
- delivering Territory-wide health infrastructure strategy and design, including public hospital campus planning and planning for the new Northside Hospital;
- delivering a range of health prevention, promotion, and protection services;
- implementing innovative digital technologies across the public health system and supporting Information and Communication Technology (ICT) solutions that enable person-centred care and making it easier for clinicians to do their work;
- conducting public health system planning and evaluation for sustainable services, workforce and infrastructure that supports effective resource allocation, innovation, and safe high-quality care;
- commissioning value-based care that improves health outcomes; and
- monitoring and evaluating public health system performance to ensure it meets community expectations and performance criteria.

The ACT Health Directorate's work and vision are underpinned with the *ACT Health Directorate Strategic Plan 2020-25*, which provides a foundation for our high performing organisation that values its people and reflects the way we work with our partner organisations.

Risk Management

The Directorate has in place effective risk management practices and remains guided by the *ACT Government Risk Management Policy 2019*. This year our risk management practices continued to evolve to embed risk management considerations into business planning and critical decision-making processes associated with the Directorate. The responsibility for managing strategic risks, and other components of enterprise risk management, including business continuity and fraud and corruption prevention, is vested with the Executive Board of Management.

Controls on strategic and divisional level risks are in place with mitigation continuing to improve as treatments and process are refined to manage risk exposure in the Directorate. These are reviewed by a number of governance related committees and processes.

Risk Profile

The overarching strategic financial risk of not appropriately administering public money is managed through financial and governance controls that ensure the appropriate administration of public funds, such as governance oversight committees, financial reporting, the Directorate Fraud and Corruption Control Plan and associated risk register; the invoicing system controls; use of conflict-of-interest declarations and use of a gifts and benefits register.

The financial risks associated with significant project contracts and agreements are managed through governance structures and reported to appropriately experienced committees.

Financial Performance

The following financial information is based on audited Financial Statements for 2019-20 and 2020-21, in addition to the forward estimates contained in the ACT 2020-21 Budget Statements.

Total Net Cost of Services

Table 1: Total Net Cost of Services with Forward Estimates

	Actual 2019-20 \$m	Budget 2020-21 \$m	Actual 2020-21 \$m	Forward Estimate 2021-22 \$m	Forward Estimate 2022-23 \$m	Forward Estimate 2023-24 \$m
Total Expenditure	266.7	404.4	395.0	404.7	412.4	418.8
Total Own Source Revenue	20.4	115.3	125.1	132.9	136.5	140.3
Net Cost of Services	246.3	289.1	269.9	271.8	275.9	278.5

Comparison to Budget

The Directorate's net cost of services for 2020-21 of **\$269.9 million** was **\$19.2 million** or **6.6 per cent** lower than the 2020-21 Budget. This mainly relates to lower expenditure in multiple projects and initiatives including Pathology Laboratory Information System Replacement project, Community Health and Hospitals program and the Digital Health Record project due to delays in procurement activities, amended project schedules and flow on impacts from COVID-19 restrictions. Unused funding relating to these projects and initiatives are re-profiled to 2021-22.

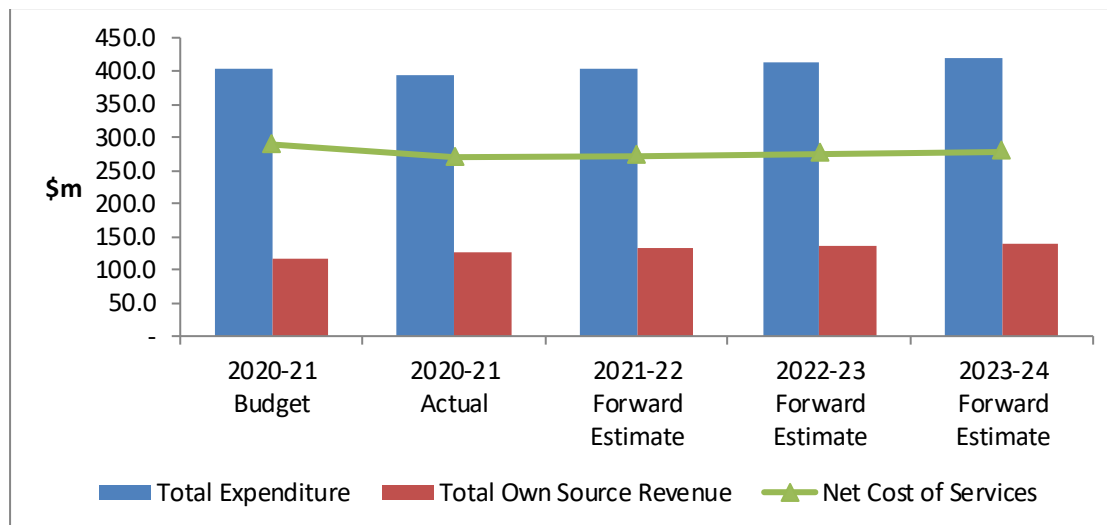
Comparison to 2019-20 Actual Net Cost of Services

The Directorate's 2020-21 net cost of services increased by **\$23.6 million** or **9.6 per cent** due to:

- higher expenses relating to the ongoing public health response to COVID-19 including support packages, vaccination program and Hotel Quarantine program for returned travellers of Government facilitated flights into the Territory; and
- expenditure relating to the planning and feasibility stages of multiple ICT projects including the Digital Health Record and the ACT Health ICT Upgrades projects.

Future Trends

Figure 1: Net Cost of Services



Total own source revenue is expected to increase at a lower rate than the growth of total expenditure resulting in a gradual growth in net cost of services over time.

Total Expenditure

Components of Expenditure

The Directorate's total expenditure for 2020-21 was **\$395.0 million**. *Figure 2 - Components of Expenditure* indicates that the majority of expenditure relates to grants and purchased services (42.6 per cent), employee expenses inclusive of superannuation (25.7 per cent) and supplies and services (25.6 per cent).

The components reflect the nature of the Directorate's business as a service delivery agency, with some services and programs provided directly to the community using Directorate staff, while most services are delivered through a combination of purchasing arrangements from the non-government sector.

Figure 2: Components of Expenditure

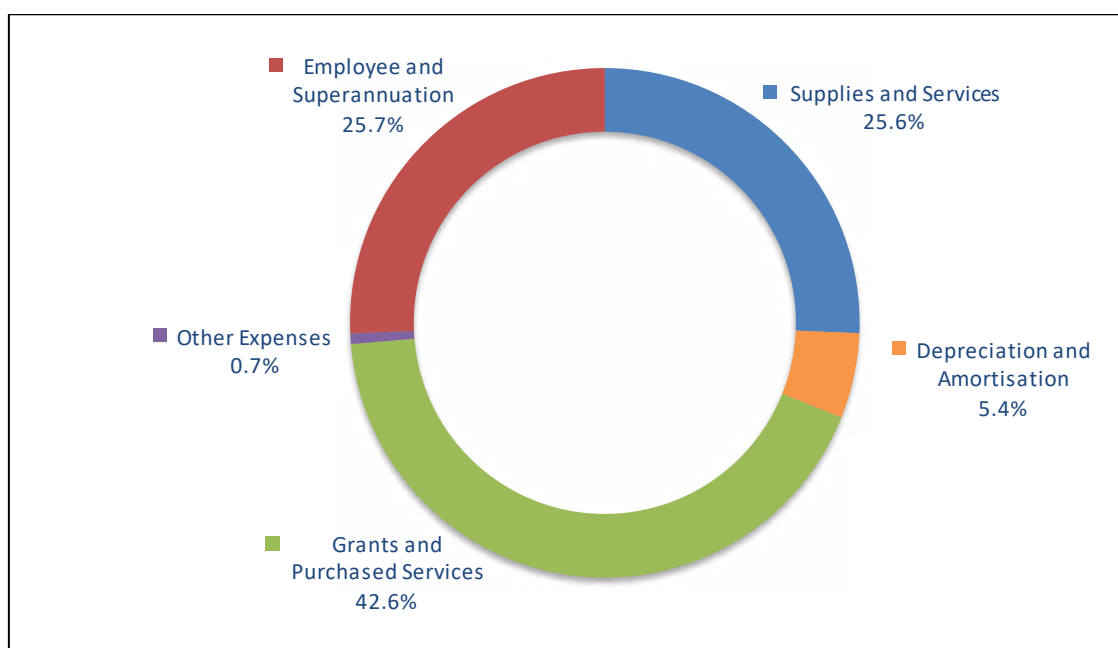


Table 2: 2020-21 Expenditure Variations from Revised Budget

	Actual 2020 \$m	Actual 2021 \$m	Budget 2021 \$m	Budget Variance \$m
Employee and Superannuation ^b	86.0	101.4	102.1	0.7
Supplies and Services ^a	85.2	101.3	110.3	9.0
Depreciation and Amortisation	25.7	21.4	24.2	2.8
Grants and Purchased Services ^c	67.5	168.3	165.8	(2.5)
Other Expenses	2.3	2.6	2.0	(0.6)
Total Expenditure	266.7	395.0	404.4	9.4

Comparison to 2020-21 Budget

Total expenditure of **\$395.0 million** was lower than the 2020-21 Budget by **\$9.4 million** or **2.3 per cent**. Primarily due to lower expenditure for multiple projects and initiatives, including Pathology Laboratory Information System Replacement project, Community Health and Hospitals program and the Digital Health Record project due to delays in procurement activities, amended project schedules and flow on impacts from COVID-19 restrictions.

Comparison to 2019-20 Actual Expenditure

Expenditure for 2020-21 of **\$395.0 million** was higher than the 2019-20 expenditure by **\$128.3 million** or **48.1 per cent**. Significant variances include:

- a) higher 'Supplies and Services' (\$16.1 million) mainly due to:
 - expenditure relating to the planning and feasibility stages of ICT projects and expenditure for project related ICT services provided to other ACT Government Agencies;
 - expenditure relating to the Hotel Quarantine program for returned travellers of Government facilitated flights into the Territory; and

- the purchase of additional personal protective equipment for the ongoing public health response to COVID-19.
- b) higher 'Employee and Superannuation' expenses (\$15.4 million) mainly due to an increase in staff numbers relating to the ongoing public health response to COVID-19 and the Digital Health Record project; and
- c) higher 'Grants and Purchased Services' (\$100.8 million) mainly due to a change in funding flows for Cross Border Health receipts, which are now required to transact through the ACT Health Directorate, prior to being on-passed to the ACT Local Hospital Network.

Total Own Source Revenue

Components of Own Source Revenue

The Directorate's total own source revenue for 2020-21 was **\$125.1 million**. *Figure 3 - Components of Own Source Revenue* indicates that the majority of own source revenue related to grants and contributions (93.1 per cent).

Figure 3: Components of Own Source Revenue

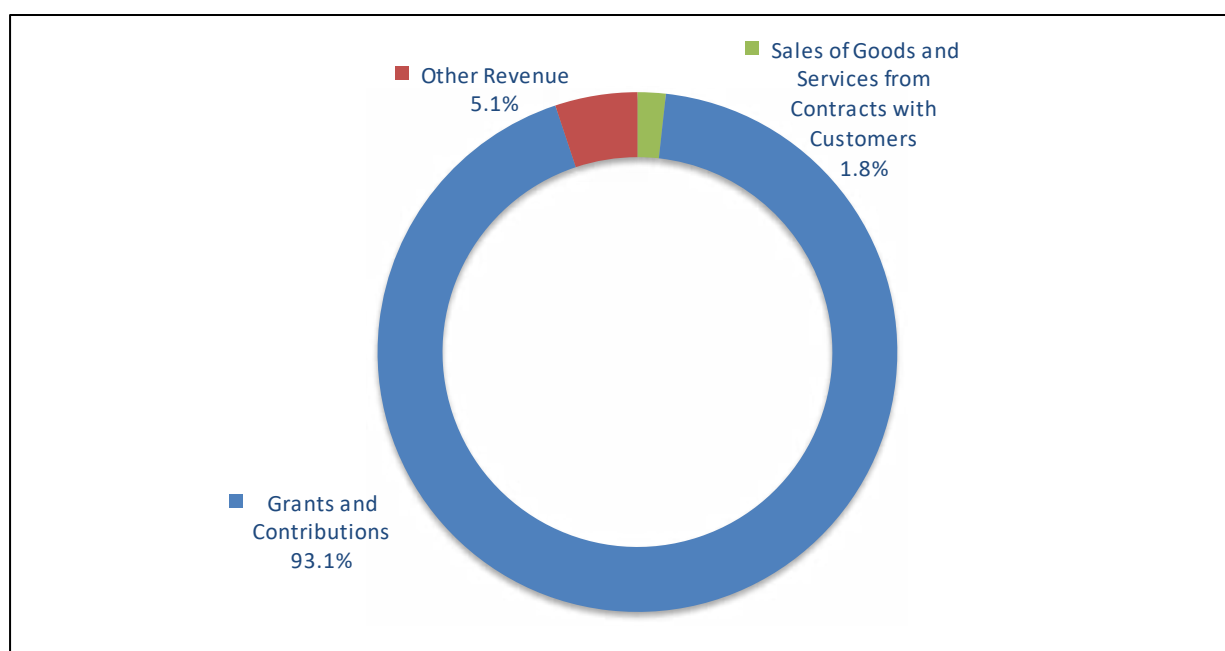


Table 3: 2020-21 Revenue Variations from Budget

	Actual 2020 \$m	Actual 2021 \$m	Budget 2021 \$m	Budget Variance \$m
Sales of Goods and Services from Contracts with Customers	1.4	2.2	107.6	(105.4)
Grants and Contributions ^a	16.3	116.5	2.6	113.9
Other Revenue ^b	2.7	6.4	5.1	1.3
Total Own Source Revenue	20.4	125.1	115.3	9.8

Comparison to Budget

Total own source revenue of **\$125.1 million** was higher than the 2020-21 Budget by **\$9.8 million** or **8.5 per cent**, mainly due to cost recoveries from other ACT Government Agencies for the provision

of ICT services relating to various projects and receipts from the ACT Local Hospital Network under the terms of the *National Partnership on COVID-19 Response* (NPCR).

Comparison to 2019-20 Actual Own Source Revenue

Own source revenue for 2020-21 of **\$125.1 million** was higher than the 2019-20 revenue by **\$104.7 million** or **513.2 per cent**. Significant variances include:

- a) higher 'Grants and Contributions' (\$100.2 million) was mainly due to:
 - a change in funding flows for Cross Border Health receipts from the National Health Funding Pool (\$87.6 million), which are now required to transact through the Directorate, prior to being on-passed to the ACT Local Hospital Network;
 - an increase in 'Local Hospital Network Funding' (\$8.8 million), relating to the receipt of additional funding for the ongoing public health response for COVID-19 and the COVID-19 vaccination program under the terms set by the NPCR; and
 - grants received from the Snow Foundation for the Clare Holland House Expansion project (\$1.5 million) and additional Medicare reimbursements relating to the 'Transition Care' program; and
- b) higher 'Other Revenue' (\$3.7 million) mainly due to higher cost recoveries from other ACT Government Agencies relating to the provision of project related ICT services.

Directorate Financial Position

Total Assets

Components of Total Assets

Total Assets at 30 June 2021 were **\$182.6 million**. *Figure 4 – Total Assets* indicates that the majority of the Directorate’s assets relate to property, plant and equipment with **41.8 per cent**, capital works in progress with **28.6 per cent** and intangible assets with **16.4 per cent**.

Figure 4: Total Assets

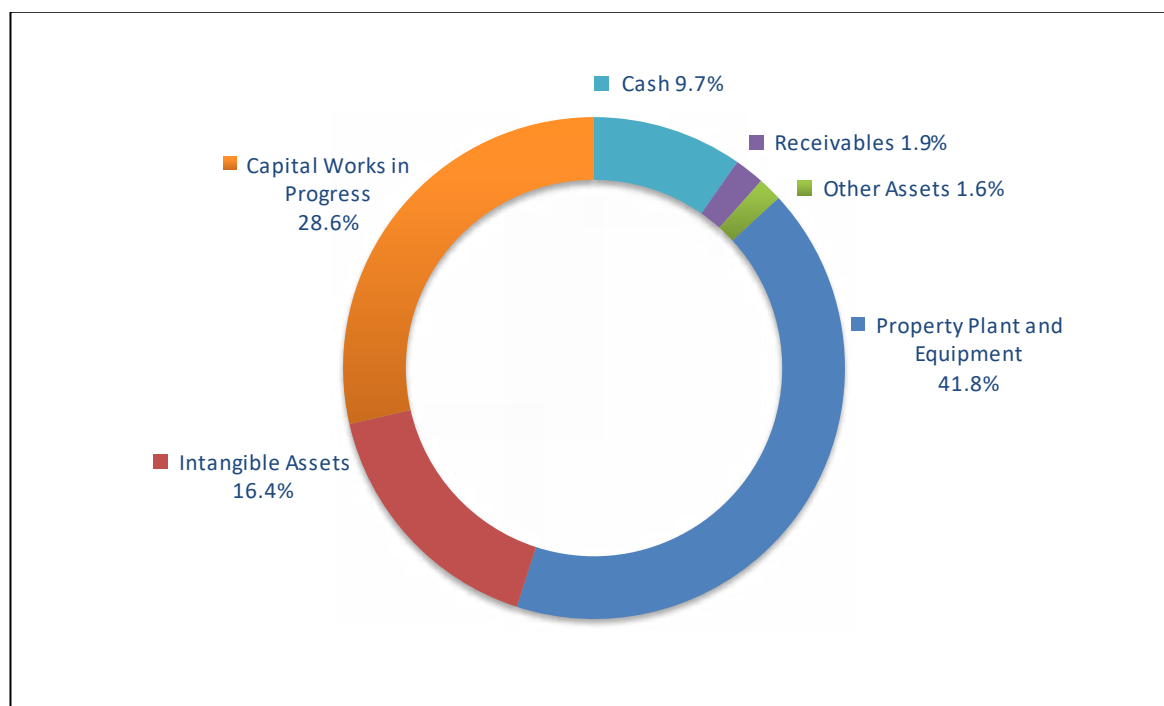


Table 4: 2020-21 Asset Variations from Budget

	Actual 2020 \$m	Actual 2021 \$m	Budget 2021 \$m	Budget Variance \$m
Cash ^b	9.0	17.7	7.5	10.2
Receivables	4.8	3.5	5.0	(1.5)
Property, Plant and Equipment ^c	80.7	76.4	86.5	(10.1)
Intangible Assets ^c	39.6	30.0	41.9	(11.9)
Capital Works in Progress ^a	19.6	52.2	25.9	26.3
Other Assets	5.1	2.8	5.3	(2.5)
Total Assets	158.8	182.6	172.1	10.5

Comparison to Budget

Total assets at 30 June 2021 of **\$182.6 million** was **\$10.5 million** higher than the 2020-21 Budget of **\$172.1 million**, was mainly due to:

- higher ‘Capital Works in Progress’ (\$26.3 million) relating to ongoing projects including the Digital Health Record, Pathology Laboratory Information System Replacement and Clare Holland House Expansion;
- higher ‘Cash’ (\$10.2 million) mainly relating to funds that will be utilised in 2021-22 to settle outstanding payments for invoices received at the end of the year; partially offset by

- c) lower 'Intangible Assets' (\$11.9 million) and 'Property, Plant and Equipment' (\$10.1 million) due to the increase in accumulated depreciation and lower than anticipated asset creations resulting from current completion timelines for several projects being amended including Digital Health Record, Pathology Laboratory Information System Replacement and Clare Holland House Expansion.

Comparison to 2019-20 Total Assets

Total assets for 2020-21 of **\$182.6 million** was higher than the 2019-20 total assets by **\$23.8 million** or **15.0 per cent**, mainly due to:

- a) higher 'Capital Works in Progress' (\$32.6 million) relating to ongoing projects including Digital Health Record (\$17.3 million), Pathology Laboratory Information System Replacement (\$9.0 million) and Clare Holland House Expansion (\$5.6 million);
- b) higher 'Cash' (\$8.7 million) mainly relating to funds that will be utilised in 2021-22 to settle outstanding payments for invoices received at the end of the year; partially offset by
- c) lower 'Intangible Assets' (\$9.6 million) and 'Property, Plant and Equipment' (\$4.3 million) due to the increase in accumulated depreciation.

Total Liabilities

Components of Total Liabilities

Total Liabilities at 30 June 2021 were **\$69.3 million**. *Figure 5 – Total Liabilities* indicates that the majority of the Directorate's liabilities relate to employee benefits with **50.5 per cent**, payables with **28.7 per cent** and other liabilities with **17.2 per cent**.

Figure 5: Total Liabilities

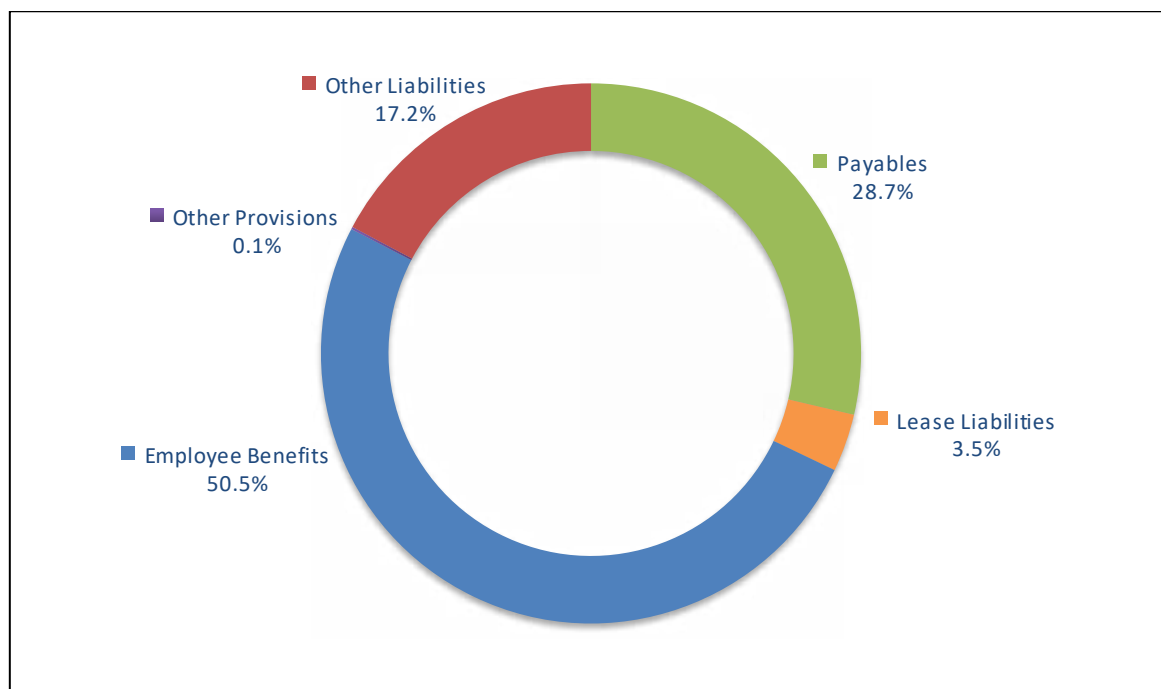


Table 5: 2020-21 Liability Variations from Budget

	Actual 2020 \$m	Actual 2021 \$m	Budget 2021 \$m	Budget Variance \$m
Payables ^a	11.4	19.9	11.8	(8.1)
Lease Liabilities	4.2	2.4	4.2	1.8
Employee Benefits ^b	28.5	35.0	32.5	(2.5)
Other Provisions	0.1	0.1	0.1	-
Other Liabilities	12.6	11.9	12.0	0.1
Total Liabilities	56.8	69.3	60.6	(8.7)

Comparison to Budget

Liabilities at 30 June 2021 of **\$69.3 million** were \$8.7 million higher than the 2020-21 Budget of **\$60.6 million**, mainly due to:

- a) higher 'Payables' (\$8.1 million) relating to outstanding payments for Shared Services ICT charges, research grants and the reimbursement of purchases made by Canberra Health Services on behalf of the Directorate.

Comparison to 2019-20 Total Liabilities

Total liabilities for 2020-21 of **\$69.3 million** was higher than the 2019-20 total liabilities by **\$12.5 million** or **22.0 per cent**, mainly due to:

- a) higher 'Payables' (\$8.5 million) relating to outstanding payments for Shared Services ICT charges, research grants and the reimbursement of purchases made by Canberra Health Services on behalf of the Directorate; and
- b) higher 'Employee Benefits' (\$6.5 million) due to an increase in staff numbers relating to the ongoing public health response to COVID-19 and the Digital Health Record project and leave earned exceeding leave taken during the year.

Net Assets

Net assets at 30 June 2021 were **\$113.4 million**. This was **\$2.0 million** higher than the **\$111.4 million** budgeted, due to the combined impact of the reasons listed above.

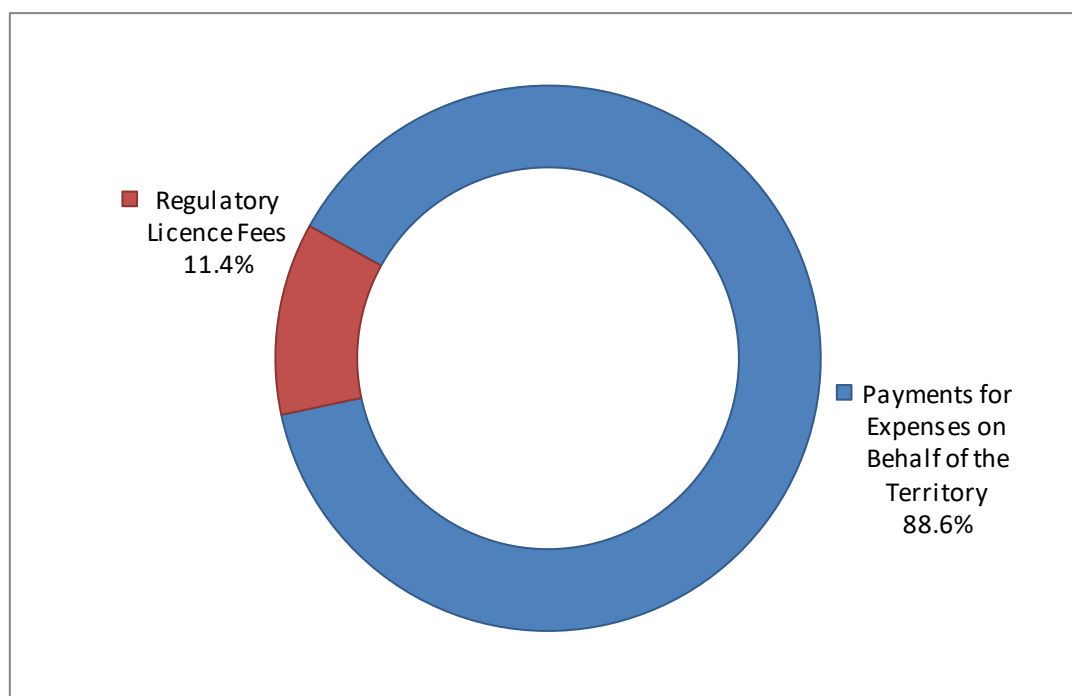
Territorial Statement of Revenue and Expenses

The activities whose funds flow through the Directorate's Territorial accounts, represent the receipt of regulatory licence fees and the payment of monies for capital works to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

Total Income

The total Territorial income for 2020-21 was **\$9.9 million**. *Figure 6 – Sources of Territorial Revenue* indicates that **88.6 per cent** of Territorial income relates to monies for capital works at Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service (expenses on behalf of the Territory) with the remaining income being regulatory licence fees.

Figure 6: Sources of Territorial Revenue



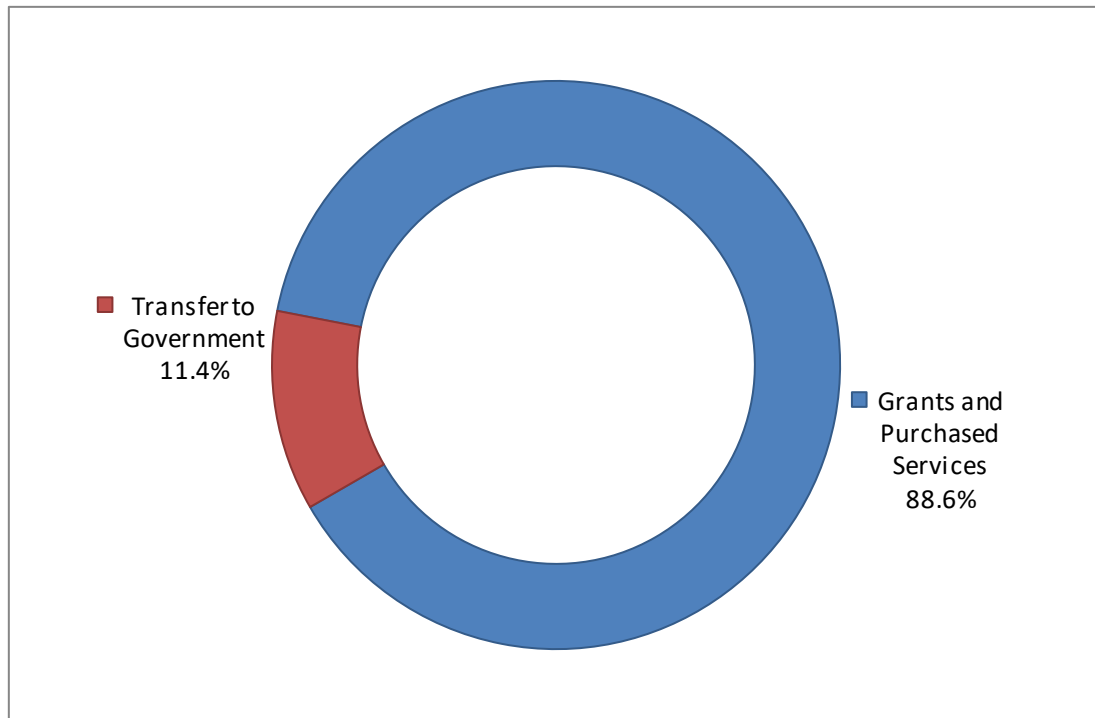
Comparison to Budget and 2019-20 Actual Income

Total Territorial income of **\$9.9 million** was lower than the 2020-21 Budget of **\$15.7 million** by **\$5.8 million** and 2019-20 income of **\$15.8 million** by **\$5.9 million** mainly due to lower than anticipated appropriation drawn relating to the Calvary Critical Infrastructure project which has been rescheduled from 2020-21 to 2021-22.

Total Expenses

The total Territorial expenditure for 2020-21 was **\$9.9 million**. *Figure 7 – Sources of Territorial Expenses* indicates that **88.6 per cent** of expenses incurred on behalf of the Territory relate to the payment of monies for capital works to Calvary Public Hospital and Winnunga Nimmitjiah Aboriginal Health Service.

Figure 7: Sources of Territorial Expenses



Comparison to Budget and 2019-20 Actual Expenses

Total expenses of **\$9.9 million** was lower than the 2020-21 Budget by **\$5.8 million** and 2019-20 total expenses of **\$16.0 million** by **\$6.1 million** mainly due to lower than anticipated capital grants for the Calvary Critical Infrastructure project.

C.2 Financial statements for the ACT Health Directorate for the year ended 30 June 2021

ACT Health Directorate

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 June 2021

INDEPENDENT AUDITOR'S REPORT

To the Members of the ACT Legislative Assembly

Opinion

I have audited the financial statements of the ACT Health Directorate (Directorate) for the year ended 30 June 2021 which comprise the:

- Controlled financial statements – operating statement, balance sheet, statement of changes in equity, statement of cash flows and statement of appropriation;
- Territorial financial statements – statement of income and expenses on behalf of the Territory, statement of assets and liabilities on behalf of the Territory, statement of cash flows on behalf of the Territory and Territorial statement of appropriation; and
- Notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements:

- (i) present fairly, in all material respects, the Directorate's financial position as at 30 June 2021, and its financial performance and cash flows for the year then ended; and
- (ii) are presented in accordance with the *Financial Management Act 1996* and comply with Australian Accounting Standards.

Basis for opinion

I conducted the audit in accordance with the Australian Auditing Standards. My responsibilities under the standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of this report.

I am independent of the Directorate in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (Code). I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Directorate for the financial statements

The Director-General is responsible for:

- preparing and fairly presenting the financial statements in accordance with the *Financial Management Act 1996* and relevant Australian Accounting Standards;
- determining the internal controls necessary for the preparation and fair presentation of the financial statements so that they are free from material misstatements, whether due to error or fraud; and
- assessing the ability of the Directorate to continue as a going concern and disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting in preparing the financial statements.

Auditor's responsibilities for the audit of the financial statements

Under the *Financial Management Act 1996*, the Auditor-General is responsible for issuing an audit report that includes an independent opinion on the financial statements of the Directorate.

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the Directorate's internal controls;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directorate;
- conclude on the appropriateness of the Directorate's use of the going concern basis of accounting and, based on audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Directorate's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in this report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of this report. However, future events or conditions may cause the Directorate to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether they represent the underlying transactions and events in a manner that achieves fair presentation.

I communicated with the Directorate regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



Ajay Sharma
Assistant Auditor-General, Financial Audit
20 September 2021

**ACT HEALTH DIRECTORATE
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

Statement of Responsibility

In my opinion, the financial statements are in agreement with the ACT Health Directorate's accounts and records and fairly reflect the financial operations of the Directorate for the year ended 30 June 2021 and the financial position of the Directorate on that date.



Rebecca Cross
Director-General
ACT Health Directorate
16 September 2021

**ACT HEALTH DIRECTORATE
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

Statement by the Chief Finance Officer

In my opinion, the financial statements have been prepared in accordance with the Australian Accounting Standards and ACT Accounting and Disclosure Policies, and are in agreement with the ACT Health Directorate's accounts and records and fairly reflect the financial operations of the Directorate for the year ended 30 June 2021 and the financial position of the Directorate on that date.

K. Chambers

Kate Chambers

Chief Finance Officer

ACT Health Directorate

13 September 2021

ACT Health Directorate

CONTROLLED FINANCIAL STATEMENTS

**For the Year Ended
30 June 2021**

**ACT HEALTH DIRECTORATE
OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 2021**

	Note No.	Actual 2021 \$'000	Original Budget 2021 \$'000	Actual 2020 \$'000
Income				
<i>Revenue</i>				
Controlled Recurrent Payments	3, 30	249 100	263 923	226 778
Sales of Goods and Services from Contracts with Customers	30	2 132	107 614	1 432
Grants and Contributions	4, 30	116 515	2 636	16 315
Other Revenue	5	6 406	5 098	2 668
Total Income		374 153	379 271	247 193
Expenses				
Employee Expenses	6	87 313	89 946	74 917
Superannuation Expenses	7	14 068	12 213	11 096
Supplies and Services	8	101 355	110 324	85 180
Depreciation and Amortisation	9	21 394	24 202	25 663
Grants and Purchased Services	10	168 310	165 752	67 485
Other Expenses		2 608	1 984	2 382
Total Expenses		395 048	404 421	266 723
Operating (Deficit)		(20 895)	(25 150)	(19 530)
Other Comprehensive Income				
<i>Items that will not be reclassified subsequently to profit or loss</i>				
(Decrease)/Increase in the Asset Revaluation Surplus	14	(484)	-	11 697
Total Other Comprehensive (Deficit)/Income		(484)	-	11 697
Total Comprehensive (Deficit)		(21 379)	(25 150)	(7 833)

The above Operating Statement is to be read in conjunction with the accompanying notes.

The Directorate has only one output class and as such the above Operating Statement is also the Directorate's Operating Statement for the Public Health Services Output Class.

**ACT HEALTH DIRECTORATE
BALANCE SHEET
As At 30 JUNE 2021**

	Note No.	Actual 2021 \$'000	Original Budget 2021 \$'000	Actual 2020 \$'000
Current Assets				
Cash	12	17 671	7 519	9 017
Receivables	13	3 512	4 950	4 737
Other Assets	17	2 846	2 637	5 090
Total Current Assets		24 029	15 106	18 844
Non-Current Assets				
Property, Plant and Equipment	14	76 398	86 548	80 722
Intangible Assets	15	30 011	41 916	39 610
Capital Works in Progress	16,30	52 207	25 911	19 607
Other Assets		-	2 589	-
Total Non-Current Assets		158 616	156 964	139 939
Total Assets		182 645	172 070	158 783
Current Liabilities				
Payables	18	19 855	11 769	11 414
Lease Liabilities	19	1 703	2 043	1 988
Employee Benefits	20	33 432	31 055	27 137
Other Liabilities	21	1 739	1 335	1 335
Total Current Liabilities		56 729	46 202	41 874
Non-Current Liabilities				
Lease Liabilities	19	683	2 231	2 212
Employee Benefits	20	1 569	1 420	1 399
Other Provisions		110	107	107
Other Liabilities	21	10 170	10 671	11 209
Total Non-Current Liabilities		12 532	14 429	14 927
Total Liabilities		69 261	60 631	56 801
Net Assets		113 384	111 439	101 982
Equity				
Accumulated Funds		96 444	94 015	84 558
Asset Revaluation Surplus		16 940	17 424	17 424
Total Equity		113 384	111 439	101 982

The above Balance Sheet is to be read in conjunction with the accompanying notes.

The Directorate has only one output class and as such the above Balance Sheet is also the Directorate's Balance Sheet for the Public Health Services Output Class.

**ACT HEALTH DIRECTORATE
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2021**

	Note No.	Accumulated Funds Actual 2021 \$'000	Asset Revaluation Surplus Actual 2021 \$'000	Total Equity Actual 2021 \$'000	Original Budget 2021 \$'000
Balance at 1 July 2020		84 558	17 424	101 982	101 979
Comprehensive Income					
Operating (Deficit)		(20 895)	-	(20 895)	(25 150)
(Decrease) in the Asset Revaluation Surplus	14	-	(484)	(484)	-
Total Comprehensive (Deficit)		(20 895)	(484)	(21 379)	(25 150)
Transactions Involving Owners Affecting Accumulated Funds					
Capital Injections		32 781	-	32 781	34 610
Total Transactions Involving Owners Affecting Accumulated Funds		32 781	-	32 781	34 610
Balance at 30 June 2021		96 444	16 940	113 384	111 439

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

**ACT HEALTH DIRECTORATE
STATEMENT OF CHANGES IN EQUITY (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2021**

	Accumulated Funds Actual 2020 \$'000	Asset Revaluation Surplus Actual 2020 \$'000	Total Equity Actual 2020 \$'000
Note No.			
Balance at 1 July 2019	86 177	5 727	91 904
Comprehensive Income			
Operating (Deficit)	(19 530)	-	(19 530)
Increase in the Asset Revaluation Surplus	-	11 697	11 697
Total Comprehensive (Deficit)/Income	(19 530)	11 697	(7 833)
Transactions Involving Owners Affecting Accumulated Funds			
Capital Injections	19 005	-	19 005
Net Assets transferred out as part of an Administrative Restructure	(1 081)	-	(1 081)
Net Assets transferred out as part of Other Transfers ^a	(13)	-	(13)
Total Transactions Involving Owners Affecting Accumulated Funds	17 911	-	17 911
Balance at 30 June 2020	84 558	17 424	101 982

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

- a) Net Assets Transferred out as part of Other Transfers relate to the net transfers with Canberra Health Services for Centenary Hospital for Women and Children Expansion project and Better Infrastructure Fund.

**ACT HEALTH DIRECTORATE
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2021**

	Note No.	Actual 2021 \$'000	Original Budget 2021 \$'000	Actual 2020 \$'000
Cash Flows from Operating Activities				
Receipts				
Controlled Recurrent Payments		249 100	263 923	226 778
Sales of Goods and Services from Contracts with Customers		1 932	107 614	1 086
Grants and Contributions	30	117 610	-	12 420
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		15 899	14 577	15 742
Goods and Services Tax Collected from Customers		455	648	235
Other		6 729	5 102	660
Total Receipts from Operating Activities		391 725	391 864	256 921
Payments				
Employee Expenses		80 636	86 547	70 198
Superannuation		14 071	12 353	11 227
Supplies and Services		100 036	107 548	84 209
Grants and Purchased Services		160 504	166 252	70 003
Goods and Services Tax Paid to Suppliers		16 650	15 225	16 416
Other		2 047	1 984	979
Total Payments from Operating Activities		373 944	389 909	253 032
Net Cash Inflows from Operating Activities	26	17 781	1 955	3 889
Cash Flows from Investing Activities				
Receipts				
Proceeds from the Sale of Property, Plant and Equipment		31	-	25
Total Receipts from Investing Activities		31	-	25
Payments				
Purchase of Property, Plant and Equipment		596	7 083	571
Purchase of Capital Works		39 305	30 925	16 759
Total Payments from Investing Activities		39 901	38 008	17 330
Net Cash (Outflows) from Investing Activities		(39 870)	(38 008)	(17 305)

**ACT HEALTH DIRECTORATE
STATEMENT OF CASH FLOWS (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2021**

	Note No.	Actual 2021 \$'000	Original Budget 2021 \$'000	Actual 2020 \$'000
Cash Flows from Financing Activities				
Receipts				
Capital Injections		32 781	34 610	19 005
Total Receipts from Financing Activities		32 781	34 610	19 005
Payments				
Repayment of Finance Lease Liabilities - Principal		2 038	55	2 016
Total Payments from Financing Activities		2 038	55	2 016
Net Cash Inflows from Financing Activities		30 743	34 555	16 989
Net Increase/(Decrease) in Cash		8 654	(1 498)	3 573
Cash at the Beginning of the Reporting Period		9 017	9 017	5 444
Cash at the End of the Reporting Period	26	17 671	7 519	9 017

The above Statement of Cash Flows is to be read in conjunction with the accompanying notes.

**ACT HEALTH DIRECTORATE
CONTROLLED STATEMENT OF APPROPRIATION
FOR THE YEAR ENDED 30 JUNE 2021**

	Original Budget 2021 \$'000	Total Appropriated 2021 \$'000	Appropriation Drawn 2021 \$'000	Appropriation Drawn 2020 \$'000
Controlled				
Controlled Recurrent Payments	263 923	263 923	249 100	226 778
Capital Injections	34 610	33 402	32 781	19 005
Total Controlled Appropriation	298 533	297 325	281 881	245 783

The above Controlled Statement of Appropriation should be read in conjunction with the accompanying notes.

COVID-19 Disclosure

In response to the COVID-19 pandemic, the Directorate received appropriation through a number of budget initiatives to support the ongoing public health response, COVID-19 vaccination program and the local community. This appropriation was significant, as outlined below:

- *COVID-19 Public Health Response - 2020-21 Stage 1 and 2* - The ACT Government continues efforts to combat the COVID-19 pandemic. Additional funding of \$8.2 million was provided to the Directorate for the public health emergency response.
- *COVID-19 Disease Management System* – The Directorate received \$7.5 million to upgrade the notifiable disease system supporting the operations of the COVID-19 Health Emergency and improve the management of other notifiable diseases.
- *COVID-19 Public Health Response - Vaccination Program* - The Directorate received \$6.0 million as part of the Government's funding allocations for the delivery of a COVID-19 vaccination program in line with the national strategy.
- *COVID-19 Mental Health Support Package and Expanding Mental Health Support and Services* - The Directorate received \$3.6 million to support a range of services including, early intervention, expanded step-down support, additional counselling services and increased mental health support for young Canberrans with highly complex needs who are at risk of mental illness.
- *COVID-19 Community Support package* - The ACT Government provided additional funding of \$2.0 million to support an increase in service demand for emergency and food relief, provision of culturally appropriate support for Aboriginal and Torres Strait Islander communities and support for those that may be experiencing domestic and family violence.

Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Statement of Cash Flows in the Budget Papers. This amount also appears in the Statement of Cash Flows.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* is the total amount of appropriation received by the Directorate during the year. This amount appears in the Statement of Cash Flows.

**ACT HEALTH DIRECTORATE
CONTROLLED STATEMENT OF APPROPRIATION (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2021**

Reconciliation of Appropriation for 2020-21	Controlled Recurrent Payments \$'000	Capital Injections \$'000
Original Budget Appropriation for 2020-21	263 923	34 610
Transfer of funds from Capital Injection Appropriation to other Appropriations within entity (FMA s.14A)	-	(1 208)
Total Appropriated	263 923	33 402
Controlled Appropriation Drawn	249 100	32 781

Variations between 'Original Budget', 'Total Appropriated' and 'Appropriation Drawn'.

Controlled Recurrent Payments

Variations between 'Total Appropriated' and 'Appropriation Drawn'

The difference between 'Total Appropriated' and 'Appropriation Drawn' of \$14.8 million is mainly due to appropriation for multiple projects and initiatives being re-profiled from 2020-21 to 2021-22, including Pathology Laboratory Information System Replacement project, Community Health and Hospitals program and Digital Health Record project due to delays in procurement activities, amended project schedules and flow on impacts from COVID-19 restrictions.

Capital Injections

Variations between 'Original Budget' and 'Total Appropriated'

The difference between 'Original Budget' and 'Total Appropriated' of \$1.2 million is due to transfers from Capital Injections to Expenses on Behalf of the Territory to enable payments to Calvary Public Hospital relating to Information Communication Technology (ICT) upgrades.

Variations between 'Total Appropriated' and 'Appropriation Drawn'

The difference between 'Total Appropriated' and 'Appropriation Drawn' of \$0.6 million is mainly due to Capital Injections for multiple projects being re-profiled from 2020-21 to 2021-22 in-line with amended capital works programs.

ACT HEALTH DIRECTORATE CONTROLLED NOTE INDEX FOR THE YEAR ENDED 30 JUNE 2021

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ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 1. Objectives of the ACT Health Directorate

a) Operations and Principal Activities

The ACT Health Directorate (the Directorate) provides strategic leadership, policy advice, and oversight of the public health system, including planning, and monitoring which facilitates services that improve the Territory-wide health system in the ACT. A key responsibility in 2020-21 is leading the Territory's COVID-19 health response and implementation of COVID-19 vaccination program to eligible persons in the ACT. The Directorate engages with our partners, the non-government sector and key stakeholders to inform better health outcomes for all in the ACT and surrounding regions.

We develop strategies and set directions to meet community needs and expectations. We work to ensure our public health system is innovative, effective and sustainable now and into the future.

The Directorate's key functions are:

- leading engagement and negotiation with other jurisdictions on health funding agreements and national policy initiatives;
- administering the ACT Government's legislative program on health matters;
- engaging with the Directorate's partners and stakeholders to ensure health outcomes and impacts are considered in Whole of Government policy and health services planning;
- supporting and enabling clinical excellence, safe high-quality care, and research across the public health system;
- delivering Territory-wide health infrastructure strategy and design, including public hospital campus planning and planning for the new Northside Hospital;
- delivering a range of health prevention, promotion, and protection services;
- implementing innovative digital technologies across the public health system and supporting Information and Communication Technology (ICT) solutions that enable person-centred care and making it easier for clinicians to do their work;
- conducting public health system planning and evaluation for sustainable services, workforce and infrastructure that supports effective resource allocation, innovation, and safe high-quality care;
- commissioning value-based care that improves health outcomes; and
- monitoring and evaluating public health system performance to ensure it meets community expectations and performance criteria.

The ACT Health Directorate's work and vision are underpinned with the *ACT Health Directorate Strategic Plan 2020-25*, which provides a foundation for our high performing organisation that values its people and reflects the way we work with our partner organisations.

b) Administrative Restructuring During 2019-20

On 1 July 2019, Major Projects Canberra was created following the *Administrative Arrangements 2019 (No.1)*. The responsibility of the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) project was transferred from the ACT Health Directorate to Major Projects Canberra.

ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 2. Basis of Preparation of the Financial Statements

LEGISLATIVE REQUIREMENT

The *Financial Management Act 1996* (FMA) requires the preparation of annual financial statements for ACT Government Agencies.

The FMA and the *Financial Management Guidelines* issued under the Act, requires the ACT Health Directorate's (the Directorate's) financial statements to include:

- i. an Operating Statement for the reporting period;
- ii. a Balance Sheet at the end of the reporting period;
- iii. a Statement of Changes in Equity for the reporting period;
- iv. a Statement of Cash Flows for the reporting period;
- v. a Statement of Appropriation for the reporting period;
- vi. the significant accounting policies adopted for the reporting period; and
- vii. other statements as necessary to fairly reflect the financial operations of the Directorate during the reporting period and its financial position at the end of the period.

These general-purpose financial statements have been prepared in accordance with:

- i. Australian Accounting Standards (as required by the FMA); and
- ii. ACT Accounting and Disclosure Policies.

ACCRUAL ACCOUNTING

The financial statements have been prepared using the accrual basis of accounting. The financial statements are prepared according to the historical cost convention, except for property, plant and equipment and financial instruments, which are valued at fair value in accordance with (re)valuation policies applicable to the Directorate during the reporting period.

CURRENCY

These financial statements are presented in Australian dollars.

INDIVIDUAL NOT-FOR-PROFIT REPORTING ENTITY

The Directorate is an individual not-for-profit reporting entity.

CONTROLLED AND TERRITORIAL ITEMS

The Directorate produces Controlled and Territorial financial statements. The Controlled financial statements include income, expenses, assets and liabilities over which the Directorate has control. The Territorial financial statements include income, expenses, assets and liabilities that the Directorate administers on behalf of the ACT Government but does not control.

ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 2. Basis of Preparation of the Financial Statements (Continued)

CONTROLLED AND TERRITORIAL ITEMS (CONTINUED)

The purpose of the distinction between Controlled and Territorial is to enable an assessment of the Directorate's performance against the decisions it has made in relation to the resources it controls, while maintaining accountability for all resources under its responsibility.

The basis of preparation described applies to both Controlled and Territorial financial statements except where specified otherwise.

REPORTING PERIOD

These financial statements state the financial performance, changes in equity and cash flows of the Directorate for the year ended 30 June 2021 together with the financial position of the Directorate as at 30 June 2021.

COMPARATIVE FIGURES

Budget Figures

To facilitate a comparison with the Budget Papers, as required by the FMA, budget information for 2020-21 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the 2020-21 Budget Papers.

Prior Year Comparatives

Comparative information has been disclosed in respect of the previous period for amounts reported in the financial statements.

Where the presentation or classification of items in the financial statements is amended, the comparative amounts have been reclassified where practical. Where a reclassification has occurred, the nature, amount and reason for the reclassification is provided.

Rounding

All amounts in the financial statements have been rounded to the nearest thousand dollars (\$'000). Use of "-" represents zero amounts or amounts rounded down to zero.

ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 2. Basis of Preparation of the Financial Statements (Continued)

GOING CONCERN

As at 30 June 2021, the Directorate's controlled current assets are insufficient to meet its current liabilities. The controlled Balance Sheet shows that the Directorate's current liabilities (\$56.7 million) exceed its current assets (\$24.0 million) by \$32.7 million. However, this is not considered a liquidity risk as its cash needs are funded through appropriation from the ACT Government on a cash-needs basis. This is consistent with the Whole of Government cash management regime, which requires excess cash balances to be held centrally rather than within individual Directorate's bank accounts.

The Directorate's 2020-21 financial statements have been prepared on a going concern basis as the ongoing functions and activities of the Directorate have been funded in 2021-22 under section 7 of the *Financial Management Act 1996*. The 2021-22 Budget, including forward estimates, will be presented in the Legislative Assembly on 6 October 2021 and will be debated subsequent to the certification of these financial statements.

REVENUE RECOGNITION

Revenue is recognised in accordance with *AASB 15 Revenue from Contracts with Customers* where the contract is enforceable and contains sufficiently specific performance obligations, otherwise revenue is in the scope of *AASB 1058 Income of not-for-Profit Entities*.

AASB 15

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the entity expects to receive in exchange for those goods or services. Revenue is recognised by applying a five step model as follows:

1. identify the contract with the customer;
2. identify the performance obligations;
3. determine the transaction price;
4. allocate the transaction price; and
5. recognise revenue as or when control of the performance obligation is transferred to the customer.

Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Directorate have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

AASB 1058

Where revenue streams are in the scope of AASB 1058, the Directorate recognises the asset received (generally cash or other financial asset) at fair value, recognises any related amount (e.g. liability or equity) in accordance with an accounting standard and recognises revenue as the residual between the fair value of the asset and the related amount on receipt of the asset.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 2. Basis of Preparation of the Financial Statements (Continued)

ASSETS – CURRENT & NON-CURRENT

Assets are classified as current where they are expected to be realised within 12 months after the reporting date. Assets, which do not fall within the current classification, are classified as non-current.

LIABILITIES – CURRENT AND NON-CURRENT

Liabilities are classified as current when they are due to be settled within 12 months after the reporting date or the Directorate does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date. Liabilities, which do not fall within the current classification, are classified as non-current.

IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED

All Australian Accounting Standards and Interpretations issued but yet to be applied are either not relevant to the Directorate or have been assessed as having an immaterial financial impact on the Directorate.

These standards and interpretations are applicable to future reporting periods. The Directorate does not intend to adopt these standards and interpretations early. Where applicable, these Australian Accounting Standards will be adopted from their application date.

Note 3. Controlled Recurrent Payments

Controlled Recurrent Payments (CRP) are revenue received from the ACT Government to fund the costs of delivering outputs.

Controlled Recurrent Payments are recognised as revenue when the Directorate gains control over the funding which is normally obtained upon the receipt of cash. Appropriations are recognised on this basis given they do not contain enforceable and sufficiently specific performance obligations as defined by AASB15.

Capital injection appropriations are not recognised as income, but instead are recognised as a cash inflow which is used to purchase/build assets or to reduce liabilities.

	2021	2020
	\$'000	\$'000
Revenue from the ACT Government		
Controlled Recurrent Payments ^a	249 100	226 778
Total Controlled Recurrent Payments	249 100	226 778

- a. The increase in 'Controlled Recurrent Payments' of \$22.3 million is mainly due to an increase for indexation, new initiatives, responses to the COVID-19 pandemic including support packages (\$14.4 million), the vaccination program (\$1.5 million) and roll overs from 2019-20 (\$6.5 million).

ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 4. Grants and Contributions

Contributions of services are recognised only if their fair value can be measured reliably, and the services would have been purchased if they had not been donated.

Legal Services were received free of charge from the ACT Government Solicitor's Office (GSO). The GSO provided the Directorate with the fair value of the services provided. The Directorate would have had to pay for these services had they not been provided free of charge.

The Directorate is required by the ACT Government to use Shared Services for its financial and human resources (HR) processing. Given Shared Services is directly appropriated by the ACT Government to provide certain services at a fixed cost to the Directorate, it means that the Directorate does not have to pay for these services. The fixed costs for financial and HR services are known and the Directorate would have had to purchase these services if they were not provided by Shared Services. As such, these amounts have been recognised as resources received free of charge.

Where the Directorate receives an asset or services for significantly less than fair value then the transaction is in the scope of AASB 1058 and revenue is recognised on receipt of the asset/services.

Where services are received, the expense is recognised in the line item to which it relates.

Other Grants and Contributions

The Directorate has determined that the agreements/arrangements relating to 'Other Grants and Contributions' line items included in this note are not enforceable and they do not contain sufficiently specific performance obligations for recognising revenue from contracts with customers under AASB 15. None of the arrangements require the Directorate to provide an equal amount in return for the consideration received. As such, AASB 1058 has been applied for recognising this revenue. This revenue is recognised upon receipt of the donation and the grant funding line item.

The Directorate received funding from the ACT Local Hospital Network (LHN) for the provision of public health services, health promotion and preventive activities and funding relating to the *National Partnership on COVID-19 Response* (NPCR).

The Directorate also received Cross Border (Interstate) Health revenue from the National Health Funding Pool on behalf of the LHN for the provision of public hospital services to interstate residents. This revenue is passed on to the LHN during the reporting period to be disbursed to the health service providers. These amounts are recorded as 'Transfers from the ACT Local Hospital Network' and 'Transfers to the ACT Local Hospital Network' in the financial statements.

'Local Hospital Network Funding' and 'Transfers from the ACT Local Hospital Network' are recognised as revenue when the Directorate gains control over the funding. Control over funding is obtained on the receipt of cash.

COVID-19 Disclosure

The Directorate received additional funding from the Commonwealth under the NPCR (\$8.5 million) to support on-going activities relating to the public health response to COVID-19, including contact tracing, vaccination program, administrative arrangements for returned travellers and additional special purpose cleaning services provided across the Territory.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 4. Grants and Contributions (Continued)

	2021 \$'000	2020 \$'000
Resources Received Free of Charge		
Legal Services	1 127	865
Shared Services Finance	681	1 130
Shared Services Human Resources	755	576
Shared Services Record Services	14	-
ICT Resources Received Free of Charge ^a	1 114	-
Other Resources Received Free of Charge	-	6
Total Resources Received Free of Charge	3 691	2 577
Other Grants and Contributions		
Local Hospital Network Funding ^b	20 020	11 268
Transfers from the ACT Local Hospital Network ^c	87 642	-
Grants without Sufficient Performance Obligations ^d	5 132	2 450
Donations	30	20
Total Other Grants and Contributions	112 824	13 738
Total Grants and Contributions	116 515	16 315
Resources Provided Free of Charge		
Provided to Canberra Health Services		
ICT services	59 538	58 118
Total Provided to Canberra Health Services	59 538	58 118
Provided to Calvary Public Hospital		
ICT services	9 185	9 197
Total Provided to Calvary Public Hospital	9 185	9 197
Total Resources Provided Free of Charge	68 723	67 315

a. ICT Resources Received Free of Charge includes implementation and professional software support services received from EPIC Systems Melbourne Pty Ltd relating to the COVID-19 vaccination booking system.

b. The increase in 'Local Hospital Network Funding' of \$8.8 million mainly relates to the receipt of additional payments for the public health emergency response for COVID-19 and the COVID-19 vaccination program under the terms set by the *National Partnership on COVID-19 Response*.

c. The increase in 'Transfers from the ACT Local Hospital Network' of \$87.6 million is due to a change in funding flows for Cross Border Health receipts, which are now required to transact through the ACT Health Directorate.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 4. Grants and Contributions (Continued)

- d. The increase in 'Grants without Sufficient Performance Obligations' of \$2.7 million mainly relates to grants received from the Snow Foundation for the Clare Holland House Expansion project (\$1.5 million) and additional Medicare reimbursements relating to the 'Transition Care' program (\$0.8 million).

Note 5. Other Revenue

	2021	2020
	\$'000	\$'000
Other Revenue ^a	6 406	2 668
Total Other Revenue	6 406	2 668

- a. The increase in 'Other Revenue' of \$3.7 million is mainly due to higher cost recoveries from other ACT Government Agencies relating to the provision of project related ICT services and staffing cost reimbursements relating to the 'Jobs for Canberrans' program (\$0.4 million).

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 6. Employee Expenses

Employee benefits include:

- short-term employee benefits such as wages and salaries, annual leave loading, and applicable on-costs, if expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related services;
- other long-term benefits such as long service leave and annual leave; and
- termination benefits.

On-costs include annual leave, long service leave, superannuation and other costs that are incurred when employees take annual and long service leave.

COVID-19 Disclosure

At 30 June 2021, a total of 85.9 full-time equivalent staff (FTE) were deployed by the Directorate as part of the ongoing public health response to COVID-19 with a material impact on employee expenses of \$9.9 million. The Directorate also participated in the 'Jobs for Canberrans' program which was established to provide secure work opportunities for Canberrans who have relied on casual work and are not eligible for the Australian Government's wage subsidy scheme with an additional cost of \$0.4 million.

	2021	2020
	\$'000	\$'000
Wages and Salaries ^a	76 960	65 047
Annual Leave Expense ^b	4 082	2 878
Long Service Leave Expense	3 289	3 453
Workers' Compensation Insurance Premium	1 171	1 606
Termination Expense	183	784
Other Employee Benefits and On-Costs	1 628	1 149
Total Employee Expenses	87 313	74 917
	No.	No.
Average full-time equivalent staff (FTE) staff levels during the year were:	713	584

- a. The increase in 'Wages and Salaries' of \$11.9 million is mainly due to Enterprise Agreement pay rises (\$1.8 million) and an increase in staffing numbers (\$10.1 million).
- b. The increase in 'Annual Leave Expense' of \$1.2 million is mainly due to the increase in staffing numbers and growth in liability due to leave earned exceeding leave taken.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 7. Superannuation Expenses

Employees of the Directorate have different superannuation arrangements dependent on the type of superannuation scheme available at the time of their commencing employment, including both defined benefit and defined contribution superannuation scheme arrangements.

For employees who are members of the defined benefit Commonwealth Superannuation Scheme (CSS) and Public Sector Superannuation Scheme (PSS) the Directorate makes employer superannuation contribution payments to the Territory Banking Account at a rate determined by the Chief Minister, Treasury and Economic Development Directorate. The Directorate also makes productivity superannuation contribution payments on behalf of these employees to the Commonwealth Superannuation Corporation, which is responsible for administration of the schemes.

For employees who are members of defined contribution superannuation schemes (the Public Sector Superannuation Scheme Accumulation Plan (PSSAP) and schemes of employee choice) the Directorate makes employer superannuation contribution payments directly to the employees' relevant superannuation fund.

All defined benefit employer superannuation contributions are recognised as expenses on the same basis as the employer superannuation contributions made to defined contribution schemes. The accruing superannuation liability obligations are expensed as they are incurred and extinguished as they are paid.

SUPERANNUATION LIABILITY RECOGNITION

For Directorate employees who are members of the defined benefit CSS or PSS the employer superannuation liabilities for superannuation benefits payable upon retirement are recognised in the financial statements of the Superannuation Provision Account.

	2021	2020
	\$'000	\$'000
Superannuation Contributions to the Territory Banking Account	6 248	5 510
Productivity Benefit	657	570
Superannuation to External Providers	7 163	5 016
Total Superannuation Expenses^a	14 068	11 096

- a. The increase in 'Superannuation Expenses' of \$3.0 million relates to an increase in staffing numbers of full time equivalent (FTEs) in 2020-21 (713) when compared to 2019-20 (584) and Enterprise Agreement pay rises.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 8. Supplies and Services

	2021	2020
	\$'000	\$'000
Audit Fees ^a	557	282
Cleaning Services ^b	864	15
Clinical Expenses/Medical Surgical Supplies ^c	1 400	356
Communications	4 213	4 010
Computer Expenses ^d	63 680	51 353
Contractors and Consultants	8 122	8 303
General Administration ^e	10 748	9 126
ICT Equipment and Rental Charges	683	1 265
Insurance	254	218
Minor Plant and Equipment	325	254
Non-Contract Services	514	760
Lease Rental Payments	3 438	3 371
Printing and Stationery	274	252
Repairs and Maintenance	2 840	2 910
Staff Development and Recruitment	2 592	1 837
Travel and Accommodation	46	293
Other	805	575
Total Supplies and Services	101 355	85 180

- a. 'Audit Fees' includes expenses relating to internal audits and remuneration for the audit of the ACT Health Directorate and Local Hospital Network Financial Statements, the limited assurance engagement on the Statement of Performance and the audit of the National Health Funding Pool – ACT State Pool Account by the ACT Audit Office.
- b. The increase in 'Cleaning Services' of \$0.8 million mainly relates to additional special purpose cleaning services utilised due to COVID-19.
- c. The increase in 'Clinical Expenses/Medical Surgical Supplies' of \$1.0 million mainly relates to the purchase of additional personal protective equipment for the public health emergency response to COVID-19.
- d. The increase in 'Computer Expenses' of \$12.3 million is mainly due to higher Shared Services charges (\$2.4 million), additional costs relating to planning and feasibility stages of ICT projects including Digital Health Record, ACT Health ICT upgrades (\$4.0 million) and costs for project related ICT services provided to other ACT Government Agencies (\$1.7 million).
- e. The increase in 'General Administration' of \$1.6 million is mainly due to additional costs relating to Hotel Quarantine program for returned travelers of Government facilitated flights into the Territory.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 9. Depreciation and Amortisation

Amortisation is used in relation to intangible assets and depreciation is applied to physical assets such as buildings and plant and equipment.

Land has an unlimited useful life and is therefore not depreciated.

Leasehold Improvements and Plant and Equipment are depreciated over the estimated useful life. Right-of-Use Asset Plant and Equipment is depreciated over the unexpired period of the relevant lease.

All depreciation is calculated after first deducting any residual values which remain for each asset.

Depreciation/amortisation for non-current assets is determined at initial recognition as follows:

Class of Asset	Depreciation/Amortisation Method	Useful Life (Years)
Buildings	Straight Line	40-80
Leasehold Improvements	Straight Line	2-10
Plant and Equipment	Straight Line	2-20
Right-of-Use Asset Plant and Equipment	Straight Line	1-4
Externally Purchased Intangibles	Straight Line	2-5
Internally Generated Intangibles	Straight Line	2-5

'Useful Life (Years)' listed in the above table remain unchanged compared to 2019-20.

Land improvements are included with buildings.

The useful lives of all major assets held are reassessed on an annual basis.

	2021	2020
	\$'000	\$'000
Depreciation		
Buildings	1 689	1 288
Plant and Equipment	1 932	1 886
Right-of-Use Asset - Plant and Equipment	1 995	1 976
Leasehold Improvements	703	731
Total Depreciation	6 319	5 881
Amortisation		
Intangible Assets ^a	15 075	19 782
Total Amortisation	15 075	19 782
Total Depreciation and Amortisation	21 394	25 663

- a. The decrease in 'Amortisation of Intangible Assets' of \$4.7 million is mainly due to higher expenses in 2019-20 resulting from an increased number of assets created and one-off amortisation expenses following the completion of several long-term computer software development projects.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 10. Grants and Purchased Services

Grants are sums of money provided to organisations or individuals for a specified purpose directed at achieving goals and objectives consistent with Government policy on health promotion.

Purchased Services are amounts paid to obtain services from other ACT Government Agencies and external parties. They may be for capital, current or recurrent purposes and subject to terms and conditions set out in a contract, agreement, or by legislation.

Purchased Services also include transfers to the Local Hospital Network relating to the on-passing of revenue received through the National Health Funding Pool for the provision of public hospital services to interstate residents.

	2021	2020
	\$'000	\$'000
Grants		
Grants ^a	10 884	1 835
Total Grants	10 884	1 835
Purchased Services		
Non-Government Organisations ^b	68 546	63 606
Payments to Service Providers	1 238	2 044
Transfers to the ACT Local Hospital Network ^c	87 642	-
Total Purchased Services	157 426	65 650
Total Grants and Purchased Services	168 310	67 485

- a. The increase in 'Grants' of \$9.0 million is mainly due to the allocation of research grants for the Investing in Medical and Health Research Initiative (\$2.0 million) and on-passing Commonwealth funds to other ACT Government Agencies representing additional cleaning services utilised due to COVID-19 for public schools and transport (\$7.2 million).
- b. The increase in 'Non-Government Organisations' of \$4.9 million is mainly due to higher expenses relating to COVID-19 Mental Health Support Packages, Transition Care program and Alcohol and Other Drugs program.
- c. The increase in 'Transfers to the ACT Local Hospital Network' of \$87.6 million is due to a change in funding flows for Cross Border Health receipts, which are now required to transact through the ACT Health Directorate, prior to being on-passed to the ACT Local Hospital Network.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 11. Waivers, Impairment Losses and Write-offs

Under Section 131 of the *Financial Management Act 1996* the Treasurer may, in writing, waive the right to payment of an amount payable to the Territory.

Waivers

Debts are expensed during the year in which the right to payment was waived.

The waivers, impairment losses and write-offs listed below have occurred during the reporting period for the Directorate.

Impairment Losses – Assets

Expense impairment losses of assets includes Leasehold improvements and Plant and Equipment (See Note 14 'Property, Plant and Equipment').

Impairment Losses and Write-Offs - Receivables

Information on the allowance for impairment of receivables can be found in Note 13 'Receivables'.

COVID-19 Disclosure

'Other Waivers' relate to the waiver of hotel quarantine charges from returning travellers due to demonstrated financial hardship. In 2020-21, there were 15 waivers granted under Section 131 of the *Financial Management Act 1996* with a total value of \$0.05 million.

	2021 \$'000	2020 \$'000
Waivers		
Other Waivers	51	-
Total Waivers	51	-
Impairment Losses		
<i>Impairment Loss from Receivables</i>		
Increase/(Decrease) of Expected Credit Loss Expense	83	(1)
<i>Total Increase/(Decrease) of Impairment Loss from Receivables</i>	83	(1)
<i>Impairment Loss from Property, Plant and Equipment</i>		
Plant and Equipment	22	-
Leasehold Improvements	-	454
<i>Total Impairment Losses from Property, Plant and Equipment</i>	22	454
Total Impairment Losses	105	453
Write-Offs		
Irrecoverable Debts	32	7
Total Write-Offs	32	7
Total Waivers, Impairment Losses and Write-offs	188	460

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 12. Cash

Cash includes cash at bank and cash on hand.

The Directorate holds one bank account with the Westpac Bank, as part of the Whole-of-Government banking arrangements. As part of these arrangements, the Directorate does not receive any interest on this account.

	2021	2020
	\$'000	\$'000
Cash on Hand	3	3
Cash at Bank ^a	17 668	9 014
Total Cash	<u>17 671</u>	<u>9 017</u>

- a. The increase in 'Cash at Bank' balance of \$8.7 million mainly relates to funds which will be utilised in 2021-22 to settle outstanding payments relating to invoices received at the end of the financial year.

ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 13. Receivables

Accounts receivable (including trade receivables) are measured at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement (see Note 11 'Waivers, Impairment Losses and Write-offs').

Impairment Loss – Receivables

The allowance for expected credit losses represents the amount of trade receivables and other receivables the Directorate estimates will not be repaid. The allowance for expected credit losses is based on objective evidence and a review of overdue balances.

The Directorate measures expected credit losses of a financial instrument in a way that reflects:

- a) an unbiased and probability-weighted amount that is determined by evaluating a range of possible outcomes;
- b) the time value of money; and
- c) reasonable and supportable information that is available without undue cost or effort at the reporting date about past events, current conditions and forecasts of future economic conditions.

The amount of the expected credit loss is recognised in the Operating Statement (see Note 11 'Waivers, Impairment Losses and Write-offs'). The allowance for expected credit losses is written off against the allowance account when the Directorate ceases action to collect the debt when the cost to recover debt is more than the debt is worth.

For trade receivables the Directorate applied the simplified approach under AASB 9, which uses a lifetime expected loss for all trade receivables.

A provision matrix is used to calculate the expected credit loss.

Where the Directorate has no reasonable expectation of recovering an amount owed by a debtor and ceases action to collect the debt, as the cost to recover the debt is more than the debt is worth, the debt is written-off by directly reducing the receivable against the loss allowance.

Significant Accounting Judgements and Estimates – Allowance For Expected Credit Losses

The Directorate has made a significant estimate in the calculation of the allowance for impairment losses for receivables in the Financial Statements. This significant estimate is based on a number of categorisations of receivables and the use of an expected credit loss provision matrix. These categorisations are considered by management to be appropriate and accurate, based upon the pattern demonstrated in collecting receivables since the formation of the Directorate in October 2018, general economic conditions and an assessment of both the current and the forecast direction of conditions at the reporting date.

The allowance for expected credit losses of trade receivables is measured at the lifetime expected credit losses at each reporting date. The Directorate has established a provision matrix based on its individual assessment of debtors, adjusted for forward looking factors specific to the debtors and the economic environment.

Loss rates are calculated separately for groupings of customers with similar loss patterns. The Directorate has determined there are two material groups for measuring expected credit losses based on the sale of services reflecting customer profiles for revenue streams.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 13. Receivables (Continued)

Significant Accounting Judgements and Estimates – Allowance For Expected Credit Losses (Continued)

Inter-Directorate receivables between ACT Government Agencies are expected to have low credit risks. Consequently, Treasury's policy is that Directorates, Territory authorities and Territory-owned corporations consolidated into the Whole of Government Financial Statements will not measure any loss allowance for receivables collectible from other ACT Government Agencies consolidated into the Whole of Government Financial Statements.

The Directorate estimates the impact of COVID-19 to the recoverability of receivables remains low, this is mainly due to majority of the receivable balances relating to debt owing from the Commonwealth Government and other ACT Government entities.

	2021	2020
	\$'000	\$'000
Current Receivables		
Trade Receivables	2 350	2 662
Less: Expected Credit Loss Allowance	(86)	(3)
	2 264	2 659
Accrued Revenue ^a	29	1 155
Net GST Receivable	1 219	923
Total Current Receivables	3 512	4 737
Total Receivables	3 512	4 737

- a. The decrease in 'Accrued Revenue' (\$1.1 million) is mainly due to higher balances in 2019-20 relating to Medicare reimbursements for the 'Transition Care' program which were settled during the financial year.

Expected Credit Loss Allowance Provision Matrix

Ageing of Receivables	Total	Days Past Due				
		Not Overdue	1-30 Days	31-60 Days	61-90 days	>91 Days
30 June 2021						
Expected credit loss rate						
Trade Receivables		1.5%	3.5%	7.5%	26.0%	93.0%
Other Receivables		13.0%	26.0%	31.0%	38.0%	56.0%
Estimated total gross carrying amount at default (\$'000)	1 793	1 577	-	48	71	97
Expected credit loss allowance (\$'000)	(86)	-	-	(5)	(27)	(54)
30 June 2020						
Expected credit loss rate						
Trade Receivables		1.5%	3.5%	7.5%	26.0%	93.0%
Estimated total gross carrying amount at default (\$'000)	2 482	2 439	40	-	-	3
Expected credit loss allowance (\$'000)	(3)	(1)	(2)	-	-	-

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 13. Receivables (Continued)

	2021	2020
	\$'000	\$'000
Reconciliation of the Expected Credit Loss Allowance for Receivables		
Allowance at the Beginning of the Reporting Period	3	4
Expected Credit Loss Expense	148	73
Reduction in Allowance from Amounts Recovered During the Reporting Period	(65)	(74)
Allowance for Expected Credit Losses at the End of the Reporting Period	86	3
Classification of ACT Government/Non-ACT Government Receivables		
Receivables from ACT Government Entities		
Net Trade Receivables	1 719	2 255
Total Receivables from ACT Government Entities	1 719	2 255
Receivables with Non-ACT Government Entities		
Net Trade Receivables	545	404
Accrued Revenue	29	1 155
Net Goods and Services Tax Receivable	1 219	923
Total Receivables from Non-ACT Government Entities	1 793	2 482
Total Receivables	3 512	4 737

The maximum exposure to credit risk at the end of the reporting period for Receivables is the carrying amount of the asset inclusive of any allowance for impairment as shown in the table above.

ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 14. Property, Plant and Equipment

Property, plant and equipment includes the following classes of assets. Property, plant and equipment does not include assets held for sale or investment property. ACT Disclosure Policy is that Right-of-Use (ROU) assets recognised under AASB 16 *Leases* are disclosed under the relevant class of property, plant and equipment.

- *Land* includes leasehold land held by the Directorate.
- *Buildings* include community health centres and car parks.
- *Leasehold improvements* represent fit-outs in leased buildings.
- *Plant and equipment* includes ROU ICT and motor vehicle assets, medical equipment, mobile plant, office and computer equipment, furniture and fittings, and other mechanical and electronic equipment.

Acquisition and Recognition of Property, Plant and Equipment

Property, plant and equipment is initially recorded at cost.

Where property, plant and equipment is acquired at no cost, or minimal cost, cost is its fair value as at the date of acquisition. However, property, plant and equipment acquired at no cost or minimal cost as part of a Restructuring of Administrative Arrangements is measured at the transferor's book value.

Property, plant and equipment with a minimum value of \$5,000 is capitalised.

Measurement of Property, Plant and Equipment After Initial Recognition

Subsequent to initial recognition, land, buildings and leasehold improvements are measured at fair value using the cost or revaluation model of revaluation. Plant and equipment is measured at cost.

ROU assets are initially measured at cost. After the commencement date, ROU assets are measured at cost, less any accumulated depreciation and accumulated losses, and adjusted for any remeasurement of the lease liability.

Land, buildings and leasehold improvements are revalued every 3 years. However, if at any time management considers that the carrying amount of an asset materially differs from its fair value, then the asset will be revalued regardless of when the last valuation took place. Any accumulated depreciation relating to buildings and leasehold improvements at the date of revaluation is written-back against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Significant Accounting Judgements and Estimates – Useful Lives of Property, Plant and Equipment

The Directorate has made a significant estimate in determining the useful lives of its property, plant and equipment. The estimation of useful lives of property, plant and equipment is based on the historical experience of similar assets and in some cases has been based on valuations provided by Aon Valuation Services. The useful lives are assessed on an annual basis and adjustments are made when necessary.

Disclosures concerning assets useful life (see Note 9 'Depreciation and Amortisation').

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 14. Property, Plant and Equipment (Continued)

Significant Accounting Judgements and Estimates – Fair Value of Assets

The Directorate has made a significant estimate regarding the fair value of its assets. Land and buildings have been recorded at the market value of similar properties as determined by an independent valuer. In some circumstances, buildings that are purpose built may in fact realise more or less in the market. The valuation uses significant judgements and estimates to determine fair value, including the appropriate indexation figure and quantum of assets held. The fair value of assets is subject to management assessment between formal valuations.

Valuation of Non-Current Assets

Aon Valuation Services, an independent valuer, performed all revaluations of the Directorate's assets. The latest valuation of Land, Buildings and Leasehold Improvements was performed as at 30 June 2020. The next valuation will be undertaken during 2022-23.

Impact of COVID-19

Aon Valuation Services have advised the Directorate that the real estate market is being impacted by the uncertainty that the COVID-19 outbreak has caused and that sufficient evidence is currently not available to substantiate any changes to the fair value of land and building assets reported as at 30 June 2021.

Impairment of Assets

Non-financial assets that have previously been impaired are reviewed for possible reversal of impairment at each reporting date.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 14. Property, Plant and Equipment (Continued)

	2021	2020
	\$'000	\$'000
Land and Buildings		
Land at Fair Value	18 730	18 730
Total Land Assets at Fair Value	18 730	18 730
Buildings at Fair Value	46 725	45 746
Less: Accumulated Depreciation	(1 824)	(150)
Total Buildings at Fair Value	44 901	45 596
Total Land and Buildings	63 631	64 326
Leasehold Improvements		
Leasehold Improvements at Fair Value	8 453	8 288
Less: Accumulated Depreciation	(762)	(60)
Total Leasehold Improvements at Fair Value	7 691	8 228
Total Leasehold Improvements	7 691	8 228
Plant and Equipment		
Plant and Equipment at Cost	17 990	18 737
Less: Accumulated Depreciation	(15 279)	(14 747)
Total Plant and Equipment at Cost	2 711	3 990
Right-of-Use Plant and Equipment		
Right-of-Use Asset Plant and Equipment at Cost	6 312	6 154
Less Accumulated Depreciation Right-of-Use Plant and Equipment	(3 947)	(1 976)
Total Right-of-Use Plant and Equipment at Cost	2 365	4 178
Total Plant and Equipment ^a	5 076	8 168
Total Property, Plant and Equipment	76 398	80 722

- a. The decrease in 'Total Plant and Equipment' of (\$3.1 million) is mainly due to the increase in accumulated depreciation.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 14. Property, Plant and Equipment (Continued)

Reconciliation of Property, Plant and Equipment – 2020-21

	Land	Buildings	Leasehold Improvements	Plant and Equipment	Right-of-use Plant and Equipment	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying Amount at the Beginning of the Reporting Period	18 730	45 596	8 228	3 990	4 178	80 722
Additions	-	1 478	166	745	219	2 608
Revaluation (Decrement) recognised through Other Comprehensive Income ^a	-	(484)	-	-	-	(484)
Disposals	-	-	-	(1 471)	(62)	(1 533)
Depreciation	-	(1 689)	(703)	(1 932)	(1 995)	(6 319)
Impairment losses recognised through the Operating Statement	-	-	-	(22)	-	(22)
Depreciation Write Back for Asset Disposals	-	-	-	1 401	25	1 426
Carrying Amount at the End of the Reporting Period	18 730	44 901	7 691	2 711	2 365	76 398

a. Revaluation (Decrement) recognised through Other Comprehensive Income relates to an adjustment resulting from the 2019 -20 revaluation review.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 14. Property, Plant and Equipment (Continued)

Reconciliation of Property, Plant and Equipment – 2019-20

	Land	Buildings	Leasehold Improvements	Plant and Equipment	Right-of-use Plant and Equipment	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying Amount at the Beginning of the Reporting Period	11 900	41 518	9 333	5 220	-	67 971
Recognition of Right-of-use Assets on initial application of AASB16	-	-	-	-	5 710	5 710
Additions	-	499	80	658	444	1 681
Revaluation Increment recognised in Other Comprehensive Income	6 830	4 867	-	-	-	11 697
Revaluation (Decrement) recognised through Income Statement	-	-	(454)	-	-	(454)
Disposals	-	-	-	(56)	-	(56)
Depreciation	-	(1 288)	(731)	(1 886)	(1 976)	(5 881)
Depreciation Write Back for Asset Disposals	-	-	-	54	-	54
Carrying Amount at the End of the Reporting Period	18 730	45 596	8 228	3 990	4 178	80 722

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 14. Property, Plant and Equipment (Continued)

Fair Value Hierarchy

The Fair Value Hierarchy below reflects the significance of the inputs used in determining fair value. The Fair Value Hierarchy is made up of the following three levels:

- Level 1 – quoted prices (unadjusted) in active markets for identical assets or liabilities that the Directorate can access at the measurement date;
- Level 2 – inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly; and
- Level 3 – inputs that are unobservable for particular assets or liabilities.

Details of the Directorate's property, plant and equipment at fair value and information about the Fair Value Hierarchy as at 30 June 2021 and 30 June 2020 is as follows:

Classification According to Fair Value Hierarchy 2021

	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
Property, Plant and Equipment at Fair Value				
Land	-	600	18 130	18 730
Buildings	-	390	44 511	44 901
Leasehold Improvements	-	-	7 691	7 691
	-	990	70 332	71 322

Classification According to Fair Value Hierarchy 2020

	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
Property, Plant and Equipment at Fair Value				
Land	-	600	18 130	18 730
Buildings	-	400	45 196	45 596
Leasehold Improvements	-	-	8 228	8 228
	-	1 000	71 554	72 554

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 14. Property, Plant and Equipment (Continued)

Transfers between Categories

There have been no transfers between Levels 1, 2 and 3 during the current reporting period.

Valuation Techniques, Inputs and processes

Level 2 Valuation Techniques and Inputs

Valuation Technique: the valuation technique used to value land and buildings is the market approach that reflects recent transaction prices for similar properties and buildings (comparable in location and size).

Inputs: Prices and other relevant information generated by market transactions involving comparable land and buildings were considered. Regard was taken of the Crown Lease terms and tenure, the Australian Capital Territory Plan and the National Capital Plan, where applicable, as well as current zoning.

Level 3 Valuation Techniques and Significant Unobservable Inputs

Land

Valuation Technique: Land where there is no active market or significant restrictions is valued through the market approach.

Significant Unobservable Inputs: Selecting land with similar approximate utility. In determining the value of land with similar approximate utility significant adjustment to market based data was required.

Building and Leasehold improvements

Valuation Technique: Buildings and Leasehold Improvements were considered specialised assets by the Valuers and measured using the cost approach.

Significant Unobservable Inputs: Estimating the cost to a market participant to construct assets of comparable utility adjusted for obsolescence. For Buildings, historical cost per square metre of floor area was also used in measuring fair value. In determining the value of buildings and leasehold improvements assets regard was given to the age and condition of the assets, their estimated replacement cost and current use. This required the use of data internal to the ACT Health Directorate.

There has been no change to the above valuation techniques during the reporting period.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 14. Property, Plant and Equipment (Continued)

Fair Value Measurements using significant unobservable inputs (Level 3)

2021	Land \$'000	Buildings \$'000	Leasehold Improvements \$'000
Fair Value at the Beginning of the Reporting Period	18 130	45 196	8 228
Additions	-	1 478	166
Revaluation (Decrements) recognised through Other Comprehensive income	-	(484)	-
Depreciation	-	(1 679)	(703)
Fair Value at the End of the Reporting Period	18 130	44 511	7 691

2020	Land \$'000	Buildings \$'000	Leasehold Improvements \$'000
Fair Value at the Beginning of the Reporting Period	11 360	41 092	9 333
Additions	-	499	80
Revaluation (Decrements) recognised through the Operating Statement	-	-	(454)
Revaluation Increments recognised through Other Comprehensive income	6 770	4 893	-
Depreciation	-	(1 288)	(731)
Fair Value at the End of the Reporting Period	18 130	45 196	8 228

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 15. Intangible Assets

Intangible assets comprise internally generated and externally acquired software for internal use. Software is recognised and capitalised when:

- it is probable that the expected future economic benefits that are attributable to the software will flow to the Directorate;
- the cost of the software can be measured reliably; and
- the acquisition cost is equal to or exceeds \$50,000.

Internally generated software is recognised when it meets the general recognition criteria outlined above and where it also meets the specific recognition criteria relating to intangible assets arising from the development phase of an internal project.

Capitalised software has a finite useful life. Software is amortised on a straight-line basis over its useful life, over a period not exceeding 5 years. Intangible assets are measured at cost.

	2021	2020
	\$'000	\$'000
Computer Software		
<i>Internally Generated Software</i>		
Computer Software at Cost	89 712	87 560
Less: Accumulated Amortisation	(83 003)	(78 785)
<i>Total Internally Generated Software</i>	6 709	8 775
<i>Externally Purchased Software</i>		
Computer Software at Cost	60 143	57 100
Less: Accumulated Amortisation	(36 841)	(26 265)
<i>Total Externally Purchased Software</i>	23 302	30 835
Total Intangible Assets^a	30 011	39 610

- a. The decrease in 'Total Intangible Assets' of \$9.6 million is mainly due to the increase in accumulated amortisation.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 15. Intangible Assets (Continued)

Reconciliation of Intangible Assets 2020-21

	Internally Generated Software \$'000	Externally Purchased Software \$'000	Total \$'000
Carrying Amount at the Beginning of the Reporting Period	8 775	30 835	39 610
Additions	2 152	3 324	5 476
Amortisation	(4 218)	(10 857)	(15 075)
Disposals	-	(281)	(281)
Amortisation Write Back for Asset Disposals	-	281	281
Carrying Amount at the End of the Reporting Period	6 709	23 302	30 011

Reconciliation of Intangible Assets 2019-20

	Internally Generated Software \$'000	Externally Purchased Software \$'000	Total \$'000
Carrying Amount at the Beginning of the Reporting Period	11 473	12 928	24 401
Additions	7 296	27 695	34 991
Amortisation	(9 994)	(9 788)	(19 782)
Disposals	(3 275)	(326)	3 601
Amortisation Write Back for Asset Disposals	3 275	326	(3 601)
Carrying Amount at the End of the Reporting Period	8 775	30 835	39 610

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 16. Capital Works in Progress

Capital Works in Progress are assets being constructed or developed and include building, plant and equipment and computer software, over periods of time in excess of the present reporting period. The assets often require extensive installation work or integration with other assets, and contract with simpler assets that are ready for use when acquired, such as equipment. Capital Works in Progress are not depreciated or amortised as the Directorate is not currently deriving any economic benefit from them.

	2021 \$'000	2020 \$'000
Building Works in Progress ^a	6 907	2 077
Plant and Equipment Works in Progress ^b	938	82
Computer Software Works in Progress ^c	44 362	17 448
Total Capital Works in Progress	52 207	19 607

- a. The increase in 'Building Works in Progress' of \$4.8 million mainly relates to the ongoing Clare Holland House Expansion project (\$5.6 million) partially offset by assets completed and transferred to property, plant and equipment during the year.
- b. The increase in 'Plant and Equipment Works in Progress' of \$0.9 million mainly relates to ongoing projects including the Territory-Wide Radio Network project (\$0.3 million) and other infrastructure upgrade projects (\$0.6 million).
- c. The increase in 'Computer Software Works in Progress' of \$26.9 million mainly relates to ongoing computer software development projects including the Digital Health Record (\$17.3 million) and the Pathology Laboratory Information System Replacement project (\$9.0 million).

Reconciliation of Capital Works in Progress 2020-21

	Building Works in Progress \$'000	Plant and Equipment Works in Progress \$'000	Computer Software Works in Progress \$'000	Total \$'000
Carrying Amount at the Beginning of the Reporting Period	2 077	82	17 448	19 607
Additions	6 255	892	34 380	41 527
Capital Works in Progress				
Completed and Transferred to Property, Plant and Equipment and Intangible Assets	(1 424)	(36)	(5 564)	(7 024)
Capital Works Expensed	(1)	-	(1 902)	(1 903)
Carrying Amount at the End of the Reporting Period	6 907	938	44 362	52 207

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 16. Capital Works in Progress (Continued)

Reconciliation of Capital Works in Progress 2019-20

	Building Works in Progress \$'000	Plant and Equipment Works in Progress \$'000	Computer Software Works in Progress \$'000	Total \$'000
Carrying Amount at the Beginning of the Reporting Period	1 353	1 099	38 969	41 421
Additions	2 547	302	15 745	18 594
Capital Works in Progress Transferred Through Administrative Restructuring	(1 176)	-	-	(1 176)
Capital Works in Progress Transferred Through Other Transfers	(148)	-	-	(148)
Capital Works in Progress Completed and Transferred to Property, Plant and Equipment and Intangible Assets	(499)	(1 178)	(33 894)	(35 571)
Capital Works Expensed	-	(141)	(3 372)	(3 513)
Carrying Amount at the End of the Reporting Period	2 077	82	17 448	19 607

Note 17. Other Assets

	2021 \$'000	2020 \$'000
Current Other Assets		
Prepayments	2 846	2 501
Lease Incentive ^a	-	2 589
Total Current Other Assets	2 846	5 090
Total Other Assets	2 846	5 090

- a. The decrease in 'Lease Incentive' of \$2.6 million is due to the rent free period relating to the Directorate's office accommodation lease ending in February 2021.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 18. Payables

Payables are initially recognised at fair value based on the transaction cost and subsequent to initial recognition at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. All amounts are now normally settled within 14 days after the invoice date, given the ACT Government accelerated the payments of invoices for local enterprises recognising the importance of cash flow to small and medium enterprises given the COVID-19 pandemic.

	2021 \$'000	2020 \$'000
Current Payables		
Trade Payables	439	-
Accrued Expenses ^a	19 416	11 414
Total Payables	19 855	11 414

- a. The increase in 'Accrued Expenses' of \$8.0 million is mainly due to outstanding payments to Shared Services for ICT services received during the year (\$3.8 million), research grants (\$2.0 million) and Canberra Health Services for the reimbursement of purchases made on behalf of the Directorate (\$1.6 million).

	2021 \$'000	2020 \$'000
Payables are aged as followed		
Not Overdue	19 542	11 414
Overdue for Less than 30 Days	296	-
Overdue for 30 to 60 Days	17	-
Total Payables	19 855	11 414

Classification of ACT Government/Non-ACT Government Payables

Payables with ACT Government Entities

Trade Payables	186	-
Accrued Expenses	9 859	3 505
Total Payables with ACT Government Entities	10 045	3 505

Payables with Non-ACT Government Entities

Trade Payables	253	-
Accrued Expenses	9 557	7 909
Total Payables with Non-ACT Government Entities	9 810	7 909

Total Payables	19 855	11 414
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ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 19. Lease Liabilities

Lease liabilities include the net present value of the following lease payments:

- fixed payments (including in-substance fixed payments), less any lease incentive receivables;
- variable lease payments that are based on an index or a rate, initially measured using the index or rate as at the commencement date;
- amounts expected to be payable by the Directorate under residual value guarantees;
- the exercise price of a purchase option if the Directorate is reasonably certain to exercise that option, and
- payments of penalties for terminating the lease, if the lease term reflects the Directorate exercising that termination option.

After the commencement date, lease liabilities are measured by increasing the carrying amount to reflect interest on the lease liabilities; reducing the carrying amount to reflect the lease payments made; and remeasuring the carrying amount to reflect any reassessment or lease modifications.

Lease payments to be made under reasonably certain extension options are also included in the measurement of the liability.

The lease payments are discounted using the interest rate implicit in the lease. This rate reflects the lessee's incremental borrowing rate consistent with Treasury policy.

Accounting Policies Under AASB 16

At inception of a contract, the Directorate assesses whether a lease exists – i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration.

This involves an assessment of whether:

- the contract involves the use of an identified asset – this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right then there is no identified asset;
- the Directorate has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use;
- the Directorate has the right to direct the use of the asset i.e. decision making rights in relation to changing how and for what purpose the asset is used.

At the lease commencement date, the Directorate recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Directorate is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

The right-of-use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 19. Lease Liabilities (Continued)

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Directorate uses the incremental borrowing rate published by ACT Treasury which most closely matches the remaining lease term.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Directorate's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in the operating statement if the carrying amount of the right-of-use asset has been reduced to zero.

Exceptions to lease accounting

The Directorate has elected to apply the exceptions to lease accounting for both short-term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low-value assets.

The Directorate recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

Directorate as a Lessee

The Directorate has two types of leased assets including motor vehicles, IT and office equipment. Information relating to the leases in place and associated balances and transactions are provided below.

Terms and Conditions of Leases

Motor vehicles:	The Directorate holds 26 motor vehicle leases. The terms vary from 1 year to 4 years. These leases allow for extensions, but have no terms of renewal or purchase options, nor escalation clauses.
IT equipment leases:	The Directorate has numerous leases for equipment, including office equipment and IT equipment. Where the value of the leased asset is low in value the Directorate has used the exemption for leases of low value assets and accounts for the expense through the Operating Statement as incurred. Leases for other assets have lease terms which vary from 2 – 4 years and there is generally no extension or renewal options. The photocopier leases have variable lease payments which are dependent on the number of copies made, the usage-based payments are recognised as variable lease expenses in the Operating Statement as incurred. The fixed payment component is not subject to increases throughout the lease term.

Extension Options

Where a lease contains extension options, at commencement date and at each subsequent reporting date, the Directorate assesses where it is reasonably certain that the extension options will be exercised.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 19. Lease Liabilities (Continued)

Right-of-Use Assets	Motor Vehicles \$'000	IT Equipment \$'000	Total \$'000
Balance at 1 July 2020	264	3 914	4 178
Depreciation charge	(166)	(1 829)	(1 995)
Additions to right-of-use assets	219	-	219
Disposals of right-of-use assets	(37)	-	(37)
Balance at 30 June 2021	280	2 085	2 365

	2021 \$'000	2020 \$'000
Current Lease Liability		
Right-of-Use Plant and Equipment	1 703	1 988
Total Current Lease liability	1 703	1 988
Non-Current Lease Liability		
Right-of-Use Plant and Equipment	683	2 212
Total Non-Current Lease liability	683	2 212
Total Lease Liability	2 386	4 200

Lease Liabilities

The maturity analysis of lease liabilities at 30 June 2021 based on contractual undiscounted cash flows is shown in the table below.

Description	< 1 year (\$'000)	1 – 5 years (\$'000)	> 5 years (\$'000)	Total undiscounted lease liabilities (\$'000)	Lease liabilities included in the Balance Sheet (\$'000)
Motor Vehicles	149	173	-	322	283
IT Equipment	1 588	532	-	2 120	2 103
Total	1 737	705	-	2 442	2 386

Operating Statement

The amounts recognised in the operating statement relating to leases where the Directorate is a lessee are shown below.

	2021 \$'000	2020 \$'000
Depreciation of right-of-use assets	1 995	1 976
Interest on lease liabilities	42	63
Variable lease payments based on usage not included in the lease liability	41	50
Expenses relating to short-term leases	40	29
Expenses relating to leases of low-value assets	1 026	422

Statement of Cash Flows

Total cash outflow of leases	2 038	2 016
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ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 20. Employee Benefits

Wages and Salaries

Accrued wages and salaries are measured at the amount that remains unpaid to employees at the end of the reporting period.

Annual and Long Service Leave

Annual and long service leave including applicable on-costs that are not expected to be wholly settled before twelve months after the end of the reporting period, when the employees render the related service are measured at the present value of estimated future payments to be made in respect of services provided by employees up to the end of the reporting period.

Consideration is given to the future wage and salary levels, experience of employee departures and periods of service. At the end of each reporting period, the present value of future annual leave and long service leave payments is estimated using market yields on Commonwealth Government bonds with terms to maturity that match, as closely as possible, the estimated future cash flows.

Annual leave liabilities have been estimated on the assumption that they will be wholly settled within three years. In 2020-21 the rate used to estimate the present value of future:

- Annual leave payments is 100.2% (100.9% in 2019-20); and
- Payments for long service leave is 108.7% (113.6% in 2019-20).

The long service leave liability is estimated with reference to the minimum period of qualifying service. For employees with less than the required minimum period of 7 years of qualifying service, the probability that employees will reach the required minimum period has been taken into account in estimating the provision for long service leave and applicable on-costs.

The provision for annual leave and long service leave includes estimated on-costs. As these on-costs only become payable if the employee takes annual and long service leave while in-service, the probability that employees will take annual and long service leave while in service has been taken into account in estimating the liability for on-costs.

Annual leave and long service leave liabilities are classified as current liabilities in the Balance Sheet where there are no unconditional rights to defer the settlement of the liability for at least 12 months. Conditional long service leave liabilities are classified as non-current because the Directorate has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

Significant Judgements and Estimates – Employee Benefits

Significant judgements have been applied in estimating the liability for employee benefits. The estimated liability for annual and long service leave requires a consideration of the future wage and salary levels, experience of employee departures, probability that leave will be taken in service and periods of service. The estimate also includes an assessment of the probability that employees will meet the minimum service period required to qualify for long service leave and that on-costs will become payable.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 20. Employee Benefits (Continued)

Significant Judgements and Estimates – Employee Benefits (Continued)

The significant judgements and assumptions included in the estimation of annual and long service leave liabilities include an assessment by an actuary. The Australian Government Actuary performed this assessment in April 2019. The next actuarial review is expected to be undertaken by early 2022.

	2021	2020
	\$'000	\$'000
Current Employee Benefits		
Annual Leave ^a	12 576	9 880
Long Service Leave ^a	18 588	15 897
Accrued Salaries	2 268	1 360
Total Current Employee Benefits	33 432	27 137
Non-Current Employee Benefits		
Long Service Leave ^a	1 569	1 399
Total Non-Current Employee Benefits	1 569	1 399
Total Employee Benefits	35 001	28 536

At 30 June 2021, the Directorate employed 807 Full Time Equivalent (FTE) staff. There were 613 FTE at 30 June 2020.

- a. The increase in 'Annual Leave' of \$2.7 million and 'Long Service Leave' of \$2.9 million mainly relates to the increase in staff numbers and growth in leave earned exceeding leave taken during the year.

	2021	2020
	\$'000	\$'000
Estimate of when Employee Benefits are Payable		
Estimated Amount Payable within 12 months		
Annual Leave	7 596	6 443
Long Service Leave	1 261	1 412
Accrued Salaries	2 268	1 360
Total Employee Benefits Payable within 12 months	11 125	9 215
Estimated Amount Payable after 12 months		
Annual Leave	4 980	3 437
Long Service Leave	18 896	15 884
Total Employee Benefits Payable after 12 months	23 876	19 321
Total Employee Benefits	35 001	28 536

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 21. Other Liabilities

	2021	2020
	\$'000	\$'000
Current Other Liabilities		
Revenue Received in Advance	700	296
Lease Incentive Liabilities ^a	1 039	1 039
Total Current Other Liabilities	1 739	1 335
Non-Current Other Liabilities		
Lease Incentive Liabilities ^a	10 170	11 209
Total Non-Current Other Liabilities	10 170	11 209
Total Other Liabilities	11 909	12 544

a. 'Lease Incentive Liabilities' represent liability over the multi-year lease for the Directorate's office accommodation.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 22. Restructure of Administrative Arrangements

Restructure of Administrative Arrangements 2020-2021

There were no restructure of administrative arrangements in 2020-21.

Restructure of Administrative Arrangements 2019-2020

On 1 July 2019, Major Projects Canberra was created following the *Administrative Arrangements 2019 (No.1)*. This instrument transferred the responsibility of the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) project from the ACT Health Directorate to Major Projects Canberra. There were 3 employees transferred as part of this *Administrative Arrangement*.

Income and Expenses

Due to the timing of the transfers mentioned above the Directorate recorded no income or expenses during 2019-20 relating to these transfers.

Assets and Liabilities

The assets and liabilities transferred to Major Projects Canberra as part of administrative arrangements during the year were as follows:

	Transferred Amounts 2019-20 \$'000
Assets	
Capital Works in Progress	1 176
Total Assets Transferred	1 176
Liabilities	
Current and Non-Current Employee Benefits	95
Total Liabilities Transferred	95
Total Net Assets Transferred	1 081

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 23. Financial Instruments

Financial assets are classified as subsequently measured at amortised cost, fair value through other comprehensive income or fair value through profit or loss on the basis of both:

- (a) the business model for managing the financial assets; and
- (b) the contractual cash flow characteristics of the financial assets.

The following are the classification of the Directorate's financial assets under AASB 9:

Items	Business Model Held to collect principal and interest/sell	Solely for payment of Principal and Interest SPPI Test (basic lending characteristics)	Classification
Cash	Held to collect	Yes	Amortised cost
Trade Receivables	Held to collect	Yes	Amortised cost
Accrued Revenue	Held to collect	Yes	Amortised cost

Financial liabilities are measured at amortised cost.

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the amount of the financial assets it holds net of any provision for impairment. The Directorate expects to collect all financial assets that are not past due or impaired.

Credit risk is managed by the Directorate for cash at bank by holding bank balances with the ACT Government's banker, Westpac Banking Corporation (Westpac). Westpac holds a AA issuer credit rating with Standard and Poors. An AA credit rating is defined as 'very strong capacity to meet financial commitments'.

The Directorate's receivables are predominantly from other ACT Government entities and the Commonwealth Government. As the Commonwealth Government has a AAA credit rating, it is considered that there is a very low risk of default for those receivables.

Trade receivables are always measured at lifetime expected credit losses (the simplified approach).

Liquidity Risk

Liquidity risk is the risk that the Directorate will encounter difficulties in meeting its financial obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

To limit its exposure to liquidity risk, the Directorate is able to draw down additional Controlled Recurrent Payments in the next reporting period to cover its financial liabilities when they fall due. This ensures the Directorate has enough liquidity to meet its emerging financial liabilities.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 23. Financial Instruments (Continued)

Carrying Amount and Fair Value of Financial Assets and Liabilities at the end of the reporting period.

	Note No.	Carrying Amount 2021 \$'000	Fair Value Amount 2021 \$'000	Carrying Amount 2020 \$'000	Fair Value Amount 2020 \$'000
Financial Assets					
Cash	12	17 671	17 671	9 017	9 017
Receivables	13	2 293	2 293	3 814	3 814
Total Financial Assets		19 964	19 964	12 831	12 831
Financial Liabilities					
Payables	18	19 855	19 855	11 414	11 414
Lease Liabilities	19	2 386	2 386	4 200	4 200
Total Financial Liabilities		22 241	22 241	15 614	15 614

Note that the GST receivable/payable and the FBT Payable have not been included in the receivables/payables line item above given they are statutory assets/liabilities.

Fair Value Hierarchy

The Directorate's financial assets and liabilities are measured, subsequent to initial recognition, at amortised cost and as such are not subject to the Fair Value Hierarchy.

All financial assets and liabilities of the Directorate are non-interest bearing and are shown on an undiscounted Cash Flow basis.

Carrying Amount of Each Category of Financial Asset and Financial Liability

	2021 \$'000	2020 \$'000
Financial Assets		
Financial Assets Measured at Amortised Cost	2 293	3 814
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	22 241	15 614

Note 24. Contingent Liabilities

Contingent Liabilities

The Directorate is subject to 39 legal actions. The Directorate's maximum exposure under the ACT Insurance Authority insurance policy is estimated at \$1,895,000 at 30 June 2021, which has not been provided for in the financial statements due to uncertainties relating to the liabilities at 30 June 2021.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 25. Capital and Other Expenditure Commitments

Capital Commitments

Capital Commitments, contracted at reporting date, include security upgrades, feasibility study and new computer software:

	2021	2020
	\$'000	\$'000
Capital Commitments - Property, Plant and Equipment		
Payable:		
Within one year	1 051	275
Total Capital Commitments - Property, Plant and Equipment	1 051	275
Capital Commitments - Intangible Assets		
Payable:		
Within One Year	22 402	388
Later than one year but not later than five years	22 669	-
Total Capital Commitments - Intangible Assets	45 071	388
Total Capital Commitments^a	46 122	663

- a. The increase in 'Total Capital Commitments' of \$45.5 million is mainly due to the new multi year vendor contracts relating to Digital Health Record project.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 25. Capital and Other Expenditure Commitments (Continued)

Other Commitments - Non-Government Organisations (NGO's) and Information Communication Technology (ICT)

Other commitments include payments to NGO's for the provision of public health services and payments to ICT suppliers. Services contracted at reporting date but not recognised as liabilities, are payable as follows:

	2021 \$'000	2020 \$'000
Non-cancellable other commitments are as follows:		
Within one year	69 138	57 597
Later than one year but not later than five years	38 282	49 469
Later than five years	37 360	-
Total Other Commitments^b	144 780	107 066

- b. The increase in 'Other Commitments' of \$37.7 million is mainly due to the inclusion of new multi year vendor contracts relating to Digital Health Record project (\$73.5 million), partially offset by a decrease of \$35.8 million relating to NGO contracts due to the recognition of commitments for the remaining year of applicable contracts in 2020-21 compared to two years being recorded in 2019-20.

Other Commitments – ICT Equipment and Accommodation

The Directorate has several contractual commitments for payments related to buildings and computer assets.

	2021 \$'000	2020 \$'000
Non-cancellable other commitments are as follows:		
Within one year	5 800	2 968
Later than one year but not later than five years	22 758	23 345
Later than five years	35 617	45 075
Total Other Commitments - ICT Equipment and Accommodation^c	64 175	71 388

- c. The decrease in ICT Equipment and Accommodation commitments relates to the ongoing multi year rental agreement at 2-6 Bowes Street, Phillip.

Other Commitments - Motor Vehicles

	2021 \$'000	2020 \$'000
Non-cancellable other commitments are as follows:		
Within one year	50	9
Later than one year but not later than five years	75	-
Total Other Commitments - Motor Vehicle	125	9

Amounts for Capital Commitments, Other Commitments - NGO's and ICT and Other Commitments – Motor Vehicles are inclusive of GST.

Amounts for Other Commitments - ICT Equipment and Accommodation are exclusive of GST in line with the ACT Government policy excluding GST for payments between Government-Related Entities.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 26. Cash Flow Reconciliation

(a) Reconciliation of Cash at the End of the Reporting Period in the Statement of Cash Flows to the Equivalent Items in the Balance Sheet.

	2021 \$'000	2020 \$'000
Total Cash Recorded in the Balance Sheet	17 671	9 017
Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows	17 671	9 017

(b) Reconciliation of the Operating (Deficit) to the Net Cash Inflows from Operating Activities

Operating (Deficit)	(20 895)	(19 530)
Add/(Less) Non-Cash Items		
Depreciation of Property, Plant and Equipment	6 319	5 881
Amortisation of Intangibles	15 075	19 782
Bad and Doubtful Debts	166	6
Finance Cost on Make Good	3	3
Lease Incentives	944	1 448
Administrative Arrangement Transfers	-	(95)
Other Transfers	-	(136)
Add/(Less) Items Classified as Investing or Financing		
Net Gain on Disposal of Non-Current Assets	65	(22)
Revaluation Losses	-	(454)
Finance Lease Charges	42	63
Accrual for Capital Works	(1 283)	2 681
Accrual for Property, Plant and Equipment	(224)	(180)
Cash Before Changes in Operating Assets and Liabilities	212	9 447
Changes in Operating Assets and Liabilities		
Decrease/(Increase) in Receivables	1 025	(2 511)
Decrease in Other Assets	2 245	3 356
Increase/(Decrease) in Payables	8 473	(7 694)
Increase in Employee Benefits	6 461	4 548
(Decrease) in Other Liabilities	(635)	(3 257)
Net Changes in Operating Assets and Liabilities	17 569	(5 558)
Net Cash Inflows from Operating Activities	17 781	3 889

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 26. Cash Flow Reconciliation (Continued)

(c) Reconciliation of liabilities arising from financing activities

	2020	Cash Flows	Non-cash changes		2021
	\$'000	\$'000	\$'000		\$'000
			New Leases	Other	
Lease Liabilities	(4 200)	2 038	(219)	16	(2 365)
Debt	(4 200)	2 038	(219)	16	(2 365)

Note 27. Events After The Reporting Period

There were no events occurring after the balance date, which would affect the financial statements as at 30 June 2021.

Note 28. Third Party Monies

The Directorate held funds in trust relating to the activities of the Health Directorate Human Research Ethics Committee.

	2021
	\$'000
Human Research Ethics Committee Account	
Balance at the Beginning of the Reporting Period Transferred from Canberra Health Services	56
Cash Receipts	59
Cash Payments	(111)
Balance at the End of the Reporting Period	4

ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 29. Related Party Disclosures

A related party is a person that controls or has significant influence over the reporting entity, or is a member of the Key Management Personnel (KMP) of the reporting entity or its parent entity, and includes their close family members and entities in which the KMP and/or their close family members individually or jointly have controlling interests.

KMP are those persons having authority and responsibility for planning, directing and controlling the activities of the Directorate, directly or indirectly.

KMP of the Directorate are the Portfolio Minister, Director-General and Deputy Directors-General.

The Head of Service and the ACT Executive comprising the Cabinet Ministers are KMP of the ACT Government and therefore related parties of the Directorate.

This note does not include typical citizen transactions between the KMP and the Directorate that occur on terms and conditions no different to those applying to the general public.

(A) Controlling Entity

The ACT Health Directorate is an ACT Government controlled entity.

(B) Key Management Personnel

B.1 Compensation of Key Management Personnel

Compensation of all Cabinet Ministers, including the Portfolio Minister, is disclosed in the note on related party disclosures included in the ACT Executive's financial statements for the year ended 30 June 2021.

Compensation of the Head of Service is included in the note on related party disclosures included in the Chief Minister, Treasury and Economic Development Directorate's (CMTEDD) financial statements for the year ended 30 June 2021.

Compensation by ACT Health Directorate to KMP is set out below.

	2021	2020
	\$'000	\$'000
Short-term employee benefits	1 203	1 060
Post-employment benefit	225	143
Other long-term benefit	28	25
Termination benefit	-	281
Total Compensation by the ACT Health Directorate to KMP	1 456	1 509

The total Full Time Equivalent of Key Management Personnel (KMP) included above is 3.3 (3.2 in 2019-20).

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 29. Related Party Disclosures (Continued)

B.2 Transactions with Key Management Personnel

There were no transactions with KMP.

B.3 Transactions with parties related to Key Management Personnel

There were no transactions with parties related to KMP, including transactions with KMP's close family members or other related entities that were material to the financial statements of the Directorate.

(C) Transactions with other ACT Government Controlled Entities

All transactions with ACT Government controlled entities are disclosed in the relevant notes to the financial statements of the Directorate.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

Note 30. Budgetary Reporting

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – BUDGETARY REPORTING

Significant judgements have been applied in determining what variances are considered ‘major variances’. Variances are considered major if both of the following criteria are met:

- The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated category (Income, Expenses and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and
- The variances (original budget to actual) are greater than plus (+) or minus (-) 5% and \$15 million for the financial statement line item.

Operating Statement Line Items

	Actual 2020-21 \$'000	Original Budget ¹ 2020-21 \$'000	Variance \$'000	Variance %	Variance Explanations
Revenue					
Controlled Recurrent Payments	249 100	263 923	(14 823)	(6)	Controlled Recurrent Payments were lower than budget mainly due to multiple projects and initiatives being re-profiled from 2020-21 to 2021-22, including Pathology Laboratory Information System Replacement, Community Health and Hospitals program and Digital Health Record due to delays in procurement activities, amended project schedules and flow on impacts from COVID-19 restrictions.
Grants and Contributions	116 515	2 636	113 879	4 320	Grants and Contributions were higher than budget mainly due to the recognition of transfers from the ACT Local Hospital Network relating to the Cross Border Health receipts which are now being transacted through the ACT Health Directorate. Budget for these amounts was recorded under 'Sales of Goods and Services from Contracts with Customers'.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

Note 30. Budgetary Reporting (Continued)

	Actual 2020-21 \$'000	Original Budget ¹ 2020-21 \$'000	Variance \$'000	Variance %	Variance Explanation
Operating Statement Line Items (Continued)					
Sales of Goods and Services from Contracts with Customers	2 132	107 614	(105 482)	(98)	Sales of Goods and Services from Contracts with Customers were lower than budget mainly due to the recognition of transfers from the ACT Local Hospital Network relating to the Cross Border Health receipts which are now being transacted through the ACT Health Directorate. Actual for these amounts was recorded under 'Grants and Contributions'.
Balance Sheet Line Items					
Capital Works in Progress	52 207	25 911	26 296	101	Capital Works In Progress were higher than budget mainly due to higher balances relating to ongoing building and software development projects including the Clare Holland House Expansion, Digital Health Record and Pathology Laboratory Information Replacement due to delays in procurement activities and amended project schedules.

Statement of Changes in Equity - this line item is covered in other financial statements.

¹ Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period Budget Statements. These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

Note 30. Budgetary Reporting (Continued)

Statement of Cash Flows Line Items

	Actual 2020-21 \$'000	Original Budget ¹ 2020-21 \$'000	Variance \$'000	Variance %	Variance Explanation
Grants and Contributions	117 610	-	117 610	100	Grants and Contributions were higher than budget mainly due to the recognition of transfers from the ACT Local Hospital Network relating to the Cross Border Health receipts which are now being transacted through the ACT Health Directorate. Budget for these amounts were recorded under 'Sales of Goods and Services from Contracts with Customers'.

¹ Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period Budget Statements. These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

ACT Health Directorate

TERRITORIAL FINANCIAL STATEMENTS

For the Year Ended

30 June 2021

**ACT HEALTH DIRECTORATE
STATEMENT OF INCOME AND EXPENSES ON BEHALF OF THE TERRITORY
FOR THE YEAR ENDED 30 JUNE 2021**

	Note No.	Actual 2021 \$'000	Original Budget 2021 \$'000	Actual 2020 \$'000
Income				
<i>Revenue</i>				
Payments for Expenses on Behalf of the Territory	32, 42	8 807	14 202	14 447
Fees	33	1 131	1 495	1 392
<i>Total Revenue</i>		<u>9 938</u>	<u>15 697</u>	<u>15 839</u>
Total Income		<u>9 938</u>	<u>15 697</u>	<u>15 839</u>
Expenses				
Grants	34, 42	8 807	14 202	14 622
Transfer to Government	35	1 132	1 495	1 387
Total Expenses		<u>9 939</u>	<u>15 697</u>	<u>16 009</u>
Operating (Deficit)		<u>(1)</u>	-	<u>(170)</u>

The above Statement of Income and Expenses on Behalf of the Territory should be read in conjunction with the accompanying notes.

The funds which flow through the Directorate's Territorial accounts are the receipt of regulatory licence fees and the receipt and on-passing of monies for capital works at the Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

ACT HEALTH DIRECTORATE
STATEMENT OF ASSETS AND LIABILITIES ON BEHALF OF THE TERRITORY
As At 30 JUNE 2021

	Note No.	Actual 2021 \$'000	Original Budget 2021 \$'000	Actual 2020 \$'000
Current Assets				
Cash	36	210	28	28
Receivables	37	33	216	216
Total Current Assets		243	244	244
Total Assets		243	244	244
Current Liabilities				
Advance from the Territory Banking Account	38	244	244	244
Total Liabilities		244	244	244
Net Assets		(1)	-	-
Equity				
Accumulated Funds/(Losses)		(1)	-	-
Total Equity		(1)	-	-

The above Statement of Assets and Liabilities on Behalf of the Territory should be read in conjunction with the accompanying notes.

Due to the nature of territorial accounting, the Statement of Assets and Liabilities on Behalf of the Territory includes (as applicable) liabilities to, and receivables from, the Territory Banking Account.

ACT HEALTH DIRECTORATE
STATEMENT OF CHANGES IN EQUITY ON BEHALF OF THE TERRITORY
FOR THE YEAR ENDED TO 30 JUNE 2021

	Accumulated Funds Actual 2021 \$'000	Total Equity Actual 2021 \$'000	Original Budget 2021 \$'000
Balance at 1 July 2020	-	-	-
Comprehensive Income			
Operating (Deficit)	(1)	(1)	-
Total Comprehensive (Deficit)	(1)	(1)	-
Balance at 30 June 2021	(1)	(1)	-

	Accumulated Funds Actual 2020 \$'000	Total Equity Actual 2020 \$'000
Balance at 1 July 2019	170	170
Comprehensive Income		
Operating (Deficit)	(170)	(170)
Total Comprehensive (Deficit)	(170)	(170)
Balance at 30 June 2020	-	-

The above Statement of Changes in Equity on Behalf of the Territory should be read in conjunction with the accompanying notes.

ACT HEALTH DIRECTORATE
STATEMENT OF CASH FLOWS ON BEHALF OF THE TERRITORY
FOR THE YEAR ENDED 30 JUNE 2021

	Note No.	Actual 2021 \$'000	Original Budget 2021 \$'000	Actual 2020 \$'000
Cash Flows from Operating Activities				
Receipts				
Cash from Government for Expenses on Behalf of the Territory		8 807	14 202	14 447
Fees		1 131	1 495	1 390
Goods and Services Tax Collected from Customers		614	1 420	1 265
Total Receipts from Operating Activities		10 552	17 117	17 102
Payments				
Grants		8 807	14 202	14 676
Transfer of Territory Receipts to the ACT Government		1 132	1 495	1 387
Goods and Services Tax Paid to Suppliers		431	1 420	1 467
Total Payments from Operating Activities		10 370	17 117	17 530
Net Cash Inflows/(Outflows) from Operating Activities	39	182	-	(428)
Net Increase/(Decrease) in Cash		182	-	(428)
Cash at the Beginning of the Reporting Period		28	28	456
Cash at the End of the Reporting Period	39	210	28	28

The above Statement of Cash Flows on Behalf of the Territory should be read in conjunction with the accompanying notes.

**ACT HEALTH DIRECTORATE
TERRITORIAL STATEMENT OF APPROPRIATION
FOR THE YEAR ENDED 30 JUNE 2021**

	Original Budget 2021 \$'000	Total Appropriated 2021 \$'000	Total Appropriation Drawn 2021 \$'000	Appropriation Drawn 2020 \$'000
Territorial				
Expenses on Behalf of the Territory	14 202	15 410	8 807	14 447
Total Territorial Appropriation	14 202	15 410	8 807	14 447

The above Territorial Statement of Appropriation should be read in conjunction with the notes below.

Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Statement of Cash Flows in the Budget Papers.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* is the total amount of appropriation received by the Directorate during the reporting period. These amounts appear in the Statement of Cash Flows on Behalf of the Territory.

Reconciliation of Territorial Appropriation for 2020-21	Payment for Expenses on Behalf of the Territory \$'000
Original Budget Appropriation for 2020-21	14 202
Transfer of funds from Capital Injection Appropriation to other Appropriations within entity (FMA s.14A)	1 208
Total Appropriated	15 410
Territorial Appropriation Drawn	8 807

Variances between 'Original Budget' and 'Total Appropriated'

The difference between 'Original Budget' and 'Total Appropriated' is due to transfers from Capital Injections to enable payments to Calvary Public Hospital relating to Information Communication Technology (ICT) upgrades.

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between 'Total Appropriated' and 'Appropriation Drawn' is mainly due to funding relating to the Calvary Critical Infrastructure project being rolled-over from 2020-21 to 2021-22.

ACT HEALTH DIRECTORATE TERRITORIAL NOTE INDEX FOR THE YEAR ENDED 30 JUNE 2021

Note 31 Significant Accounting Policies - Territorial

Income Notes

Note 32 Payment for Expenses on Behalf of the Territory - Territorial

Note 33 Fees - Territorial

Expenses Notes

Note 34 Grants - Territorial

Note 35 Transfer to Government - Territorial

Assets Notes

Note 36 Cash - Territorial

Note 37 Receivables - Territorial

Liabilities Note

Note 38 Advance from the Territory Banking Account - Territorial

Other Notes

Note 39 Cash Flow Reconciliation - Territorial

Note 40 Financial Instruments - Territorial

Note 41 Events after the Reporting Period - Territorial

Note 42 Budgetary Reporting - Territorial

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 31. Significant Accounting Policies - Territorial

The accounting policies outlined in the Directorate's controlled financial statements also apply to the Directorate's Territorial financial statements.

Note 32. Payment for Expenses on Behalf of the Territory - Territorial

Under the *Financial Management Act 1996*, the Directorate receives this appropriation to fund capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service. (See Note 34 'Grants – Territorial').

Payment for Expenses on behalf of the Territory are recognised as revenue upon the receipt of cash. Appropriations are recognised on this basis given they do not contain enforceable and sufficiently specific performance obligations as defined by AASB 15.

	2021	2020
	\$'000	\$'000
Payment for Expenses on Behalf of the Territory ^a	8 807	14 447
Total Payment for Expenses on Behalf of the Territory	8 807	14 447

- a. The decrease in 'Payment for Expenses on Behalf of the Territory' of \$5.6 million is mainly due to lower than anticipated appropriation drawn relating to the Calvary Critical Infrastructure project which has been rescheduled from 2020-21 to 2021-22.

Note 33. Fees – Territorial

Fees refers to the collection of licence fees, including from food businesses, smoke free places, boarding houses and for radiation equipment. Fees are recognised as revenue at the time of receipt.

	2021	2020
	\$'000	\$'000
Fees		
Fees for Regulatory Services	1 131	1 392
Total Fees	1 131	1 392

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 34. Grants – Territorial

Grants are amounts provided by the Directorate on behalf of the Territory, to non-ACT Government entities for general assistance or for a particular purpose. Grants may be for capital, current or recurrent purposes and the name or category reflects the use of the grant. The grants given are usually subject to terms and conditions set out in a contract, correspondence, or by legislation.

	2021 \$'000	2020 \$'000
Capital Grants to Non-ACT Government Agencies		
Capital Grants to External Parties ^a	8 807	14 622
Total Grants and Purchased Services	8 807	14 622

- a. The decrease in 'Capital Grants to External Parties' of \$5.8 million is mainly due to lower payments relating to the Calvary Critical Infrastructure project which has been rescheduled from 2020-21 to 2021-22 and lower payments to Winnunga Nimmityjah Aboriginal Health Service.

Note 35. Transfer to Government – Territorial

'Transfer to Government' represents the transfer of money, which the Directorate has collected on behalf of the Territory, to Government. The money collected by the Directorate on behalf of the Territory includes licence fees collected.

	2021 \$'000	2020 \$'000
Payments to the Territory Banking Account	1 132	1 387
Total Transfer to Government	1 132	1 387

Note 36. Cash – Territorial

	2021 \$'000	2020 \$'000
Cash at Bank ^a	210	28
Total Cash	210	28

- a. Under Whole of Government banking arrangements, interest is not earned on cash at bank held with the Westpac Banking Corporation (Westpac).

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 37. Receivables – Territorial

	2021 \$'000	2020 \$'000
Current Receivables		
Net GST Receivable	33	216
Total Current Receivables	<u>33</u>	<u>216</u>
Total Receivables	<u>33</u>	<u>216</u>

No receivables are past due or impaired. All receivables are with Non-ACT Government entities.

Note 38. Advance from the Territory Banking Account - Territorial

	2021 \$'000	2020 \$'000
Advance from the Territory Banking Account	244	244
Total Advance from the Territory Banking Account	<u>244</u>	<u>244</u>

This cash advance is for the purpose of funding the Goods and Services Tax (GST) cash outlay due to the timing difference between the GST payment and receiving of refunds from the Australian Taxation Office. Capital upgrade funds transferred to Calvary Public Hospital attract GST, which is not appropriated.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 39. Cash Flow Reconciliation - Territorial

(a) Reconciliation of Cash at the end of the Reporting Period in the Statement of Cash Flows on Behalf of the Territory to the Related Items in the Statement of Assets and Liabilities on Behalf of the Territory.

	2021	2020
	\$'000	\$'000
Total Cash Disclosed on the Statement of Assets and Liabilities on Behalf of the Territory	210	28
Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows on Behalf of the Territory	210	28

(b) Reconciliation of the Operating (Deficit) to Net Cash Inflows/(Outflows) from Operating Activities

Operating (Deficit)	(1)	(170)
Add/(Less) Non-Cash Items		
Cash Before Changes in Operating Assets and Liabilities	(1)	(170)
Changes in Operating Assets and Liabilities		
Decrease/(Increase) in Receivables	183	(190)
(Decrease) in Advance from Territory Banking Account	-	(68)
Net Changes in Operating Assets and Liabilities	183	(258)
Net Cash Inflows/(Outflows) from Operating Activities	182	(428)

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 40. Financial Instruments - Territorial

Details of the significant policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability are disclosed in Note 31 Significant Accounting Policies - Territorial.

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the amount of the financial assets held less any provision for losses.

The Directorate's Territorial financial assets only consist of Cash.

Credit risk for Cash is managed by the Directorate by holding bank balances with the ACT Government's banker, Westpac Banking Corporation (Westpac). Westpac holds a AA issuer credit rating with Standard and Poors.

Liquidity Risk

Liquidity risk is the risk that the Directorate will encounter difficulties in meeting its financial obligations as they fall due. The Directorate's only Territorial financial obligation relates to an advance received from the Territory Banking Account. The Directorate's exposure to liquidity risk is therefore insignificant.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 40. Financial Instruments - Territorial (Continued)

Carrying Amounts and Fair Value of Financial Assets and Liabilities

The carrying amounts and fair values of financial assets and liabilities at balance date are:

	Note No.	Carrying Amount 2021 \$'000	Fair Value 2021 \$'000	Carrying Amount 2020 \$'000	Fair Value 2020 \$'000
Financial Assets					
Cash	36	210	210	28	28
Total Financial Assets		210	210	28	28
Financial Liabilities					
Advance from the Territory Banking Account	38	244	244	244	244
Total Financial Liabilities		244	244	244	244
Net Financial (Liabilities)		(34)	(34)	(216)	(216)

All financial assets and liabilities of the Directorate are non-interest-bearing and are shown on an undiscounted cash flow basis.

GST receivable is not included in financial assets due to being statutory in nature.

Carrying Amount of Each Class of Financial Asset and Financial Liability

	2021 \$'000	2020 \$'000
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	244	244

Fair Value Hierarchy

The Directorate does not have any financial assets or financial liabilities on behalf of the Territory at fair value. As such no Fair Value Hierarchy disclosures have been made.

Note 41. Events After the Reporting Period – Territorial

There were no events occurring after the balance date, which would affect the financial statements as at 30 June 2021.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

Note 42. Budgetary Reporting - Territorial

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – BUDGETARY REPORTING

Significant judgements have been applied in determining what variances are considered ‘major variances’.

**Statement of Income and Expenses on Behalf
of the Territory Line Items**

	Actual 2020-21 \$'000	Original Budget¹ 2020-21 \$'000	Variance \$'000	Variance %	Variance Explanations
Income					
Payments for Expenses on Behalf of the Territory	8 807	14 202	(5 395)	(38)	Payments for Expenses on Behalf of the Territory were lower than budget mainly due to lower than anticipated appropriation drawn relating to the Calvary Critical Infrastructure project which has been rescheduled from 2020-21 to 2021-22.
Expenses					
Grants	8 807	14 202	5 395	38	Grants were lower than budget mainly due to lower than anticipated payments relating to the Calvary Critical Infrastructure project which has been rescheduled from 2020-21 to 2021-22.

¹ Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period Budget Statements. These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

C.3 Capital works

Overview

In 2020–21, the Directorate’s funding for capital works was provided for:

- a notifiable disease management system to ensure our health officials have upgraded information and communication technology (ICT) systems to respond in times of crisis
- infrastructure and ICT systems upgrades to a vaccine storage cool room for the rollout of COVID-19 vaccinations
- modernising residential alcohol and other rehabilitation facilities
- works to support the delivery of a residential eating disorder treatment centre to allow longer stays for patients
- capital upgrades to a range of critical infrastructure at Calvary Public Hospital Bruce (CPHB). These projects are referenced in the Calvary Health Care Ltd Annual Report 2020–21, page 373.

Completed projects

- 2020–21 funding for capital upgrades was utilised to extend the useful life or improve the service delivery capacity of the Directorate owned facilities and CPHB. Major works completed in 2020–21 included:
 - new flooring, upgraded fire safety system; and contribution of funding to the upgrade of the heating, cooling and ventilation system and furniture fit-out at Howard Florey House
 - LED lighting upgrades, and supply and installation of a commercial fridge freezer at Burrangiri Respite Centre
 - supply and installation of new gutters and downpipes at Watson Hostel.
- ACT Government economic COVID-19 survival screwdriver-ready phase 2 projects completed in 2021–21 included:
 - repairs and refurbishment at Karralika Fadden to provide infrastructure upgrades to a range of amenities and improved patient care
 - an interim master plan for the Ngunnawal Bush Healing Farm (NBHF).
- An upgraded dual water treatment and irrigation system was designed, supplied and installed at the NBHF to improve infrastructure and water resources.
- An upgraded wireless solution was implemented to improve the NBHF’s internet connectivity and support program.
- Clare Holland House Hospice (CHHH) was expanded to strengthen palliative care. The Directorate delivered a redesigned respite facility that provides an additional eight inpatient bedrooms, improved patient amenities, and additional associated clinical and administrative support facilities. This project was a partnership between the ACT Government, Commonwealth Government, Calvary Health Care ACT and the [Snow Foundation](#). The Commonwealth contributed \$4.5 million to the project and the Snow Foundation \$2 million. Construction works were physically completed in early June 2021, at which time witness testing and defects inspections commenced. The opening ceremony was held on 25 June 2021.

Works in progress

Alcohol and other drug residential rehabilitation expansion and modernisation

Commonwealth Government funding has been provided for community-based residential alcohol and other drug (AOD) rehabilitation expansions and modernisations, with upgrades being progressed at two residential drug and alcohol treatment facilities: Karralika Isabella Plains and Karralika Fadden. Construction works are due to commence in 2021–22.

Community-based residential eating disorder treatment centre

The Directorate is planning for the construction of a community-based residential eating disorder treatment centre. The ACT Government received \$13.5 million from the Commonwealth for this project.

The ACT Government is committed to improving eating disorder services in the ACT so that people with eating disorders can access the best treatment and care when they need it, where they need it. Establishment of a residential facility forms part of ACT Government's commitment to strengthening the ACT eating disorder services system and creating a holistic system of care.

In 2020–21, consultation was undertaken with key stakeholders, and a Model of Care for the facility was completed. During 2021–22, work will continue on the design of the facility.

Notifiable diseases management system

The Directorate is replacing the existing notifiable diseases management system which is no longer fit for purpose. A new notifiable diseases management system will deliver a more suitable and sustainable system to facilitate the effective management and reporting of all notifiable diseases in the ACT.

In 2020–21, a contract and work orders have been executed to implement phase 1 of COVID-19 module, with the phase 2 module to be implemented in 2021–22.

ACT Pathology laboratory information system replacement

The Directorate is continuing to deliver the ACT Pathology laboratory information system (LIS) replacement. Replacing outdated technology with a modern and supported system will ensure pathology services continue to meet the needs of the ACT.

During 2020–21, the Digital Health Record (DHR) Program Board agreed that the ACT Pathology LIS will be procured and implemented with the DHR program of work to reduce unnecessary delays and increase the value of the investment in the DHR program. The project has progressed to the implementation phase, with configuration and testing of the system occurring during 2021–22. User training and implementation of the production system is expected in the first half of 2022–23.

ACT Health core ICT systems alignment with Digital Health Strategy

The Directorate is implementing core ICT systems that will align with the Digital Health Strategy. This will:

- deliver new digital health capabilities for the ACT public health system to align with the Territory-wide Health Services Framework
- address limitations and high-risk systems in the current ICT environment

- support changes to the delivery of health care in the ACT.

The DHR Program will deliver a real-time, trusted, person-centred clinical record that can be accessed by the treating medical team regardless of their location. A range of projects will be delivered under the program, including the:

- ACT Health App Ecosystem Transformative Healthcare Engine and Repository (AETHER) project, which is developing a new message integration engine to support communication between ACT Health systems
- Power Billing and Revenue Collection (PBRC) project will deliver upgrades to the patient billing system for both CHS and CPHB to improve productivity and enable greater levels of vendor support
- Geocluster project, which will replace the physical hardware of the production servers of three server clusters which host health systems.

In 2020–21:

- the DHR implementation contract with global vendor Epic was signed
- the contract for the ICT hosting services for the DHR and related systems was signed with global vendor NTT – over 200 servers supporting critical ICT systems in health have now been provisioned under this contract
- DHR program staff were onboarded and trained in the second half of the financial year
- governance and engagement across the public health system commenced.

The DHR Program Board approved the second Stage Gate Review (Stage 1) for the DHR Implementation Project in July and the project is moving to Stage 2 in accordance with the schedule.

Capital works tables

The Directorate’s capital works program for 2020–21, detailing the completed projects at the end of the financial year, is shown in Table 52 and Table 53.

Table 52: 2020–21 Capital Works Program

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2020–21) expenditure \$'000	Total expenditure to date \$'000
New works						
Alcohol & Other Residential Rehab Expansion & Modernisation	Jun-23	4,100	4,100	0	0	0
Community Based Residential eating disorder treatment centre	Dec-23	13,000	13,000	0	0	0
Covid-19 Vaccination program	Jun-22	4,485	4,485	0	986	986
Covid-19 Notifiable Diseases Management System	Feb-22	7,515	7,515	0	401	401

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2020–21) expenditure \$'000	Total expenditure to date \$'000
Calvary Critical Infrastructure - Capital	Jun-22	2,904	866	0	0	0
Fast track stage 3 – Queen Elizabeth II Family Centre Upgrades	Dec-21	65	65	0	36	36
Fast track stage 3 – Hydrotherapy Pool in the South of Canberra - Early Planning	Dec-21	250	250	0	0	0
Fast track stage 3 – Ngunnawal Bush Healing Farm - Upgrade to Water Tank Monitoring System	Dec-21	50	50	0	50	50
Better Infrastructure Fund						
Better Infrastructure Fund 2020–21	Sep-21	457	457	0	485	485
Works in progress						
ACT Pathology LIS replacement project	Sep-22	6,716	6,716	102	1,840	1,942
Implementing real time prescription monitoring	Jun-22	2,114	2,114	242	4	246
ACT Health core IT systems to align with the Digital Health Strategy	Jun-27	106,384	98,869	1,234	24,433	25,667
Ngunnawal Bush Healing Farm	Dec-21	6,883	11,731	10,453	400	10,853
ACT Health ICT upgrades	Jun-21	13,473	13,473	10,148	3,325	13,473
Protecting Canberrans from infectious diseases	Jun-21	398	398	0	353	353
Planning for healthcare in Canberra's North	Jun-22	4,250	3,750	1,849	794	2,643
City Health Centre - early planning	Dec-21	360	360	142	2	146
Physically but not financially complete						
Expanding the Clare Holland House Hospice to strengthen palliative care	Jun-21	6,000	6,500	659	4,369	5,028

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2020–21) expenditure \$'000	Total expenditure to date \$'000
Completed projects – physically and financially complete						
Bowes Street fit-out	Dec-20	11,000	11,000	10,959	41	11,000
Fast track stage 2 – NBHF and Watson upgrade	Dec-20	250	250	0	250	250
Fast track stage 2 – Karralika Fadden upgrade	Dec-20	300	300	0	300	300
Better Infrastructure Fund 2019-20	Sep-20	357	357	240	117	357

Table 53: 2020–21 Territorial Capital Works

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2020–21) expenditure \$'000	Total expenditure to date \$'000
New works						
Calvary Critical Infrastructure	Jun-22	7,950	9,988	0	2,145	2,145
Better Infrastructure Fund						
Improving health facilities – Calvary Hospital 2020–21	Sep-21	909	909	0	869	869
Works in progress						
Calvary critical assets upgrades	Aug-21	2,960	2,960	832	1,608	2,440
More urology services at Calvary Public Hospital	Aug-21	2,500	2,500	179	724	903
Physically but not financially complete						
More surgical theatres at Calvary Public Hospital	Aug-21	654	654	345	219	564
Better facilities for Calvary Public Hospital	Aug-21	15,000	15,000	12,379	2,483	14,862
Completed projects – physically and financially complete						
Aluminium composite panels remediation works - Calvary Critical Care Unit	Oct-19	1509	1509	1,378	0	1,378

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2020–21) expenditure \$'000	Total expenditure to date \$'000
Winnunga Nimmityjah Aboriginal Health and Community Services	Jun-21	12,000	12,000	12,000	0	12,000
Winnunga Nimmityjah Aboriginal Health Community Services expansion	Jun-21	4,500	4,500	0	4,500	4,500

Reconciliation of Total Current Year Financing

Table 54: 2020–21 Reconciliation schedule

Approved Capital Works Program financing to capital injections as per cash flow statement						
Project	Original \$'000	Section 16B \$'000	Variation \$'000	Deferred \$'000	Not drawn \$'000	Total Drawn \$'000
Capital works	9,766	0	0	-5,995	-73	3,698
ICT capital injections	24,087	0	-1,208	5,995	-249	28,625
Other capital injections	757	0	0	0	-299	458
Total Capital Injection	34,610	0	-1,208	0	-621	32,781
Total Territorial Grant	14,202	0	1,208	-6,603	0	8,807

Contact details: For more information, contact ACTHealthCorporate&G@act.gov.au.

C.4 Asset management

Overview

The Directorate managed building assets with an estimated asset replacement value of \$80.722 million.

At 30 June 2021, the Directorate's managed assets included:

- built property assets: \$44.901 million
- land: \$18.730 million
- leasehold improvements: \$7.691 million.

The property portfolio supports the delivery of community health services through Non-Government Organisations (NGOs) and the Directorate's sites, and includes:

- strategic asset management and lifecycle planning
- leasing and licensing coordination with NGOs, including condition assessments
- planned maintenance workplans
- reactive maintenance and repairs
- risk management and compliance
- hazard management reports
- strategic accommodation planning
- fleet management
- emergency and fire safety programs
- cleaning and domestic waste services
- capital upgrades and project management
- land management and bushfire operation planning.

Assets managed

The Directorate's property assets are shown in Table 55.

Table 55: The Directorate's property assets

Building Asset	Location	Age	Area (m ²)
Burrangiri Aged Care Respite Care Centre	Rivett	31	1,054
Howard Florey House	Holder	15	1,600
HPS Air Monitoring Station	Civic	16	18
HPS Air Monitoring Station	Florey	16	18
HPS Air Monitoring Station	Monash	16	18
Karralika	Fadden	41	534

Building Asset	Location	Age	Area (m ²)
Karralika	Isabella Plains	36	1,400
Wellways	O'Connor	46	200
Ngunnawal Bush Healing Farm	Tharwa	5	715
Queen Elizabeth II Family Care Centre	Curtin	22	1,120
Watson Hostel	Watson	47	2,431
YMH Step Up Step Down	Kambah	9	279
Clare Holland House Hospice	Barton	21	1,600
Calvary Multi-storey carpark	Bruce	5	22,554

Assets added to the asset register

No assets were added to the asset register during the reporting period.

Assets removed from the asset register

No assets were removed from the asset register during the reporting period.

Properties not being utilised by the Directorate

At 30 June 2021, the Directorate did not have any surplus properties.

Assets maintenance and upgrade

Asset upgrades

Asset upgrades (not including works funded and reported through the Capital Works Program) completed during the reporting period were:

- fire safety system upgrade at Clare Holland House Hospice (CHHH)
- fire safety system upgrade at Howard Florey House
- critical upgrades to the plumbing and sewerage at Watson Hostel
- upgrades to the boiler for heating at Burrangiri Respite Centre
- timber treatment works at Queen Elizabeth II Family Centre
- window treatments at Bowes Street and CHHH
- installation of safety shower and eye wash at Howard Florey House and Ngunnawal Bush Healing Farm (NBHF)
- cabinetry upgrades for residential modules at Karralika Fadden.

For built assets, expenditure on planned maintenance programs and unplanned repairs and maintenance through to 30 June 2021 was \$957,000 or approximately 1.2 per cent of the asset replacement value.

Building audits

The Directorate conducted two building condition and functionality assessments, one hazardous material audit, one passive fire audit report, three mechanical engineering audit reports, and two tree health and condition audits.

Condition of assets

The Directorate delivered the first two Asset Management Plans (AMPs) to support the future alignment of planned maintenance programs and capital upgrade activities in line with the Directorate's strategic priorities.

Office accommodation

The Directorate employs 869 staff, occupying 9,648m² at the following sites:

- Bowes Street in Woden (leased) – 8,360m²
- Howard Florey House in Holder (owned) – 1,163m²
- NBHF in Tharwa (owned) – 125m².

The average area occupied by each employee is 12.3m², excluding work points occupied by the Directorate staff at CHS sites.

Due to the COVID-19 pandemic, approximately 85 per cent of the Directorate staff worked from home during the 2020–21 period.

During this time, the Strategic Infrastructure Division has provided accommodation support at the Bowes Street property to the:

- Public Health Emergency Coordination Centre
- Clinical Health Emergency Coordination Centre
- Public Information Coordination Centre.

Contact details: For more information, contact ACTHealth.AssetManagement@act.gov.au.

C.5 Government contracting

Procurement principles and processes

In 2020–21, the Directorate undertook procurement activities in accordance with the ACT Government procurement policies and procedures outlined in the:

- [Government Procurement Act 2001](#)
- [Government Procurement Regulation 2007](#).

To ensure compliance with ACT Government procurement legislation, the Directorate:

- sought advice on government procurement policies and procedures from Procurement ACT
- notified Procurement ACT of procurements over \$25,000 undertaken by the Directorate
- where relevant, appropriately referred procurements requiring single, restrictive or open tender procurement processes to Procurement ACT
- referred all procurements requiring Government Procurement Board consideration and/or approval to Procurement ACT.

In accordance with procurement legislation, the Directorate afforded the highest standard of probity and ethical behaviour towards tenderers. This included ensuring that tenderers were treated equally, impartially, transparently and fairly.

The Directorate complied with the procurement principle of value for money including that:

- a territory entity must pursue value for money in undertaking any procurement activity
- value for money means the best available procurement outcome
- in pursuing value for money, the entity must have regard to the following:
 - probity and ethical behaviour
 - management of risk
 - open and effective competition
 - optimising whole of life costs
 - anything else prescribed by regulation.

A competitive procurement process is conducted wherever possible; however, due to the specialised nature of some procurements, use of single select and restricted select procurement methods is justified when:

- the procurement needs to be compatible with existing medical equipment, both hardware and software, within the clinical setting
- a limited number of providers have the specialised knowledge or expertise that can fulfil the Directorate's requirements
- timing may preclude a public tender process, for example, in situations that could result in disruption to medical services.

Single select and/or restricted select procurement processes are completed in accordance with Government Procurement Regulation 2007 and are approved by the Director-General. This includes a statement of justification, as required by the *Government Procurement Act 2001*.

Exemptions (under secure local jobs code)

In 2020–21, the Directorate did not seek any exemptions under the secure local jobs code.

Aboriginal and Torres Strait Islander Procurement Policy

The Directorate is committed to the success of the Aboriginal and Torres Strait Islander Procurement Policy. This is achieved by:

- promoting the policy via the Directorate intranet site and within the procurement guidance documents
- engaging in training activities
- actively discussing opportunities at the beginning of a procurement activity.

Table 56 shows the Aboriginal and Torres Strait Islander Procurement Policy (ATSIPP) Performance Measures in the financial year 2020–21.

Table 56: Outcomes against policy measures

Measure	Description	Number
1	Number of unique Aboriginal and Torres strait Islander enterprises that responded to Territory tender and quotation opportunities issued from an approved system	2
2	Number of unique Aboriginal and Torres strait Islander enterprises that attributed a value of Addressable Spend	12
3	Percentage of the financial year's addressable spend which is spent with Aboriginal and Torres Strait Islander Enterprises	21%

Creative Services Panel

The Creative Services Panel is a whole-of-government arrangement for the purchase of creative services, including:

- advertising
- marketing
- communications and engagement
- digital
- graphic design
- photography and video
- media buying.

During 2020–21, the Directorate spent a total of \$764,355.76 through the panel. The Directorate procured services to communicate a range of health topics and programs, including:

- influenza vaccination

- sexual health
- the Kindergarten Health Check
- advertising to support staff recruitment.

A list of the major purchases through the panel is available at [Tenders ACT](#).

Goods, Services and Works

The online ACT Government Contracts Register records contracts with suppliers of goods, services and works, with a value of \$25,000 or more.

A full search of the Directorate's contracts notified with an execution date from 1 July 2020 to 30 June 2021 can be made at [Tenders ACT](#).

Contact details: For more information, contact healthprocurement@act.gov.au.

C.6 ACT Health Directorate Statement of performance for the year ended 30 June 2021

INDEPENDENT LIMITED ASSURANCE REPORT

To the Members of the ACT Legislative Assembly

Conclusion

I have undertaken a limited assurance engagement on the statement of performance of the ACT Health Directorate (Directorate) for the year ended 30 June 2021.

Based on the procedures performed and evidence obtained, nothing has come to my attention to indicate the results of the accountability indicators reported in the statement of performance for the year ended 30 June 2021 are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

Basis for conclusion

I have conducted the engagement in accordance with the Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information*. My responsibilities under the standard and legislation are described in the 'Auditor-General's responsibilities' section of this report.

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and the ACT Audit Office applies Australian Auditing Standard ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, Other Assurance Engagements and Related Services Engagements*.

I believe that sufficient and appropriate evidence was obtained to provide a basis for my conclusion.

The Directorate's responsibilities for the statement of performance

The Director-General is responsible for:

- preparing and fairly presenting the statement of performance in accordance with the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*; and
- determining the internal controls necessary for the preparation and fair presentation of the statement of performance so that the results of accountability indicators and accompanying information are free from material misstatements, whether due to error or fraud.

Auditor-General's responsibilities

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*, the Auditor-General is responsible for issuing a limited assurance report on the statement of performance of the Directorate.

My objective is to provide limited assurance on whether anything has come to my attention that indicates the results of the accountability indicators reported in the statement of performance are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

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In a limited assurance engagement, I perform procedures such as making inquiries with representatives of the Directorate, performing analytical review procedures and examining selected evidence supporting the results of accountability indicators. The procedures used depend on my judgement, including the assessment of the risks of material misstatement of the results reported for the accountability indicators.

Limitations on the scope

The procedures performed in a limited assurance engagement are less in extent than those required in a reasonable assurance engagement and consequently the level of assurance obtained is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. Accordingly, I do not express a reasonable assurance opinion on the statement of performance.

This limited assurance engagement does not provide assurance on the:

- relevance or appropriateness of the accountability indicators reported in the statement of performance or the related performance targets;
- accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations; or
- adequacy of controls implemented by the Directorate.



Ajay Sharma
Assistant Auditor-General, Financial Audit
22 September 2021

**ACT HEALTH DIRECTORATE
STATEMENT OF PERFORMANCE
FOR THE PERIOD 1 JULY 2020 TO 30 JUNE 2021**

Statement of Responsibility

In my opinion, the Statement of Performance is in agreement with the ACT Health Directorate's records and fairly reflects the service performance of the Directorate for the period 1 July 2020 to 30 June 2021 and also fairly reflects the judgements exercised in preparing it.



Rebecca Cross
Director-General
ACT Health Directorate

19 September 2021

ACT Health Directorate

Statement of Performance

For the Year Ended 30 June 2021

OUTPUT CLASS 1: Public Health Services				
PRINCIPAL MEASURES				
OUTPUT 1.1: Improved Hospital Services				
Description:				
<p>The ACT Health Directorate will focus on:</p> <ul style="list-style-type: none"> planning and delivering an ACT wide health system service model; managing, developing, implementing and providing advice on health services planning processes across the system; developing strategic policy for the health system, including working with the Commonwealth on key health improvement initiatives; managing demand for and supply of health services across the Territory; improving the health and wellbeing of the ACT population by promoting healthy behaviours and lifestyles and through ongoing monitoring and evaluation of health programs and policy; preventing, and providing a timely response to, potential public health incidents; leading the health workforce and clinical training strategy including building strong partnerships with key academic institutions and training providers; and commissioning and managing contracts for the provision of health services, including partnerships with community sector organisations, peak bodies and advocacy groups. 				
Measures	Original Target 2020-21	Actual Result 2020-21	Variance from Original Target (%)	Notes
Accountability Indicators				
a) Percentage of all Emergency Department presentations treated within clinically appropriate timeframes	70%	48%	-31	1
b) Percentage of Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes	100%	98%	-2	
c) Percentage of Category 2 elective surgery patients admitted for surgery within clinically recommended timeframe	80%	63%	-21	2
d) Percentage of Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes	93%	73%	-22	2
TOTAL COST (\$'000)	88,886	85,219	-4	
CONTROLLED RECURRENT PAYMENTS (\$'000)	54,723	50,991	-7	3

The above Statement of Performance should be read in conjunction with the accompanying notes.

The Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

ACT Health Directorate

Statement of Performance

For the Year Ended 30 June 2021

Output 1.1 Improved Hospital Services (continued)

Explanation of Accountability Indicators

- a. Percentage of patients who are treated within nationally recommended waiting times for each triage category (Category 1 – immediate/within 2 minutes; Category 2 – within 10 minutes; Category 3 – within 30 minutes; Category 4 – within 60 minutes; Category 5 – within 120 minutes).
- b. Admission within 30 days is desirable for Category 1 (urgent) elective surgery patients.
- c. Admission within 90 days is desirable for Category 2 (semi-urgent) elective surgery patients.
- d. Admission within 365 days is desirable for Category 3 (non-urgent) elective surgery patients.

Explanation of Material Variance (>5%)

1. Higher demand and longer treatment times is resulting in longer waiting times in the ACT's Emergency Departments. The Departments continue to experience increases in presentations which exceed the rate of population growth. The reasons for this growth are a rapidly aging ACT population and increasing prevalence of chronic diseases. The complexity of these presentations requires extensive Emergency Department resources including longer treatment times.
2. Timeliness measures whether a patient was admitted for surgery as scheduled or was overdue. Suspensions to non-essential elective surgeries in March 2020, due to the COVID-19 response, led to many Category 2 and Category 3 patients becoming overdue for surgery. There were over 1,500 overdue in-patients at 30 June 2020 representing 25 per cent of the waitlist, being mainly Category 2 and 3 listed patients. Given the number of overdue patients in category 2 and 3 on the waitlist, due to the cessation of non-essential surgery, the timeliness percentage consequently dropped.
3. The lower than target result is mainly due to the re-profiling of initiatives including 'ACT Pathology laboratory information system', 'Core IT Systems to align with the Digital Health Strategy' and 'Northside Hospital Scoping Study' from 2020-21 into 2021-22.

ACT Health Directorate

Statement of Performance

For the Year Ended 30 June 2021

OUTPUT CLASS 1: Public Health Services				
PRINCIPAL MEASURES				
Output 1.2 Healthy Communities				
Description:				
<p>The ACT Health Directorate seeks to improve the health of the ACT population through evidence-based promotion of healthy lifestyles and interventions to address the range of risk and protective factors that determine the health of our community. This includes influencing the social and environmental conditions that impact on population and individual health, comprising improved food and drink environments in schools, workplaces, food outlets and sporting clubs, monitoring of recreational and drinking water quality, food safety, communicable diseases control and general environmental health.</p>				
Measures	Original Target 2020-21	Actual Result 2020-21	Variance from Original Target (%)	Notes
Accountability Indicators				
a. Samples analysed	12,500	11,254	-10	1
b. Total number of inspections and proactive site visits of food businesses	2,500	3,659	46	2
c. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	95%	97%	2	
d. Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population				
i. 12 to 15 months	95%	96%	1	
ii. 24 to 27 months	95%	92%	-3	
iii. 60 to 63 months	95%	100%	5	3
iv. All	95%	96%	1	
e. Number of businesses signed up to provide and promote healthier food choices as part of the Healthier Choices Canberra initiative	120	111	-8	4
TOTAL COST (\$'000)	117,296	117,793	-	
CONTROLLED RECURRENT PAYMENTS (\$'000)	75,409	72,330	-4	

The above Statement of Performance should be read in conjunction with the accompanying notes.

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

ACT Health Directorate

Statement of Performance

For the Year Ended 30 June 2021

Output 1.2 Healthy Communities (Continued)

Explanation of Accountability Indicators

- a. Number of samples analysed during the period by the ACT Government Analytical Laboratory.
- b. Total number of inspections where compliance has been assessed according to the *ACT Food Act 2001* and the Food Standards code, and proactive site visits of food businesses conducted by the Health Protection Service.
- c. Percentage of 12-month-old children who have been fully immunised in accordance with the Australian Childhood Immunisation Register.
- d. Percentage of ACT Aboriginal and Torres Strait Islander children - 12 to 15 months, 24 to 27 months, 60 to 63 months and all children who have been fully immunised in accordance with the Australian Childhood Immunisation Register.
- e. Cumulative total of businesses signed up to the Healthier Choices Canberra Initiative. Participation in Healthier Choices Canberra is voluntary, and businesses can select to sign up to the initiative and leave in the same year.

Explanation of Material Variance (>5%)

1. The lower than target result is mainly due to reductions of third parties seeking to use the laboratory's services. It should be noted that although samples analysed is down, the number of tests completed is still high as many samples require multiple tests.
2. The higher than target result is due to changes to administrative procedures, the implementation of a new food inspection database and complementary workforce management system. Site visits from March 2020 aimed to inform businesses of directives under the *Public Health Act 1997* relating to the current public health emergency, and to ensure their compliance.
3. The higher than target result is due to work by the Health Protection Service to maintain and increase immunisation rates for Aboriginal and Torres Strait Islander children. This includes follow-up of children reported as overdue for immunisations, promotional resources and information and ongoing collaboration with stakeholders and the Aboriginal and Torres Strait Islander community.
4. The lower than target result was due to a change in focus, a key priority in the 2020 calendar year was to support existing businesses already on the program and who were significantly impacted by COVID-19 restrictions. The focus was to maintain engagement with existing businesses and support them during a period where they had to either close completely or pivot to takeaway service, subsequently reopening with restricted dining numbers and new COVID safe measures in place.

ACT Health Directorate Statement of Performance For the Year Ended 30 June 2021

OUTPUT CLASS 1: Public Health Services				
PRINCIPAL MEASURES				
Output 1.3 Mentally Healthy Communities				
Description:				
<p>The ACT Health Directorate supports an integrated mental health system that provides the opportunity for people to access appropriate treatment, care or support in a timely manner. The Directorate collaborates with stakeholders on strategic policy and service system planning, to ensure funding is targeted to provide safe, quality programs and services that offer seamless transition through stepped care and interventions as needed. This comprehensive response includes:</p> <ul style="list-style-type: none"> • leadership through the Office for Mental Health and Wellbeing to the whole of government approach to sustainable, effective and coordinated sector innovation; • promotion of mental health and social wellbeing for all Canberrans; • raising awareness of mental health, suicide and mental illness across the community to reduce stigma and discrimination as well as on a personal level, encouraging people to seek help as needed; • prevention of suicide and suicide attempts wherever possible; • early intervention to increase resilience and reduce the impact of mental health issues; • accessible and responsive primary, secondary and tertiary mental health services to meet the needs of people with mental health issues including severe mental illness; and • evaluation and research to support ongoing development and improvement of the programs and services available. 				
Measures	Original Target 2020-21	Actual Result 2020-21	Variance from Original Target (%)	Notes
Accountability Indicators				
a. Percentage of mental health clients with outcome measures completed	65%	78%	20	1
b. Annual progress report on the implementation of the Office for Mental Health and Wellbeing Workplan 2019-2021 published	1	1	-	
TOTAL COST (\$'000)	85,238	81,023	-5	2
CONTROLLED RECURRENT PAYMENTS (\$'000)	54,246	49,762	-8	3

The above Statement of Performance should be read in conjunction with the accompanying notes.

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

ACT Health Directorate

Statement of Performance

For the Year Ended 30 June 2021

Output 1.3 Mentally Healthy Communities (continued)

Explanation of Accountability Indicators

- a. Proportion of eligible mental health registered clients receiving ongoing mental health care having clinical outcome measures completed. Service settings included are inpatient, community and residential care. All age groups included. Eligible clients are people receiving mental health services on an ongoing basis, have a case manager assigned and are in contact with mental health services in the reference period.
- b. The annual progress report on the implementation of the office for Mental Health and Wellbeing Workplan is completed as a standalone component of ACT Health Directorate's 2019-20 Annual Report.

Explanation of Material Variance (>5%)

1. The higher than target result is due to a sustained effort to complete outcome measures for eligible clients.
2. The lower than target result relates to the rollover of Community Youth Mental Health and Suicide Prevention and major information technology initiatives from 2020-21 into 2021-22.
3. The lower than target result is mainly due to the rollover of initiatives including 'ACT Pathology laboratory information system', 'Core IT Systems to align with the Digital Health Strategy' and 'Youth Mental Health and Suicide Prevention' from 2020-21 into 2021-22.

ACT Health Directorate

Statement of Performance

For the Year Ended 30 June 2021

OUTPUT CLASS 1: Public Health Services				
PRINCIPAL MEASURES				
Output 1.4 Continuous Improvement of the ACT Public Health System				
Description:				
<p>The ACT Health Directorate provides strategic leadership and direction for the health system through development and administration of policies and legislation.</p> <p>This includes:</p> <ul style="list-style-type: none"> • developing Territory-wide plans for health services, workforce and major capital investment; • driving service improvement and innovation through a collaborative policy cycle; • providing responsive policy advice to government reflecting the changing nature of the health sector; • supporting delivery of high-quality health services by building and maintaining intergovernmental partnerships; and • conducting research programs that translate research evidence into improved healthcare. 				
Measures	Original Target 2020-21	Actual Result 2020-21	Variance from Original Target (%)	Notes
Accountability Indicators				
a. Biannual Report of progress in implementing the recommendations arising from the Independent Review into the Workplace Culture of ACT Public Health Services tabled in the Legislative Assembly	2	2	-	
b. ACT Public Health Services Quarterly Performance Report	4	4	-	
TOTAL COST (\$'000)	113,001	111,013	-2	
CONTROLLED RECURRENT PAYMENTS (\$'000)	79,545	76,017	-4	

The above Statement of Performance should be read in conjunction with the accompanying notes.

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Accountability Indicators

- a. The Biannual Report of progress on implementing the recommendations arising from the Independent Review into the Workplace Culture of ACT Public Health Services tabled in the Legislative Assembly.
- b. The number of ACT Public Health Service Quarterly Performance Reports published.



Part 3
Reporting by exception



Notices of Non-Compliance

Dangerous substances

In 2020–21, the Directorate received no notices of non-compliance under section 200 of the [*Dangerous Substances Act 2004*](#).

Medicines, Poisons and Therapeutic Goods

In 2020–21, the Directorate received no notices of non-compliance under section 177 of the [*Medicines, Poisons and Therapeutic Goods Act 2008*](#).

Contact details: For more information, contact hps@act.gov.au.



Part 4

Specific reporting entities



Mental health

The Minister appoints the Chief Psychiatrist and ACT Care Coordinator under provisions of the [Mental Health Act 2015](#) (the Act).

Section 197 of the Act states:

The Chief Psychiatrist has the following functions:

- a) to provide treatment, care or support, rehabilitation and protection for persons who have a mental illness;
- b) to make reports and recommendations to the Minister with respect to matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for persons who have a mental illness;
- c) to make guidelines for mental health facilities, mental health professionals or anyone else exercising a function under this Act, in relation to matters under this Act;
- d) any other function given to the Chief Psychiatrist under this Act.

Section 205 of the Act states:

The Care Coordinator has the following functions:

- a) to coordinate the provision of treatment, care or support to people with a mental disorder in accordance with community care orders made by the ACAT;
- b) to coordinate the provision of appropriately trained people for the treatment, care or support of people with a mental disorder who are subject to community care orders;
- c) to coordinate the provision of appropriate residential or detention facilities for people with a mental disorder in relation to whom any of the following orders are in force:
 - i) a community care order;
 - ii) a restriction order with a community care order;
 - iii) a forensic community care order;
- d) to coordinate the provision of medication and anything else required to be done for people with a mental disorder in accordance with community care orders and restriction orders made by the ACAT;
- e) to make reports and recommendations to the Minister about matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for people with a mental disorder;
- f) any other function given to the care coordinator under this Act.

As the Chief Psychiatrist and ACT Care Coordinator are appointed under the Act, their annual reports are a requirement under the Annual Reports (Government Agencies) Directions 2021 and presented as annexes to this report. Please see the reports for information and statistics on people who have a mental illness or mental disorder:

- ACT Care Coordinator Annual Report 2020–21, page 371
- Chief Psychiatrist Annual Report 2020–21, page 382.

Contact details: For more information, contact Chief Psychiatrist on ChiefPsychiatrist@act.gov.au and the Care Coordinator on ACTHealthCMO@act.gov.au.

A large, stylized letter 'A' is the central focus of the page. It is composed of several overlapping geometric shapes: a light blue trapezoid at the top, a dark blue triangle in the center, and a dark blue trapezoid at the bottom. The background is a solid dark blue with a diagonal white stripe running from the top left towards the bottom right.

Attachment A

Annexed and subsumed reports



Emma Davidson MLA
Minister for Mental Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister,

2020–21 ACT Care Coordinator Annual Report

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2021*.

It has been prepared in conformity with other legislation applicable to the preparation of the Annual Report by the ACT Health Directorate.

I certify that the information in the attached report and information provided for whole of government reporting, is an honest and accurate account and that all material information on the operations of the ACT Care Coordinator has been included for the period 1 July 2020 to 30 June 2021.

I hereby certify that fraud prevention has been managed in accordance with the *Public Sector Management Standards 2006*, Part 2.3 (see section 113, Public Sector Management Standards 2016).

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the Report to the Legislative Assembly within 15 weeks after the end of the reporting year. However, under section 14, the Chief Minister has granted an extension of the time when the report must be presented by you to the Legislative Assembly. The Chief Minister has granted the extension to the Legislative Assembly sitting day on 2 December 2021.

Yours sincerely

A handwritten signature in blue ink that reads 'Dinesh Arya'.

Dr Dinesh Arya
Chief Psychiatrist
Office of the Chief Psychiatrist

8 October 2021

Compliance statement – ACT Care Coordinator

The ACT Care Coordinator Annual Report 2020–21 must comply with the Annual Report Directions (the Directions) made under Section 8 of the Annual Reports Act. The Directions are found at the ACT Legislation Register: www.legislation.act.gov.au.

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to the ACT Care Coordinator and the location of information that satisfies these requirements:

Part 1 Directions Overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The ACT Care Coordinator Annual Report 2020–21 complies with all subsections of Part 1 under the Directions.

To meet Section 15 Feedback, Part 1 of the Directions, contact details for the ACT Care Coordinator are provided within the ACT Care Coordinator Annual Report 2020–21 to provide readers with the opportunity to provide feedback.

Part 2 Reporting entity Annual Report Requirements

The requirements within Part 2 of the Directions are mandatory for all reporting entities and the ACT Care Coordinator complies with all subsections. The information that satisfies the requirements of Part 2 is found in the ACT Care Coordinator Annual Report 2020–21 as follows:

- A. Transmittal Certificate, see the previous page
- B. Organisational Overview and Performance, see the next page. As the ACT Care Coordinator sits within the ACT Health Directorate, all other subsections in Section B, Part 2 of the Directions are contained with the ACT Health Directorate Annual Report
- C. Financial Management Reporting, inclusive of all subsections, see Part C Financial management reporting of the ACT Health Directorate Annual Report.

Part 3 Reporting by Exception

The ACT Care Coordinator has nil information to report by exception under Part 3 of the Directions for the 2020–21 reporting year.

Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

The following subsections of Part 4 of the 2021 Directions are applicable to the ACT Care Coordinator and can be found within the ACT Health Directorate Annual Report:

- Mental Health, see page 365.

Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the ACT Care Coordinator. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic, Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address:

http://www.cmd.act.gov.au/open_government/report/annual_reports.

ACT Care Coordinator Annual Report 2020–21

The ACT Care Coordinator is a statutory appointment made by the Minister for Mental Health under section 204 (1) of the [Mental Health Act 2015](#) (the Act).

This report is being submitted in accordance with section 205 (e) of the Act.

The Care Coordinator coordinates treatment, care and support for a person:

- with a mental disorder for whom a Community Care Order applies, or
- for whom a Forensic Community Care Order is in force.

Community Care Orders and Forensic Community Care Orders are made by the ACT Civil and Administrative Tribunal.

Community Care Orders and Forensic Community Care Orders can be made for those for who guardianship is not sufficient. This includes people with:

- dementia
- intellectual disability
- an acquired brain injury
- personality disorders
- degenerative neurological disorders.

The majority of clients with a Community Care Order have their care needs met by either mainstream health services or the National Disability Insurance Scheme (NDIS).

Between 1 July 2020 and 30 June 2021, two people were subject to a Community Care Order—one man and one woman. Both people were also subject to a Restriction Order.

A Restriction Order can restrict where a person lives, result in them being detained or impose other limitations.

The two people on Community Care Orders were experiencing difficulties as a result of:

- an intellectual disability (one)
- dementia (one).

There was one person for whom new Community Care Order was made.

Between 1 July 2020 and 30 June 2021, one man was subject to a Forensic Community Care Order. This man was experiencing difficulties as a result of an intellectual disability.

Summary for 2020–21

Category	Community Care Order	Forensic Community Care Order
Gender	Male: 1	Male: 1
	Female: 1	Female: 0
	Total: 2	Total: 1
Age	< 18 years: 0	< 18 years: 0
	19-29: 0	19-29: 0
	30-39: 1	30-39: 0
	40-49: 0	40-49: 0
	50-59: 0	50-59: 1
	60-69: 0	60-69: 0
	70-79: 0	70-79: 0
	80+ years: 1	80+ years: 0
Condition	Intellectual Disability: 1	Intellectual Disability: 1
	Dementia: 1	
Restriction Orders	2	0

Dr Dinesh Arya

ACT Care Coordinator

ACTHealthCMO@act.gov.au

Calvary Health Care Ltd Annual Report 2020–21

Calvary Health Care ACT Ltd (Calvary) is a subsidiary entity of the Little Company of Mary Health Care Ltd, engaged and funded by the Territory, through the ACT Health Directorate (the Directorate), to deliver public hospital and health services at [Calvary Public Hospital Bruce](#). Calvary also delivers publicly funded palliative care services through [Clare Holland House Hospice](#) in Barton.

The funding and provision of services is governed by the Calvary Network Agreement (CNA), which came into effect in February 2012. The CNA establishes Calvary as a service provider of the ACT Local Hospital Network (ACT LHN) for the services it provides at Calvary Public Hospital Bruce. The CNA sets out the requirements for annual Performance Plans between the Directorate and Calvary. The 2020–21 Performance Plan:

- established service levels to be provided at Calvary Public Hospital Bruce and Clare Holland House and Key Performance Indicators (KPIs) to be achieved
- stated the performance information Calvary is required to provide to the Directorate
- determined the annual funding provided by the Directorate from the ACT LHN to Calvary for the delivery of public health services.

As a service provider of the ACT LHN, Calvary delivers high-quality health care, providing comfort and healing to ACT residents and people from surrounding communities.

Calvary Public Hospital Bruce is a fully accredited general public hospital and a teaching hospital, located in the northside of Canberra. Calvary Public Hospital Bruce provides a 24 hour a day, seven day a week emergency department and medical, surgical, maternity, mental health and intensive care services, and is the base for the ACT Geriatric Rapid Acute Care Evaluation (GRACE) services.

Clare Holland House Hospice is home to the ACT Specialist Community Palliative Care Service, providing:

- an inpatient specialist palliative care unit that has a physical capacity for 27 beds
- palliative care outpatients' clinics
- community-based palliative care services
- specialist outreach services, including partnerships with several retirement and aged care facilities, and a collaboration with the Winnunga Nimmitjyah Care and Support Clinic team
- the Palliative Care Research Centre.

2020–21 overview and achievements

Achievements

During 2020–21, Calvary delivered:

- 34,420 inpatient admissions at Calvary Public Hospital Bruce
- 357 admissions at Clare Holland House Hospice

- 60,295 emergency department presentations
- 6,959 elective surgery procedures
- 4,686 non-elective surgery procedures³
- 1,776 babies born.

COVID-19 response

Calvary Public Hospital Bruce contributed significantly to the ACT's response to COVID-19. In May 2021, the ACT Government opened its second COVID-19 vaccination hub at Calvary Public Hospital Bruce, with the support of the Australian National University (ANU) Medical School which vacated the space, allowing the Territory to increase delivery of vaccinations.

Calvary Public Hospital Bruce performed registration and screening procedures for all patients and visitors entering any area of the hospital through two public entry points, ensuring visitor and support person numbers were managed in accordance with Public Health Directions.

Hospital in the Home and Geriatric Rapid Acute Care Evaluation services

Calvary Public Hospital Bruce's Hospital in the Home (HITH) and GRACE services are part of the Territory-wide Care Closer to Home initiatives. The programs are designed to provide individualised, timely and expert health services to patients who can be treated appropriately outside the inpatient setting, often avoiding an emergency presentation.

HITH services may be provided in a residential setting, or patients can be based at home for their hospital admission and attend day appointments in the hospital unit. In 2020–21, the HITH service delivered 1,216 separations, exceeding the annual target by approximately 200 separations.

GRACE services involve registered nurses visiting residential aged care facilities across Canberra to respond to a resident's health episode, or to provide a program of ongoing assessment and care. The program is also delivered in partnership with general practitioners. In 2020–21, GRACE nurses achieved an increase of 104 per cent in the number of patients seen over the previous financial year. GRACE has been providing expert, coordinated and collaborative health care to residents in all eight residential aged care facilities on Canberra's northside, as well as the emergency department at Calvary Public Hospital Bruce. In 2020–21, GRACE services were expanded to cover all 20 residential aged care facilities on Canberra's southside.

Both services work closely with patients' existing care providers to ensure treatment is coordinated and consistent with current and ongoing health management activities.

³ Including emergency surgeries.

Public health system planning and engagement

Calvary Public Hospital Bruce participated in extensive consultations on the draft Territory-wide Health Services Plan with the Directorate, including within specific clinical groupings, as well as with the Calvary Executive.

Birth services

In 2020–21, the number of births at Calvary Public Hospital Bruce increased by around eight per cent compared to the number of births in 2019–20. The growth in births is partially attributable to growth in the population in Canberra's north and is supported by the ACT Government's Canberra Maternity Options Service (CMOS). The CMOS provides a single-entry point for all women wishing to access public maternity services in the ACT. Women who use this service are referred to the Canberra Hospital or Calvary Public Hospital Bruce to ensure they receive the right care at the right place and at the right time.

In March 2021, it was agreed that the Joint Maternity Project will develop an action and implementation plan (the Plan) for reforms to the maternity system for Cabinet consideration in October 2021.

The Directorate has been working with Calvary Public Hospital Bruce to understand current demands and opportunities to help inform the Plan. Consultation with targeted stakeholders, including consumers, on the recommendations in the plan will commence in 2021–22.

Fertility preservation study

The ACT Government is investigating the feasibility of establishing a fertility preservation service for people in the ACT who have cancer or serious disease where the treatment impacts on a person's fertility. The Directorate is preparing a feasibility paper on this matter.

To ensure fertility preservation services are considered from a Territory-wide perspective, the Directorate has worked with Calvary Public Hospital Bruce on this important project. A clinician with expertise and experience in obstetrics/gynaecological services provided guidance and input into the fertility issues facing Canberrans undergoing treatment for cancer or other serious diseases.

Chronic Conditions Working Group

The Chronic Conditions Working Group was established in late 2019 to drive effective, coordinated and strategic approach to chronic conditions, and integrated care policy and services across the ACT health system.

Membership comprises representatives from the Directorate, Canberra Health Services, and Calvary Public Hospital Bruce.

Capital works at Clare Holland House

In 2018, the Snow Foundation and the Commonwealth Government partnered to provide \$6 million towards the expansion of Clare Holland House. The new wing officially opened on 25 June 2021 and was delivered by the Directorate and Major Projects Canberra. The main feature of the expansion is the additional capacity for eight inpatient beds, as well as lounge and break-out spaces for staff and visitors, and new work areas for clinical and administrative staff.

During the project, a Clare Holland House community fundraising campaign was established using the Hands Across Canberra community foundation as the donation platform. This campaign will operate in perpetuity, enabling patients, families, and friends to remember loved ones and express their gratitude and appreciation in a way that will enrich the experience of other patients and families.

Capital works at Calvary Public Hospital Bruce

The main reception area of Calvary Public Hospital Bruce was refurbished to make the main place of arrival more attractive and to improve pedestrian flow into and out of the hospital. An adjacent area on Level 1 of the Xavier Building was reconfigured to enable the Patient Flow Unit and After-Hours Hospital Manager to relocate to this more central and accessible location.

An expansion to the Urology Department started in March 2021 to refurbish and reconfigure an existing area of the Marian Building to include several assessment spaces, along with a procedure room. The refurbishment was due to be completed in August 2021, but work was suspended because of the COVID-19 outbreak in the Territory.

The expansion of the Urology Department will be supported by a new model of care to increase and enhance the delivery of urology services. The model of care will allow a co-location of outpatient and testing facilities to allow consultations and testing processes to be streamlined. The streamlined model of care will reduce the need for admissions and the number of urology patients being placed on wait lists. The new service is expected to commence in 2021–22.

In December 2020, work commenced on the progressive upgrade of Nurse-Call and Wi-Fi in the clinical wards across the hospital. The upgraded Nurse-Call enables rapid response to patient requests by medical, nursing and allied health staff. Improved Wi-Fi underpins the future expansion of digital health in Calvary Public Hospital Bruce services.

The emergency department expansion project was completed in July 2020. This included establishing the Ambulatory Care Unit, opening new larger ambulance reception bays, and creating two rapid assessment spaces adjacent to the triage and reception area. The project has provided additional and versatile treatment areas, with the aim of improving patient flow and increasing amenities for patients and their support people. Longer opening hours of the nearby café facility has enhanced amenity for people attending the hospital and emergency department after hours.

Funding

In 2020–21, the ACT Government provided Calvary with \$247 million in recurrent funding for services delivered through Calvary Public Hospital Bruce and Clare Holland House Hospice.

Calvary was also provided with funding for COVID-19 expenses, including in accordance with the National Partnership on COVID-19 Response.

In addition, the ACT Government funded Calvary \$9.4 million to commence an update of existing fire safety systems, electrical systems, ICT network infrastructure, electronic access control system, and the Nurse-Call/medical emergency alert systems (as above), and \$1.45 million for planning for the delivery of an updated Endoscopy Suite.

Performance

The KPIs agreed in the 2020–21 Performance Plan are outlined in the tables below.

Emergency department

The percentage of people who present at the emergency department whose length of stay is four hours or less (the ‘four-hour rule’) measures the proportion of emergency department presentations who, in four hours or less, either leave the emergency department for admission to hospital, are referred for treatment, or are discharged. The result in 2020–21 for Calvary Public Hospital Bruce was below target at 63 per cent. This was consistent with the result in 2019–20.

The percentage of presentations whose length of stay is four hours or less is influenced by the ‘seen on time’ results for patients in the emergency department. The percentage of triage Category 3 and 4 patients, particularly, who started treatment on time was below target at Calvary Public Hospital Bruce in 2020–21. Category 3 and 4 patients who were not seen on time made up around 70 per cent of all emergency department presentations in the period.

Delays in patients being admitted from the emergency department can occur for reasons such as periods of high hospital occupancy rates and high rates of admissions. It is important to note that in some instances it may be clinically appropriate for patients to remain in the emergency department for more than four hours.

Calvary Public Hospital Bruce undertook a review of its emergency department patient flow in December 2020. An extensive action plan was implemented in March 2021 to improve ‘seen on time’ results and patient flow from the emergency department into the wards.

There were 60,295 presentations to the Calvary Public Hospital Bruce emergency department in 2020–21, an increase of around 12 per cent from 2019–20, noting that the previous year’s presentations were reduced during the early stage of the COVID-19 pandemic.

Elective surgery

Calvary Public Hospital delivered a record 6,959 elective surgeries for public patients in 2020–21. This result is a significant increase of more than 20 per cent from the volume of elective surgeries delivered in 2019–20, which was impacted by the suspension of non-essential elective surgery during the COVID-19 response.

At the end of the 2019–20 financial year, there were 1,317 public patients who were overdue for surgery across the Territory. One of the contributing reasons for the result was the suspension of non-essential surgeries during the early COVID-19 response. Calvary Public Hospital Bruce played a crucial role in reducing the number of patients Territory-wide who were overdue for surgery. This contributed to the result against the percent of patients admitted for surgery within clinically recommended timeframes appearing as below target in triage Category 2 and 3.

Total activity

The National Weighted Activity Unit (NWAU) is a measure of health service activity, which measures both service volume and service complexity. The Performance Plan sets each year an activity target for Calvary Public Hospital Bruce measured in NWAU. In 2020–21, the target of 37,712 NWAU represented the

expected value of NWAU to be delivered through the hospital's base funded services. It excluded COVID-19 and suspected COVID-19 activity. This was because the latter was funded through a COVID-19 specific arrangement outside of the hospital's usual funding agreement.

In 2020–21, Calvary Public Hospital Bruce delivered 39,221 NWAU, which is around 4 per cent higher than the NWAU target set in the Performance Plan. The result above target was due to acute admitted patients treated for suspected COVID-19, as well as presentations to the emergency department with suspected COVID-19. As above, this activity was funded via a separate mechanism.

Table 57: Key Performance Indicators Set 1

Key Performance Indicator	2020–21 Target	2020–21 Result
Emergency department		
Percentage of emergency department presentations whose length of stay in the emergency department is four hours or less	90%	63%
Category 1 (resuscitation seen immediately)	100%	100%
Category 2 (emergency seen within 10 minutes)	80%	74%
Category 3 (urgent seen within 30 minutes)	75%	39%
Category 4 (semi-urgent seen within 60 minutes)	70%	52%
Category 5 (non-urgent seen within 120 minutes)	70%	81%
Elective surgery		
Number of elective surgeries performed	6,960	6,959
Category 1 (admitted for surgery within 30 days)	100%	98%
Category 2 (admitted for surgery within 90 days)	80%	73%
Category 3 (admitted for surgery within 365 days)	93%	88%
Quality and safety		
Proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition	<0.5%	0.20%
Proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 days of their separation due to complications of their condition (where re-admission was unforeseen at the time of separation)	<1.0%	0.37%
The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia Infection (SAB Infection) during their stay	<2	0
Estimated hand hygiene rate	80%	86.3%

Table 58: Key Performance Indicators Set 2

Key Performance Indicator	2020–21 Target	2020–21 Result
National Weighted Activity Unit (NWAU) ⁴	37,712	39,221

Table 59: Key Performance Indicators Set 3

Key Performance Indicator	2020–21 Target	2020–21 Result
Accreditation against the National Safety and Quality Health Service Standards	Accredited	Accredited

2021–22 outlook

Key initiatives and areas of focus that the Directorate and Calvary Public Hospital Bruce will continue to progress during 2021–22 are set out below.

COVID-19

Calvary Public Hospital Bruce will continue to play a major role in the ACT’s COVID-19 response, assessing and treating patients who are both suspected and confirmed positive for the illness. The hospital has opened a dedicated COVID-19 ward to manage patients in a COVID-19 safe environment.

Meeting the needs of a growing population

Calvary Public Hospital Bruce will continue to meet the expected increase in both acute inpatient demand and emergency department presentations. This is in response to population growth, particularly on the northside of Canberra.

Demand for palliative care is also increasing as the population grows and ages. Palliative care is not restricted to people with cancer related diagnoses. Contemporary palliative care offers increased focus on supporting people with chronic and life limiting conditions, while still providing high-quality and compassionate care for people approaching the end of life. A priority for Calvary in 2021–22 will be commencing the commissioning of additional inpatient palliative care beds in the new wing of Clare Holland House Hospice, as well as expanding the Home Based Palliative Care service.

In 2021–22, Calvary Public Hospital Bruce will continue as the majority provider of elective surgeries for the ACT. Calvary Public Hospital Bruce will be a major provider of the 60,000 public elective surgeries the Government has committed to deliver over the next four years from 2021–22.

⁴ This result is an estimated actual as at 9 September 2021 and is subject to change. The result includes COVID-19 activity. The non-admitted result included in this total is being reviewed by Calvary Public Hospital Bruce, including to confirm the Tier 2 coding classification of some episodes of care.

Calvary Public Hospital Bruce will also expand HITH services further, with a target delivery of 1,400 patient separations.

Emergency department care

Calvary will continue to improve emergency department performance through implementation of the action plan mentioned above. The effectiveness of the actions and the results against the KPIs will be monitored closely between Calvary Public Hospital Bruce and the Directorate.

Infrastructure

A range of infrastructure upgrades will be undertaken at Calvary Public Hospital Bruce during 2021–22 under the Strategic Asset Management Plan (SAMP). The SAMP is designed to maintain the safety and functionality of the Calvary buildings and ICT-related equipment while the Northside Hospital Project is carried out.

Territory-wide Health Services Plan

The ACT public health system continues to face challenges including a rising burden of diseases related to an increase in the incidence, prevalence and complexity of chronic conditions, as well as a population that is both growing and ageing. Calvary Public Hospital Bruce will participate in several strategies and actions in the Territory-wide Health Services Plan (which at the time of writing is still being finalised), such as improving transitions of care, strengthening core clinical support services, and addressing key areas of service demand and reform.

Implementation of the Digital Health Record

The Digital Health Record (DHR) is being designed and will be implemented across the Territory in 2021–22. See ACT Health core ICT systems alignment with Digital Health Strategy section on page 340 for further information regarding the DHR. The new system will cover all public health services in the ACT, including services delivered at Canberra Hospital and Calvary Public Hospital Bruce. Calvary Public Hospital Bruce will work with the DHR team to support the design, development and implementation of the new system throughout 2021–22.



Emma Davidson MLA
Minister for Mental Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister,

2020–21 Chief Psychiatrist Annual Report

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2021*.

It has been prepared in conformity with other legislation applicable to the preparation of the Annual Report by the ACT Health Directorate.

I certify that the information in the attached report and information provided for whole of government reporting, is an honest and accurate account and that all material information on the operations of the Chief Psychiatrist has been included for the period 1 July 2020 to 30 June 2021.

I hereby certify that fraud prevention has been managed in accordance with the *Public Sector Management Standards 2006*, Part 2.3 (see section 113, Public Sector Management Standards 2016).

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the Report to the Legislative Assembly within 15 weeks after the end of the reporting year. However, under section 14, the Chief Minister has granted an extension of the time when the report must be presented by you to the Legislative Assembly. The Chief Minister has granted the extension to the Legislative Assembly sitting day on 2 December 2021.

Yours sincerely

A handwritten signature in blue ink that reads 'Dinesh Arya'.

Dr Dinesh Arya
Chief Psychiatrist
Office of the Chief Psychiatrist

8 October 2021

Compliance statement – Chief Psychiatrist

The Chief Psychiatrist Annual Report 2020–21 must comply with the Annual Report Directions (the Directions) made under Section 8 of the Annual Reports Act. The Directions are found at the ACT Legislation Register: www.legislation.act.gov.au.

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to the Chief Psychiatrist and the location of information that satisfies these requirements:

Part 1 Directions Overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The Chief Psychiatrist Annual Report 2020–21 complies with all subsections of Part 1 under the Directions.

To meet Section 15 Feedback, Part 1 of the Directions, contact details for the Chief Psychiatrist are provided within the Chief Psychiatrist Annual Report 2020–21 to provide readers with the opportunity to provide feedback.

Part 2 Reporting entity Annual Report Requirements

The requirements within Part 2 of the Directions are mandatory for all reporting entities and the Chief Psychiatrist complies with all subsections. The information that satisfies the requirements of Part 2 is found in the Chief Psychiatrist Annual Report 2020–21 as follows:

- A. Transmittal Certificate, see the previous page
- B. Organisational Overview and Performance, see the next page. As the Chief Psychiatrist sits within the ACT Health Directorate, all other subsections in Section B, Part 2 of the Directions are contained with the ACT Health Directorate Annual Report.
- C. Financial Management Reporting, inclusive of all subsections, see Part C Financial management reporting of the ACT Health Directorate Annual Report.

Part 3 Reporting by Exception

The Chief Psychiatrist has nil information to report by exception under Part 3 of the Directions for the 2020–21 reporting year.

Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

The following subsections of Part 4 of the 2021 Directions are applicable to the Chief Psychiatrist and can be found within the ACT Health Directorate Annual Report:

- Mental Health, see page 365.

Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the Chief Psychiatrist. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic, Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address:

http://www.cmd.act.gov.au/open_government/report/annual_reports.

Chief Psychiatrist Annual Report 2020–21

Under the [Mental Health Act 2015](#) (the Act), the Chief Psychiatrist is a statutory appointment made by, and reporting to, the Minister for Mental Health.

The Chief Psychiatrist has the following functions:

- to provide treatment, care or support, rehabilitation and protection for persons who have a mental illness
- to make reports and recommendations to the Minister with respect to matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for persons who have a mental illness
- any other function given to the Chief Psychiatrist under this Act.

Apprehension

Under the Act, a person who is experiencing a mental health emergency may be taken to an approved mental health facility for an assessment to decide whether further treatment, care or support is necessary. If so, this can only be provided on an involuntary basis. This process of taking someone for an assessment is known as an apprehension.

Table 60 shows the number of apprehensions including the breakdown by the type of professional who apprehended the person.

An amendment to the Act (effective from February 2021) adjusted the criteria used by authorised ambulance paramedics and police officers when apprehending a person who they believe requires immediate examination by a doctor, when the person concerned does not agree to this. A person apprehended under the Act is transported to an approved mental health facility for an assessment.

Table 60: Number of apprehensions by apprehending professional, 2016–21

Apprehending Professional	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020 to Jan 2021	Feb 2021 to June 2021	Total for 2020– 21
	Police Officer	594	678	620	652	323	182
Mental Health Officer	170	209	199	262	163	90	253
Medical Practitioner	109	111	69	86	53	21	74
Authorised Ambulance Paramedic	141	273	1,171	1,470	820	217	1,037

Apprehending Professional	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020 to Jan 2021	Feb 2021 to June 2021	Total for 2020– 21
Total Emergency Apprehensions	1,014	1,271	2,059	2,470	1,359	510	1,869

*This division represents a change in the Act from 1 February 2021.

The above data shows that in 2020–21, a total of 1,869 people were apprehended and detained at Canberra Hospital under emergency detention provisions. This is a decrease of 24.3 per cent from the previous year.

Authorised ambulance paramedics remain the professional group apprehending the greatest number of people (1,037), followed by Police Officers (505), Mental Health Officers (253) and Medical Practitioners (74).

Involuntary Detention

Involuntary Detentions authorised for up to 3 days (ED3)

Following initial examination of a person apprehended and transported to an approved mental health facility, a doctor may authorise the involuntary detention, and treatment, care or support of a person at an approved mental health facility for a period not exceeding three days. Table 61 shows the number of Involuntary Detentions authorised for up to three days (ED3).

Table 61: Number of involuntary detentions authorised for up to 3 days (ED3), 2016–21

July 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021
858	945	1,056	1,264	1,325

There was a 4.8 per cent increase in the number of people placed on an ED3 in 2020–21 compared to 2019–20.

The number of people not requiring detention after being apprehended and transported to an approved mental health facility was 544 (29.1 per cent). These people were either able to be stabilised within four hours of arrival at the facility or could be treated voluntarily. This reflects the philosophy of the Act to provide treatment, care and support in the least restrictive environment possible, even in an emergency.

It is important to note that the total number of ED3s written for the period does not correlate with the number of ED3s arising from the apprehension pathway, as some people will come in voluntarily and get placed on an ED3 as part of their treatment.

Involuntary Detentions authorised for up to a further 11 days (ED11)

Before the expiration of an ED3, an application for an extension of involuntary detention for a period of up to a further 11 days (ED11) can be made to the ACT Civil and Administrative Tribunal (ACAT), if this is considered necessary.

Table 62 shows that of the 1325 ED3s granted, 761 (57.4 per cent) were allowed to lapse or were revoked. The remaining 564 (42.6 per cent) were approved by ACAT for an ED11.

Table 62: Outcomes from an initial ED3 including number of ED11 orders, 2016–21

	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021
Revocation of ED3 without further orders being made	478	496	557	729	761
Extensions of involuntary detention (ED11) granted by ACAT	380	449	499	535	564

Of the 564 people subject to an ED11, 201 (35.6 per cent) required further involuntary treatment, care and support via a Psychiatric Treatment Order (PTO).

Psychiatric Treatment Order

For further treatment needed (beyond ED11), a PTO authorises the provision of involuntary mental health treatment, care and support, either as an inpatient or in the community. The maximum duration of a PTO is 6 months, but the order may be reviewed, renewed or revoked before it expires.

A Restriction Order (RO) together with a PTO can be made by ACAT if the Tribunal is satisfied that a higher level of restriction, in relation to the person, is needed. Table 63 shows the number of PTOs and outcomes.

Table 63: Number of authorised PTOs and outcomes, 2016–21

	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021
PTOs made by ACAT	627	599	600	689	757
PTOs revoked by ACAT after a hearing	163	157	174	176	197
Contravention of PTO	101	80	81	115	156
ROs made by ACAT together with a PTO	0	0	5*	0	0

* All ROs made were in relation to people also subject to an order under section 309 of the [Crimes Act 1900](#).

There were 1007 PTO hearings held by ACAT during 2020–21, resulting in 757 PTOs being granted or continued and 197 PTOs ceased. This represents a 9.9 per cent increase in the number of PTOs granted or continued compared to 2019–20. The number of PTOs revoked also increased by 11.9 per cent.

Contraventions of PTOs increased by 35.65 per cent, from 115 in 2019–20 to 156 in 2020–21. Thirty-seven people were brought to the Canberra Hospital for treatment or assessment purposes following a contravention. Twenty-nine people were admitted to hospital, with the remaining 50 (32.05 per cent) receiving treatment, care or support in a less restrictive environment. In 40 cases (25.64 per cent), the contravention was not enacted as the person’s PTO was either rescinded or the situation resolved before it could be acted on. These figures reflect:

- an emphasis on managing people in the least restrictive environment possible
- assertive follow-up to promote their recovery.

Community mental health teams make every effort to anticipate and manage crises early. With successful community intervention, a contravention is often averted.

Forensic Psychiatric Treatment Orders

A Forensic Psychiatric Treatment Order (FPTO) may be made if a person has a mental illness and is detained in a correctional centre or is serving a community-based sentence. The maximum duration of a FPTO is three months, but the order may be reviewed, renewed or revoked before it expires. Two new FPTOs were granted by ACAT in 2020–21. Two existing FPTOs were reviewed on four occasions and continued, with three reviewed and continued on a fifth occasion. No FPTOs were revoked in 2020–21.

Table 64: Number of authorised FPTOs, 2016–21

	July 2017– June 2018	July 2018– June 2019	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021
FPTOs made by ACAT	0	0	0	4	13
FPTOs revoked by ACAT	0	0	0	0	0

Transfers from a correctional facility to Dhulwa Mental Health Unit

Under the Act, a detainee may be transferred from an ACT correctional facility (the Alexander Maconochie Centre (AMC) or Bimberi Youth Justice Centre (BYJC)) to Dhulwa Mental Health Unit (DMHU) in order to receive treatment, care and support for a mental illness. Table 65 shows the number of people transferred to DMHU since it opened in November 2016. In 2020–21, six detainees were transferred from AMC to DMHU. Of these six detainees, four received treatment, care or support under a PTO.

People who are subject to a PTO but who are not detainees or involved in the criminal justice system may also be admitted to DMHU, if this is considered appropriate. In 2020–21, 14 people were admitted to DMHU under a PTO. This number includes the four detainees transferred from the AMC under a PTO.

Table 65: Admissions to Dhulwa Mental Health Unit, 2016–21

Status of Person	22 Nov 2016– Jun 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021
Transfers from correctional facilities	6	11	8	10	6

Status of Person	22 Nov 2016– Jun 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021
Detainees receiving voluntary mental health treatment, care or support (Correctional Patients)	1	4	1	1	0
Detainees receiving involuntary mental health treatment, care or support under a PTO	5	7	7	7	4
People subject to a PTO	3	3	9	29	14

Other matters

Electroconvulsive therapy

The Act provides for the authorisation by ACAT of involuntary electroconvulsive therapy (ECT), including emergency ECT.

There were 31 ECT Orders authorised by ACAT in 2020–21, a decrease of 24.4 per cent from the previous year. Applications for emergency ECT can only be sought in cases where ECT is required as a life-saving intervention. Five Emergency ECT Orders were made by ACAT. The number of Emergency ECT Orders increased by 66.7 per cent during the reporting period, from three to five.

Inter-jurisdictional transfers

Nine cross-border agreements relating to the transfer or apprehension of involuntary patients are in effect between the ACT and other Australian jurisdictions. During 2020–21, eight people were transferred from the ACT to NSW and one from the ACT to VIC. There were no transfers into the ACT from other jurisdictions.

Information about ECT Orders and inter-jurisdictional transfers is provided in Table 66.

Section 309 of the *Crimes Act 1900*

Section 309 of the [Crimes Act 1900](#) provides for the ACT Magistrates Court to order a criminal defendant to be taken to an approved mental health facility for the purposes of an emergency assessment to determine whether immediate treatment and care are required.

The ACT Magistrates Court made 103 orders for assessment pursuant to section 309 of the *Crimes Act 1900*, a decrease of 35 from 2019–20. Of these 103 referrals, 76 people (73.8 per cent) required admission to an approved mental health facility for assessment purposes, with 27 being returned to court on the same day. The Court Assessment Liaison Service, operated by Forensic Mental Health Services, continues to provide assessment and advice to the courts at the time of a hearing.

Table 66: Summary of other authorisations under the *Mental Health Act 2015, 2016–21*

	July 2016– June 2017	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021
ECT orders made by ACAT	25	27	35	41	31
Emergency ECT orders made by ACAT	0	3	6	3	5
Interstate transfers	8	7	9	6	9
Court-ordered assessment of defendant—s. 309 of the <i>Crimes Act 1900</i>	118	112	137	138	103

Appointment of Mental Health Officers

Under the Act, the Minister for Mental Health may appoint Mental Health Officers, who are experienced ACT Health clinicians authorised to conduct apprehension and involuntary detentions, and apprehend people in contravention of a Mental Health Order. The appointment of Mental Health Officers has been delegated to the Chief Psychiatrist. Under the Act, the Chief Psychiatrist is also given the function of directing the function of Mental Health Officers. As of 30 June 2021, there were 71 active Mental Health Officers.

Overall perspective

This data demonstrates some noteworthy trends in the application of the objectives and principles of the Act by providing treatment, care and support in a way that is least restrictive or intrusive. Specific examples include:

- The fact that authorised ambulance paramedics continue to be the professional group apprehending the greatest number of people and transporting them to an approved mental health facility for assessment indicates that the least restrictive approach is being taken in providing treatment, care and support (that is, a health response instead of a correctional response).
- Only 43 per cent of the people placed on an ED3 required further involuntary treatment, care or support via an ED11. This demonstrates that a very short period of treatment, care and support is often sufficient to stabilise a person so that they can continue receiving care on a voluntary basis.
- Of the people who contravened their PTOs, 32 per cent were able to receive treatment, care or support in their own home or at a community health centre.

Dr Dinesh Arya

Chief Psychiatrist

Ms Rachel Stephen-Smith MLA
Minister for Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister,

2020-21 ACT Health Human Research Ethics Committee Annual Report

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2021*.

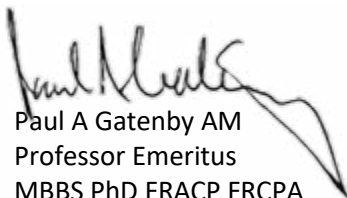
It has been prepared in conformity with other legislation applicable to the preparation of the Annual Report by the ACT Health Human Research Ethics Committee.

I certify that the information in the attached report and information provided for whole of government reporting, is an honest and accurate account and that all material information on the operations of the ACT Health Human Research Ethics Committee has been included for the period 1 July 2020 to 30 June 2021.

I hereby certify that fraud prevention has been managed in accordance with the *Public Sector Management Standards 2006*, Part 2.3 (see section 113, Public Sector Management Standards 2016).

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the Report to the Legislative Assembly within 15 weeks after the end of the reporting year. However, under section 14, the Chief Minister has granted an extension of the time when the report must be presented by you to the Legislative Assembly. The Chief Minister has granted the extension to the Legislative Assembly sitting day on 2 December 2021.

Yours sincerely



Paul A Gatenby AM
Professor Emeritus
MBBS PhD FRACP FRCPA
Chairman
ACT Health Human Research Ethics Committee

18 October 2021

Compliance statement – Human Research Ethics Committee

The Human Research Ethics Committee Annual Report 2020–21 must comply with the Annual Report Directions (the Directions) made under Section 8 of the Annual Reports Act. The Directions are found at the ACT Legislation Register: www.legislation.act.gov.au.

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to the Human Research Ethics Committee and the location of information that satisfies these requirements:

Part 1 Directions Overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The Human Research Ethics Committee Annual Report 2020–21 complies with all subsections of Part 1 under the Directions.

To meet Section 15 Feedback, Part 1 of the Directions, contact details for the Human Research Ethics Committee are provided within the Human Research Ethics Committee Annual Report 2020–21 to provide readers with the opportunity to provide feedback.

Part 2 Reporting entity Annual Report Requirements

The requirements within Part 2 of the Directions are mandatory for all reporting entities and the Human Research Ethics Committee complies with all subsections. The information that satisfies the requirements of Part 2 is found in the Human Research Ethics Committee Annual Report 2020–21 as follows:

- A. Transmittal Certificate, see the previous page
- B. Organisational Overview and Performance, see the next page. As the Human Research Ethics Committee sits within the ACT Health Directorate, all other subsections in Section B, Part 2 of the Directions are contained with the ACT Health Directorate Annual Report
- C. Financial Management Reporting, inclusive of all subsections, see Part C Financial management reporting of the ACT Health Directorate Annual Report.

Part 3 Reporting by Exception

The Human Research Ethics Committee has nil information to report by exception under Part 3 of the Directions for the 2020–21 reporting year.

Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

There are no specific annual requirements for the Human Research Ethics Committee.

Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the Human Research Ethics Committee. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic, Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address:

http://www.cmd.act.gov.au/open_government/report/annual_reports.

Human Research Ethics Committee Annual Report 2020–21

The ACT Health Human Research Ethics Committee (HREC) continues its work of reviewing human research proposals to ensure they meet the ethical standards set out in the National Statement on Ethical Conduct in Human Research (2007), which is jointly developed by the:

- National Health and Medical Research Council (NHMRC)
- Australian Research Council
- Australian Vice-Chancellors' Committee.

The Senior Director of Human Research Ethics and Governance Unit of the Centre for Health and Medical Research, August Marchesi, has continued to represent the HREC and the ACT Health Directorate (the Directorate) on the Jurisdictional Working Group that is managing the National Mutual Acceptance (NMA) of single scientific and ethical review for multi-centre health and medical research.

The Clinical Trials Subcommittee (CTSC) and the Social Research Subcommittee (SRSC) have continued to provide the HREC with expert advice on the research merit and integrity of research proposals. The Low Risk Subcommittee (LRSC) reviews and takes decisions on approximately two-thirds of all proposals received.

HREC and its subcommittees draw on the expertise available in:

- ACT Health
- the wider ACT research community
- more broadly, the ACT community.

As of June 2021, the HREC comprised:

- 10 external members
- eight internal ACT Health/Canberra Health Services members.

I would like to thank the members of the HREC and its subcommittees for their hard work and dedication to the enterprise of ethical review. On behalf of the committee, thanks is given to the Secretariat staff, August Marchesi, Sarah Marshall and Annaleise Liefting for their tireless work in keeping the ACT Health HREC and its processes operating at the highest standards.

Queries relating to this report may be directed to ethics@act.gov.au.

Professor Paul Gatenby

Chair

Meetings of the Ethics Committee and its subcommittees

The HREC met 11 times between 1 July 2020 and 30 June 2021. Meetings are held monthly between February and December of the calendar year.

The CTSC, under the chairmanship of Dr Phil Choi, met six times during the year. In each instance recommendations were made to the subsequent HREC meeting.

The SRSC, under the chairmanship of Dr Stewart Sutherland, met nine times during the year. In each instance recommendations were made to the subsequent HREC meeting.

A total of 38 new human research projects were reviewed by the HREC during the reporting period. These included 23 social research projects, 13 clinical projects and two endorsements for Authorised Prescriber applications.

Social research projects were conducted in the following areas:

- eight in Aboriginal and Torres Strait Islander health
- seven in mental health, including two with focus on COVID-19
- one each in aged care, COVID-19, general practice, obstetrics and gynaecology, palliative care, renal, workplace and neurology.

Methodologies employed in social research projects included:

- 10 surveys, interviews and focus groups
- five service evaluation
- four interventional studies
- four mixed methods (qualitative and quantitative) projects.

Clinical research projects included clinical trials undertaken with university and industry partners. A small trend emerged in the area of general surgery with three new submissions in that discipline. New clinical research applications were submitted in the following disciplines:

- three in general surgery
- two in urology
- two in trauma and orthopaedics
- two in medical oncology, including one with a focus on COVID-19
- one project each in obstetrics and gynaecology, mental health, haematology and cardiology.

Methodologies undertaken in new clinical research applications included:

- three surgical interventions
- two clinical trials other
- two phase I drug trials
- two biospecimen analysis projects
- one phase I device trial

- one exercise physiology intervention
- one retrospective analysis
- one clinical research.

Of the 38 proposals reviewed by the HREC, 35 were approved, and three did not meet the ethical standards and were not approved.

The LRSC, under the chairmanship of Professor Paul Gatenby, met 26 times during the year and reviewed 109 new projects. The LRSC meets fortnightly to enable a faster decision-making process for projects ‘in which the only foreseeable risk for participants is one of discomfort’ (NHMRC National Statement, page 15).

Of the low-risk research projects:

- two were case study projects
- 18 were service evaluations
- three were intervention studies
- one was a mixed methods study
- 12 were observational studies
- six were registry projects
- 44 were retrospective data analysis projects
- two were social research projects
- 14 used surveys, interviews or focus groups
- seven accessed stored biological samples.

Of the 109 proposals reviewed by the LRSC, 104 were approved, and five did not meet the criteria to be consider low risk and were referred to full HREC for further consideration.

Low-risk projects spanned numerous medical and allied health disciplines including:

- Alcohol and drugs
- Cardiology
- Chronic disease
- Emergency medicine
- Endocrinology
- Epidemiology
- Gastroenterology and hepatology
- General Practice
- Geriatric medicine
- Haematology
- Intensive care medicine
- Immunology
- Medical Oncology

- Nursing and Midwifery
- Neurology
- Obesity management
- Obstetrics and gynaecology
- Ophthalmology
- Palliative care
- Paediatrics
- Radiology
- Renal medicine
- Respiratory and sleep medicine
- General surgery
- Trauma and Orthopaedics.

The LRSC noted a trend in the submission of projects from general surgery (eight projects) and from the Royal Flying Doctors Service (four projects).

Key points arising

The COVID-19 pandemic continued to be a challenge in the 2020–21 reporting year. Seven new COVID-19 projects were considered in the reporting period. These ranged from mental health assessment to analysis of biological samples.

The total number of new research proposals was lower than previous years. During the reporting period 162 projects were reviewed, compared to 186 in the previous reporting period.

Office for Mental Health and Wellbeing Annual Report 2020–21

The Office for Mental Health and Wellbeing (the Office) aims to support the ACT Government's commitment to a whole-of-community, integrated approach to mental health and wellbeing, and suicide and self-harm prevention. This year, the Office continued to:

- embed the Territory-wide vision for mental health and wellbeing
- progress actions outlined in the [Office for Mental Health and Wellbeing Work Plan 2019–2021](#) (the Work Plan)
- undertake new work to respond to the emerging mental health needs related to the COVID-19 pandemic.

The ongoing challenges experienced as part of the pandemic (coming on top of the natural disasters) have impacted on the mental health and wellbeing of the community and highlighted the need to prioritise activities that will support the achievement of our shared Vision of:

A kind, connected and informed community working together to promote and protect the mental health and wellbeing of all.

Working with others

During 2020–21, the Office actively facilitated a number of government and sector consultation mechanisms that enabled the collaborative work of the Office to progress.

ACT Mental Health Advisory Council (the Council): The Council members provide advice to the Minister for Mental Health and the Coordinator-General. The Council met five times during 2020–21 and considered a range of topics. Information on the Council and meeting communique is available on the Office website.

Peak Mental Health Non-Government Organisations Committee: The Office met with the peak bodies on six occasions during 2020–21 to seek input into activities of the Office, consider joint activities, and identify the emerging trends and developments across the mental health sector.

The Mental Health and Wellbeing Inter-Directorate Committee (the Committee): This whole-of-ACT Government committee is managed by the Office to drive cross-government collaboration and develop priority mental health initiatives. The committee met five times during 2020–21.

The Children and Young People Community of Practice: This group has members from both government and non-government organisations (NGOs). The group met throughout the year to share information about and collaborate on mental health and wellbeing initiatives for children and young people in the ACT.

Implementing the Office Work Plan

Progress in 2020–21

In 2019, the Office launched a [three-year work plan](#), which set out three themes and eleven key deliverables. By the end of 2020–21, the Office has successfully completed eight of the key deliverables and progressed a further eight other projects. As flagged in the Work Plan, some deliverables and actions have evolved over time due to emerging broader developments and changing priorities. In response, the Office commenced work on a range of new activities to respond to these emerging needs.

The year ahead

The Office's key priorities for 2021–22 are to:

- complete the current work plan in December 2021
- consolidate learnings from the past three years and begin to scope and develop the next work plan.

The new work plan will build on the success of the first plan and look at areas identified through consultations and emerging needs in the ACT.

Mentally healthy communities and workplaces

Progress in 2020–21

Communication and community engagement activities

The Office is dedicated to ongoing mental health and wellbeing communication and community engagement activities. The Office [Newsletter](#) was prepared quarterly to highlight key projects, provide information for the community on mental health and wellbeing, and promote links to relevant websites. In addition, the Office provided [Newsflashes](#) and Newsbytes with information on emerging issues, and the [Office's website](#) provided a wide range of information and resources.

The Office contributed to Mental Health Month by promoting and engaging in multiple activities during October 2020, including a number of [webinars](#). The Office worked closely with the Mental Health Community Coalition (MHCC) on the Mental Health Month Awards and Grants Program.

A key communication activity during 2020–21 involved promoting strategies to support mental health and wellbeing during the COVID-19 pandemic.

Early support for children and young people

The 2019 [Review of Children and Young People in the ACT](#) made a number of the recommendations which have been progressed this year, including the development of an online portal. This year, work has progressed to develop the online triage and navigation portal for young people, parents and carers seeking mental health support, services and information. The Office engaged the Australian National University (ANU) and the Youth Coalition of the ACT to scope and undertake the initial consultation with the community for the portal.

In 2020, a tender process was undertaken to select an NGO to manage the portal and Marymead was announced as the successful tenderer. The Office and Marymead worked closely to continue stakeholder engagement and consultation with children and young people, parents and carers, and with service providers.

Suicide Prevention

See report on ACT LifeSpan, page 402.

The year ahead

During 2021–22, the Office will:

- continue to provide positive community messaging to promote mental wellbeing, including through radio, websites and events, and Mental Health Month in October 2021
- finalise contracts for the IT build and launch of the online Youth Navigation Portal for the ACT, and continue to develop the capacity and capability of the portal for the community
- continue its priority focus on multifaceted approaches to suicide prevention in the ACT – many of the strategies commenced under ACT LifeSpan will continue and evolve, including:
 - suicide prevention programs for young people
 - a major focus on Aboriginal and Torres Strait Islander suicide prevention, including supporting the development of a new culturally appropriate Indigenous Suicide Prevention Service and offering a further sessions of the culturally appropriate Indigenous Suicide Prevention Train the Trainer course
 - increasing awareness in the general community about tackling suicide and self-harm.

Support for individuals, families and carers

Key activities in 2020–21

Co-design process for young people experiencing moderate to severe mental health concerns

The 2019 Review of Children and Young People in the ACT identified a need for services targeting children and young people with moderate mental illness. The Office, in partnership with the Youth Coalition of the ACT and the Capital Health Network, led a key project to identify challenges for young people experiencing moderate mental health concerns. The work involved undertaking a consultation process with key service providers, to understand the challenges and issues facing this cohort of young people. The project has been guided by a cross-sectoral working group with both government and NGOs. The work has included reviewing the research and services in other jurisdictions, an in-depth analysis of the current service system working with this group, and identification of the current gaps and challenges.

People with complex support needs

This work is complemented by a project investigating how to achieve a coordinated response for people who require complex multi-agency responses. This year, this project has identified a range of ACT Government initiatives that are considering service gaps for people with complex needs.

Gender affirming guidance

The Office for Mental Health and Wellbeing and the Office of LGBTIQ+ Affairs, in collaboration with key stakeholders, commenced the development of guidance for delivering gender affirming mental health care. The purpose of the guidance is to assist medical and other health professionals and mental health workers (across primary care, non-government services and tertiary mental health services) to provide gender affirming mental health care. The working group met eight times from August 2020 until July 2021 to provide advice on the development of the guidance, as well as strategies for embedding guidance into practice.

Older persons mental health

The Office is currently developing the Re-envisioning Older Persons Mental Health and Wellbeing in the ACT Strategy 2021–2025 (the Strategy). The Strategy identifies initiatives that can be implemented over the next two to five years, to enhance the mental health and wellbeing of older Canberrans. The Strategy has been informed by consultation with a broad range of stakeholders including older people, mental health service providers, ACT Government agencies and the community sector, bringing together a range of perspectives on the key priorities. A Working Group met regularly over the year to guide the direction of this work.

The year ahead

During 2021–22, the Office will:

- develop recommendations to support young people in the community with moderate mental health concerns in accessing appropriate support and services
- launch the guidance for Gender Affirming Mental Health Care – this will be supported through funding of A Gender Agenda to develop resources to accompany the guidance
- complete the Older Persons Mental Health and Wellbeing in the ACT Strategy 2021–2025 and commence implementation of identified actions
- continue its priority focus on multifaceted approaches to suicide prevention in the ACT through:
 - improving the skills and confidence of frontline workers in addressing suicidal ideation
 - ensuring a compassionate approach and the inclusion of the voice of lived experience in all our suicide prevention work.

System capacity and workforce

Key activities in 2020–21

ACT Wellbeing Framework

The Office has continued to actively support the development of the [ACT Government Wellbeing Framework](#) by participating in the whole-of-government working group lead by the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) Wellbeing Framework Team. The first Wellbeing Framework dashboard was released in March 2020 and the Office supported development of the wording for the mental health indicators.

Taking a Strategic Approach to mental health and developing a Mental Health Outcomes Framework

The Office continued work on an approach for mental health outcomes to be embedded under the Wellbeing Framework. This work identified the need to develop an overarching strategic approach on which to build an outcomes framework. The strategic approach was developed to inform reform and build on a whole-of-government and whole-of-community commitment to mental health. It will enable the consideration of success in achieving the vision. The Office drafted the strategic approach utilising the range of community consultations that occurred in the development of other initiatives, including the Office Work Plan and the ACT Mental Health and Suicide Prevention Plan. Government and sector agencies have provided further input into the development of the outcomes framework.

Mental health modelling for the ACT

The Office has continued as a project partner for the ANU Centre for Mental Health Research project on the 'Use of simulation modelling to guide Mental Health Planning – A pilot study in ACT' and the development of a Children and Young People's Mental Health Atlas.

The Office has led a successful application for the ACT to be included as a site in the [Right care, first time, where you live](#) project being run by the Brain and Mind Centre, University of Sydney and enabled by the BHP Foundation. This project will co-develop decision-support tools using systems modelling and simulation to guide investments in sustained, coordinated and digitally-enhanced youth mental health care.

The year ahead

During 2021–22, the Office will:

- finalise the Strategic Approach and Outcomes Framework for Mental Health in the ACT and progress the identification of the outcome measures to be used under the Framework – the first reporting is expected in the 2022–23 financial year
- lead the ACT participation in the Right care, first time, where you live project
- continue its priority focus on multifaceted approaches to suicide prevention in the ACT by:
 - supporting improvements in suicide and self-harm data and monitoring in the ACT, including progressing an ACT suicide register specific to the local region and the ACT.

Research, evaluation and quality improvement

Key activities in 2020–21

Mid-term review

In 2019–20, the Office developed an Evaluation Framework to guide future evaluations of the Office over its four-year commitment. This framework was used as the basis for the Mid-Term Review that was undertaken in 2020.

The [OMHW Mid-Term Review Final Report](#) was released in November 2020. The review identified that the Office is filling a critical gap by pursuing system integration and systemic quality improvements in the ACT,

which should in the longer term contribute to better mental health and wellbeing outcomes for the community as a whole.

Promoting research and development

The Office has promoted and supported broader community surveys to include questions on the mental health and wellbeing of participants, particularly in relation to the impact of the pandemic. The results of these surveys have been used in policy and program development activities.

The Office has also promoted research by supporting student placements.

Promoting quality improvement

The Office has continued to collaborate with the Centre for Health and Medical Research and Health Analytics Research Collaboration (HARC) to focus on Value Based Health Care Seminar Series through interactive [webinars](#), to explore and discuss the adaptation and update of a Value Based Healthcare model in the ACT. There were eight webinars in total with around 40 attendees from ANU, University of Canberra (UC), ACT Health Directorate (the Directorate) and Canberra Health Services (CHS). The collaboration has created a strong bridge between research and practice in the ACT, fostering application of research to the health setting.

The year ahead

During 2021–22, the Office will:

- continue to co-sponsor and promote mental health webinars on emerging research and current issues
- promote research findings and key developments in mental health
- identify further actions related to research evaluation and quality improvement for the next Office Work Plan.

ACT LifeSpan

The [LifeSpan](#) high-fidelity research trial was implemented in the ACT by the Office for Mental Health and Wellbeing from November 2018 to 30 June 2021. The LifeSpan model was developed by the [Black Dog Institute](#) (BDI) in partnership with clinicians, researchers, community groups and people with lived experience of suicide. The sections below set out the key achievements of the ACT LifeSpan trial in its final year of operation.

LifeSpan Action Plan, developed in collaboration with BDI and the LifeSpan Steering Committee, was progressed during 2020–21 with some changes in timeframes and methodologies due to COVID-19 restrictions. Despite some unavoidable delays in progressing certain strategies, the Plan's key activities were successfully delivered.

During the trial, the ACT LifeSpan Steering Committee provided oversight, input and advice on key LifeSpan strategies and initiatives. Members of the committee consisted of key suicide prevention stakeholders within the ACT. The establishment of this proactive Steering Committee and a network of Working Groups focusing on different aspects of suicide prevention enabled stakeholders from across the ACT to effectively collaborate.

Schools

In partnership with ACT Education, the [Youth Aware of Mental Health](#) (YAM) program has continued for Year 9 students in ACT high schools. During 2020–21, 3,144 students across 17 ACT Public, Catholic and Independent high schools have completed the program.

In 2021, ACT schools participating in the YAM program were invited to take part in a research evaluation of YAM. Led by BDI and ANU, 500 students across five ACT schools have participated in the research. The outcomes of the research will inform future directions in youth mental health programs in ACT schools. The research evaluation is expected to run until Term 4 2021, with preliminary results presented by Black Dog Institute in 2022.

The Schools Working Group comprised members from ANU, Catholic Education, the ACT Association of Independent Schools, Headspace, Black Dog Institute, ACT Education Directorate, Mental Illness Education ACT, and schools participating in the YAM program. The Schools Working Group provided a platform for members to share their experiences of the YAM program, encourage engagement with YAM, and build networks within the youth mental health sector.

Aboriginal and Torres Strait Islander peoples

The ACT LifeSpan Aboriginal and Torres Strait Islander Working Group gave appropriate advice as to culturally appropriate Indigenous suicide prevention strategies and supported the development of a targeted approach to Indigenous suicide prevention in the ACT.

A needs assessment of the ACT community's view on a recommended Aboriginal and Torres Strait Islander Suicide Prevention Service for the ACT was completed to support further action and a business case for ACT Government funding. The proposed new culturally appropriate Indigenous Suicide Prevention Service has since been approved by the ACT Government and has been put out to tender.

During the October 2020 Mental Health Month, this Working Group supported a webinar in relation to important Indigenous mental health and suicide issues. This successful webinar was attended by some 50 participants.

The Working Group also recommended the first culturally appropriate Indigenous Suicide Prevention Train the Trainer course. The course was delivered by Wesley Life Force Training in early December 2020. Six members of the Aboriginal and Torres Strait Islander Community received culturally appropriate suicide prevention training and subsequently conducted suicide prevention workshops for the local community.

Community

This year, suicide prevention training programs across the ACT community were promoted, including [Question, Persuade, Refer](#) (QPR), [Applied Suicide Intervention Skills Training](#) (ASIST) and Youth in Distress.

Over 1,500 community members completed the one-hour QPR free online gatekeeper training in suicide prevention – a program designed to improve their skills and confidence in supporting someone they have identified as being at risk.

Over 100 ACT Education staff completed ASIST training to build skills in identifying and responding to a suicidal crisis. The two-day training builds skills in recognising when someone may be at risk of suicide,

ensuring their immediate safety and making referrals to relevant supports. In response to demand for ASIST training in school communities, seven ACT Education staff also completed the ASIST Trainer Training.

Fourteen ACT Education School Psychologists completed Youth in Distress training. Youth in Distress builds on the current skills of school counselling staff to develop confidence in undertaking risk assessments and safety planning for youth in distress.

On 10 September 2020, the Office together with ACT StandBy and Erindale Police Community Youth Club (PCYC) held a community BBQ for [R U OK?](#) Day. The event aimed to promote and engage community in a National Day of Action to encourage attendees to regularly and meaningfully ask “Are U OK?” to support those struggling with mental health. Approximately 100 attendees including students and teachers from Erindale College, Mental Illness Education ACT, Black Dog Institute, the ACT Minister for Mental Health, local community members, and television news media attended.

Health

Work with CHS and the Directorate has resulted in the implementation of Connecting with People (CwP) compassion-based suicide prevention training for health professionals, and BDI’s RESTORE study. This included consideration of the implementation of ‘Guidelines for integrated suicide-related crisis and follow-up care in emergency departments and other acute settings’ by CHS.

Developed by Dr Alys Cole-King from [4 Mental Health](#) (4MH) United Kingdom (UK), CwP is a training approach to suicide prevention that challenges the traditional notions of risk quantification, prediction, and management of suicidality. Emphasis on the use of compassionate and informed engagement with those in suicidal distress is championed. CwP incorporates clinical tools which assist clinicians to accurately identify and mitigate individual risks, leading to the creation of a Safety Plan.

Procurement of CwP was via a single select process with 4MH UK. Training commenced within Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS) in March 2021. By June 2021, 16 CwP Trainers had been trained, and approximately 200 CHS staff had completed training. Planning for CwP training within emergency departments in ACT Hospitals also commenced during this period.

BDI’s RESTORE study investigated the experience of care seekers, their carers and staff who have engaged with suicidal distress and self-harm in the Canberra Hospital and Calvary Public Hospital emergency departments. Care seekers and their carers’ experiences were collected via survey and staff experiences were collected via a series of in-person focus groups. A final report with recommendations for systemic improvement is due in 2021.

Improving public safety

There have been Improvements in suicide and self-harm data and monitoring in the ACT, including commencing work to set up an ACT suicide register and the BDI ACT Suicide Audit – a comprehensive overview of suicide and self-harm data for the ACT region.

Mindframe Plus training was provided to Communications and Media to ensure they present messaging around suicide in an appropriate manner. Two Mindframe workshops were provided by Everymind, focussing on safe and purposeful media reporting about suicide.

Evaluation of LifeSpan

The three-year ACT Government implementation of the LifeSpan Suicide Prevention Framework with BDI concluded on 30 June 2021. BDI is completing a comprehensive evaluation of ACT LifeSpan as one of five high-fidelity research trial sites. Early research findings from the trial indicate that ACT LifeSpan has greatly improved collaboration on suicide prevention activity across the local community. The Australian Institute of Health Innovation has completed a Social Network Analysis of the improvement in collaboration around suicide prevention generated in the ACT by LifeSpan, which demonstrates that there has been a 73 per cent increase in collaboration locally during the course of the implementation.

The mental health impact of the COVID-19 pandemic

In 2020–21, the COVID-19 pandemic continued to impact on the regular work program for the Office and required an ongoing response to understand, monitor and address the mental health needs of our community.

Key activities in 2020–21

The Office continued to work closely with key ACT Government directorates and NGOs to develop mental health communication messages for the community, including for the Directorate and the COVID-19 specific websites. It promoted the messages through the Office Newsletter and Newsflashes.

The Office, in partnership with the Directorate's Strategic Communications, oversaw the development of COVID-19 Mental Health and Wellbeing Communication Campaign that ran from June to September 2020. In collaboration with the ACT Education Directorate, a social media campaign was run on 24 December 2020 and in January 2021.

The Office also:

- continued to monitor and interpret data to track the impacts on the population and at the clinical service system level
- continued to participate in National and Territory forums considering the ongoing impacts of the pandemic and other disasters
- participated in planning for the expansion of services and supports funded through the ACT Government's 2020 [Mental Health Support Package](#) and February 2021 budget
- participated in ACT Government whole-of-government planning for community recovery.

The year ahead

In response to the ongoing COVID-19 pandemic, during 2021–22 the Office will continue to:

- monitor emerging trends in relation to the impact of the pandemic on mental health
- support communication messaging to respond to emerging mental health needs across the community
- contribute to the whole-of-government planning for community recovery
- collaborate with community and government agencies in systemic reform in mental health.



Rachel Stephen-Smith MLA
Minister for Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister,

2020-21 Radiation Council Annual Report

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2021*.

It has been prepared in conformity with other legislation applicable to the preparation of the Annual Report by the ACT Radiation Council.

I certify that the information in the attached report and information provided for whole of government reporting, is an honest and accurate account and that all material information on the operations of the Radiation Council has been included for the period 1 July 2020 to 30 June 2021.

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the Report to the Legislative Assembly within 15 weeks after the end of the reporting year. However, under section 14, the Chief Minister has granted an extension of the time when the report must be presented by you to the Legislative Assembly. The Chief Minister has granted the extension to the Legislative Assembly sitting day on 2 December 2021.

Yours sincerely

Elizabeth Croft
Chair
ACT Radiation Council

21 October 2021

Compliance statement – Radiation Council

The Radiation Council Annual Report 2020–21 must comply with the Annual Report Directions (the Directions) made under Section 8 of the Annual Reports Act. The Directions are found at the ACT Legislation Register: www.legislation.act.gov.au.

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to the Radiation Council and the location of information that satisfies these requirements:

Part 1 Directions Overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The Radiation Council Annual Report 2020–21 complies with all subsections of Part 1 under the Directions.

To meet Section 15 Feedback, Part 1 of the Directions, The ACT Health Protection Service, (hps@act.gov.au) as secretariat for the Radiation Council are provided within the Radiation Council Annual Report 2020–21 to provide readers with the opportunity to provide feedback.

Part 2 Reporting entity Annual Report Requirements

The requirements within Part 2 of the Directions are mandatory for all reporting entities and the Radiation Council complies with all subsections. The information that satisfies the requirements of Part 2 is found in the Radiation Council Annual Report 2020–21 as follows:

- A. Transmittal Certificate, see the previous page
- B. Organisational Overview and Performance, see the next page. As the Radiation Council sits within the ACT Health Directorate, all other subsections in Section B, Part 2 of the Directions are contained with the ACT Health Directorate Annual Report
- C. Financial Management Reporting, inclusive of all subsections, see Part C Financial management reporting of the ACT Health Directorate Annual Report.

Part 3 Reporting by Exception

The Radiation Council has nil information to report by exception under Part 3 of the Directions for the 2020–21 reporting year.

Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

There are no specific annual requirements for the Radiation Council.

Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the Radiation Council. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic, Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address:

http://www.cmd.act.gov.au/open_government/report/annual_reports.

Radiation Council Annual Report 2020–21

It is my pleasure to present the Annual Report of the Radiation Council (the Council) for 2020–21.

The Council has had another productive year, continuing to issue licences, register radiation sources and consider issues that may affect the ACT community with regards to radiation safety and protection.

I wish to express my gratitude to the members of the Council for their generous time commitment, the sharing of their significant skills, knowledge and experience, and their dedication to the safe and effective use and management of radiation sources within the ACT throughout 2020–21.

In particular, I would like to further acknowledge and express my appreciation to those members of the Council who are ACT Government employees and who provided their services without additional remuneration over the past year. The Radiation Council and ACT Health Protection Service are indebted to them for their significant expertise and contributions over the past 12 months.

Finally, I would like to express gratitude on behalf of the Council towards the staff of the Health Protection Service who have provided secretariat services over the past 12 months.

Council functions

The [Radiation Protection Act 2006](#) (the Act) controls the safe use, storage, transportation and disposal of radioactive material and irradiating apparatus. The Council is established under Part 5 of the Act and has the following functions:

- issuing licences
- registering regulated radiation sources
- advising the Minister on radiation protection issues
- exercising any other function given to it under the Act or another territory law.

Council membership

The composition of the Council is specified in section 65 of the Act. Seven members are currently appointed to the Council, as shown in Table 67, and the duration of appointments has recently been extended by one year for all members.

Table 67: Council members

Name	Position held	Appointed until
Elizabeth Croft	Chair	30 September 2022
Fiona Jolly	Deputy Chair	30 September 2022
Donald McLean	Member	30 September 2022
Stephen Tims	Member	30 September 2022
Dayanethee Krishna	Member	30 September 2022

Name	Position held	Appointed until
Bradley Whittaker	Member	30 September 2022
Jayanti Gupta	Member	30 September 2022

Council meetings 2020–21

The Council meets approximately every six weeks and met ten times during 2020–21. Meetings were held in:

- July, September, October, November, and twice in December of 2020
- February, March, April, and June of 2021.

Regulatory standards

The Council refers to several standards, codes of practice, safety guides, and recommendations when:

- considering matters relating to radiation protection
- issuing licences and approving registrations under the Act.

This includes documents in the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Radiation Protection Series, which are available free of charge from www.arpansa.gov.au.

National Directory for Radiation Protection

The National Directory for Radiation Protection (the Directory) provides the basis for achieving uniformity of radiation protection practices across Australian jurisdictions and is an incorporated document under the Act. The Directory is designed to be regularly updated to reflect the best radiation protection practice of the time. The Directory is prepared by the ARPANSA Radiation Health Committee and is only updated in accordance with prescribed processes.

The Council is regularly briefed on developments about the work of the ARPANSA Radiation Health Committee. ACT Health has a jurisdictional representative appointed to the Committee.

Council activities

The Council issued 260 new licences during 2020–21, bringing the total number of licence holders in the ACT to 1,615. This is a 12.3 per cent increase (177 licences) on last year.

The Council registered 36 new radiation sources during 2020–21, bringing the total number of registered radiation sources in the ACT to 771. This is a 2.3 per cent increase (17 sources) on last year.

Council achievements

- The Council has progressed its review of the Code of Practice for compliance testing of radiation apparatus, in preparation for introducing periodic testing requirements in the ACT. The Code of Practice and the periodic testing frequencies are being developed with a view to increasing national uniformity in the regulatory requirements for radiation sources. Although it was anticipated that the

review would be completed in the 2020–21 financial year, recent developments in the testing requirements for New South Wales and Queensland resulted in further work being necessary to assess the alignment of the Code of Practice with these jurisdictions. The review will be completed by the end of 2021. Stakeholder input will be invited from ACT source registration holders and shielding designers prior to finalising the Code of Practice and introducing periodic testing requirements.

- The Council reviewed and endorsed updates to Radiation Safety webpages to replicate decisions made by the Council throughout the year.
- The Council has begun progressing the recommendations of the 2018 review of the *Radiation Protection Act 2006*.

Radiation incidents

Sixteen radiation incidents, summarised in Table 68, were reported to the Council during the year and underwent further investigation.

Table 68: Radiation incidents

Incident type	No. of incidents	Details
Radiotherapy	3	Minor treatment volume variation due to incorrect patient alignment on three patients.
Radiology (X-ray)	3	Incorrect procedure carried out on three patients.
Radiology (CT)	6	<ul style="list-style-type: none"> • Problems with the referral for four patients. • Incorrect protocol for one patient. • Unplanned repeat imaging for one patient.
Nuclear Medicine	4	<ul style="list-style-type: none"> • Wrong type of radionuclide administered for two patients. • Malfunction of scanning equipment after the radionuclide had been administered for two patients.

In line with the ACT Health Risk Management Guidelines, all 16 incidents were deemed insignificant. The areas involved undertook reviews of working systems and, where necessary, amended procedures to reduce the likelihood of similar incidents occurring in the future.

Following investigation, all 16 of these incidents have been reported to ARPANSA for inclusion on the Australian Radiation Incident Register (ARIR) in line with the reporting categories. The 16 incidents were considered to be of minor consequence.

Enforcement and remedial actions by the Council

No legal proceedings were commenced in 2020–21.

All correspondence should be addressed to the:

Secretariat
Radiation Council
C/- Health Protection Service

Locked Bag 5005
WESTON CREEK ACT 2611

Phone: (02) 5124 9700

Email: hps@act.gov.au

Website: www.health.act.gov.au/businesses/radiation-safety



Elizabeth Croft

Chair

ACT Local Hospital Network Annual Report 2020–21

Overview

The ACT Government manages system-wide public hospital and health service delivery, planning and performance, which includes funding public hospital and health services, and capital planning.

The ACT Local Hospital Network, established in accordance with the [National Health Reform Agreement](#), and managed in accordance with the [Health \(National Health Funding Pool and Administration\) Act 2013](#), is administered by the Director-General of the ACT Health Directorate (the Directorate). The ACT Local Hospital Network is supported by the Directorate's staff.

The ACT Local Hospital Network receives funding from the Commonwealth, and the ACT and other state and territory governments. In the last category, funding is mainly received from the NSW Government for patients accessing services from the surrounding NSW region.

The ACT Local Hospital Network funds public hospital and health services delivered by the following main providers:

- [Canberra Health Services](#) (CHS), which operates [Canberra Hospital](#), the [University of Canberra Hospital](#), and the network of community health centres and walk-in centres
- [Calvary Health Care ACT Limited](#), which operates [Calvary Public Hospital Bruce](#) under contract with the ACT Government, as well as [Clare Holland House Hospice](#)
- Tresillian Family Care Centres, which operates, under contract with the ACT Government, the [Queen Elizabeth II Family Centre](#).

The ACT Local Hospital Network also purchases elective surgery services from a range of private providers, including:

- Calvary Bruce Private Hospital
- Calvary John James Hospital
- Canberra Microsurgery
- Canberra Private Hospital
- Barton Private Hospital
- National Capital Private Hospital.

In accordance with the National Health Reform Agreement, the ACT Local Hospital Network had a formal annual service level agreement with the ACT Minister for Health in 2020–21. The ACT Local Hospital Network 2020–21 Service Level Agreement can be found under [Publications](#) on the ACT Health website.

Key sections of the Service Level Agreement identified for the 2020–21 financial year were:

- the services provided by the ACT Local Hospital Network
- funding provided to the ACT Local Hospital Network to provide these services

- the main service performance priorities and agreed targets.

The key performance indicators in the Agreement included:

- the Directorate’s strategic indicators:
 - Strategic Indicator 2.1 – Performing more Elective Surgery
 - Strategic Indicator 2.2 – Reducing the Waiting List for Elective Surgery
 - Strategic Indicator 2.3 – Improving Timeliness of Emergency Department Treatment
 - Strategic Indicator 2.4 – Surgical complications requiring unplanned return to theatre
 - Strategic Indicator 2.5 – Avoidable Readmissions to Hospital
- the Directorate’s accountability indicators for elective surgery admission timeliness and timeliness of emergency department treatment commencement under Output Class 1.1, and mental health clients with outcome measures completed under Output Class 1.3
- the ACT Local Hospital Network’s Strategic Indicator 1 – Performance Agreements with Public Hospital Service Providers in place, and accountability indicators under Output Class 1.1 for activity measured in National Weighted Activity Units for:
 - Admitted Services
 - Non-admitted Services
 - Emergency Services
 - Acute Admitted Mental Health Services
 - Sub-Acute Services
 - Total in Scope.

Demand for hospital and health services in the ACT has significantly increased. Work to improve access to high-quality and timely healthcare is ongoing, and the Directorate is partnering and collaborating with ACT Local Hospital Network service providers to help manage the demand.

All service providers are focused on improving the timeliness, quality and flow of patient care across all areas of the public health system.

Operational initiatives in 2020–21 included:

- receiving and distributing funding for public hospital and health services under the [National Health Reform Agreement](#) and the [National Partnership Agreement on COVID-19 Response](#)
- monitoring service delivery against activity targets and results against key performance indicators
- measuring objectives, including access to services, quality, and safety.

ACT Local Hospital Network Strategic Objective

Strategic Objective 1: Establishment of an integrated planning, funding and performance monitoring framework that drives coordinated, high-quality health care service delivery

Table 69: Number of Public Hospital Performance Agreements

Strategic Indicator	2020–21 Target	2020–21 Outcome
Performance Agreements with Public Hospital Service Providers in place	2	2

This indicator covers governance frameworks for the two main ACT Local Hospital Network service providers:

- CHS, for the services provided through the Canberra Hospital, University of Canberra Hospital, and the network of community health centres and walk-in centres
- Calvary Health Care ACT Ltd, for the services provided through Calvary Public Hospital Bruce and Clare Holland House Hospice.

CHS' performance framework was set through the strategic indicators and accountability objectives assigned to CHS in the Canberra Health Services 2020–21 Budget Statement and reported through the Canberra Health Services Annual Report and Statement of Performance.

The Directorate, on behalf of the ACT and Calvary Health Care ACT Ltd, executed a Performance Plan in 2020–21, as per the requirements of the Calvary Network Agreement. The Calvary Network Agreement and Performance Plan are the mechanisms to monitor and manage performance delivery for services delivered through Calvary Public Hospital Bruce and Clare Holland House Hospice.

Contact details: For more information on this section, contact LHNCoord@act.gov.au.

ACT Local Hospital Network Management discussion and analysis for the year ended 30 June 2021

Management Discussion and Analysis for the ACT Local Hospital Network For the Year Ended 30 June 2021

General Overview

Purpose

The ACT Local Hospital Network (LHN), established in accordance with the *National Health Reform Agreement*, and managed in accordance with the *Health (National Health Funding Pool and Administration) Act 2013*, is administered by the Director-General of the ACT Health Directorate. The LHN is supported by the ACT Health Directorate's staff.

The LHN receives funding from the Commonwealth, the ACT and other State and Territory Governments. Funding from other State and Territory Governments is mainly received from the NSW Government for patients accessing services from the surrounding NSW region.

The LHN funds public hospital and health services provided through the following providers:

- Canberra Health Services (CHS), which includes Canberra Hospital and the University of Canberra Hospital;
- Calvary Health Care ACT Limited, through Calvary Public Hospital Bruce (CPH) and Clare Holland House Hospital (CHH); and
- Tresillian Family Care Centres, through the Queen Elizabeth II Family Centre (QEII).

Risk Management

Under the *National Health Reform Agreement* (NHRA), there is a soft funding cap of 6.5 per cent on the prior financial year. Therefore, if actual activity is lower than budgeted for in any particular financial year, this can result in lower Commonwealth revenue to the ACT Government in the subsequent financial year. During 2019-20 the Australian Government offered State and Territory Governments a minimum funding guarantee to address the consequences of changes in hospital activity and costs resulting from COVID-19 on the national public health funding model.

The Australian Government also partnered with States and Territories to respond in a unified approach, to implement a *National Partnership on COVID-19 Response* (NPCR) for 2020-21.

In March 2020, the Australian Government and all States and Territories signed the NPCR, committing the parties to fund equally their share of COVID-19 in-scope expenses while the Australian Health Sector Emergency Response Plan for COVID-19 is activated, as declared by the Australian Health Protection Principal Committee (AHPPC).

The NPCR facilitates achievement of the following outcomes:

- the capacity of Australia's health system is lifted to effectively assess, diagnose, and treat people with COVID-19 while minimising the spread of the disease in the community;
- people at risk from COVID-19 can access essential health care in a way that reduces their potential exposure to infection;
- the roll out of a national immunisation program; and

- guarantee the viability of private hospitals, to retain capacity for responding to COVID-19 and enable them to resume operations at the end of the pandemic.

The NPCR envisages that COVID-19 responses may require the engagement of private hospitals in several ways:

- the provision of clinical services to support COVID-19 response at the direction of States and Territory health services;
- the provision of clinical services to support COVID-19 response at the direction of the Australian Government; and
- the provision of resources (personnel, equipment, or supplies) to support the State and Territory or Australian Government COVID-19 response.

In recognition of private hospital engagement and support for COVID-19 response, the NPCR makes provision for payments to be made to participating private hospitals to ensure their viability and retain their capacity during the pandemic.

Financial Performance

The following financial information is based on audited Financial Statements for 2019-20 and 2020-21, in addition to the forward estimates contained in the 2020-21 ACT Local Hospital Network Budget Statements.

Total Net Cost of Services

Table 1: Total Net Cost of Services

	Actual 2019-20 \$m	Budget 2020-21 \$m	Actual 2020-21 \$m	Forward Estimate 2021-22 \$m	Forward Estimate 2022-23 \$m	Forward Estimate 2023-24 \$m
Total Expenses	1 445.5	1 589.8	1 494.4	1 534.9	1 549.1	1 577.4
Total Own Source Revenue	586.3	689.7	584.6	713.0	750.0	789.2
Total Net Cost of Services	859.2	900.1	909.8	821.9	799.1	788.2

Comparison to Budget

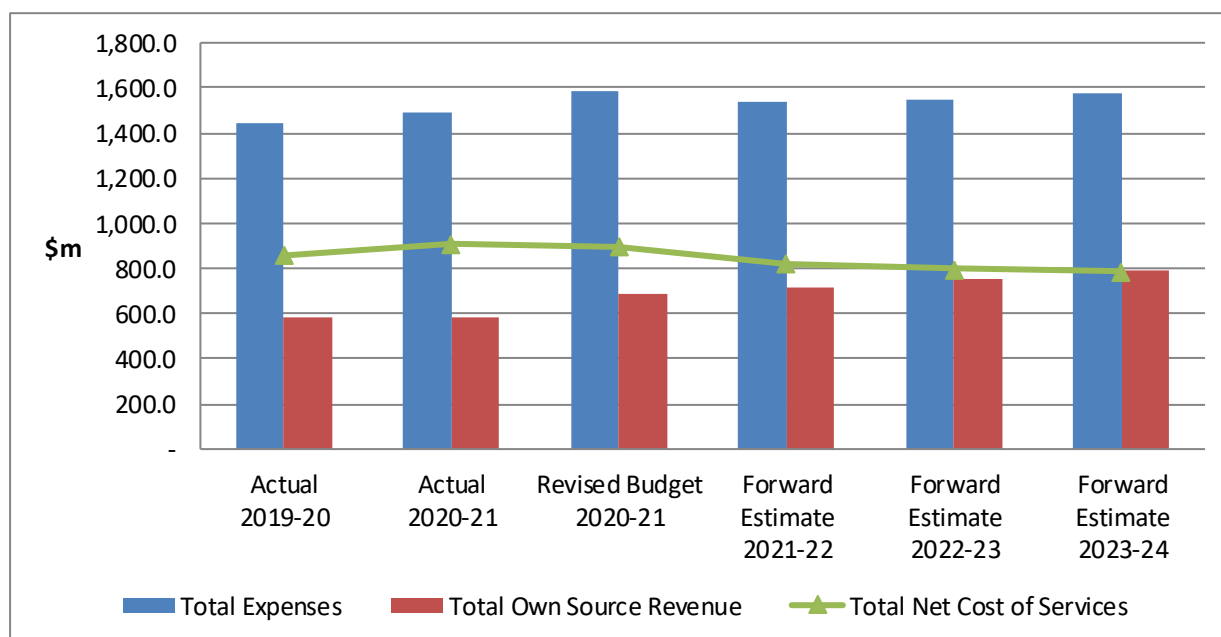
The LHN's net cost of services for 2020-21 of **\$909.8 million** was **\$9.7 million** or **1.1 per cent** higher than the 2020-21 Budget. This was mainly due to the expenses relating to additional COVID-19 testing requirements (\$8.4 million).

Comparison to 2019-20 Actual Net Cost of Services

During 2020-21, net cost of services increased by **\$50.6 million** or **5.9 per cent** compared to the 2019-20 net cost of services of **\$859.2 million**. This was mainly due to increase in payments to health service providers and the ACT Health Directorate for the ongoing public health response to COVID-19, the COVID-19 vaccination program, growth in services and new initiatives.

Future Trends

Figure 1: Net Cost of Services



Total own source revenue is expected to increase at a faster rate than the growth of total expenditure resulting in lower net cost of services over time.

Total Expenditure

Components of Expenditure

Total expenditure for the Financial Year ended 30 June 2021 was **\$1 494.4 million**.

Figure 1 – Components of Expenditure, indicates that **98.7 per cent** of total expenditure relates to grants and purchased services.

Figure 1: Components of Expenditure

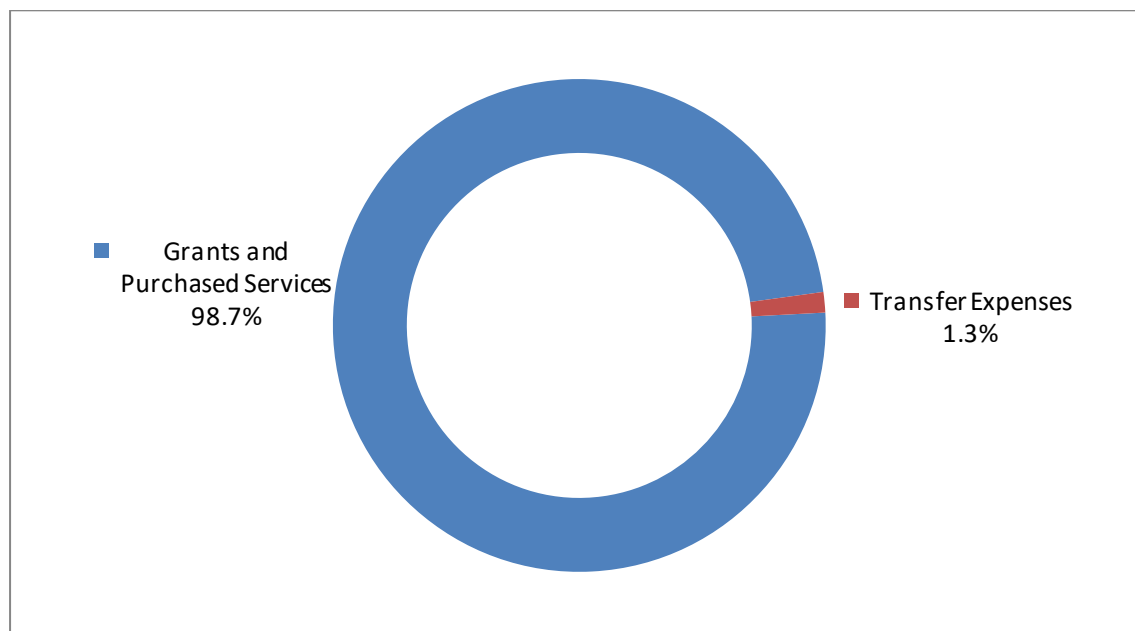


Table 2: 2020-21 Expenditure Variations from Budget

	Actual 2020 \$m	Actual 2021 \$m	Budget 2021 \$m	Budget Variance \$m
Grants and Purchased Services	1 434.2	1 474.4	1 571.4	97.0
Transfer Expenses	11.3	20.0	18.4	(1.6)
Total Expenditure	1 445.5	1 494.4	1 589.8	95.4

Comparison to Budget

Total expenditure of **\$1 494.4 million** is **\$95.4 million** or **6.0 per cent** lower than the 2020-21 Budget. This was mainly due to:

- the budget figures reflecting new requirements for Cross Border health receipts to be transacted through the ACT Health Directorate prior to being on-passed to the LHN, resulting in both revenue and expenditure budgets being overstated (\$87.6 million); and
- funds relating to the NPCR being returned to the Commonwealth following reconciliation of actual activity levels for 2019-20 in connection with COVID-19 hospital service payments.

Comparison to 2019-20 Actual Expenses

Expenditure for 2020-21 was **\$48.9 million** or **3.4 per cent** higher than the 2019-20 expenditure of **\$1 445.5 million**. This was mainly due to higher expenses in:

- ‘Grants and Purchased Services’ (\$40.2 million) mainly due to payments to health service providers for the ongoing response to COVID-19, growth in services and new initiatives; and
- ‘Transfer Expenses’ (\$8.7 million) relating to payments made to the ACT Health Directorate to facilitate the public health emergency response to COVID-19 and the COVID-19 vaccination program.

Total Own Source Revenue

Components of Own Source Revenue

Total own source revenue for 2020-21 was **\$584.6 million**. *Figure 2 - Components of Own Source Revenue*, indicates that **79.6 per cent** or **\$465.6 million** of total own source revenue relates to grants and contributions with the remaining revenue received from sales of goods and services from contracts with customers (\$119.0 million).

Figure 2: Components of Own Source Revenue

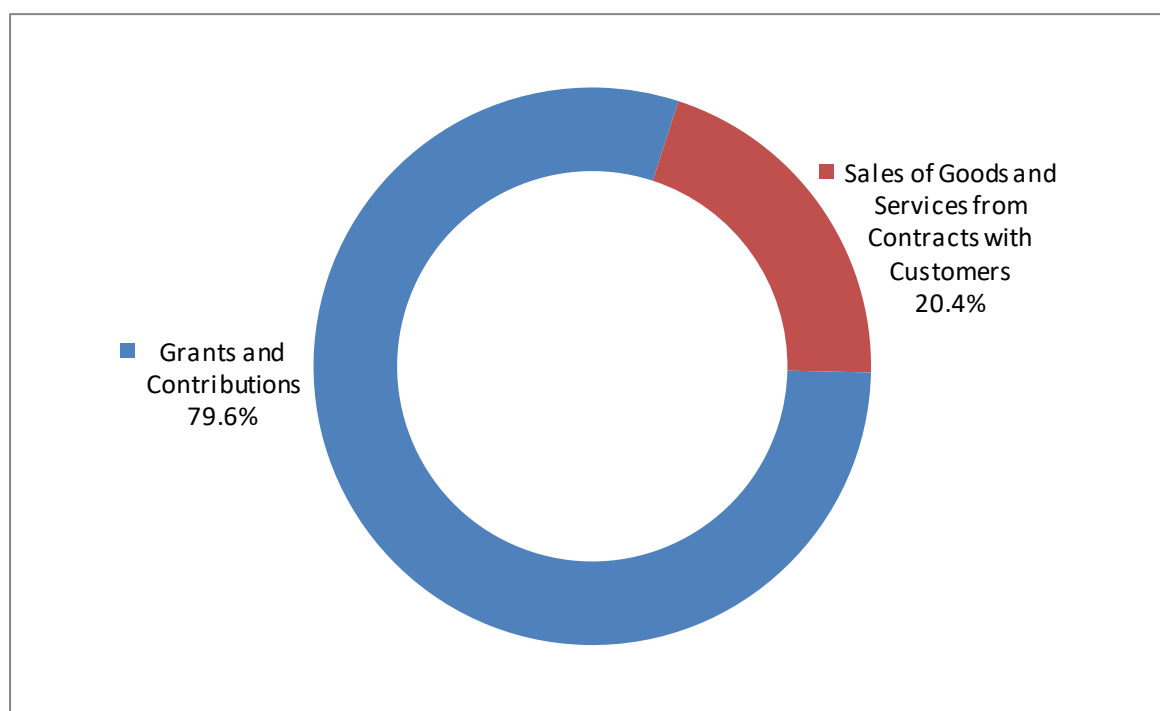


Table 3: 2020-21 Revenue Variations from Budget

	Actual 2020 \$m	Actual 2021 \$m	Budget 2021 \$m	Budget Variance \$m
Sales of Goods and Services from Contracts with Customers	116.6	119.0	200.7	(81.7)
Grants and Contributions	469.7	465.6	489.0	(23.4)
Total Own Source Revenue	586.3	584.6	689.7	(105.1)

Comparison to Budget

Own source revenue in 2020-21 of **\$584.6 million** was lower than the 2020-21 Budget by **\$105.1 million** or **15.2 per cent**, mainly due to:

- the budget figures reflecting new requirements for Cross Border health receipts to be transacted through the ACT Health Directorate prior to being on-passed to the LHN, resulting in both revenue and expenditure budgets being overstated (\$87.6 million); and
- lower Commonwealth funding (\$23.9 million) mainly due to reconciliation of prior year NPCR funding relating to hospital service payments for COVID-19 and the budget profile being inconsistent with the NHRA minimum funding guarantee.

Comparison to 2019-20 Actual Own Source Revenue

Own source revenue for 2020-21 was **\$1.7 million** or **0.3 per cent** lower than in 2019-20.

Financial Position

Total Assets

Total assets at 30 June 2021 were **\$68.0 million**. *Figure 3 - Components of Assets* indicates that the majority of assets relate to receivables (96.8 per cent) with the remaining 3.2 per cent being cash.

Figure 3: Components of Assets

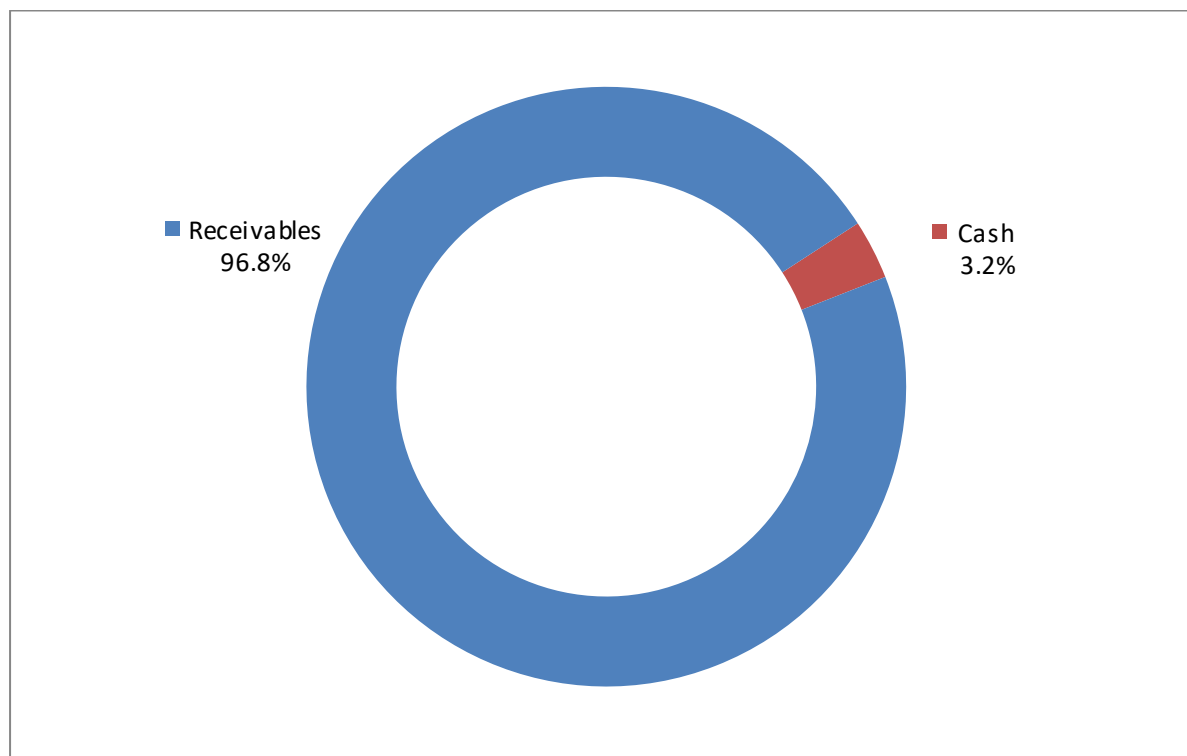


Table 4: 2020-21 Asset Variations from Budget

	Actual 2020 \$m	Actual 2021 \$m	Budget 2021 \$m	Budget Variance \$m
Cash	6.0	2.2	-	2.2
Receivables	63.8	65.8	63.8	2.0
Total Assets	69.8	68.0	63.8	4.2

Comparison to Budget

Total assets at 30 June 2021 of **\$68.0 million** were **\$4.2 million** higher than the 2020-21 Budget of \$63.8 million.

Comparison to 2019-20 Actual Total Assets

Total assets at 30 June 2021 of **\$68.0 million** were **\$1.8 million** lower than the 2019-20 actual result, mainly relating to lower cash at bank (\$3.8 million) due to a higher balance at the end of 2019-20 relating to Commonwealth funding held for private hospital financial viability payments. These funds were returned to the Commonwealth or paid out to private hospitals during 2020-21.

Total Liabilities

Total liabilities at 30 June 2021 were **\$45.2 million**. *Figure 4 - Components of Liabilities* indicates that the majority of liabilities relate to payables (94.2 per cent) with the remaining 5.8 per cent being other liabilities.

Figure 4: Components of Liabilities

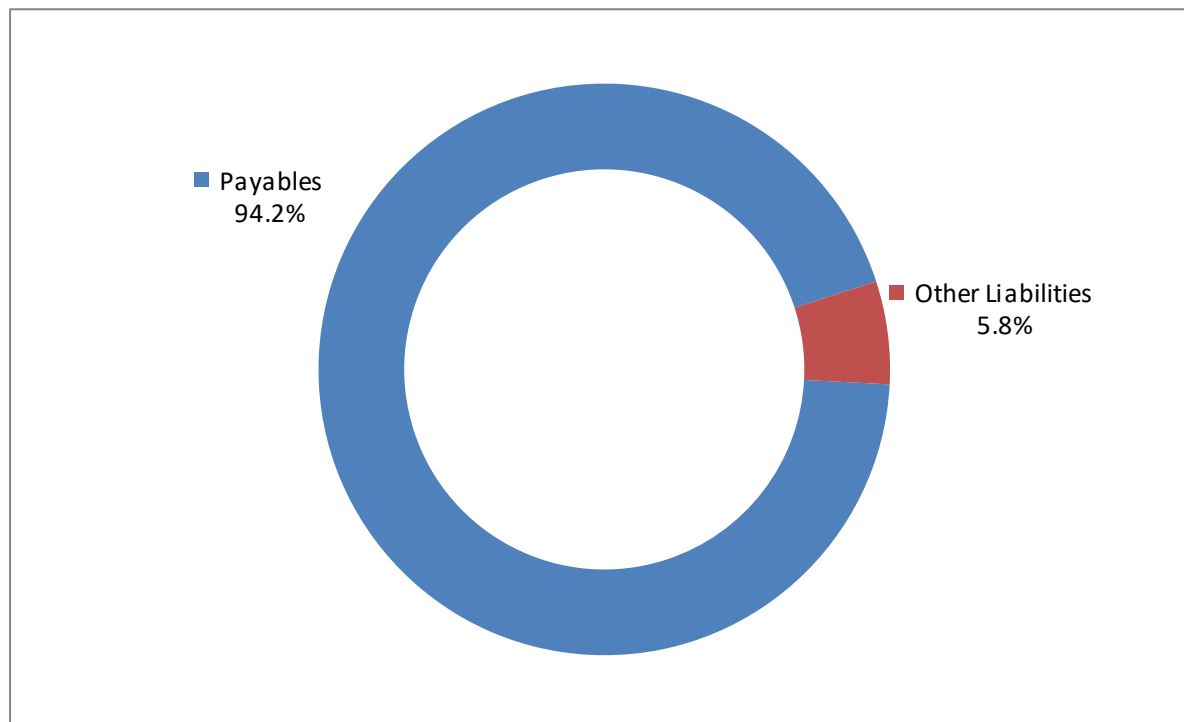


Table 5: 2020-21 Liability Variations from Budget

	Actual 2020 \$m	Actual 2021 \$m	Budget 2021 \$m	Budget Variance \$m
Payables	39.0	42.6	39.0	(3.6)
Other Liabilities	5.9	2.6	-	(2.6)
Total Liabilities	44.9	45.2	39.0	(6.2)

Comparison to Budget

Total liabilities at 30 June 2021 of **\$45.2 million** were **\$6.2 million** higher than the 2020-21 Budget of \$39.0 million, mainly due to:

- higher 'Payables' (\$3.6 million) relating to outstanding Cross Border payments to other jurisdictions; and
- higher 'Other Liabilities' (\$2.6 million) mainly due to repayments to the Commonwealth following the 2019-20 reconciliation of actual activity levels relating to the NPCR.

Comparison to 2019-20 Actual Total Liabilities

Total liabilities at 30 June 2021 of **\$45.2 million** were **\$0.3 million** higher than the actual result at 30 June 2020.

ACT Local Hospital Network Financial statements for the year ended 30 June 2021

ACT Local Hospital Network

Financial Statements

For the Year Ended

30 June 2021

INDEPENDENT AUDITOR'S REPORT

To the Members of the ACT Legislative Assembly

Opinion

I have audited the financial statements of the ACT Local Hospital Network Directorate (Directorate) for the year ended 30 June 2021 which comprise the operating statement, balance sheet, statement of changes in equity, statement of cash flows, statement of appropriation and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements:

- (i) present fairly, in all material respects, the Directorate's financial position as at 30 June 2021, and its financial performance and cash flows for the year then ended; and
- (ii) are presented in accordance with the *Financial Management Act 1996* and comply with Australian Accounting Standards.

Basis for opinion

I conducted the audit in accordance with the Australian Auditing Standards. My responsibilities under the standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of this report.

I am independent of the Directorate in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (Code). I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Directorate for the financial statements

The Director-General of the ACT Health Directorate is responsible for:

- preparing and fairly presenting the financial statements in accordance with the *Financial Management Act 1996* and relevant Australian Accounting Standards;
- determining the internal controls necessary for the preparation and fair presentation of the financial statements so that they are free from material misstatements, whether due to error or fraud; and
- assessing the ability of the Directorate to continue as a going concern and disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting in preparing the financial statements.

Auditor's responsibilities for the audit of the financial statements

Under the *Financial Management Act 1996*, the Auditor-General is responsible for issuing an auditor's report that includes an independent opinion on the financial statements of the Directorate.

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the Directorate's internal controls;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directorate;
- conclude on the appropriateness of the Directorate's use of the going concern basis of accounting and, based on audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Directorate's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in this report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of this report. However, future events or conditions may cause the Directorate to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether they represent the underlying transactions and events in a manner that achieves fair presentation.

I communicated with the Directorate regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



Ajay Sharma
Assistant Auditor-General, Financial Audit
20 September 2021

**ACT LOCAL HOSPITAL NETWORK
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

Statement of Responsibility

In my opinion, the financial statements are in agreement with the ACT Local Hospital Network's accounts and records and fairly reflect the financial operations and the financial position of the ACT Local Hospital Network for the year ended 30 June 2021.



Rebecca Cross

Director-General

ACT Health Directorate

16 September 2021

**ACT LOCAL HOSPITAL NETWORK
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

Statement by the Chief Finance Officer

In my opinion, the financial statements have been prepared in accordance with the Australian Accounting Standards and ACT Accounting and Disclosure Policies, and are in agreement with the ACT Local Hospital Network's accounts and records and fairly reflect the financial operations and the financial position of the ACT Local Hospital Network for the year ended 30 June 2021.

K. Chambers

Kate Chambers

Chief Finance Officer

ACT Health Directorate

13 September 2021

**ACT LOCAL HOSPITAL NETWORK
OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 2021**

	Note No.	Actual 2021 \$'000	Original Budget 2021 \$'000	Actual 2020 \$'000
Income				
<i>Revenue</i>				
Controlled Recurrent Payments	3	907 735	900 173	869 147
Sales of Goods and Services from Contracts with Customers	4	118 991	200 685	116 596
Grants and Contributions	5, 16	465 619	488 965	469 731
<i>Total Revenue</i>		1 492 345	1 589 823	1 455 474
Total Income		1 492 345	1 589 823	1 455 474
Expenses				
Grants and Purchased Services	6, 16	1 474 346	1 571 375	1 434 253
Transfer Expenses	7	20 020	18 448	11 268
Total Expenses		1 494 366	1 589 823	1 445 521
Operating (Deficit)/Surplus		(2 021)	-	9 953
Total Comprehensive (Deficit)/Income		(2 021)	-	9 953

The above Operating Statement should be read in conjunction with the accompanying notes.

The ACT Local Hospital Network has only one output class and as such the above Operating Statement is also the Operating Statement for the ACT Local Hospital Network Output Class.

**ACT LOCAL HOSPITAL NETWORK
BALANCE SHEET
As At 30 JUNE 2021**

	Note No.	Actual 2021 \$'000	Original Budget 2021 \$'000	Actual 2020 \$'000
Current Assets				
Cash	8	2 177	-	5 972
Receivables	9	65 866	63 831	63 830
Total Current Assets		68 043	63 831	69 802
Total Assets		68 043	63 831	69 802
Current Liabilities				
Payables	10	42 619	38 969	38 969
Other Liabilities	11	2 584	-	5 972
Total Current Liabilities		45 203	38 969	44 941
Total Liabilities		45 203	38 969	44 941
Net Assets		22 840	24 862	24 861
Equity				
Accumulated Funds		22 840	24 862	24 861
Total Equity		22 840	24 862	24 861

The above Balance Sheet should be read in conjunction with the accompanying notes.

The ACT Local Hospital Network has one output class and as such the above Balance Sheet is also the Balance Sheet for the ACT Local Hospital Network Output Class.

**ACT LOCAL HOSPITAL NETWORK
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2021**

	Accumulated Funds Actual 2021 \$'000	Total Equity Actual 2021 \$'000	Original Budget 2021 \$'000
Balance at 1 July 2020	24 861	24 861	24 862
Comprehensive Income			
Operating (Deficit)	(2 021)	(2 021)	-
Total Comprehensive (Deficit)	(2 021)	(2 021)	-
Balance at 30 June 2021	22 840	22 840	24 862

	Accumulated Funds Actual 2020 \$'000	Total Equity Actual 2020 \$'000
Balance at 1 July 2019	14 908	14 908
Comprehensive Income		
Operating Surplus	9 953	9 953
Total Comprehensive Income	9 953	9 953
Balance at 30 June 2020	24 861	24 861

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

**ACT LOCAL HOSPITAL NETWORK
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2021**

	Note No.	Actual 2021 \$'000	Original Budget 2021 \$'000	Actual 2020 \$'000
Cash Flows from Operating Activities				
Receipts				
Controlled Recurrent Payments		907 735	900 173	869 147
Sales of Goods and Services from Contracts with Customers		116 816	200 685	109 590
Grants and Contributions		462 231	482 993	475 703
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		25 510	21 994	24 382
Transfers from ACT Health Directorate		87 642	-	-
Total Receipts from Operating Activities		1 599 934	1 605 845	1 478 822
Payments				
Grants and Purchased Services	16	1 490 866	1 589 823	1 448 181
Goods and Services Tax Paid to Suppliers		25 221	21 994	24 669
Transfers to ACT Health Directorate		87 642	-	-
Total Payments from Operating Activities		1 603 729	1 611 817	1 472 850
Net Cash (Outflows)/Inflows from Operating Activities	14(b)	(3 795)	(5 972)	5 972
Net (Decrease)/Increase in Cash		(3 795)	(5 972)	5 972
Cash at the Beginning of the Reporting Period		5 972	5 972	-
Cash at the End of the Reporting Period	14(a)	2 177	-	5 972

The above Statement of Cash Flows should be read in conjunction with the accompanying notes.

ACT LOCAL HOSPITAL NETWORK STATEMENT OF APPROPRIATION FOR THE YEAR ENDED 30 JUNE 2021

	Original Budget 2021 \$'000	Total Appropriated 2021 \$'000	Appropriation Drawn 2021 \$'000	Appropriation Drawn 2020 \$'000
Controlled Recurrent Payments	900 173	913 173	907 735	869 147
Total Appropriation	900 173	913 173	907 735	869 147

The above Statement of Appropriation should be read in conjunction with the accompanying notes.

COVID-19 Disclosure

In response to COVID-19, the LHN received appropriation funding in 2020-21 through a number of budget initiatives to support the ongoing public health response and the COVID-19 vaccination program. This appropriation was material as outlined below:

- *COVID-19 Public Health Response - 2020-21 Stage 1 and 2* – The ACT Government continues efforts to combat the COVID-19 pandemic. Funding of \$26.8 million was provided to the LHN for key priorities including the expansion of health facilities and infrastructure, supply of personal protective equipment and the emergency operations centre.
- *COVID-19 Public Health Response - Vaccination Program* – The LHN received \$6.7 million as part of the Government's funding allocations for the delivery of a COVID-19 vaccination program in line with the national strategy.

Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Statement of Cash Flows presented to the Legislative Assembly in the original Budget Papers in respect of the reporting period (2020-21 Budget Statements). This amount also appears in the Statement of Cash Flows.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* is the total amount of appropriation received by the ACT Local Hospital Network during the year. This amount appears in the Statement of Cash Flows.

	Controlled Recurrent Payments \$'000
Reconciliation of Appropriation for 2020-21	
Original Budget Appropriation for 2020-21	900 173
Treasurer's Advance (FMA s.18)	13 000
Total Appropriated	913 173
Appropriation Drawn	907 735

**ACT LOCAL HOSPITAL NETWORK
STATEMENT OF APPROPRIATION (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2021**

Variations between 'Original Budget' and 'Total Appropriated'

The difference between the Original Budget and Total Appropriation (\$13.0 million) is due to the Treasurer's Advance (\$13.0 million) received as supplementation for COVID-19 testing requirements.

Variations between 'Total Appropriated' and 'Appropriation Drawn'

The difference between the Total Appropriation and Appropriation Drawn (\$5.4 million) is mainly due to the LHN requiring only \$8.4 million of the approved \$13.0 million Treasurer's Advance and the rollover of \$0.8 million of Commonwealth Health Innovation Funding to 2021-22.

ACT LOCAL HOSPITAL NETWORK NOTE INDEX FOR THE YEAR ENDED 30 JUNE 2021

Note 1	Objectives of the ACT Local Hospital Network
Note 2	Basis of Preparation of the Financial Statements

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Note 4	Sales of Goods and Services from Contracts with Customers
Note 5	Grants and Contributions

Expense Notes

Note 6	Grants and Purchased Services
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Note 14	Cash Flow Reconciliation
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Note 16	Budgetary Reporting

ACT LOCAL HOSPITAL NETWORK

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 1. Objectives of the ACT Local Hospital Network

Operations and Principal Activities

The ACT Local Hospital Network (LHN), established in accordance with the *National Health Reform Agreement*, and managed in accordance with the *Health (National Health Funding Pool and Administration) Act 2013*, is administered by the Director-General of the ACT Health Directorate.

The LHN is supported by the ACT Health Directorate's staff. The LHN receives funding from the Commonwealth, the ACT and other State and Territory Governments. Funding from other State and Territory Governments is mainly received from the NSW Government for patients accessing services from the surrounding NSW region.

The LHN funds public hospital and health services provided through the following providers:

- Canberra Health Services (CHS), which includes Canberra Hospital and the University of Canberra Hospital;
- Calvary Health Care ACT Limited, through Calvary Public Hospital Bruce (CPH) and Clare Holland House Hospital (CHH); and
- Tresillian Family Care Centres, through the Queen Elizabeth II Family Centre (QEII).

Note 2. Basis of Preparation of the Financial Statements

LEGISLATIVE REQUIREMENT

The *Financial Management Act 1996* (FMA) requires the preparation of annual financial statements for ACT Government agencies.

The FMA and the *Financial Management Guidelines* issued under the Act, require the LHN's financial statements to include:

- i. an Operating Statement for the reporting period;
- ii. a Balance Sheet at the end of the reporting period;
- iii. a Statement of Changes in Equity for the reporting period;
- iv. a Statement of Cash Flows for the reporting period;
- v. a Statement of Appropriation for the reporting period;
- vi. the significant accounting policies adopted for the reporting period; and
- vii. other statements as are necessary to fairly reflect the financial operations of the LHN during the reporting period and its financial position at the end of the reporting period.

These general-purpose financial statements have been prepared to comply with Australian Accounting Standards as required by the FMA. These financial statements have been prepared in accordance with:

- i. Australian Accounting Standards; and
- ii. ACT Accounting and Disclosure Policies.

ACT LOCAL HOSPITAL NETWORK

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 2. Basis of Preparation of the Financial Statements (Continued)

ACCRUAL ACCOUNTING

The financial statements have been prepared using the accrual basis of accounting. The financial statements are prepared according to historical cost convention, except for financial instruments which are valued at fair value in accordance with (re)valuation policies applicable to the LHN during the reporting period.

COVID-19 IMPACTS

The LHN experienced material financial impacts relating to both Income and Expenses as a result of the COVID-19 health emergency in Financial Year 2020-21. The impacts are represented through figures and comments in 'Statement of Appropriation', Note 3 - Controlled Recurrent Payments, Note 5 - Grants and Contributions, Note 6 - Grants and Purchased Services, and Note 7 - Transfer Expenses.

CURRENCY

These financial statements are presented in Australian dollars.

INDIVIDUAL NOT-FOR-PROFIT REPORTING ENTITY

The LHN is an individual not-for-profit reporting entity.

COMPARATIVE FIGURES

Budget Figures

To facilitate a comparison with the Budget Statements, as required by the FMA, budget information for 2020-21 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the Budget Statements.

Prior Year Comparatives

Comparative information has been disclosed in respect of the previous period for amounts reported in the financial statements, except where an Australian Accounting Standard does not require comparative information to be disclosed.

Where the presentation or classification of items in the financial statements is amended, the comparative amounts have been reclassified where practical. Where a reclassification has occurred, the nature, amount and reason for the reclassification is provided.

Rounding

All amounts in the financial statements have been rounded to the nearest thousand dollars (\$'000). Use of "-" represents zero amounts or amounts rounded down to zero.

GOING CONCERN

The LHN's 2020-21 financial statements have been prepared on a going concern basis as the ongoing functions and activities of the LHN have been funded in 2021-22 under section 7 of the *Financial Management Act 1996*. The 2021-22 Budget, including forward estimates, will be presented in the Legislative Assembly on 6 October 2021 and will be debated subsequent to the certification of these financial statements.

As at 30 June 2021, the LHN has sufficient current assets to meet its short-term liabilities.

ACT LOCAL HOSPITAL NETWORK

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 2. Basis of Preparation of the Financial Statements (Continued)

REVENUE RECOGNITION

Revenue is recognised in accordance with AASB 15 *Revenue from Contracts with Customers* where the contract is enforceable and contains sufficiently specific performance obligations, otherwise revenue is in the scope of AASB 1058 *Income of Not-for-Profit Entities*.

AASB 15

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the entity expects to receive in exchange for those goods or services. Revenue is recognised by applying a five step model as follows:

1. identify the contract with the customer;
2. identify the performance obligations;
3. determine the transaction price;
4. allocate the transaction price; and
5. recognise revenue as or when control of the performance obligation is transferred to the customer.

Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

AASB 1058

Where revenue streams are in the scope of AASB 1058, the LHN recognises the asset received (generally cash or other financial assets) at fair value, recognises any related amount (e.g. liability or equity) in accordance with an accounting standard and recognises revenue as the residual between the fair value of the asset and the related amount on receipt of the asset.

ASSETS – CURRENT AND NON-CURRENT

Assets are classified as current where they are expected to be realised within 12 months after the reporting date. Assets which do not fall within the current classification are classified as non-current.

LIABILITIES – CURRENT AND NON-CURRENT

Liabilities are classified as current when they are due to be settled within 12 months after the reporting date or the LHN does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date. Liabilities, which do not fall within the current classification, are classified as non-current.

IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED

All Australian Accounting Standards and Interpretations issued but yet to be applied are either not relevant to the LHN or have been assessed as having an immaterial financial impact on the LHN. These standards and interpretations are applicable to future reporting periods. The LHN does not intend to adopt these standards and interpretations early. Where applicable, these Australian Accounting Standards will be adopted from their application date.

**ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

Note 3. Controlled Recurrent Payments

Controlled Recurrent Payments (CRP) are revenue received from the ACT Government to fund the costs of delivering outputs.

Controlled Recurrent Payments are recognised as revenue when the LHN gains control over the funding which is normally obtained upon the receipt of cash. Appropriations are recognised on this basis given they do not contain enforceable and sufficiently specific performance obligations as defined by AASB15.

	2021	2020
	\$'000	\$'000
Revenue from the ACT Government		
Controlled Recurrent Payments ^a	907 735	869 147
Total Controlled Recurrent Payments	907 735	869 147

- a) The increase in 'Controlled Recurrent Payments' of \$38.6 million is mainly due to indexation (\$18.7 million), a Treasurer's Advance received as supplementation for COVID-19 testing requirements (\$8.4 million) and new initiatives.

ACT LOCAL HOSPITAL NETWORK

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 4. Sales of Goods and Services from Contracts with Customers

Revenue is recognised either over time or at a point in time.

The LHN earns revenue from providing public health services to residents of other States and the Northern Territory. The LHN has undertaken a review to determine whether the services it provides need to be classified as revenue from contracts with customers in accordance with AASB 15. The LHN has assessed its revenue from contracts with customers to determine the timing and nature of the satisfaction of performance obligations. As a result, the LHN determined the services to be classified as revenue from contracts with customers which have been included in this note as Cross Border (Interstate) Health Revenue.

Public hospital services are dependent on patient numbers and complexities of treatments provided and are quantified as national weighted activity units (NWAU). The final price payable for services each year is calculated using the price per NWAU determined by the Independent Hospital Pricing Authority (IHPA) and the services provided.

Initial revenue from Cross Border (Interstate) Health services for the current year is recognised over time on a monthly basis on patient numbers estimated from projected growth of prior year actuals. Thereafter revenue for actual patient numbers and complexities of treatments provided are recognised following an acquittal process undertaken in subsequent years. Variations to the revenue recognised are accounted for in the year of settlement.

The *National Health Reform Agreement* (NHRA) specifies that each jurisdiction will make funding contributions through the *National Health Funding Pool* for services provided by other jurisdictions to its residents either on an ad hoc basis reflecting actual activity, or on a regular basis as scheduled through a Cross Border agreement.

	2021 \$'000	2020 \$'000
Non-ACT Government Customers		
Cross Border (Interstate) Health Revenue	118 991	116 596
Total Sales of Goods and Services from Non-ACT Government Customers	118 991	116 596
Total Sales of Goods and Services from Contracts with Customers	118 991	116 596

ACT LOCAL HOSPITAL NETWORK

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 5. Grants and Contributions

Commonwealth Grants relate to Activity Based Funding, Block Funding and Public Health Funding under the NHRA and funding received under the *National Partnership on COVID-19 Response* (NPCR).

Activity Based Funding refers to a national system for funding public hospital services using national classifications, national weighted activity unit (NWAU) and a national efficient price (NEP).

Activity Based Funding covers all admitted, non-admitted and emergency department services that meet the Independent Hospital Pricing Authority (IHPA) criteria for inclusion on the 'General List of In-Scope Public Hospital Services'.

Block Funding is provided to support other public hospital functions that are recognised by IHPA as services acceptable to be funded on this basis and that conform to IHPA's national pricing model.

Public Health funding is provided to fund health promotion and preventive activities undertaken by the State/Territory Health Department.

In March 2020, the Australian Government and all Australian States and Territories signed the NPCR in order to proactively mitigate the impacts of COVID-19 and support the Australian health system to respond effectively to the outbreak. On 14 April 2020, the NPCR was varied to include private hospitals, integrating those facilities with State and Territory health system to manage COVID-19 responses. On 16 April 2021, the agreement was further amended to include the roll out of a national COVID-19 vaccination program. The NPCR facilitates achievement of the following outcomes in the Territory:

- capacity for the ACT's health system is lifted to effectively assess, diagnose and treat people with COVID-19;
- Canberrans at risk from COVID-19 can access essential health care in a way that reduces their potential exposure to infection;
- a national COVID-19 vaccination program; and
- guarantees the viability of private hospitals in the Territory, to retain capacity for responding to COVID-19 and enable them to resume operations at the end of the pandemic.

SIGNIFICANT ACCOUNTING JUDGEMENT AND ESTIMATES – GRANTS FROM THE COMMONWEALTH

Actual NWAUs are settled following an acquittal process undertaken in the following financial year and variations to the revenue recognised are accounted for in the year of settlement.

Commonwealth Grants are calculated and paid using estimates of NWAU activity. These estimates are based on expected number of patients treated during the year and are recognised as revenue upon receipt.

Grants from the Commonwealth are recognised as revenue when the LHN gains control over the funding. Control over funds is obtained upon receipt of cash, with the exception of the NPCR Private Hospital Financial Viability receipts, which have only been recognised as revenue when on-passed (100 percent) to the relevant private hospital.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 5. Grants and Contributions (Continued)

	2021 \$'000	2020 \$'000
Non-ACT Government Grants and Contributions		
Grants from the Commonwealth ^a	465 619	469 731
Total Non-ACT Government Grants and Contributions	465 619	469 731
Total Grants and Contributions	465 619	469 731

a) Grants from the Commonwealth includes \$28.8 million of payments relating to the NPCR.

Note 6. Grants and Purchased Services

Grants and Purchased Services reflect public hospital payments to Canberra Health Services, Calvary Public Hospital (including Clare Holland House), Queen Elizabeth II Hospital, Private Hospitals and to States and the Northern Territory for Cross Border patient services.

	2021 \$'000	2020 \$'000
Grants and Purchased Services		
Payments to Service Providers		
- Canberra Health Services ^a	1 196 634	1 159 012
- Calvary Public Hospital ^b	243 770	222 545
- Clare Holland House ^c	-	11 843
- Queen Elizabeth II Hospital	3 695	3 695
- Private Hospital Financial Viability Payments ^d	2 313	8 766
Cross Border (Interstate) Health Costs	27 934	28 392
Total Grants and Purchased Services	1 474 346	1 434 253

- a) The increase in payments to Canberra Health Services (\$37.6 million) is mainly due to indexation, new initiatives, growth in services and COVID-19 response activities.
- b) The increase in payments to Calvary Public Hospital (\$21.2 million) is mainly due to the inclusion of payments made to Clare Holland House within payments made to Calvary Public Hospital, growth in services, indexation and COVID-19 response activities.
- c) Payments to Clare Holland House are now reflected within the payments to Calvary Public Hospital.
- d) Payments to private hospitals relate to the NPCR commitment to provide 100 per cent contribution for financial viability of private hospitals within the Territory. The decrease of \$6.5 million is mainly due to reconciliation of actual activity levels in 2019-20 and the gradual cessation of private hospital agreements during the 2020-21 financial year.

ACT LOCAL HOSPITAL NETWORK

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 7. Transfer Expenses

The Commonwealth Government's contribution to public health funding through the NHRA and the NPCR, is passed through to the ACT Health Directorate. Public health payments fund health promotion, preventive activities and the Chief Health Officer's response to COVID-19 in the Territory, for which activities are undertaken by State and Territory Health Departments.

	2021	2020
	\$'000	\$'000
Transfer Expenses ^a	20 020	11 268
Total Transfer Expenses	20 020	11 268

- a) The increase in 'Transfer Expenses' of \$8.8 million mainly relates to additional payments to ACT Health Directorate to facilitate the public health emergency response to COVID-19 and the COVID-19 vaccination program.

Note 8. Cash

Cash includes cash at bank and cash on hand.

The LHN operates three bank accounts, two with Westpac Banking Corporation as part of the Whole of Government banking arrangements and the other with the Reserve Bank of Australia as part of the requirements under the NHRA. The LHN does not receive any interest on these accounts.

	2021	2020
	\$'000	\$'000
Cash at Bank ^a	2 177	5 972
Total Cash	2 177	5 972

- a) The decrease in 'Cash at Bank' of \$3.8 million is mainly due to the higher balance at the end of 2019-20 relating to Commonwealth funding held for private hospital financial viability payments. These funds were returned to the Commonwealth or paid out to private hospitals during 2020-21.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 9. Receivables

Accounts receivable are measured at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. Accrued Cross Border revenue relates to outstanding payments for the estimated number of interstate patients treated in ACT public hospitals.

	2021	2020
	\$'000	\$'000
Current Receivables		
Accrued Revenue	64 203	61 878
Net GST Receivable	1 663	1 952
Total Current Receivables	65 866	63 830
Total Receivables	65 866	63 830

No receivables are past due or impaired. All receivables are with other State and Territory Governments.

Note 10. Payables

Payables are initially recognised at fair value based on the transaction cost and subsequent to initial recognition at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement.

Payables consist of Accrued Expenses.

	2021	2020
	\$'000	\$'000
Current Payables		
Accrued Expenses	42 619	38 969
Total Current Payables	42 619	38 969
Total Payables	42 619	38 969

No payables are overdue. All payables are to other State and Territory Governments.

**ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

Note 11. Other Liabilities

	2021	2020
	\$'000	\$'000
Current Other Liabilities		
Revenue Received in Advance ^a	-	5 972
Other ^b	2 584	-
Total Other Liabilities	2 584	5 972

- a) The decrease in 'Revenue Received in Advance' of \$6.0 million is mainly due to the higher balance at the end of 2019-20 relating to the Commonwealth funding held for private hospital financial viability payments. These funds were returned to the Commonwealth or paid out to private hospitals during 2020-21.
- b) Balance in 'Other Liabilities' relates to payments received from the Commonwealth through the NPCR. These funds have been identified to be returned to the Commonwealth following reconciliation of 2019-20 eligible expenditure.

Note 12. Financial Instruments

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The LHN's credit risk is limited to the amount of the financial assets it holds net of provision for impairment. The LHN's financial assets consist of cash and receivables.

Cash is held with the Westpac Banking Corporation and the Reserve Bank of Australia, both of which are high credit, quality financial institutions, in accordance with whole of ACT Government banking arrangements.

The LHN's receivables mainly consist of amounts owed by New South Wales Health and the Department of Health and Human Services in Victoria. As the New South Wales and the Victorian Governments have AAA and AA credit ratings respectively, it is considered that there is a very low risk of default for these receivables.

There have been no significant changes in credit risk exposure since the last reporting period.

Liquidity Risk

Liquidity risk is the risk that the LHN will encounter difficulties in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

The main source of cash to pay these obligations is appropriation from the ACT Government and Grants from the Commonwealth. The LHN manages its liquidity risk through forecasting Controlled Recurrent Payments drawdown to cover its financial liabilities when they fall due.

The LHN's exposure to liquidity risk and the management of this risk has not changed since the previous reporting period.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 12. Financial Instruments (Continued)

Carrying Amounts and Fair Value of Financial Assets and Liabilities

	Note No.	Carrying Amount 2021 \$'000	Fair Value 2021 \$'000	Carrying Amount 2020 \$'000	Fair Value 2020 \$'000
Financial Assets					
Cash	8	2 177	2 177	5 972	5 972
Receivables	9	64 203	64 203	61 878	61 878
Total Financial Assets		66 380	66 380	67 850	67 850
Financial Liabilities					
Payables	10	42 619	42 619	38 969	38 969
Other Liabilities	11	2 584	2 584	5 972	5 972
Total Financial Liabilities		45 203	45 203	44 941	44 941
Net Financial Assets		21 177	21 177	22 909	22 909

All financial assets and liabilities of the LHN are non-interest bearing and are shown on an undiscounted Cash Flow basis.

Carrying Amount of Each Category of Financial Asset and Financial Liability

	2021 \$'000	2020 \$'000
Financial Assets		
Financial Assets Measured at Amortised Cost	64 203	61 878
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	45 203	44 941

**ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

Note 13. Commitments

Commitments contracted at reporting date but not recognised as liabilities, are payable as

	2021 \$'000	2020 \$'000
Commitments		
Payable:		
Within One Year	1 078	4 064
Total Commitments^a	1 078	4 064

Commitments relate to services provided under contract for the provision of residential primary health care for families of young children at the Queen Elizabeth II Family Centre.

- a) The decrease in 'Commitments' of \$3.0 million relates to the recognition of a commitment relating to a 12 month contract in 2019-20 when compared to the recognition of commitments for 3 months in 2020-21.

All amounts shown in this note are inclusive of GST.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Note 14. Cash Flow Reconciliation

(a) Reconciliation of Cash at the End of the Reporting Period in the Statement of Cash Flows to the Equivalent Items in the Balance Sheet

	2021	2020
	\$'000	\$'000
Total Cash Recorded in the Balance Sheet	2 177	5 972
Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows	<u>2 177</u>	<u>5 972</u>

(b) Reconciliation of Operating Result to Net Cash Inflows/(Outflows) from Operating Activities

	2021	2020
	\$'000	\$'000
Operating (Deficit)/Surplus	(2 021)	9 953
Cash Before Changes in Operating Assets and Liabilities	<u>(2 021)</u>	<u>9 953</u>
Changes in Operating Assets and Liabilities		
(Increase) in Receivables	(2 036)	(7 293)
Increase/(Decrease) in Payables	3 650	(2 660)
(Decrease)/Increase in Other Liabilities	(3 388)	5 972
Net Changes in Operating Assets and Liabilities	<u>(1 774)</u>	<u>(3 981)</u>
Net Cash (Outflows)/Inflows from Operating Activities	<u>(3 795)</u>	<u>5 972</u>

ACT LOCAL HOSPITAL NETWORK

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Note 15. Related Party Disclosures

A related party is a person that controls or has significant influence over the reporting entity or is a member of the Key Management Personnel (KMP) of the reporting entity or its parent entity and includes their close family members and entities in which the KMP and/or their close family members individually or jointly have controlling interests.

KMP are those persons having authority and responsibility for planning, directing and controlling the activities of the LHN, directly or indirectly.

KMP of the LHN are the Portfolio Minister, the Director-General of the ACT Health Directorate and individuals from the ACT Health Directorate with a significant influence in strategic decisions impacting the LHN.

The Head of Service and the ACT Executive comprising the Cabinet Ministers are KMP of the ACT Government and therefore related parties of the LHN.

This note does not include typical citizen transactions between the KMP and the LHN that occur on terms and conditions no different to those applying to the public.

(A) CONTROLLING ENTITY

The LHN is an ACT Government controlled entity.

(B) KEY MANAGEMENT PERSONNEL

B.1 Compensation of Key Management Personnel

Compensation of all Cabinet Ministers, including the Portfolio Minister, is disclosed in the note on related party disclosures included in the ACT Executive's financial statements for the year ended 30 June 2021.

Compensation of the Head of Service is included in the note on related party disclosures included in the Chief Minister, Treasury and Economic Development Directorate's (CMTEDD) financial statements for the year ended 30 June 2021.

Key Management Personnel (KMP) of the LHN other than the Portfolio Minister are employees of the ACT Health Directorate and are compensated by the ACT Health Directorate. Compensation of these KMP is included in the note on related party disclosures included in the ACT Health Directorate's financial statements for the year ended 30 June 2021.

The LHN itself does not compensate any of its KMP.

B.2 Transactions with Key Management Personnel

There were no transactions with KMP that were material to the financial statements of the LHN.

B.3 Transactions with parties related to Key Management Personnel

There were no transactions that were material to the financial statements of the LHN with parties related to KMP, including transactions with KMP's close family members or other related entities.

(C) TRANSACTIONS WITH OTHER ACT GOVERNMENT CONTROLLED ENTITIES

All transactions with ACT Government controlled entities are disclosed in the relevant notes to the financial statements of the LHN.

**ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

Note 16. Budgetary Reporting

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – BUDGETARY REPORTING

Significant judgements have been applied in determining what variances are considered ‘major variances’. Variances are considered major if both of the following criteria are met:

- The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated category (Income, Expenses and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and
- The variances (original budget to actual) are greater than plus (+) or minus (-) 5% and \$15 million.

Operating Statement Line Items

	Actual 2020-21 \$'000	Original Budget ¹ 2020-21 \$'000	Variance \$'000	Variance %	Variance Explanation
Revenue					
Grants and Contributions	465 619	488 965	(23 346)	(5)	Grants and Contributions were lower than budget mainly due to reconciliation of prior year NPCR funding relating to hospital service payments for COVID-19 and the Budget profile being inconsistent with the NHRA minimum funding guarantee.
Expenses					
Grants and Purchased Services	1 474 346	1 571 375	97 029	6	Grants and Purchased Services were lower than budget mainly due to the budget figures reflecting new requirements for Cross Border receipts to be transacted through the ACT Health Directorate prior to being on-passed to the LHN, resulting in both revenue and expenditure budgets being overstated (\$87.6 million).

¹ Original Budget refers to the amounts presented to the Legislative Assembly in the original Budget Papers in respect of the reporting period (2020-21) Budget Statements. These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

**ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

Note 16. Budgetary Reporting (Continued)

Statement of Cash Flows Line Items

	Actual 2020-21 \$'000	Original Budget ¹ 2020-21 \$'000	Variance \$'000	Variance %	Variance Explanation
Grants and Purchased Services	1 490 866	1 589 823	98 957	6	Grants and Purchased Services budget includes amounts for Cross Border health receipts which are now being transacted through the ACT Health Directorate. The variance is mainly due to these payments being recognised under 'Transfers to ACT Health Directorate'.

¹ Original Budget refers to the amounts presented to the Legislative Assembly in the original Budget Papers in respect of the reporting period (2020-21) Budget Statements. These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

ACT Local Hospital Network Statement of performance for the year ended 30 June 2021

INDEPENDENT LIMITED ASSURANCE REPORT

To the Members of the ACT Legislative Assembly

Conclusion

I have undertaken a limited assurance engagement on the statement of performance of the ACT Local Hospital Network Directorate (Directorate) for the year ended 30 June 2021.

Based on the procedures performed and evidence obtained, nothing has come to my attention to indicate the results of the accountability indicators reported in the statement of performance for the year ended 30 June 2021 are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

Basis for conclusion

I have conducted the engagement in accordance with the Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information*. My responsibilities under the standard and legislation are described in the 'Auditor-General's responsibilities' section of this report.

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and the ACT Audit Office applies Australian Auditing Standard ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, Other Assurance Engagements and Related Services Engagements*.

I believe that sufficient and appropriate evidence was obtained to provide a basis for my conclusion.

The Directorate's responsibilities for the statement of performance

The Director-General of the ACT Health Directorate is responsible for:

- preparing and fairly presenting the statement of performance in accordance with the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*; and
- determining the internal controls necessary for the preparation and fair presentation of the statement of performance so that the results of accountability indicators and accompanying information are free from material misstatements, whether due to error or fraud.

Auditor-General's responsibilities

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*, the Auditor-General is responsible for issuing a limited assurance report on the statement of performance of the Directorate.

My objective is to provide limited assurance on whether anything has come to my attention that indicates the results of the accountability indicators reported in the statement of performance are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

In a limited assurance engagement, I perform procedures such as making inquiries with representatives of the Directorate, performing analytical review procedures and examining selected evidence supporting the results of accountability indicators. The procedures used depend on my judgement, including the assessment of the risks of material misstatement of the results reported for the accountability indicators.

Limitations on the scope

The procedures performed in a limited assurance engagement are less in extent than those required in a reasonable assurance engagement and consequently the level of assurance obtained is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. Accordingly, I do not express a reasonable assurance opinion on the statement of performance.

This limited assurance engagement does not provide assurance on the:

- relevance or appropriateness of the accountability indicators reported in the statement of performance or the related performance targets;
- accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations; or
- adequacy of controls implemented by the Directorate.



Ajay Sharma
Assistant Auditor-General, Financial Audit
22 September 2021

**ACT LOCAL HOSPITAL NETWORK DIRECTORATE
STATEMENT OF PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2021**

Statement of Responsibility

In my opinion, the Statement of Performance is in agreement with the ACT Local Hospital Network Directorate's records and fairly reflects the service performance of the Directorate for the period 1 July 2020 to 30 June 2021 and also fairly reflects the judgements exercised in preparing it.



Rebecca Cross
Director-General
ACT Health Directorate

19 September 2021

ACT Local Hospital Network Directorate

Statement of Performance

For the Year Ended 30 June 2021

OUTPUT CLASS 1: ACT Local Hospital Network				
PRINCIPAL MEASURES				
Output 1.1 ACT Local Hospital Network				
Description:				
<p>The ACT Local Hospital Network will receive funding under the <i>National Health Reform Agreement</i> (NHRA) and purchase public hospital services from Canberra Health Services, Calvary Health Care ACT Limited and Tresillian Family Care Centres.</p> <p>The NHRA commits the Commonwealth to fund public hospitals using Activity Based Funding where practicable using the National Efficient Price (NEP) determined by the Independent Hospital Pricing Authority (IHPA). The NEP is based on the projected average cost of a National Weighted Activity Unit (NWAU). The ACT Local Hospital Network also receives block funding from the Commonwealth for services not in scope to be funded on an activity basis.</p> <p>An NWAU is a measure of health service activity expressed as a common unit, against which the NEP is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentation or outpatient episode), by weighting it for its clinical complexity. The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAU's, the simplest and least expensive are worth fractions of an NWAU. NWAU's are updated annually.</p> <p>The 2020-21 National Efficient Price is \$5,320 per NWAU.</p>				
Measures	Original Target 2020-21	Actual Result 2020-21	Variance from Original Target (%)	Notes
	NWAU {20}	NWAU {20}		
Accountability Indicators				
a) Admitted Services	104,329	103,447	-1	
b) Non-Admitted Services	28,815	31,069	8	1
c) Emergency Services	19,324	20,022	4	
d) Acute Admitted Mental Health Services	10,384	10,793	4	
e) Sub Acute Services	14,124	13,803	-2	
f) Total in scope	176,976	179,134	1	
TOTAL COST (\$'000)	1,589,823	1,494,366	-6	2
CONTROLLED RECURRENT PAYMENTS (\$'000)	900,173	907,735	1	

The above Statement of Performance should be read in conjunction with the accompanying notes.

The Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

ACT Local Hospital Network Directorate

Statement of Performance

For the Year Ended 30 June 2021

Explanation of Accountability Indicators

a. – f. Activity purchased by the ACT Local Hospital Network is consistent with the criteria in the National Health Reform Agreement. Activity is measured in National Weighted Activity Units (NWAU) as defined by the Independent Hospital Pricing Authority's National Efficient Price Determination 2020-21. 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 {20} is the currency as defined by the Independent Hospital Pricing Authority in the National Price Determination 2020-21. NWAU {20} is not directly comparable to NWAU {19}. These measures combine the results for Canberra Hospital, Calvary Public Hospital and Clare Holland House for services that meet the Independent Hospital Pricing Authority's criteria for inclusion on the 'General List of In-Scope Public Hospital Services'.

NWAU data is submitted to the *National Health Funding Body* and reconciled up to four months post the end of the financial year. The data presented as at the time of the Statement of Performance is based on best available data at the time of reporting. This process may result in changes to the activity count reported in the table above, when compared to that reported by the *National Health Funding Body*, as reconciliations are finalised and changes for data maturity are likely to occur.

- a. Excludes mental health and sub-acute services.
- b. Excludes community mental health services.

Explanation of Material Variance (>5%)

1. The higher than target result reflects an increase in non-admitted activity due to the opening of additional non-admitted clinics at the University of Canberra Hospital and the Canberra Hospital and improved data capture of non-admitted community-based services.
2. The lower than target result relates mainly to a change in treatment for cross border payments reflected in the Budget. The change eliminates cross border expenses and revenue appearing twice.



Appendix A

Compliance statement



The ACT Health Directorate Annual Report must comply with the Annual Reports (Government Agencies) Directions 2021 (the Directions). The Directions are found at the ACT Legislation Register: www.legislation.act.gov.au.

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to ACT Health Directorate and the location of information that satisfies these requirements.

Part 1 Directions Overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The ACT Health Directorate Annual Report 2020–21 complies with all subsections of Part 1 under the Directions.

In compliance with Section 15 Feedback, Part 1 of the Directions, contact details for the ACT Health Directorate are provided within the ACT Health Directorate Annual Report 2020–21 to provide readers with the opportunity to provide feedback.

Part 2 Reporting entity Annual Report Requirements

The requirements within Part 2 of the Directions are mandatory for all reporting entities and the ACT Health Directorate complies with all subsections. The information that satisfies the requirements of Part 2 is found in the ACT Health Directorate Annual Report 2020–21 as follows:

- A. Transmittal Certificates, see page 30
- B. Organisational Overview and Performance, inclusive of all subsections, see pages 34–246
- C. Financial Management Reporting, inclusive of all subsections, see pages 247–361.

Part 3 Reporting by Exception

The ACT Health Directorate has nil information to report by exception under Part 3 of the Directions for the 2020–21 reporting year.

Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

The following subsection of Part 4 of the Directions is applicable to the ACT Health Directorate and can be found within the ACT Health Directorate Annual Report 2020–21:

- Mental Health, see page 365.

Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the ACT Health Directorate. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service Directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address:

https://www.cmtedd.act.gov.au/open_government/report/annual_reports.

Appendix B

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