ACT Health

ACT Health
ANNUAL REPORT
2009–10




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Ms Katy Gallagher MLA
Minister for Health
ACT Legislative Assembly
London Circuit
CANBERRA ACT 2601

Dear Minister

This Report has been prepared under section 5(1) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements referred to in the Chief Minister's Annual Report Directions. It has been prepared in conformity with other legislation applicable to the preparation of the Annual Report by ACT Health.

I hereby certify that the attached Annual Report is an honest and accurate account and that all material information on the operations of ACT Health during the period 1 July 2009 to 30 June 2010 has been included and that it complies with the Chief Minister's Annual Reports Directions.

I also hereby certify that fraud prevention has been managed in accordance with Public Sector Management Standard 2, Part 2.4.

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you cause a copy of the Report to be laid before the Legislative Assembly within three months of the end of the financial year.

Yours sincerely

Dr Peggy Brown
Chief Executive

1 September 2010

Aids to access

The table of contents and alphabetical index appear respectively at the beginning and end of the report.

Abbreviations and acronyms

ACAT	Aged Care Assessment Team
ACCRB	Australian Conference on Chiropractic Registration Boards
ACRS	Aged Care and Rehabilitation Service
ACHS	Australian Council on Healthcare Standards
ACTGS	ACT Government Solicitor
ACTPS	ACT Public Service
ACT PCS	ACT Palliative Care Society
ACU	Australian Catholic University
ADC	Australian Dental Council
ADP	Alcohol and Drug Program
AHPRA	Australian Health Practitioner Regulation Agency
AIDS	Acquired Immune Deficiency Syndrome
AHCA	Australian Health Care Agreement
AHMAC	Australian Health Ministers' Advisory Council
AIIMS	Australian Inter-service Incident Management System
AIP	Access Improvement Program
AMA	Australian Medical Association
AMC	Alexander Machonochie Centre
ANMC	Australian Nursing and Midwifery Council
ANF	Australian Nursing Federation
ANU	Australian National University
AOC	Australian Osteopathic Council
APC	Australian Physiotherapy Council Australian Pharmacy Council
AIHW	Australian Institute of Health and Welfare
AVA	Australian Veterinary Association
AVBC	Australasian Veterinary Boards Council
AWA	Australian Workplace Agreement
BFHI	Baby Friendly Hospital Initiative
CADP	Capital Asset Development Plan
CALD	Culturally and linguistically diverse
CAPAC	Community Acute and Post-Acute Care
CCEA	Council on Chiropractic Education Australasia
CDSM	Chronic Disease Self-Management
CET	Consumer Engagement Team
CFR	Community Funding Round
CH	Community Health
CIT	Canberra Institute of Technology
CHF	Chronic heart failure
CRD	Chronic kidney disease
CLO	Court liaison officer
COAG	Council of Australian Governments
COPD	Chronic obstructive pulmonary disease

CORA	Council of Optometrist Registration Authorities
CPD	Continuing professional development
CPP	Community Partners Program
CPRB	Council of Psychologists Registration Boards [Australasia] Inc
CPSU	Community and Public Sector Union
CRCS	Capital Region Cancer Service
CSS	Commonwealth Superannuation Scheme
DBT	Dialectical behaviour therapy
DJACS	Department of Justice and Community Safety
DHCS	Disability, Housing and Community Services
DHP	Dental Health Program
ED	Emergency department
EHR	Electronic health record
EN	Enrolled Nurse
ESD	Ecologically Sustainable Development/Environmentally Sustainable Design
ETS	EmergoTrain System
FMA	Financial Management Act 1996
FOI	Freedom of Information
FTE	Full-time equivalent
GAAP	Generally Accepted Accounting Principles
GP	General practitioner/general practice
GM	Genetically modified
GPO	Government Payment for Outputs
HACC	Home and Community Care
HCCA	Health Care Consumers Association of the ACT
HEP	Health Emergency Plan
HIV	Human Immunodeficiency Virus
HH	Hand hygiene
HPS	Health Protection Service
HSU	Health Services Union
ICU	Intensive care unit
IM&IT	Information management and information technology
IMPACT Program	Integrated Multi-agencies for Parents and Children Together
IPL	Interprofessional Learning
IPTAS	Interstate Patient Travel Assistance Scheme
MHACT	Mental Health ACT
MOU	Memorandum of understanding
MRI	Magnetic resonance imaging
NHMRC	National Health & Medical Research Council
NICU	Neonatal Intensive Care Unit
NGO	Non-government organisation
NRAS	National Registration and Accreditation Scheme
OCANZ	Optometry Council of Australia and New Zealand
OH&S	Occupational health and safety
OMF	Oral maxillofacial
OPEX	Operations Executive Committee
OPMHIU	Older Persons Mental Health Inpatient Unit
ORS	Office of Regulatory Services
OSCAR	Online System for Comprehensive Activity Reporting
PACS	Picture Archival Communications System

PatCH	Paediatrics at the Canberra Hospital
PAP	Personal Assessment Panel
PE	Portfolio Executive
PEPA	Program of Experience in the Palliative Approach
PET/CT	Positron Emission Tomograph/Computerised Tomography
PHD	Population Health Division
PHEO	Population Health Executive Office
PHEOC	Public Health Emergency Operations Centre
PHOFA	Public Health Outcomes Funding Agreement
PICAC	Partners in Culturally Appropriate Care
PID	Public interest disclosure
PII	Professional indemnity insurance
PMS	Patient management system
PPEI	Promotion, prevention and early intervention
PSP	Professional Standards Panel
PSQU	Patient Safety and Quality Unit
PSS	Public Sector Superannuation Scheme
PSSAP	Public Sector Superannuation Scheme Accumulation Plan
PSU	Psychiatric Services Unit
PTO	Psychiatric treatment order
RAC	Review Advisory Committee
RADAR	Rapid Assessment of the Deteriorating and At-Risk
RILU	Rehabilitation Independent Living Unit
RIS	Radiology Information System
SEA	Special Employment Arrangement
STI	Sexually transmissible infection
SWAPS	Specialised Wheelchair and Posture Seating
TAMS	Territory and Municipal Services
TCH	(the) Canberra Hospital
UNSW	University of New South Wales
VMO	Visiting Medical Officer
WiC	Walk-in Centre

Glossary of technical terms

Access Improvement Program	A major change program initiated in early 2005 aimed at redesigning the way we provide health services by focusing on patient journeys through our health system.
Acute care	An episode of acute care for an admitted patient is one in which the principal clinical intent is to provide short-term hospital admission focused on the treatment of emergency conditions or the conduct of an elective procedure.
Ambulatory care	Care provided in a non-inpatient setting such as outpatients, home-based care, office-based care or community health centre-based care.
Australian Health Care Agreements	Agreements made between the Australian Government and each State and Territory Government every five years which provide the basis for federal funding for public hospital services.
Benchmarking	The process of assessing the performance of an organisation of entity within an organisation by comparing it to the performance of a similar entity, a national average, or the best performing entity within the same field in order to assess performance and determine opportunities for improvement.
Chlamydia	Chlamydia is Australia's most common sexually transmitted disease. It is caused by the bacteria Chlamydia trachomatis.
Community-based organisations	Not-for-profit organisations within the community that have specialist skills in the management of certain health issues. These organisations provide services such as health services for disadvantaged young people, drug and alcohol rehabilitation, Aboriginal and Torres Strait Islander health services and supported accommodation for people with mental illness.
Cost weight	A cost weight is a form of measurement for the use of health services that provides an indication of the relative resource use. It provides an indication as to the complexity of an admission or an occasion of service.
Healthpact	A former statutory authority of the ACT Government with responsibility for promoting good health and well-being in the ACT community.
Hepatitis C	Hepatitis is inflammation of the liver. Hepatitis C is a viral form that is transferred by blood-to-blood contact.
Length of stay	The number of days (or part thereof) that each admitted patient stays in hospital. Patients who are admitted and discharged on the same day have a length of stay of one day.
Pandemic	An epidemic that strikes a very wide area, usually hemisphere-wide or worldwide. It can last for several or more years. Influenza (the flu) can be pandemic, since it has the ability to rapidly spread around the entire world.
Patient-centred care	Refocusing the delivery of health care around the needs of the patient rather than other stakeholders such as providers.
Patient journey	A patient's experience of travelling or moving through the health system at pre-hospital to hospital and to community care.
Primary healthcare service	Primary healthcare services are those which focus on first contact health services provided predominantly by GPs, but also by practice nurses, primary/community health care nurses, early childhood nurses and community pharmacists, allied health professionals and other health workers such as multicultural health workers and Indigenous health workers, health education/promotion and community development workers.

Public health officers	Public health officers provide a range of services to the community, including communicable disease control, pharmaceutical services, environmental health and scientific services, and have certain powers enshrined in legislation.
Public hospital outpatients	Services provided by public hospitals in a clinic environment. Outpatient services are generally provided prior to or following an inpatient episode.
Occasion of service	A measure of services provided to patients—usually used in the outpatient or community health setting.
Sub-acute	Intermediate care provided between acute care and community-based care. Sub-acute care includes services such as rehabilitation that can be provided in a less invasive environment than an acute hospital environment.
Tertiary services	Tertiary services are generally those provided in a complex, highly specialised hospital environment.

Other sources of information

ACT Health publications are available at ACT government community libraries, the ACT Health library located at The Canberra Hospital, Garran, and from Community Health Centres.

Information can also be accessed through the ACT Health website at www.health.act.gov.au, Canberra Connect's website at www.canberraconnect.act.gov.au or the ACT Government website at www.act.gov.au.

Information can also be obtained by contacting ACT Health through the following contact points:

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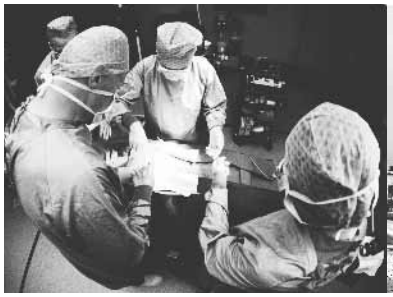
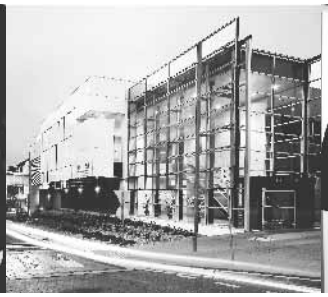
Email:	HealthACT@act.gov.au

Additional publications relating to health status and health services in the ACT are:
ACT Chief Health Officer's Report 2009
Health Services Commissioner—Annual Report 2009–10
Australian Institute of Health and Welfare—Australian hospital statistics 2008–09

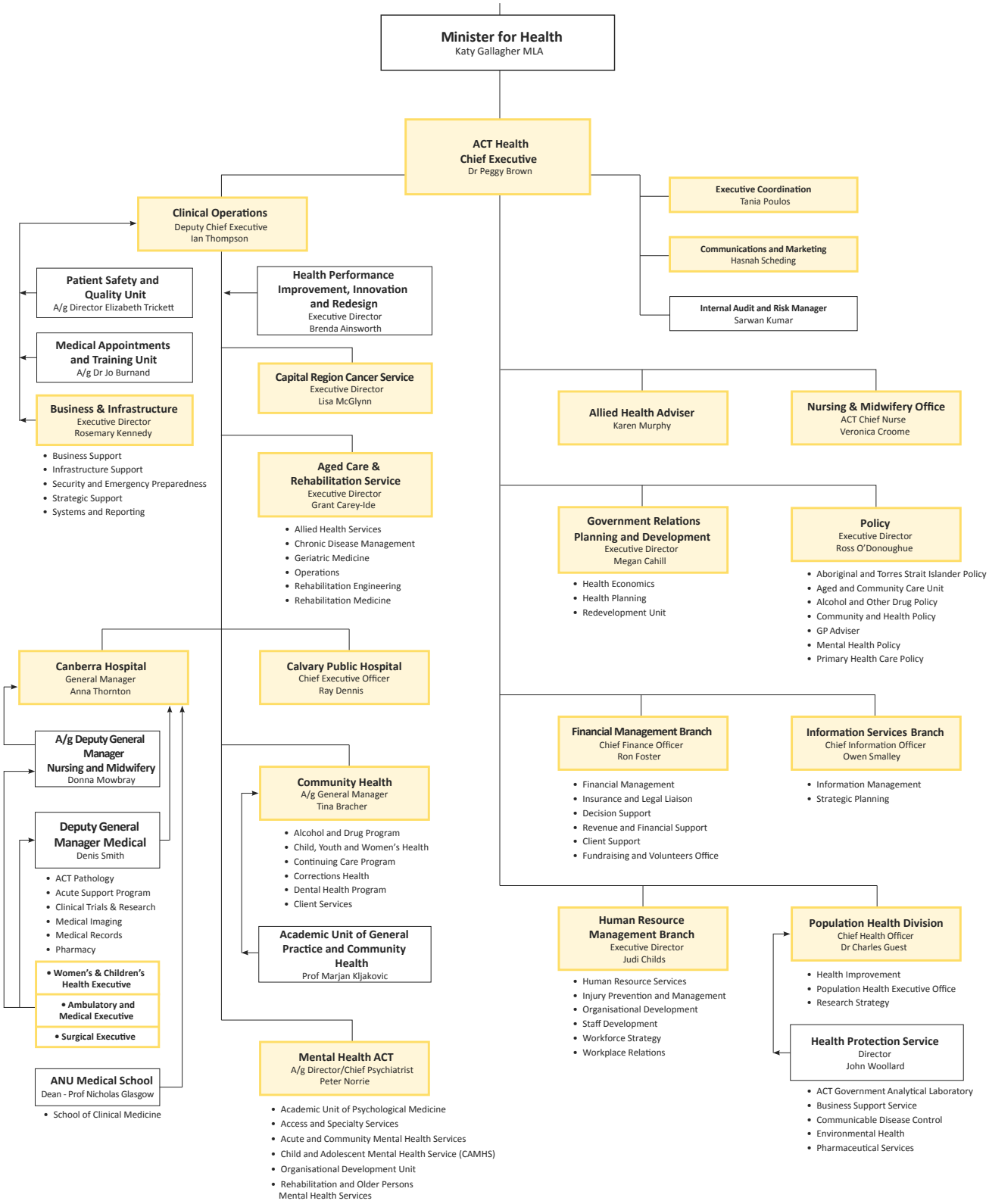
Compliance index

Section A

Performance and financial reporting

ACT Health Organisational Chart



A.1 The organisation

Vision and values

ACT Health's vision is *good health for all*, and our values are:

- Care
- Excellence
- Collaboration
- Integrity.

We seek to demonstrate these values in our dealings with our consumers, partners, each other and the community and, by doing so, aim to provide the best possible healthcare and health-related services throughout all areas of ACT Health.

Objectives

ACT Health's objectives are grouped under the following five key performance areas:

- Community and consumers
- Safety and quality of care
- Partnerships
- Accountability and internal systems
- Our people.

Our objectives in these areas form the basic structure of ACT Health's Corporate Plan, divisional business plans and each executive's annual performance agreement.

Organisational structure

The organisation chart appears opposite.

ACT Health has six key clinical service delivery areas: Canberra Hospital; Community Health; Calvary Public Hospital (through a contractual agreement with the Little Company of Mary Health Care ACT); Mental Health ACT; the Capital Region Cancer Service; and the Aged Care and Rehabilitation Service. The Population Health Division provides a range of public and environmental health services as well as health protection and promotion services.

There is a small core of policy and corporate staff in other divisions who support the service providers in meeting their goals.

ACT Health, other agencies and external stakeholders

ACT Health works closely with other ACT Government agencies such as the Department of Disability, Housing and Community Services, the Department of Justice and Community Safety, the Chief Minister's Department and emergency services providers such as the ACT Ambulance Service and the Australian Federal Police.

Formalised consultative arrangements exist with a range of agencies such as the Health Care Consumers Association, the ACT Division of General Practice and mental health, alcohol and drug and other community service providers in the sector.

The tertiary and training sectors remain key partners in the planning, development and delivery of health care services. Partnership arrangements with the Australian National University Medical School, University of Canberra, Australian Catholic University and Canberra Institute of Technology are well established and continue to serve the future supply of skilled workers for the health sector, plus the development of a growing base of collaborative research.

A.2 & A.3 Overview & highlights for 2009–10

ACT Health continues to grow and develop as an organisation and 2009–10 was another year of major achievements, challenges and records.

We continue to deliver high-quality health services for Canberra and surrounding regions with a continuing emphasis on timely access to care. Emergency department timelines were maintained above national benchmark levels for categories 1, 2 and 5 while categories 3 and 4, although remaining below national benchmarks, showed improvements on previous years. Overall timeliness improved from 60 per cent in 2008–09 to 63 per cent, demonstrating a continuation of the improvements noted over the past four years. Access block at our emergency departments is now at 30 per cent, down from 40.7 per cent in 2005–06. The number of overall emergency department presentations continued to grow, but particularly notable was the growth of 7 per cent in the more acute presentations.

Results for elective surgery were affected by the need to respond to the influenza pandemic in the winter of 2009, which necessitated the reallocation of hospital beds for acutely unwell patients, reducing the capacity to conduct elective surgery. However, the overall result was only marginally lower than the 2008–09 result and was above previous years' results. This year, ACT Health also placed a particular focus on ensuring that those who had been waiting longer periods for their elective surgery were able to access surgery, as well as continuing to focus on those requiring urgent surgery. Addressing these longer waiting times has the effect of raising the median waiting time, but it emphasises that attention is being paid to meeting the needs of all patients.

Hospital capacity continued to grow in 2009–10, with the addition of 24 beds to meet growth in demand. General inpatient beds increased by 16, intensive care services beds by two, and the new Mental Health Assessment Unit brought a further six, bringing the overall capacity to 893 beds—a 32 per cent increase over the past five years. This has helped us to continue to address waiting times for emergency and elective care, but also to reduce our bed occupancy levels to close to our target level of 85 per cent, down from 97 per cent in 2005–06.

Our performance in the delivery of timely emergency and planned restorative dental care remains the best in Australia, with 100 per cent of our clients receiving emergency care within 24 hours, and the median time for routine care at 12 months. With the increased demand for health services following the opening of the Alexander Maconochie Centre and Bimberi Youth Justice Centre, it is pleasing to note that service targets for health assessments for people in correctional facilities to be provided within 24 hours were met in all cases except where the individual was not available for health assessment—for example, because of attendance at court. Demand for community nursing and allied health services continued to grow. The Alcohol and Drug Program also provided increasing levels of service, including providing case management for clients on pharmacotherapy and enhanced training to support general practitioners in managing this client group.

Mental Health ACT continues to deliver increasing levels of community-based care for consumers, in line with the National Mental Health Policy 2008. Non-admitted services showed a 15 per cent increase on the 2008–09 result. Post-discharge follow-up within seven days was at 72 per cent, reflecting a high level of continuity of care and post-discharge support during a known vulnerable period. However, the most outstanding result achieved by Mental Health ACT was the significant reduction in the use of seclusion. The result of 2.3 per cent of all inpatient admissions experiencing seclusion significantly surpassed the target of 7 per cent, and this reflects very positively on the work conducted by Mental Health ACT as one of 11 Beacon Demonstration sites in the National Seclusion and Restraint Project. This excellent result was achieved through a strong partnership with consumers and carers and is an outstanding example of collaborative health service delivery.

The Capital Region Cancer Service continued to experience growth and development, with cost-weighted inpatient activity increasing by 2 per cent and outpatient activity by 3 per cent—yet another record achievement for the service. In addition, 84 per cent of people starting radiation oncology started their treatment within standard times, up from 76 per cent in 2008–09. Breast screening services continued to be delivered across the ACT and surrounding regional areas, with screening and detection rates for the target group of women aged 50 to 69 years above the national averages. Cervical screening rates likewise remain high.

Our Aged Care and Rehabilitation Service continues to meet increasing demand, recording a 13 per cent increase in bed days over the past three years. Waiting times for aged care assessment services, rehabilitation, geriatric care and placement in an aged care facility all remained within target range.

Work on the efficiency of our health services continues and there is evidence of our continuing improvement in this regard. Informed by the review of patient journeys, new and improved models of care are being developed, and new ways of working are being embraced, including the adoption of Productive Ward strategies based on the effective redesign program used by the National Health Service in the United Kingdom. In 2002–03, the ACT's average cost for admitted public hospital services was more than 30 per cent above the national average. By 2007–08, this had been reduced to 7 per cent above the national average, meaning that we had achieved our target of 10 per cent above the national benchmark by 2011–12 well ahead of schedule. The most recent data published in the Australian Institute of Health and Welfare's *Australian Hospital Statistics 2008–09* shows our average cost to have been further reduced, to now only 3 per cent above the national average. This is a very substantial achievement and it reflects the ongoing commitment of all staff to deliver quality health services with maximal efficiency and effectiveness.

The redevelopment of the ACT Health public health system through the Capital Asset Development Plan (CADP) commenced in 2008–09 and has continued to deliver in 2009–10. This plan combines the delivery of capital works and e-health initiatives with a review of the model of care for each project, ensuring that all services will be consistent with contemporary international standards. Effective change management to support staff during transition to these new ways of working is also a key component of the plan. Milestones achieved in 2009–10 include:

- appointment of the Project Manager for the new Women's and Children's Hospital and commencement of building works
- completion and commissioning of two new operating theatres at Canberra Hospital
- completion and commissioning of Australia's first nurse-led walk-in centre at Canberra Hospital
- completion and commissioning of a 16-bed Intensive Care Unit at Calvary Hospital
- continuing construction of the Neurosurgery Suite and Surgical Assessment and Planning Unit at Canberra Hospital
- demolition of the former multistorey car park at Canberra Hospital and commissioning and construction of a much larger car park in its place
- concept design for the Skills Development Centre

- concept design for the Integrated Capital Region Cancer Centre
- design of the Adult Acute Mental Health Inpatient Unit to replace the Psychiatric Services Unit
- construction and commissioning of the Mental Health Assessment Unit
- confirmation by Government of Symonston as the preferred site for the Secure Adult Mental Health Unit and continuing work on the model of care
- continuing work on the model of care for the Aboriginal and Torres Strait Islander Drug and Alcohol Residential Rehabilitation Service
- design of new or improved community-based health centres at Gungahlin, Belconnen and Tuggeranong
- continuing work on the master Project Definition Plan for the entire Capital Asset Development Plan.

Work has also continued on the roll-out of the $90 million Health-E Future program to deliver a package of measures designed to build up the necessary e-health capacity and infrastructure to complement the ACT Government's $1 billion *Your health—our priority* program. Initiatives rolled out over 2009–10 include:

- discussion with the National E-Health Transition Authority in relation to working collaboratively in the development of the policies required to support the implementation of an electronic health record
- establishment of a Clinical Portal that provides direct connection to key clinical systems, with work continuing on the integration with the remaining set of clinical applications
- completion of a feasibility study for the implementation of centralised order entry for pathology and medical imaging
- completion of e-Referrals phase 1, which entailed 41 GPs from seven practices using MedTech software utilising e-Referral
- finalising the requirements for an electronic medical record
- specifying the requirements for an electronic medication management solution, which will soon be released for tender
- completion of the implementation planning study for a community-based services clinical information system
- undertaking a tender for a renal medicine clinical information system
- development of a fully integrated theatre management system
- undertaking a tender for an integrated food services management system
- completion of a digital health enterprise consultancy
- establishment of business requirements for an integrated bedside communication system for the Women's and Children's Hospital
- commencing the Wireless Network Project, which is currently in the business requirements definition phase
- planning of the Calvary desktop/network integration
- commencing the Fast Access initiative with the aim of reducing the number of user logins and improving login time in critical ward areas
- commissioning of the Rhapsody Integration Engine, with existing clinical systems being progressively migrated
- commencing the implementation of an Intensive Care Unit Clinical Information System across both public hospitals
- commencing the tender for the implementation of a cancer clinical information system
- undertaking a tender for the implementation of a breast screening information system
- implementation of digital mammography equipment and a Picture Archival Communications System in ACT Breast Screening sites.

Our Population Health Division continues to deliver high-quality services aimed at protecting the health of our population. Its strong commitment to practical partnerships with all key stakeholders was clearly set out in *Towards a Healthier ACT: A Strategic Framework for the Population Health Division 2010–2015,* which was published in early 2010. The H1N1 (human swine flu influenza) pandemic that commenced in early 2009 required a substantial mobilisation of public health resources, including the establishment of a Special Response Unit. While the bulk of clinical cases of H1N1 influenza were seen during the winter and spring of 2009, the pandemic continued in 2010 and Australia remains in the PROTECT phase, requiring preparedness activities to be maintained, including ongoing influenza immunisation efforts. An evaluation of our response to the pandemic in 2009 has informed the continuing improvement of our response plan in 2010.

An emerging risk associated with seasonal influenza immunisation in early 2010 resulted in a temporary pause to the immunisation of young children. Population Health Division ensured that key messages were communicated to all stakeholders during this pause period. All relevant ACT data was considered as part of the national evaluation, which ultimately determined that the immunisation of children against seasonal influenza could continue. In addition to these influenza-related activities, our Population Health Division has overseen initiatives in relation to reducing smoking rates, monitoring ambient air quality and maintaining our high childhood immunisation rates. Its efforts to improve the coordination of health promotion and disease prevention activities in the ACT continue to serve the community well.

Workforce challenges in the health sector continue nationally and internationally. We are responding to this proactively with an ACT Workforce Plan designed to address the broader health workforce needs of the ACT. Additionally, we have continued to work collaboratively with academic institutions, providing a large number of student placements covering a broad range of nursing, medical and allied health disciplines, and developing new roles for our workforce, particularly within allied health. The ACT Health graduate nurse and graduate midwife programs continue to have excellent retention rates. Our existing workforce has also been supported through the establishment of an e-learning coordinator to support continued training and development.

The shortage of general practitioners within the ACT has an impact on the demand for public sector services. It is for this reason that significant efforts have been directed to undertaking a range of measures designed to improve the GP workforce in the ACT. This includes the establishment of GP scholarships available to third and fourth year medical students who agree to pursue a career in general practice, the introduction of teaching incentive payments for GPs who undertake training of medical students within their practice, continuation of support for prevocational GP practice placements for junior doctors interested in general practice, and support for general practices through a GP development fund. Additionally, considerable work has been undertaken towards the establishment of a GP Aged Day Service that will support the delivery of care to older residents in their home or at a residential aged-care facility during working hours when their regular GP is otherwise engaged attending to their busy surgery. A GP marketing officer has also been supported to work with the ACT Division of General Practice and has contributed to an overall increase in the number of GPs commencing practice in the ACT over the past 12 months.

An additional investment in our health workforce has been the development of the ACT Health leadership program, designed to enhance the leadership skills of all current and emerging managers within ACT Health.

On the legislation front, the ACT Government passed the *Health Practitioner Regulation National Law (ACT) Act 2010* to enable the commencement of the national registration scheme for health practitioners. This will support improved standards of health care across the nation as well as reducing the red tape for practitioners who wish to practise within different jurisdictions in Australia.

The Council of Australian Governments (COAG) has continued to prioritise health care reform in 2009–10, building on the work commenced with the establishment of the new National Health Care Agreement in 2008–09. A range of national performance agreements have set clear performance targets and deliverables, with regular reporting schedules. However, the most significant reform occurred in April 2010 when the ACT Government signed up to the National Health and Hospital Network reforms, which include the establishment of a local hospital network and a primary health care organisation (to be known as Medicare Local) in the ACT, and agreed to establish an additional 22 sub-acute beds and to meet National Access Guarantee targets for elective surgery and a four-hour target for all presentations to our emergency departments. Work on the implementation of these initiatives is now underway.

Another substantial development within the national healthcare arena in 2009–10 was the establishment of Health Workforce Australia to address the health workforce needs of the future. Mr Mark Cormack, Chief Executive of ACT Health from 2006, resigned from ACT Health in January 2010 to take up the role of the inaugural Chief Executive of Health Workforce Australia. His appointment recognises his breadth of experience and his substantial achievements in a range of roles within the health care sector. Mark's contribution to ACT Health during his time with the organisation, firstly as Deputy Chief Executive and then as the Chief Executive, has been substantial, and his leadership, vision and wise counsel will be missed.

A.4 Outlook for 2010–11

ACT Health looks forward to maintaining the current high standard of health services while continuing to enhance the level of service provision. A number of challenges will be faced during the next financial year, including:

- continuing to implement the ACT Health values of care, excellence, collaboration and integrity across all aspects of our operations as an organisation. These values are integral to our capacity to deliver high-quality care and to retain a skilled and responsive workforce
- reviewing the ACT Health corporate plan to better align with the seven objectives set out in the National Healthcare Agreement
- further implementing *Your health–our priority*, the Capital Asset Development Plan. Existing construction works will be progressed, and new construction work will commence on the Canberra Hospital campus and at a number of sites in the community. At Canberra Hospital, this includes completion of the multistorey southern car park, the neurosurgical suite, the Surgical Assessment and Planning Unit, and the PET/CT scanner. Work will continue on the construction of the new Women's and Children's Hospital and the Adult Acute Mental Health Inpatient Unit, and will commence on the Gunghalin Community Health Centre, the Belconnen Enhanced Community Health Centre and the refurbishment of the Tuggeranong Community Health Centre. Design work on other projects will also be progressed, including the Secure Mental Health Unit, the Adolescent and Young Adult Mental Health Inpatient Unit, the Integrated Cancer Centre, and the Skills Development Centre. The Project Definition Plan for Canberra Hospital will also be completed. There is no doubt that this will be a busy and exciting time for ACT Health
- further progressing the implementation of the Health-E Future initiative, our $90 million e-health and technologies program
- continuing work to implement the COAG healthcare reforms, including establishing local hospital networks, increasing sub-acute beds, and working to achieve the four-hour-target established for the emergency departments and the National Access Guarantees for elective surgery, as well as continuing to implement the COAG national partnership agreements on hospital and health workforce reform, Indigenous health and disease prevention
- building the range of services to address the challenges of chronic disease management, working in partnership with general practitioners, non-government organisations and community and hospital providers

- continuing to improve access to hospital beds, cancer services, dental care, community-based services and mental health services
- ensuring that our health services effectively manage their risks and provide the safest possible care for our patients
- enhancing our health surveillance programs and monitoring systems, and continuing to strengthen our disaster preparedness.

A.5 Management discussion and analysis

General overview

Objectives

ACT Health aims to achieve good health for all residents of the territory by planning, purchasing and providing quality community-based health services and hospital and extended care services, managing public health risks, and promoting health and early care interventions.

ACT Health's objectives are grouped around the following five key performance areas:

- community and consumers
- safety and quality of care
- partnerships
- accountability and internal systems
- ACT Health's people.

Changes in administrative structure

ACT Health did not gain or lose any functions in the 2009–10 year.

Risk management

The department's management has identified the following potential risks that may influence the future financial position of the department:

- abnormal rates of staff separation
- the cost of medical malpractice indemnity
- ability to attract and retain health professionals
- rising costs of pharmaceuticals and medical and surgical supplies
- demands on replacing systems and equipment
- growth in demand for services.

The ACT Government and the department have responded to these risks in a number of ways, including:

- the implementation of strategies for the retention and recruitment of doctors, nurses, midwives and allied health professionals
- the strengthening of patient safety and clinical practice review framework
- the establishment of the Medical School in cooperation with the Australian National University

- the enhancement of procurement processes to maximise benefits from contracting
- a significant investment in clinical systems and recording systems
- the Government's introduction of growth funding into the Health budget in 2006–07, based on activity projected through clinical services planning.

These risks are monitored regularly throughout the year.

Departmental financial performance

The following financial information is based on audited Financial Statements for 2008–09 and 2009–10, and the forward estimates contained in the 2010–11 Budget Paper Number 4.

Total net cost of services

	Actual 2008–09 $m	Budget 2009–10 $m	Actual 2009–10 $m	Forward estimate 2010–11 $m	Forward estimate 2011–12 $m	Forward estimate 2012–13 $m
Total expenses	938.8	973.2	**990.4**	1,068.6	1,129.5	1,203.6
Total own source revenue	205.1	206.1	**205.8**	216.0	224.5	229.8
Net cost of services	733.7	767.1	**784.6**	852.6	905.0	973.8

Comparison to Budget

The department's net cost of services for 2009–10 of $784.6 million was $17.5 million or 2.3 per cent higher than forecast in the 2009–10 budget (refer to Attachment A), reflecting a combination of factors comprising:

- an increase in expenses ($17.2 million), largely due to increased employee expenses and superannuation ($23.1 million), payments to non-government organisations ($0.8 million), depreciation ($5.2 million) and other expenses ($5.7 million) offset by lower supplies and services (–$17.6 million). These increases relate to pay rises (sign-on bonus for nursing and midwifery, clerical, professional and technical staff), long service leave following changes in the present value rate, higher staffing levels flowing from high activity in 2008–09, and accelerated depreciation of the multistorey car park.

Comparison to 2008–09 actual expenses

The total net cost of services was $50.9 million or 6.9 per cent higher than the 2008–09 actual cost, due to increased expenses ($51.6 million), offset by increased non-appropriated revenue ($0.7 million).

This increase relates to salary increases linked to collective agreements, growth in activity, new initiatives, consumer price indexation and accelerated depreciation of the multistorey car park.

Future trends

Figure 1: Net cost of services

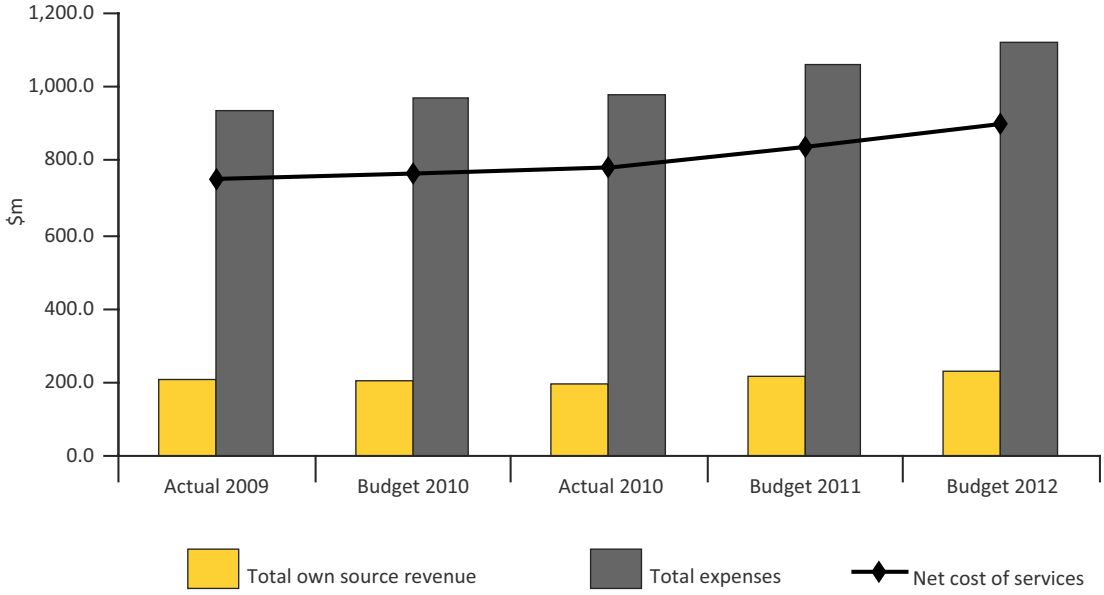


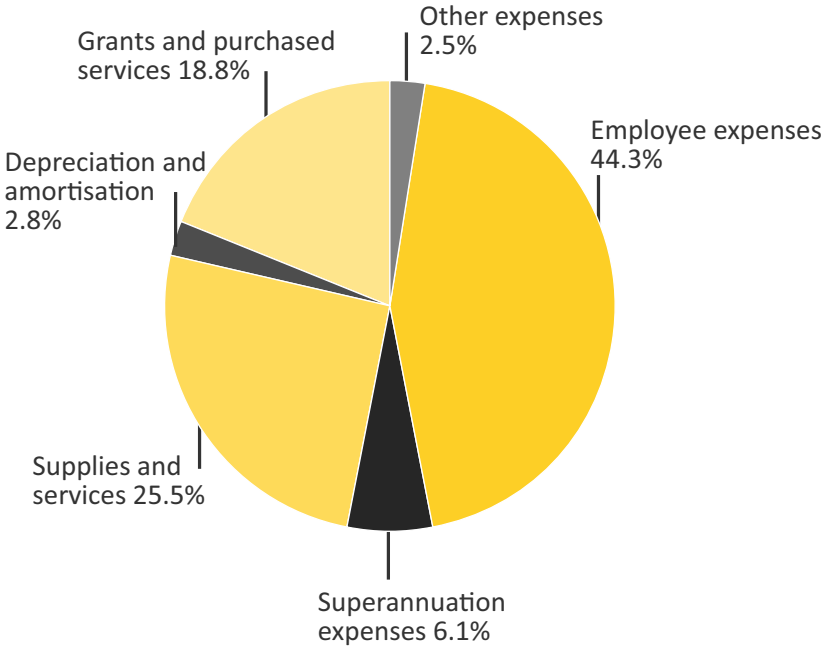
Figure 1 indicates that from 2009 the department is anticipating a gradual trend of increasing expenses and net cost of services.

Total expenditure

1. Components of expenditure

Figure 2 below indicates the components of the department's expenses for 2009–10, with the largest components being employee expenses (excluding superannuation), which represent 44.3 per cent or $438.4 million, supplies and services, which represent 25.5 per cent or $252.5 million, and grants and purchased services, which represent 18.8 per cent or $185.9 million.

Figure 2: Components of expenditure



2. Comparison to budget

Total expenses of $990.4 million were $17.2 million or 1.8 per cent higher than the original 2009–10 budget figure of $973.2 million.

This variation was predominantly due to:

- employee costs (including superannuation) of $23.1 million—resulting from staff increases related to prior year activity, sign-on bonus through collective agreements, higher long service leave following change in present value rate and higher superannuation following shift from agency staff to employees
- depreciation of $5.2 million—due to accelerated depreciation of the multistorey car park that was demolished at Canberra Hospital during the year
- grants and purchased services of $0.8 million—due to indexation
- other expenses of $5.7 million—resulting from increased purchases by private hospitals and contributions to national projects.

The above increases were partially offset by a reduction in supplies and services (–$17.6 million). The reductions included a shift from using agency staff and lower pharmaceutical costs than budgeted for 2009–10.

3. Comparison to 2008–09 actual expenses

Total expenses were $51.6 million or 5.5 per cent higher than the 2008–09 actual result. The increase reflects a combination of factors, including increased expenditure in:

- employee costs (excluding superannuation) of $19.5 million—due to salary and wage increases, growth in a wide range of services, new initiatives and Comcare premiums
- superannuation of $6.4 million—due to higher contributory rate for the PSS and an increased number of contributors
- supplies and services of $5.7 million—resulting from indexation and an increase in clinical expenses and medical surgical supply costs
- grants and purchased services of $12.1 million—mainly resulting from increased payments to Calvary Public Hospital for salary increases and additional activity and payments to non-government organisations under programs such as the Home and Community Care program
- depreciation of $8.4 million—due to the acquisition of new plant and equipment during the year, additions to internally developed IT systems and accelerated depreciation of the multistorey car park at Canberra Hospital that was demolished.

4. Future trends

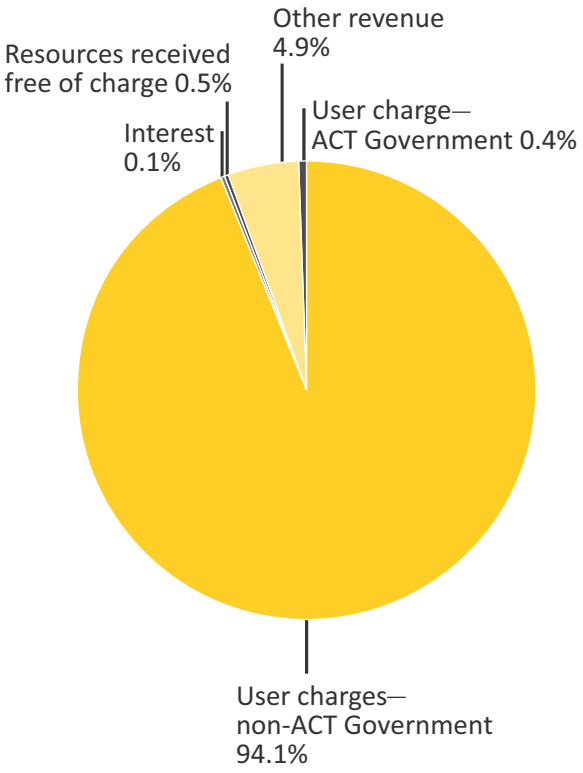
Expenses are budgeted to increase in 2010–11 by $78.2 million and continue to trend upwards across the forward years.

Total own source revenue

1. Components of own source revenue

Figure 3 below indicates that for the financial year ended 30 June 2010, the department received 94.5 per cent of its total own source revenue of $205.8 million from user charges.

Figure 3: Components of own source revenue



2. Comparison to Budget

Revenue

Non-appropriated revenue for the year ended 30 June 2010 was $205.8 million, which was $0.3 million lower than the 2009–10 budget figure of $206.1 million.

3. Comparison to 2008–09 actual income

Revenue

Non-appropriated revenue was $0.7 million or 0.3 per cent higher than the 2008–09 actual result of $205.1 million. The result reflects an increase in user charges ($11.4 million), offset by a reduction in other revenue (–$2.5 million) and Commonwealth Government grants (–$8.2 million).

4. Future trends

Total own source revenue is expected to increase slightly in 2010–11 and continue to slowly trend upwards across the forward years.

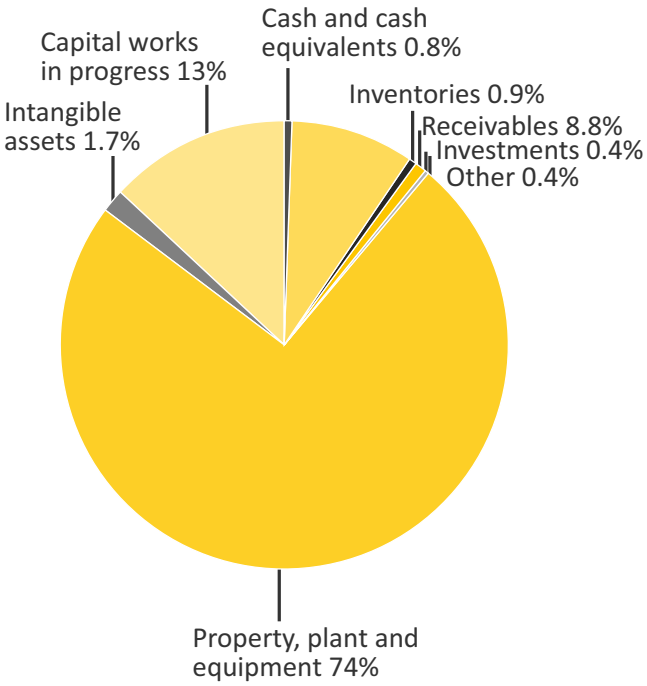
Departmental financial position

Total assets

1. Components of total assets

Figure 4 below indicates that for the financial year ended 30 June 2010 the department held 74 per cent of its assets in property, plant and equipment.

Figure 4: Total assets as at 30 June 2010



2. Comparison to Budget

The total asset position as at 30 June 2010 is $690.2 million, $54.6 million lower than the 2009–10 budget figure of $744.8 million.

The variance, of $54.6 million, reflects the timing associated with the acquisition and completion of various assets over the 2009–10 financial year, including intangibles (–$9.2 million), capital works in progress (–$42.1 million), property, plant and equipment including assets held for sale (–$27.2 million) and cash and cash equivalents (–$10.8 million), as well as a decrease in inventories (–$0.4 million) due to timing, offset by increases in receivables ($33.7 million) and other ($1.5 million).

3. Comparison to 2008–09 actuals

The department's total asset position is $52.3 million higher than the 2008–09 actual result of $637.9 million, largely due to increases in:

- receivables ($2.6 million)
- inventories ($0.8 million)
- other ($1.6 million) reflecting increased prepayments
- capital works in progress ($63.4 million), reflecting higher capital works activity relating to the hospital redevelopment program.

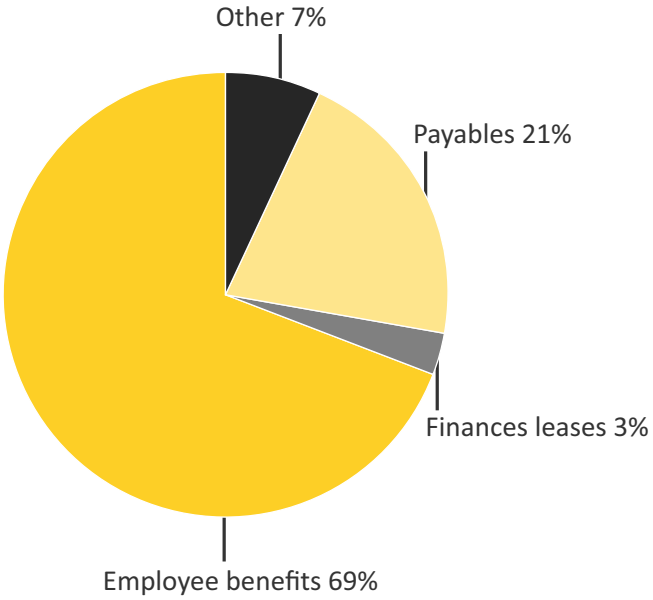
The above increases were partially offset by a reduction in cash and cash equivalents (–$3.8 million), depreciation of property, plant and equipment including assets held for sale (–$8.4 million) and amortisation of intangibles (–$3.9 million).

Total liabilities

1. Components of total liabilities

Figure 5 below indicates that the majority of the department's liabilities relate to employee benefits (69 per cent) and payables (21 per cent).

Figure 5: Total liabilities as at 30 June 2010



2. Comparison to Budget

The department's liabilities for the year ended 30 June 2010, of $205.9 million, were $54.4 million higher than the 2009–10 budget figure of $151.5 million. This was largely due to increased employee benefits ($35.9 million), payables ($13.3 million), finance leases ($0.5 million) and other liabilities ($4.6 million).

3. Comparison to 2008–09 actuals

Total liabilities are $21.5 million higher than the actual results for the same period last year of $181.4 million, largely due to increases in payables ($5.8 million), employee benefits ($10.8 million), finance leases ($0.5 million) and other liabilities ($4.3 million).

Territorial statement of revenues and expenses

The activities whose funds flow through the department's territorial accounts are:

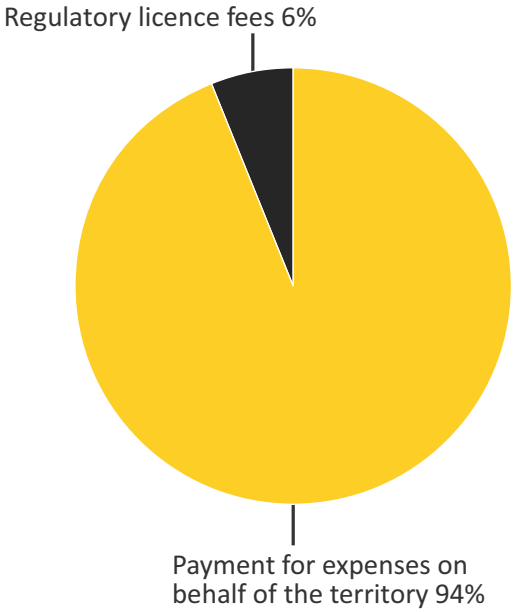
- the receipt of regulatory licence fees
- the receipt and on-passing of monies for capital works at Calvary Public Hospital.

In previous years the department's territorial accounts recorded the receipt of Commonwealth grant monies and the on-passing of these receipts to the ACT Government's Central Financing Unit. This financial year these monies were paid by the Commonwealth directly to the Central Financing Unit.

Total income

Figure 6 indicates that 94 per cent of territorial income is generated by the receipt and on-passing of monies for capital works at Calvary Public Hospital (expenses on behalf of the territory), with the balance being regulatory licence fees.

Figure 6: Sources of territorial revenue



Total territorial income for the year ended 30 June 2010 was $9.7 million, which was higher ($2.0 million) than the budget figure of $7.7 million. The extra funds were for the Calvary Intensive Care Unit.

Total income was $151.3 million lower than in the same period last year, due to the change in the way Commonwealth grant monies are paid to the ACT.

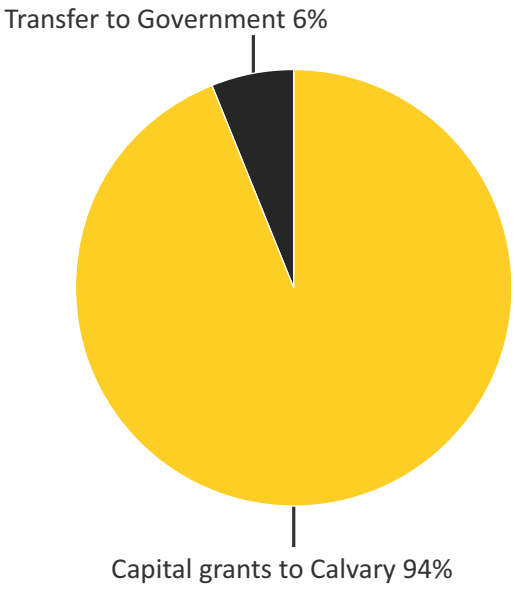
Grants from the Commonwealth

All Commonwealth grant monies are now paid directly to the ACT Government's Central Financing Unit rather than through ACT Health's territorial accounts.

Total expenses

Figure 7 indicates that 94 per cent of expenses incurred on behalf of the territory relate to the on-passing of monies for capital works to Calvary Public Hospital.

Figure 7: Sources of territorial expenses



Total expenses were $9.7 million, which was $2.0 million more than the budget for the period.

Total expenses were $151.3 million lower than in the same period last year, due to the change in the way Commonwealth grant monies are paid.

Other disclosures

Audit qualification/matters of emphasis

In September 2010, the Auditor-General completed the financial audit of the department and provided an opinion. The Auditor-General's opinion of the department's financial statements concluded that the statements were prepared in accordance with the *Financial Management Act 1996* and fairly represented the financial performance of the department for the year ended 30 June 2010.

Attachment A
Comparison of net cost of services to Budget 2009–10

Description	Original Budget (1) $'000	Plus AAO Transfers $'000	Total Funding $'000	Less Actual $'000	Variance to be Explained $'000	%
Expenses						
Employee and superannuation	475,273	—	475,273	498,374	–23,101	–4.86%
Supplies and services	270,107	—	270,107	252,545	17,562	6.50%
Depreciation and amortisation	22,873	—	22,873	28,113	–5,240	–22.91%
Grants and purchased services	185,174	—	185,174	185,926	–752	–0.41%
Other expenses	19,741	—	19,741	25,422	–5,681	–28.78%
Total expenses	**973,168**	**—**	**973,168**	**990,380**	**–17,212**	**–1.77%**
Own source revenue						
User charges	193,713	—	193,713	194,753	1,040	0.54%
Grants from the Commonwealth	0	—	0	–324	–324	0.00%
Interest	278	—	278	259	–19	–6.83%
Resources free of charge	1,125	—	1,125	948	–177	-15.73%
Gains	1,038	—	1,038	1,059	21	2.02%
Other revenue	9,938	—	9,938	9,096	–842	–8.47%
Total own source revenue	**206,092**	**—**	**206,092**	**205,791**	**–301**	**–0.15%**
Total net cost of services	**767,076**	**—**	**767,076**	**784,589**	**–17,513**	**–2.28%**

A.6 Financial report

ACT AUDITOR-GENERAL'S OFFICE

INDEPENDENT AUDIT REPORT

ACT HEALTH

To the Members of the ACT Legislative Assembly

Report on the financial statements

I have audited the financial statements of ACT Health for the year ended 30 June 2010. The financial statements are comprised of the following financial statements and accompanying notes:

- Departmental financial statements – operating statement, balance sheet, cash flow statement, statement of changes in equity and Departmental 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, cash flow statement on behalf of the Territory, statement of changes in equity on behalf of the Territory and Territorial statement of appropriation.

Responsibility for the financial statements

The Chief Executive of ACT Health is responsible for the preparation and fair presentation of the financial statements in accordance with the *Financial Management Act 1996*. This includes responsibility for maintaining adequate accounting records and internal controls that are designed to prevent and detect fraud and error and for the accounting policies and estimates used in the preparation of the financial statements.

The auditor's responsibility

My responsibility is to express an independent audit opinion on the financial statements of ACT Health based on my audit as required by the *Financial Management Act 1996*.

The audit was conducted in accordance with Australian Auditing Standards to provide reasonable assurance that the financial statements are free of material misstatement.

I formed the audit opinion by performing audit procedures to obtain evidence about the amounts and disclosures in the financial statements. As these procedures are influenced by the use of professional judgement, selective testing of evidence supporting the amounts and other disclosures in the financial statements, inherent limitations of internal control and the availability of persuasive rather than conclusive

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evidence, an audit cannot guarantee that all material misstatements have been detected.

Although the effectiveness of internal controls is considered when determining the nature and extent of audit procedures, the audit was not designed to provide assurance on internal controls.

The audit is not designed to provide assurance on the appropriateness of budget information included in the financial statements or to evaluate the prudence of decisions made by ACT Health.

Electronic presentation of the audited financial statements

Those viewing an electronic presentation of these financial statements should note that the audit does not provide assurance on the integrity of information presented electronically and does not provide an opinion on any other information which may have been hyperlinked to or from these financial statements. If users of the financial statements are concerned with the inherent risks arising from the electronic presentation of information, they are advised to refer to the printed copy of the audited financial statements to confirm the accuracy of this electronically presented information.

Independence

I followed applicable independence requirements of Australian professional ethical pronouncements in conducting the audit.

Audit opinion

In my opinion, the financial statements of ACT Health for the year ended 30 June 2010:

(i) are presented in accordance with the *Financial Management Act 1996*, Accounting Standards and other mandatory financial reporting requirements in Australia; and

(ii) present fairly the financial position of ACT Health as at 30 June 2010 and the results of its operations and its cash flows for the year then ended.

This audit opinion should be read in conjunction with the above information.

Tu Pham
Auditor-General
10 September 2010

ACT Health
Financial Statements
For the Year Ended 30 June 2010

Statement of Responsibility

In my opinion, the financial statements are in agreement with the Department's accounts and records and fairly reflect the financial operations of the Department for the year ended 30 June 2010 and the financial position of the Department on that date.

Dr Peggy Brown
Chief Executive
ACT Health

6 September 2010

ACT Health
Financial Statements
For the Year Ended 30 June 2010

Statement by the Chief Finance Officer

In my opinion, the financial statements have been prepared in accordance with generally accepted accounting principles, and are in agreement with the Department's accounts and records and fairly reflect the financial operations of the Department for the year ended 30 June 2010 and the financial position of the Department on that date.

Mr Ron Foster
Chief Finance Officer
ACT Health

9 September 2010

ACT Health Departmental Financial Statements for the Year Ended 30 June 2010

ACT Health Operating Statement For the Year Ended 30 June 2010

	Note No.	Actual 2010 $'000	Original Budget 2010 $'000	Actual 2009 $'000
Income				
Revenue				
Government Payment for Outputs	4	753,617	748,692	699,701
User Charges — ACT Government	5	805	832	743
User Charges — Non-ACT Government	5	193,948	192,881	182,532
Interest	6	259	278	232
Commonwealth Government Grants	7	(324)	—	7,924
Resources Received Free of Charge	8	948	1,125	931
Other Revenue	9	9,096	9,938	11,567
Total Revenue		**958,349**	**953,746**	**903,630**
Gains				
Other Gains	10	1,059	1,038	1,137
Total Gains		**1,059**	**1,038**	**1,137**
Total Income		**959,408**	**954,784**	**904,767**
Expenses				
Employee Expenses	11	438,390	417,289	418,874
Superannuation Expenses	12	59,984	57,984	53,590
Supplies and Services	13	252,545	270,107	246,882
Depreciation and Amortisation	14	28,113	22,873	19,701
Grants and Purchased Services	15	185,926	185,174	173,850
Borrowing Costs	16	406	401	408
Other Expenses	17	25,016	19,340	25,516
Total Expenses		**990,380**	**973,168**	**938,820**
Operating (Deficit)		**(30,972)**	**(18,384)**	**(34,053)**
Other Comprehensive Income				
Decrease in the Asset Revaluation Surplus	34	—	—	(10)
Total Comprehensive Income		**(30,972)**	**(18,384)**	**(34,063)**

The above Operating Statement should be read in conjunction with the accompanying notes.

ACT Health Balance Sheet As at 30 June 2010

	Note No.	Actual 2010 $'000	Original Budget 2010 $'000	Actual 2009 $'000
Current Assets				
Cash and Cash Equivalents	21	5,272	16,075	9,016
Receivables	22	58,768	27,236	56,646
Inventory	23	6,242	6,685	5,433
Assets Held for Sale	24	234	—	—
Other Assets	29	2,981	1,509	1,343
Total Current Assets		**73,497**	**51,505**	**72,438**
Non-Current Assets				
Receivables	22	2,154	—	1,693
Investments	25	3,000	3,000	3,000
Property, Plant and Equipment	26	507,677	535,155	516,348
Intangible Assets	27	11,394	20,595	15,356
Capital Works in Progress	28	92,447	134,524	29,033
Total Non-Current Assets		**616,672**	**693,274**	**565,431**
Total Assets		**690,169**	**744,779**	**637,868**
Current Liabilities				
Payables	30	42,453	29,135	36,655
Finance Leases	31	1,471	2,319	3,250
Employee Benefits	32	127,732	98,029	118,136
Other Liabilities	33	17,066	12,490	12,739
Total Current Liabilities		**188,722**	**141,973**	**170,781**
Non-Current Liabilities				
Payables	30	—	13	—
Finance Leases	31	4,401	3,009	2,109
Employee Benefits	32	12,757	6,533	11,517
Total Non-Current Liabilities		**17,158**	**9,555**	**13,626**
Total Liabilities		**205,880**	**151,528**	**184,407**
Net Assets		**484,289**	**593,251**	**453,462**

ACT Health Balance Sheet As at 30 June 2010 (continued)

	Note No.	Actual 2010 $'000	Original Budget 2010 $'000	Actual 2009 $'000
Equity				
Accumulated Funds		348,895	457,847	318,068
Asset Revaluation Surplus	34	135,394	135,404	135,394
Total Equity		**484,289**	**593,251**	**453,462**

The above Balance Sheet should be read in conjunction with the accompanying notes. ACT Health only has one output class and as such the above Balance Sheet is also ACT Health's Balance Sheet for the Health and Community Care output class. A separate disaggregated disclosure note has therefore not been included in these Financial Statements.

ACT Health Statement of Changes in Equity For the Year Ended 30 June 2010

	Accumulated Funds Actual 2010 $'000	Asset Revaluation Surplus Actual 2010 $'000	Total Equity Actual 2010 $'000	Original Budget 2010 $'000
Balance at the Beginning of the Reporting Period	**318,068**	**135,394**	**453,462**	**494,326**
Comprehensive Income				
Operating (Deficit)	(30,972)	—	(30,972)	(18,384)
Total Comprehensive Income	**(30,972)**	**—**	**(30,972)**	**(18,384)**
Transactions Involving Owners Affecting Accumulated Funds				
Capital Injections	61,799	—	61,799	117,309
Total Transactions Involving Owners Affecting Accumulated Funds	**61,799**	**—**	**61,799**	**117,309**
Balance at the End of the Reporting Period	**348,895**	**135,394**	**484,289**	**593,251**

	Accumulated Funds Actual 2009 $'000	Asset Revaluation Surplus Actual 2009 $'000	Total Equity Actual 2009 $'000	Original Budget 2009 $'000
Balance at the Beginning of the Reporting Period	**323,354**	**135,404**	**458,758**	**489,499**
Comprehensive Income				
Operating (Deficit)	(34,053)	—	(34,053)	(16,019)
Increase/(Decrease) in the Asset Revaluation Surplus	—	(10)	(10)	—
Total Comprehensive Income	**(34,053)**	**(10)**	**(34,063)**	**(16,019)**
Transactions Involving Owners Affecting Accumulated Funds				
Capital Injections	28,767	—	28,767	**91,183**
Total Transactions Involving Owners Affecting Accumulated Funds	**28,767**	**—**	**28,767**	**91,183**
Balance at the End of the Reporting Period	**318,068**	**135,394**	**453,462**	**564,663**

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

ACT Health Cash Flow Statement For the Year Ended 30 June 2010

	Note No.	Actual 2010 $'000	Original Budget 2010 $'000	Actual 2009 $'000
Cash Flows from Operating Activities				
Receipts				
Government Payment for Outputs		755,321	748,692	698,527
User Charges — ACT Government		1,095	832	1,601
User Charges — Non-ACT Government		192,074	197,881	149,335
Interest		253	278	244
Commonwealth Government Grants		—	—	13,197
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		45,811	38,996	42,132
Goods and Services Tax Collected from Customers		3,714	3,700	2,758
Other		12,329	10,976	12,957
Total Receipts from Operating Activities		**1,010,597**	**1,001,355**	**920,751**
Payments				
Related to Employees		426,175	413,838	381,991
Related to Superannuation		59,675	57,984	53,313
Related to Supplies and Services		249,922	269,648	244,569
Grants and Purchased Services		185,926	185,174	186,146
Goods and Services Tax Paid to Suppliers		50,671	42,696	45,509
Other		23,973	19,290	6,154
Related to Borrowing Costs		406	401	405
Total Payments from Operating Activities		**996,749**	**989,031**	**918,087**
Net Cash (Outflows)/ Inflows from Operating Activities	**38**	**13,848**	**12,324**	**2,664**
Cash Flows from Investing Activities				
Receipts				
Proceeds from Sale of Property, Plant and Equipment		1,840	—	—
Total Receipts from Investing Activities		**1,840**	**—**	**—**
Payments				
Purchase of Property, Plant and Equipment		13,313	17,491	25,966
Payments for Capital Works		64,036	111,396	22,257
Total Payments from Investing Activities		**77,349**	**128,887**	**48,223**
Net Cash (Outflows) from Investing Activities		**(75,509)**	**(128,887)**	**(48,223)**

ACT Health Cash Flow Statement For the Year Ended 30 June 2010 — continued

	Note No.	Actual 2010 $'000	Original Budget 2010 $'000	Actual 2009 $'000
Cash Flows from Financing Activities				
Receipts				
Capital Injections		61,799	117,309	28,767
Total Receipts from Financing Activities		**61,799**	**117,309**	**28,767**
Payments				
Repayment of Finance Leases		3,882	1,452	1,007
Total Payments from Financing Activities		**(3,882)**	**(1,452)**	**(1,007)**
Net Cash (Outflows)/ Inflows from Financing Activities		**57,917**	**115,857**	**27,760**
Net Increase/(Decrease) in Cash and Cash Equivalents Held		**(3,744)**	**(706)**	**(17,799)**
Cash and Cash Equivalents at the Beginning of the Reporting Period		9,016	16,781	26,815
Cash and Cash Equivalents at the End of the Reporting Period	**38**	**5,272**	**16,075**	**9,016**

Non-cash financing activites are disclosed in Note 38: 'Cash Flow Reconcilation'.
The above Cash Flow Statement should be read in conjunction with the accompanying notes.

Health and Community Care Summary of Department Output Class For the Year Ended 30 June 2010

	Output Class 1 $'000
2010	
Total Income	959,408
Total Expenses	(990,380)
Operating (Deficit)	**(30,972)**
2009	
Total Income	904,767
Total Expenses	(938,820)
Operating (Deficit)	**(34,053)**

Health and Community Care Operating Statement for Output Class 1
For the Year Ended 30 June 2010

Description

Output Class 1: ACT Health aims to increase the community's capacity for healthy living by planning, providing and purchasing quality community based health services, major trauma and tertiary health care, managing public health risks, and promoting health and early care interventions.

	Actual 2010 $'000	Original Budget 2010 $'000	Actual 2009 $'000
Income			
Revenue			
Government Payment for Outputs	753,617	748,692	699,701
User Charges — ACT Government	805	832	743
User Charges — Non-ACT Government	193,948	192,881	182,532
Interest	259	278	232
Commonwealth Government Grants	(324)	—	7,924
Resources Received Free of Charge	948	1,125	931
Other Revenue	9,096	9,938	11,567
Total Revenue	**958,349**	**953,746**	**903,630**
Gains			
Other Gains	1,059	1,038	1,137
Total Gains	**1,059**	**1,038**	**1,137**
Total Income	**959,408**	**954,784**	**904,767**
Expenses			
Employee Expenses	438,390	417,289	418,874
Superannuation Expenses	59,984	57,984	53,590
Supplies and Services	252,545	270,107	246,882
Depreciation and Amortisation	28,113	22,873	19,701
Purchased Services	185,926	185,174	173,850
Borrowing Costs	406	401	408
Other Expenses	25,016	19,340	25,516
Total Expenses	990,380	973,168	938,820
Operating (Deficit)	**(30,972)**	**(18,384)**	**(34,053)**

ACT Health Departmental Statement of Appropriation For the Year Ended 30 June 2010

	Original Budget 2010 $'000	Total Appropriated 2010 $'000	Appropriation Drawn 2010 $'000	Appropriation Drawn 2009 $'000
Departmental				
Government Payment for Outputs	748,692	759,355	755,321	698,527
Capital Injections	117,309	135,284	61,799	28,767
Total Departmental Appropriation	**866,001**	**894,639**	**817,120**	**727,294**

The above Departmental Statement of Appropriation should be read in conjunction with the accompanying notes.

Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Cash Flow Statement in the Budget Papers. This amount also appears in these financial statements, in the Cash Flow Statement of ACT Health.

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 ACT Health during the year. This amount appears in these financial statements, in the Cash Flow Statement of ACT Health.

Variances between 'Original Budget' and 'Total Appropriated'

Government Payment for Outputs

The difference between the *Original Budget* and the *Total Appropriated* to ACT Health was the provision of appropriation for additional Commonwealth National Partnership agreements largely for elective surgery and the essential vaccines program.

Capital Injections

The difference between the *Original budget* to ACT Health and the *Total appropriated* is largely due to deferred funds from 2008–09 and Commonwealth funding provided as part of the national health reforms. These were offset by the transfer of funds to Territorial for Calvary Hospital capital works.

Variances between 'Total Appropriated' and 'Appropriation Drawn'

Government Payment for Outputs

The difference between the *Total Appropriated* and the *Appropriation Drawn* is due to rollover of funding from Commonwealth and initiatives largely related to the 'A Healthy Future' new initiative and Commonwealth funded essential vaccines and activity based funding programs.

Capital Injections

The difference between the *Total Appropriated* to ACT Health and the *Appropriation* drawn is largely due to rollover of delayed capital works and equipment monies and offset by the early provision of Commonwealth elective surgery funding.

ACT Health Departmental Note Index

ACT Health Notes to and Forming Part of the Financial Statements For the Year Ended 30 June 2010

Note 1 Objectives Of ACT Health

Operations and Principal Activities

ACT Health aims to achieve good health for all residents of the Territory by planning, purchasing and providing quality community based health services, hospital and extended care services, managing public health risks and promoting health and early care interventions.

ACT Health's objectives are grouped around the following five key performance areas:

- community and consumers;
- safety and quality of care;
- partnerships;
- accountability and internal systems; and
- ACT Health's people.

Note 2 Summary of Significant Accounting Policies

(a) Basis of Accounting

The *Financial Management Act 1996 (FMA)* requires the preparation of annual financial statements for ACT Government Departments.

The FMA and the *Financial Management Guidelines* issued under the Act, requires a Department's financial statements to include:

(i) an Operating Statement for the year;

(ii) a Balance Sheet at the end of the year;

(iii) a Statement of Changes in Equity for the year;

(iv) a Cash Flow Statement for the year;

(v) a Statement of Appropriation for the year;

(vi) an Operating Statement for each class of output for the year;

(vii) a summary of the significant accounting policies adopted for the year; and

(viii) such other statements as are necessary to fairly reflect the financial operations of the Department during the year and its financial position at the end of the year.

These general-purpose financial statements have been prepared to comply with 'Generally Accepted Accounting Principles' (GAAP) as required by the FMA. The financial statements have been prepared in accordance with:

(i) Australian Accounting Standards, and

(ii) ACT Accounting Policies.

The financial statements have been prepared using the accrual basis of accounting, which recognises the effects of transactions and events when they occur. The financial statements have also been prepared according to the historical cost convention, except for assets which were valued in accordance with the (re)/valuation policies applicable to ACT Health during the reporting period.

These financial statements are presented in Australian dollars, which is the Department's functional currency.

ACT Health is an individual reporting entity.

Note 2 Summary of Significant Accounting Policies — continued

(b) Departmental and Territorial Items

ACT Health produces Departmental and Territorial financial statements. The Departmental financial statements include income, expenses, assets and liabilities over which ACT Health has control. The Territorial financial statements include income, expenses, assets and liabilities that ACT Health administers on behalf of the ACT Government, but does not control.

The purpose of the distinction between Departmental and Territorial is to enable an assessment of ACT Health'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 accounting described in paragraph (a) above applies to both Departmental and Territorial financial statements except where specified otherwise.

(c) The Reporting Period

These financial statements state the financial performance, changes in equity and cash flows of ACT Health for the year ending 30 June 2010 together with the financial position of ACT Health as at 30 June 2010.

(d) Comparative Figures

Budget Figures

To facilitate a comparison with Budget Papers, as required by the *Financial Management Act 1996*, budget information for 2009–10 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the Budget Papers.

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.

(e) Rounding

All amounts in the financial statements have been rounded to the nearest thousand dollars ($'000). Use of the "—" symbol represents zero amounts or amounts rounded up or down to zero.

Note 2 Summary of Significant Accounting Policies — continued

(f) Revenue Recognition

Revenue is recognised at the fair value of the consideration received or receivable in the Operating Statement. All revenue is recognised to the extent that it is probable that the economic benefits will flow to ACT Health and the revenue can be reliably measured. In addition, the following specific recognition criteria must also be met before revenue is recognised:

Sale of Goods

Revenue from the sale of goods is recognised as revenue when the significant risks and rewards of ownership of the goods has transferred to the buyer. ACT Health retains neither continuing managerial involvement nor effective control over the goods sold and the costs incurred in respect of the transaction can be measured reliably.

Rendering of Services

Revenue from the rendering of services is recognised when the stage of completion of the transaction at the reporting date can be measured reliably and the costs of rendering those services can be measured reliably.

Interest

Interest revenue is recognised using the effective interest method, a method of calculating the interest income/expense on a financial instrument over the reporting period. The effective interest rate is the rate that represents a constant yield to maturity on the outstanding balance of the transaction.

(g) Resources Received and Provided Free of Charge

Resources received free of charge are recorded as a revenue and expense in the Operating Statement at fair value. The revenue is separately disclosed under resources received free of charge, with the expense being recorded in the line item to which it relates. Goods and services received free of charge from ACT Government agencies are recorded as resources received free of charge, where as goods and services received free of charge from entities external to the ACT Government are recorded as donations. Services that are received free of charge are only recorded in the Operating Statement if they can be reliably measured and would have been purchased if not provided to ACT Health free of charge.

Resources provided free of charge are recorded at their fair value in the expense line items to which they relate.

(h) Repairs and Maintenance

ACT Health undertakes major cyclical maintenance on its assets. Where the maintenance leads to an upgrade of the asset, and increases the service potential of the existing asset, the cost is capitalised. Maintenance expenses which do not increase the service potential of the asset are expensed.

Note 2 Summary of Significant Accounting Policies — continued

(i) Borrowing Costs

Borrowing costs are expensed in the period in which they are incurred.

(j) Waivers of Debt

Debts that are waived during the year under section 131 of the *Financial Management Act 1996* are expensed during the year in which the right to payment was waived. Further details of waivers are disclosed at Note 18 'Waivers, Impairment Losses and Write-offs'.

(k) Current and Non-Current Items

Assets and liabilities are classified as current or non-current in the Balance Sheet and in the relevant notes. Assets are classified as current where they are expected to be realised within 12 months after the reporting date. Liabilities are classified as current when they are due to be settled within 12 months after the reporting date or when ACT Health does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date.

Assets or liabilities which do not fall within the current classification are classified as non-current.

(l) Impairment of Assets

ACT Health assesses, at each reporting date, whether there is any indication that an asset may be impaired. Assets are also reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. However, intangible assets that are not yet available for use are tested annually for impairment regardless of whether there is an indication of impairment, or more frequently if events or circumstances indicate they might be impaired.

Any resulting impairment losses, for land, buildings and leasehold improvements are recognised as a decrease to the Asset Revaluation Surplus relating to these classes of assets. Where the impairment loss is greater than the balance in the Asset Revaluation Surplus for the relevant class of asset, the difference is expensed in the Operating Statement. Impairment losses for plant and equipment and intangible assets are recognised in the Operating Statement, as plant and equipment and intangibles are carried at cost. Also, the carrying amount of the asset is reduced to its recoverable amount.

An impairment loss is the amount by which the carrying amount of an asset (or a cash-generating unit) exceeds its recoverable amount. The recoverable amount is the higher of the asset's 'fair value less cost to sell' and its 'value in use'. An asset's 'value in use' is its depreciated replacement cost, where the asset would be replaced if ACT Health were deprived of it.

Non-financial assets that have previously been impaired are reviewed for possible reversal of impairment at each reporting date.

(m) Cash and Cash Equivalents

For the purposes of the Cash Flow Statement and the Balance Sheet, cash includes cash at bank and cash on hand. Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. Bank overdrafts are included in cash and cash equivalents in the Cash Flow Statement but not in cash and cash equivalents line on the Balance Sheet.

Note 2 Summary of Significant Accounting Policies — continued

(n) Receivables

Accounts receivable (including trade receivables and other trade receivables) are initially recognised at fair value and are subsequently measured at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement.

Trade receivables arise in the normal course of selling goods and services to other agencies and to the public. Trade receivables are payable within 30 days after the issue of an invoice or the goods/services have been provided under a contractual arrangement. In some cases, ACT Health has entered into contractual arrangements with some customers allowing it to charge interest at commercial rates where payment is not received within 90 days after the amount falls due, until the whole of the debt is paid.

Other trade receivables arise outside the normal course of selling goods and services to other agencies and to the public. Other trade receivables are payable within 30 days after the issue of an invoice or the goods/services have been provided under a contractual arrangement. If payment has not been received within 90 days after the amount falls due, under the terms and conditions of the arrangement with the debtor, ACT Health is able to charge interest at commercial rates until the whole amount of the debt is paid.

The allowance for impairment losses represents the amount of trade receivables and other trade receivables ACT Health estimates will not be repaid. The allowance for impairment losses is based on objective evidence and a review of overdue balances. ACT Health considers the following is objective evidence of impairment:

- becoming aware of financial difficulties of debtors;
- default payments; or
- debts more than 90 days overdue.

The amount of the allowance is the difference between the assets carrying amount and the present value of the estimated future cash flows, discounted at the original effective interest rate. Cash flows relating to short-term receivables are not discounted if the effect of discounting is immaterial. The amount of the allowance is recognised in the Operating Statement. The allowance for impairment losses are written back against the receivables account when ACT Health ceases action to collect the debt as it considers that it will cost more to recover the debt than the debt is worth.

Receivables that have been renegotiated because they are past due or impaired are accounted for based on the renegotiated terms.

(o) Investments

ACT Health holds one long term investment. It was provided to ACT Health as a grant, the terms of which require that the principal be maintained in full. For this reason it is held in the Cash Enhanced Portfolio in the Territory Banking Account and the value of the investment does not fluctuate.

Note 2 Summary of Significant Accounting Policies — continued

(p) Inventories

Inventories are stated at the lower of cost and net realisable value. Cost comprises the purchase price of inventories as well as transport, handling and other costs directly attributable to the acquisition of inventories. Trade discounts, rebates and similar items are deducted in determining the costs of purchase. The cost of inventories is assigned using the cost weighted average method.

Net realisable value is determined using the estimated sales proceeds less costs incurred in marketing, selling and distribution to customers.

(q) Assets held for Sale

Assets held for sale are assets that are available for immediate sale in their present condition, and their sale is highly probable.

Assets held for sale are measured at the lower of the carrying amount and fair value less costs to sell. An impairment loss is recognised for any initial or subsequent write down of the asset to fair value less cost to sell. Assets held for sale are not depreciated.

(r) Acquisition and Recognition of Property, Plant and Equipment

Property, plant and equipment is initially recorded at cost. Cost includes the purchase price, directly attributable costs and the estimated cost of dismantling and removing the item (where, upon acquisition, there is a present obligation to remove the item).

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.

Where payment for property, plant and equipment is deferred beyond normal credit terms, the difference between its cash price equivalent and the total payment is measured as interest over the period of credit. The discount rate used to calculate the cash price equivalent is an asset specific rate.

Property, plant and equipment with a minimum value of $5,000 is capitalised.

(s) Measurement of Property, Plant and Equipment after Initial Recognition

Property, plant and equipment is valued using the cost or revaluation model of valuation. Land, buildings and leasehold improvements are measured at fair value. Plant and equipment is measured at cost.

Fair value is the amount for which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction. Fair value is measured using market based evidence available for that asset (or a similar asset), as this is the best evidence of an asset's fair value. Where the market price for an asset cannot be obtained because the asset is specialised and is rarely sold, depreciated replacement cost is used as fair value.

Fair value for land and buildings is measured using current prices in a market for similar properties in a similar location and condition.

Note 2 Summary of Significant Accounting Policies — continued

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.

ACT Health measures its plant and equipment at cost.

(t) Intangible Assets

The Agency's Intangible Assets are comprised of internally developed and externally acquired software for internal use. Externally acquired software is recognised and capitalised when:

(a) it is probable that the expected future economic benefits that are attributable to the software will flow to ACT Health;

(b) the cost of the software can be measured reliably; and

(c) 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 internally developed intangible assets. 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.

(u) Depreciation and Amortisation of Non-Current Assets

Non-current assets with a limited useful life are systematically depreciated/amortised over their useful lives in a manner that reflects the consumption of their service potential. The useful life commences when an asset is ready for use. When an asset is revalued, it is depreciated/amortised over its newly assessed remaining useful life. Amortisation is used in relation to intangible assets while 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 motor vehicles under a finance lease are depreciated over the estimated useful life of each asset improvement, or the unexpired period of the relevant lease, whichever is shorter.

All depreciation is calculated after first deducting any residual values which remain for each asset.

Note 2 Summary of Significant Accounting Policies — continued

(u) Depreciation and Amortisation of Non-Current Assets — Continued

Depreciation/amortisation for non-current assets is determined as follows:

Class of Asset	Depreciation/Amortisation Method	Useful Life (Years)
Buildings	Straight Line	10–75
Leasehold Improvements	Straight Line	2–10
Plant and Equipment	Straight Line	2–40
Externally Purchased Intangibles	Straight Line	2–5
Internally Generated Intangibles	Straight Line	2–5

The useful lives of Buildings and Leasehold Improvements are reassessed as part of the triennial revaluation exercise.

(v) Payables

Payables are a financial liability and are measured at the fair value of the consideration received when initially recognised and at amortised cost subsequent to initial recognition, with any adjustments to the carrying amount being recorded in the Operating Statement. All amounts are normally settled within 30 days after the invoice date.

Payables include Trade Payables, Accrued Expenses and Other Payables.

Trade Payables represent the amounts owing for goods and services received prior to the end of the reporting period and unpaid at the end of the reporting period and relating to the normal operations of ACT Health.

Accrued Expenses represent goods and services provided by other parties during the period that are unpaid at the end of the reporting period and where an invoice has not been received by period end.

Other Payables are those unpaid invoices that do not directly relate to the normal operations of ACT Health.

(w) Leases

ACT Health has entered into finance leases and operating leases.

Finance Leases

Finance leases effectively transfer to ACT Health substantially all the risks and rewards incidental to ownership of the assets under a finance lease. The title may or may not eventually be transferred. Finance leases are initially recognised as an asset and a liability at the lower of the fair value of the asset and the present value of the minimum lease payments each being determined at the inception of the lease. The discount rate used to calculate the present value of the minimum lease payments is the interest rate implicit in the lease. Assets under a finance lease are depreciated over the shorter of the asset's useful life or lease term. Assets under a finance lease are depreciated on a straight-line basis. Each lease payment is allocated between interest expense and reduction of the lease liability. Lease liabilities are classified as current and non-current.

Note 2 Summary of Significant Accounting Policies — continued

(w) Leases — continued

Operating Leases

Operating leases do not effectively transfer to ACT Health substantially all the risks and rewards incidental to ownership of the asset under an operating lease. Operating lease payments are recorded as an expense in the Operating Statement on a straight-line basis over the term of the lease.

(x) Employee Benefits

Employee benefits include wages and salaries, annual leave, long service leave and applicable on-costs. Oncosts include annual leave, long service leave, superannuation and other costs that are incurred when employees take annual and long service leave. These benefits accrue as a result of services provided by employees up to the reporting date that remain unpaid. They are recorded as a liability and as an expense.

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 leave and long service leave that falls due wholly within the next 12 months is measured based on the estimated amount of remuneration payable when the leave is taken.

Annual and long service leave including applicable on-costs that do not fall due within the next 12 months is measured at the present value of estimated future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to the future wage and salary levels, experience of employee departures and periods of service. At each reporting period, the estimated future payments are discounted using market yields on Commonwealth Government bonds with terms to maturity that match, as closely as possible, the estimated future cash flows. In 2009–10, the discount factor used to calculate the present value of these future payments is 92.9% (90.5% in 2008–09).

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 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 the 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. However, where there is an unconditional right to defer settlement of the liability for at least 12 months, annual leave and long service leave have been classified as a non-current liability in the Balance Sheet.

Note 2 Summary of Significant Accounting Policies — continued

(y) Superannuation

Superannuation payments are made to the Territory Banking Account each year, to cover ACT Health's superannuation liability for the Commonwealth Superannuation Scheme (CSS) and the Public Sector Superannuation Scheme (PSS). This payment covers the CSS/PSS employer contribution, but does not include the productivity component. The productivity component is paid directly to Comsuper by ACT Health. The CSS and PSS are defined benefit superannuation plans meaning that the defined benefits received by employees are based on the employee's years of service and average final salary.

Superannuation payments have also been made directly to superannuation funds for those members of the Public Sector who are part of superannuation accumulation schemes. This includes the Public Sector Superannuation Scheme Accumulation Plan (PSSAP) and schemes of employee choice.

Superannuation employer contribution payments, for the CSS and PSS, are calculated, by taking the salary level at an employee's anniversary date and multiplying it by the actuarially assessed nominal CSS or PSS employer contribution rate for each employee. The productivity component payments are calculated by taking the salary level, at an employee's anniversary date, and multiplying it by the employer contribution rate (approximately 3%) for each employee. Superannuation payments for the PSSAP are calculated by taking the salary level, at an employee's anniversary date, and multiplying it by the appropriate employer contribution rate. Superannuation payments for fund of choice arrangements are calculated by taking an employee's salary each pay and multiplying it by the appropriate employer contribution rate.

A superannuation liability is not recognised in the Balance Sheet as the Superannuation Provision Account recognises the total Territory superannuation liability for the CSS and PSS, and Comsuper and the external schemes recognise the superannuation liability for the PSSAP and other schemes respectively.

The ACT Government is liable for the reimbursement of the emerging costs of benefits paid each year to members of the CSS and PSS in respect of the ACT Government service provided after 1 July 1989. These reimbursement payments are made from the Superannuation Provision Account.

(z) Equity Contributed by the ACT Government

Contributions made by the ACT Government, through its role as owner of ACT Health are treated as contributions of equity.

Increases or decreases in net assets as a result of Administrative Restructures are also recognised in equity.

(aa) Insurance

Major risks are insured through the ACT Insurance Authority. The excess payable, under this arrangement, varies depending on each class of insurance held.

(ab) Third Party Monies

ACT Health holds third party monies in a trustee capacity for the Health Professional Registration Boards, the ACT Health and Community Care Ethics Committee, residents of its Mental Health facilities and by assisting in the administration of funds whose revenue is principally derived from patients treated by salaried specialists. Accordingly, third party transactions are excluded from ACT Health's financial statements. Details of these Funds are shown at Note 40: "Third Party Monies".

Note 2 Summary of Significant Accounting Policies — continued

(ac) Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, ACT Health has made the following judgements and estimates that have the most significant impact on the amounts recorded in the financial statements:

(a) *Fair Value of Assets:* ACT Health has made a significant judgement 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.

(b) *Employee Benefits*: Significant judgements have been applied in estimating the liability for employee benefits. The estimated liability for employee benefits requires a consideration of the future wages and salary levels, experience of employee departures 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. Further information on this estimate is provided in Note 2 (x): Employee Benefits and Note 3: Change in Accounting Policy and Accounting Policy and Accounting Estimates and Correction of a Prior Period Error.

(c) *Contingent Liabilities*: ACT Health has made a significant judgement in disclosing the contingent liabilities amount based on an estimation provided by the ACT Government Solicitor. The ACT Government Solicitor's estimation of contingent liability is an estimate of the likely liability for legal claims against ACT Health.

(d) *Allowance for Impairment Losses*: ACT Health has made a significant estimate in calculating the allowance for impairment losses. The allowance is based on reviews of overdue receivable balances and the amount of the allowance is recognised in the Operating Statement. Further details in relation to the calculation of this estimate are outlined in Note 2 (n): 'Receivables'.

(e) *Depreciation*: ACT Health has made a significant estimate in the lengths of useful lives over which its assets are depreciated. This estimation is the period in which utility will be gained from the use of the asset, based on either estimates from officers of ACT Health or AON Valuation Services.

Further disclosure concerning an asset's useful life can be found at Note 2 (u): Depreciation and Amortisation of Non–Current Assets.

(f) *Impairment of Assets*: ACT Health has made a judgement regarding its impairment of assets by undertaking a process of reviewing any likely impairment factors. Business Units across ACT Health made an assessment of any indication of impairment by completing an impairment checklist. This process has revealed that no likely impairment factors exist in ACT Health.

Note 2 Summary of Significant Accounting Policies — continued

(ad) Impact of Accounting Standards Issued but yet to be Applied

The following new and revised accounting standards and interpretations have been issued by the Australian Accounting Standards Board but do not apply to the current reporting period. These standards and interpretations are applicable to future reporting periods. ACT Health does not intend to adopt these standards and interpretations early. It is estimated that the effect of adopting the below pronouncements, when applicable, will have no material financial impact on ACT Health in future reporting periods:

- AASB 5 Non-current Assets Held for Sale and Discontinued Operations (application date 1 Jan 2010);
- AASB 5 Non-current Assets Held for Sale and Discontinued Operations (application date 1 Jan 2011);
- AASB 9 Financial Instruments (application date 1 Jan 2013);
- AASB 101 Presentation of Financial Statements (application date 1 Jan 2010);
- AASB 107 Statement of Cash Flows (application date 1 Jan 2010);
- AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors (application date 1 Jan 2011);
- AASB 110 Events after the Reporting Period (application date 1 Jan 2011);
- AASB 118 Revenue (application date 1 Jan 2010);
- AASB 119 Employee Benefits (application date 1 Jan 2011);
- AASB 136 Impairment of Assets (application date 1 Jan 2010);
- AASB 137 Provisions, Contingent Liabilities and Contingent Assets (application date 1 Jan 2011);
- AASB 139 Financial Instruments: Recognition and Measurement (application date 1 Jan 2010);
- AASB 139 Financial Instruments: Recognition and Measurement (application date 1 Jan 2011);
- AASB 1031 Materiality (application date 1 Jan 2011);
- AASB 1053 Application of Tiers of Australian Accounting Standards (application date 1 Jul 2013);
- AASB 2009–11 Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 & 1038 and Interpretations 10 & 12] (application date 1 Jan 2013);
- AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements [AASB 1, 2, 3, 5, 7, 8, 101, 102, 107, 108, 110, 111, 112, 116, 117, 119, 121, 123, 124, 127, 128, 131, 133, 134, 136, 137, 138, 140, 141, 1050, 1052 and Interpretations 2, 4, 5, 15, 17, 127, 129 & 1052] (application date 1 Jan 2013);
- AASB 2010-3 Amendments to Australian Accounting Standards arising from Annual Improvements Project [AASB 3, 7, 121, 128, 131, 132, and 139] (application date 1 Jul 2010);
- AASB 2010-4 Further Amendments to Australian Accounting Standards arising from Annual Improvements Project [AASB 1, 7, 101, 134, and Interpretation] (application date 1 Jan 2011); and
- AASB Interpretation 4 Determining whether an Arrangement contains a lease (application date 1 Jan 2011).

Note 3 Change in Accounting Policy and Accounting Estimates and Correction of a Prior Period Error

Change in Accounting Estimate

Revision of the Employee benefit Discount Rate

As disclosed in Note 2 (x): Employee Benefits, ACT Health uses a discount to estimate the present value of long service leave and annual leave liabilities classified as long-term. This method takes into account the future wage increases discounted back to present value using the government bond rate. Last financial year the discount rate was 90.5 per cent. However, due to a change in the government bond rate the percentage is not 92.9 per cent.

As such, the estimate of the long service leave has changed.

This change has resulted in an increase to the estimate of the long service leave liability and expense in the current reporting period of approximately $1.5m.

Change in Accounting Policy

ACT Health had no changes in Accounting Policy during the reporting period.

Correction of Prior Period Errors

ACT Health had no material correction of prior period errors during the reporting period.

Note 4 Government Payment for Outputs

Government Payment for Outputs is revenue received from the ACT Government to fund the costs of delivering outputs. The ACT Government pays Government Payment for Outputs appropriation on a fortnightly basis.

	2010 $'000	2009 $'000
Revenue from the ACT Government		
Government Payment for Outputs	753,617	699,701
Government Payment for Outputs	**753,617**	**699,701**
Total Government Payment for Outputs	**753,617**	**699,701**

The increased funding is for salary increases, price increases in Supplies and Services, new service initiatives, including growth in patient throughput and increased payments from the Commonwealth for elective surgery.

Note 5 User Charges

	2010 $'000	2009 $'000
User Charges – ACT Government		
Department of Justice and Community Safety	687	638
Department of Environment Climate Change Energy and Water	8	–
Department of Disability, Housing and Community Services	37	41
Department of Territory and Municipal Services	22	16
Canberra Institute of Technology	11	8
ACTEW Corporation Limited	40	39
Total User Charges – ACT Government	**805**	**743**
User Charges – Non-ACT Government		
Service Revenue (Non-ACT Government)	17,931	18,178
Non-inpatient Fees	603	635
Inventory Sales [a]	18,316	16,917
Inpatient Fees	13,986	13,731
Facilities Fees [b]	20,038	18,921
Department of Veterans' Affairs [c]	12,574	13,871
Cross Border (Interstate) Health Receipts [d]	91,339	84,385
Accommodation and Meals	3,051	2,952
Amounts Received for Highly Specialised Drugs [e]	16,111	12,942
Total User Charges — Non-ACT Government	**193,948**	**182,532**
Total User Charges	**194,753**	**183,275**

2009 comparatives have been adjusted to reflect the current year categorisation. This had the effect of increasing 2009 User charges by $12,942,000 and reducing 2009 Commonwealth Government Grants by the same amount. (see Note 7)

a. Inventory Sales — this reflects growth in volume and price for inventory purchased by private hospitals.

b. Facilities Fees — have increased in line with growth in private patients and indexation.

c. Department of Veteran's Affairs — the decrease is due to 2009 revenue that included prior year price and volume adjustments.

d. Cross Border (interstate) Health Receipts— the increase relates to expected inpatient activity and price in line with the 2009–10 Budget.

e. Amounts Received for Highly Specialised Drugs — the increase is mainly attributable to higher usage in the current year and reimbursements related to the acquittal of prior year payments.

Note 6 Interest

Revenue from ACT Government Entities		
Interest from Investments with the Territory Banking Account	181	136
Total Interest Revenue from ACT Government Entities	**181**	**136**
Revenue from Non-ACT Government Entities		
Other Interest Revenue	78	96
Total Interest Revenue from Non-ACT Government Entities	**78**	**96**
Total Interest Revenue	**259**	**232**
Total Interest Revenue from Financial Assets not at Fair Value through profit and loss.	259	232

Note 7 Commonwealth Government Grants

	2010 $'000	2009 $'000
Commonwealth Government Grants		
Australian Immunisation Program [a]	(324)	324
Capital Grant [b]	–	7,600
Total Commonwealth Government Grants	**(324)**	**7,924**

2009 comparatives have been restated to reflect the current year categorisation. This had the effect of reducing Commonwealth Government Grants by $12,942,000 whilst increasing User Charges by the same amount. (see Note 5)

a. Australian Immunisation Program is now Government Payment for Output funded. The negative amount relates to reversal of last year's accrual.

b. 2009 Capital Grant reflects Commonwealth elective surgery stage 2 and funding for ATSI Drug and Alcohol Rehabilitation Centre received last year.

Note 8 Resources Received Free of Charge

Resources received free of charge relate to goods and/or services being provided free of charge from other agencies within the ACT Government. Goods and services received free of charge from entities external to the ACT Government are classified as donations. Donations are shown in Note 10: "Other Gains".

	2010 $'000	2009 $'000
Revenue from within the ACT Government		
Legal Services	948	931
Total Resources Received Free of Charge	**948**	**931**

Note 9 Other Revenue

Other Revenue arises from the core activities of ACT Health. Other Revenue is distinct from Other Gains, as Other Gains tend to be once off unusual items that are not part of the core activities of ACT Health.

	2010 $'000	2009 $'000
Revenue from Other Sources		
Grants [a]	2,862	5,855
Research Grants [b]	4,201	3,247
Specific Purpose Grants	1,030	1,118
Other [c]	1,003	1,347
Total Revenue from Other Sources	**9,096**	**11,567**
Total Other Revenue	**9,096**	**11,567**

Prior year comparatives have been re-stated to be consistent with current year categorisation.

a. The reduction mainly relates to one-off funding for 'Health Connect' received in 2009.

b. The increase in Research Grants reflect funding decisions taken by third parties.

c. The decrease is mainly due to lower levels of prior year workers' compensation reimbursements.

Note 10 Other Gains

Other gains tend to be one-off, unusual transactions that are not part of ACT Health's core activities. Other gains are distinct from other revenue, as other revenue arises from the core activities of ACT Health.

	2010 $'000	2009 $'000
Profit on Sale of Assets—General [a]	544	128
Donations [b]	515	1,009
Total Other Gains	**515**	**1,009**

a. Reflects increase in the number of leased vehicles sold.

b. Donations are unpredictable and fluctuate from year to year.

Note 11 Employee Expenses

	2010 $'000	2009 $'000
Wages and Salaries [a]	403,773	370,924
Annual Leave [b]	5,748	17,273
Long Service Leave [b]	6,247	13,644
Comcare Premium [c]	12,357	10,873
Redundancy	624	829
Other Employee Benefits and On-Costs [d]	9,642	5,332
Total Employee Expenses	438,390	418,874

	No.	No.
Average Full-time equivalent staff levels during the year were:	4,778	4,524

a. The increased Wages and Salaries mainly relates to payrises under collective agreements, premium labour costs to meet activity demands and staff increases related to new service initiatives and growth in throughput.

b. The decrease is largely attributable to the one-off cost incurred last year as a result of 'change in accounting estimate', which brought to account leave on-costs for the first time.

c. The increase relates to labour costs, as the Comcare Premium is affected by increased salaries and wages.

d. The increase mainly relates to the $650 sign-on bonus accepted as part of the terms of the new collective agreements for nursing and midwifery, clerical, professional and technical staff.

Note 12 Superannuation Expenses

ACT Health receives funding for superannuation payments as part of the Government Payment for Outputs. ACT Health then makes payments on a fortnightly basis to the Territory Banking Account for its portion of the Territory's CSS and PSS superannuation liability. The productivity benefit for these schemes is paid directly to Comsuper.

Superannuation payments have been made direct to Comsuper to cover the superannuation liability for employees that are in the Public Sector Superannuation Scheme Accumulation Plan (PSSAP).

Superannuation payments are also made to external providers as part of the employee fund of choice arrangements, and to employment agencies for the superannuation contribution ACT Health is required to make for the contract staff it employs.

	2010 $'000	2009 $'000
Superannuation Contributions to the Territory Banking Account [a]	36,353	33,653
Productivity Benefit	5,231	5,272
Superannuation Payment to Comsuper (for the PSSAP)	3,691	3,823
Superannuation to External Providers [b]	14,709	10,843
Total Superannuation Expenses	59,984	53,590

a. The increase is largely the result of higher rate of accrual for PSS defined benefit scheme.

b. Higher fund of choice contributors due to closure of access to CSS, PSS and PSSAP, and increased number of contributors.

Note 13 Supplies and Services

	2010 $'000	2009 $'000
Audit Expenses (Internal and External)	413	396
Clinical Expenses/Medical Surgical Supplies [a]	48,588	46,228
Communications	3,075	3,199
Computer Expenses	22,974	20,699
Contractors and Consultants [b]	5,923	4,999
Domestic Services, Food and Utilities [c]	24,957	21,280
General Administration [d]	16,783	14,300
Hire and Rental Charges	4,639	4,400
Operating Lease Rental Payments	5,350	5,309
Insurance [a]	25,234	23,991
Minor Capital	3,195	3,365
Non-Contract Services [e]	7,081	14,059
Pharmaceuticals	36,855	37,283
Printing and Stationery	2,447	2,394
Property and Rental Expenses [f]	2,468	3,194
Public Relations	849	1,000
Publications	1,280	1,300
Repairs and Maintenance [g]	7,543	9,469
Staff Development and Recruitment [h]	6,539	4,725
Travel and Accommodation	1,601	1,731
Vehicle Expenses	1,377	1,467
Visiting Medical Officers [a]	23,374	22,093
Total Supplies and Services	252,545	246,882

To better reflect correct grouping of expenditure, the following comparatives have been restated.

1. Cleaning expenses — $7,704,00 has been moved from 'Clinical Expenses/Medical Surgical Supplies' to 'Domestic Services, Food and Utilities'.
2. ICT expenses — $1,701,000 has been moved from 'Communication Expenses' to 'Computer Expenses'.
3. Lease expenses — $5,309,000 has been moved from 'Hire and Rental Charges' to 'Operating Lease and Rental Payments'.
4. Equipment Replacement — $160,000 has been transferred from 'Repairs and Maintenance' to 'Property and Rental Expenses'.

The increase in Total Supplies and Services expenditure was mainly due to the following:

a. price increases linked to the consumer price index

b. expenses related to various reviews and the cost of contract staff

c. higher food costs, rise in electricity, gas, water and sewerage charges and increased cost of cleaning

d. patient transport costs, indexation and expenses related to specific purpose funding

g. consolidation of maintenence contracts for equipment, some repairs and maintenance being carried as part of capital upgrade program and 2009 expenditure that included one off repairs

h. medical specialists' education expenses due to an increase in the number of specialists and increased entitlement.

The above increases were partially offset by:

e. reduction in the use of agency nursing as a result of recruitment of new nursing staff

f. reduction in the use of rental accommodation for contract nursing staff.

Note 14 Depreciation and Amortisation

	2010 $'000	2009 $'000
Depreciation		
Buildings [a]	14,663	9,537
Plant and Equipment [b]	8,971	7,347
Leasehold Improvements	517	517
Total Depreciation	**24,151**	**17,401**
Amortisation		
Intangible Assets [a]	3,962	2,300
Total Amortisation	**3,962**	**2,300**
Total Depreciation and Amortisation	**28,113**	**19,701**

a. The increase mainly relates to accelerated depreciation of the multistorey car park that was demolished during the year.

b. New Plant and Equipment acquired and additions in 2009 to internally developed IT systems are the reasons.

Note 15 Grants and Purchased Services

Purchased Services are amounts paid to obtain services by ACT Health from other ACT Government agencies and external parties. They may be for capital, current or recurrent purposes and they are usually subject to terms and conditions set out in the contract, correspondence, or by legislation.

	2010 $'000	2009 $'000
Payments to Service Providers		
— Calvary Hospital	124,450	116,812
— Other	61,476	57,038
Total Purchased Services	**185,926**	**173,850**

The increased payment to Calvary Hospital is mainly due to the provision of funding for salary increases, indexation and growth in the number of patients treated or services provided.

Expenditure to other Service Providers is made to organisations who provide services in a range of areas including Home and Community Care, Alcohol and Drug, Community Mental Health, Women's Health, Aged Care and Aboriginal Health. It also includes Health Promotion Grants.

Note 16 Borrowing Costs

	2010 $'000	2009 $'000
Finance Charges	406	408
Total Borrowing Costs	**406**	**408**

Note 17 Other Expenses

	2010 $'000	2009 $'000
Cost of Goods Sold [a]	15,397	14,520
Cross Border (Interstate) Health Costs	121	56
Miscellaneous Expenses	6,350	6,197
Legal Settlements	1,677	1,856
Waivers, Impairment Losses and Write-offs (see Note 18) [b]	957	1,670
Loss on Disposal of Assets [c]	514	1,217
Total Other Expenses	**25,016**	**25,516**

a. Represents increased purchases by private hospitals and indexation.

b. This is mainly due to a re-assessment of the allowance for impairment losses.

c. 2009 includes assets transferred to Department of Territory and Municipal Services, which included land and buildings at 1 Throsby Place in Griffith and Bangalay Crescent in Rivett.

Note 18 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.

A waiver is the relinquishment of a legal claim to a debt over which ACT Health has control. The write-off of a debt is the accounting action taken to remove a debt from the books but does not relinquish the legal right of ACT Health to recover the amount. The write-off of debts may occur for reasons other than waivers.

The waivers and write-offs listed below have occurred during the reporting period for ACT Health.

	No.	2010 $'000	No.	2009 $'000
Waivers				
Waivers	—	—	—	—
Total Waivers	**—**	**—**	**—**	**—**
Impairment Losses				
Impairment loss from Receivables				
Trade Receivables [a]	—	(652)	—	597
Other Trade Receivables	—	—		—
Total Impairment Losses	**—**	**(652)**	**—**	**597**
Write-offs				
Irrecoverable Debts [b]	2,749	1,610	1,280	1,073
Obsolete Stock	—	—	—	—
Total Write-offs	2,749	1,610	1,280	1,073
Total Waivers, Impairment Losses and Write-offs	**2,749**	**957**	**1,280**	**1,670**

2009 comparatives have been restated to reflect the actual Irrecoverable Debt and Impairment Losses.

a. This represents write back of 'Allowance for Impairment losses' as the relevant debt has been written off.

b. Increase in the number of debts written off mainly relates to a significant number of Alcohol and Drug accounts written off in the current year but provided for in prior years.

Note 19 Act of Grace Payments

Under Section 130 of the Financial Management Act 1996 the Treasurer may, in writing, authorise Act of Grace Payments be made by the Department. Act of Grace Payments are a method of providing equitable remedies to entities or individuals that may have been unfairly disadvantaged by the Government but have no legal claim to the payment.

ACT Health made no Act of Grace Payments during the reporting period or the prior year.

Note 20 Auditor's Remuneration

Auditor's remuneration represents fees charged by the Auditor-General's Office for financial audit services provided to ACT Health.

	2010 $'000	2009 $'000
Audit Services		
Audit Fees Paid to the ACT Auditor-General's Office	168	147
Total Audit Fees	**168**	**147**

No other services were provided by the ACT Auditor-General's Office.

Note 21 Cash and Cash Equivalents

ACT Health holds a number of bank accounts with the Commonwealth Bank as part of the whole-of-government banking arrangements. As part of these arrangements, ACT Health receives interest on some of these accounts.

	2010 $'000	2009 $'000
Cash on Hand	47	47
Cash at Bank	5,225	8,969
Total Cash and Cash Equivalents	**5,272**	**9,016**

The reduction in cash at bank mainly relates to purchase of capital assets from rolled over funds.

Note 22 Receivables

	2010 $'000	2009 $'000
Current Receivables		
Trade Receivables [a]	12,508	13,216
Less: Allowance for Impairment Losses	—	(591)
	12,508	12,625
Other Trade Receivables [b]	11,561	10,791
Less: Allowance for Impairment Losses	(1,250)	(1,311)
	10,311	9,480
Accrued Revenue [c]	35,948	34,540
Total Current Receivables	**58,768**	**56,646**
Non-Current Receivables		
Accured Revenue [d]	2,154	1,693
Total Non-Current Receivables	**2,154**	**1,693**
Total Receivables	**60,922**	**58,339**

a. Reduction mainly relates to debts written off against 'Allowance for Impairment Losses' provided for in 2009.

b. Increase relates to higher receivable for 'Goods and Services Tax' refunds from the Australian Tax Office.

c. Increase largely relates to higher accrued revenue for Department of Veterans Affairs' patients to reflect increased price and activity.

d. This relates to outstanding payments from NSW Health for blood and blood products supplied to NSW patients.

Ageing of Receivables					
	Not Overdue	Past Due			Total
	$'000	Less Than 30 Days $'000	30 to 60 Days $'000	Greater Than 60 Days [e] $'000	$'000
2010 Not Impaired Receivables	50,845	2,540	890	6,646	60,922
Impaired Receivables	—	—	—	1,250	1,250
2009 Not Impaired Receivables	50,223	1,657	1,083	5,376	58,339
Impaired Receivables	—	—	—	1,902	1,902

Receivables are written-off during the year in which they are considered to become uncollectible.

e. The majority of the debtors in the category of "Overdue more than 60 days" are third party, workers' compensation or public liability transactions which have become the subject of legal claims as to responsibility for the payment. Substantial delays can therefore occur before liability for such debts is determined.

	2010 $'000	2009 $'000
Reconciliation of the Allowance for Impairment Losses		
Allowance for Impairment Losses at the Beginning of the Reporting Period	(1,902)	(1,305)
Additional Allowance and Impairment Losses Recognised	(132)	(1,693)
Reduction in Allowance Resulting from a Write-Back against the Receivables	784	1,096
Allowance for Impairment Losses at the End of the Reporting Period	(1,250)	(1,902)

The carrying amount of financial assets that are past due or impaired, whose terms have been renegotiated is $0.

Note 22 Receivables — continued

	2010 $'000	2009 $'000
Classification of ACT Government/Non-ACT Government Receivables		
Receivables with ACT Government Entities		
Net Trade Receivables	940	616
Accrued Revenue	14	8
Total Receivables with ACT Government Entities	**954**	**624**
Receivables with Non-ACT Government Entities		
Net Trade Receivables	11,568	12,009
Net Other Trade Receivables	10,311	9,481
Accrued Revenue	38,088	36,225
Total Receivables with Non-ACT Government Entities	**59,968**	**57,715**
Total Receivables	**60,922**	**58,339**

Note 23 Inventories

	2010 $'000	2009 $'000
Current Inventories		
Purchased Items — Cost	6,242	5,433
Total Current Inventories	**6,242**	**5,433**
Total Inventories	**6,242**	**5,433**

Note 24 Assets Held for Sale

ACT Health has 19 motor vehicles which have been returned to SG Fleet and are expected to be sold in July 2010. The residual and all lease payments have been paid. As such these vehicles have been classified as plant and equipment held for sale.

	2010 $'000	2009 $'000
Plant and Equipment held for Sale	234	—
Total Assets held for Sale	**234**	**—**

Note 25 Investments

The total carrying amount below has been measured at fair value.

	2010 $'000	2009 $'000
Non-Current Investments		
Investments with the Territory Banking Account	3,000	3,000
Total Non-Current Investments	**3,000**	**3,000**
Total Investments	**3,000**	**3,000**

Note 26 Property, Plant and Equipment

Property, plant and equipment includes the following classes of assets – land, buildings, leasehold improvements and plant and equipment. Property, plant and equipment does not include assets held for sale or investment property.

Land includes leasehold land held by ACT Health but excludes land under infrastructure.

Buildings include office buildings.

Leasehold improvements represent capital expenditure incurred in relation to leased assets. ACT Health has fit-outs in its leased buildings.

Plant and equipment includes motor vehicles under a finance lease, mobile plant, air conditioning and heating systems, office and computer equipment, furniture and fittings, motor vehicles, and other mechanical and electronic equipment.

	2010 $'000	2009 $'000
Land and Buildings		
Land at Fair Value	35,580	35,580
Total Land Assets	**35,580**	**35,580**
Buildings at Fair Value	445,538	444,751
Less Accumulated Depreciation	(19,662)	(10,330)
Total Written Down Value of Buildings	**425,876**	**434,421**
Total Land and Written Down Value of Buildings	**461,456**	**470,001**
Leasehold Improvements		
Leasehold Improvements at Fair Value	4,488	4,488
Less Accumulated Depreciation	(1,078)	(560)
Total Written Down Value of Leasehold Improvement	**3,410**	**3,928**
Total Written Down Value of Leasehold Improvements	**3,410**	**3,928**

Note 26 Property, Plant and Equipment — continued

	2010 $'000	2009 $'000
Plant and Equipment		
Plant and Equipment at Cost	79,394	77,808
Less: Accumulated Depreciation	(36,583)	(35,389)
Total Written Down Value of Plant and Equipment	**42,811**	**42,419**
Total Written Down Value of Property, Plant and Equipment	**507,677**	**516,348**

Assets Under a Finance Lease

Assets under a finance lease are included in the asset class to which they relate in the above disclosure. Assets under a finance lease are also required to be seperately disclosed as outlined below.

	2010 $'000	2009 $'000
Carrying Amount of Assets Under a Finance Lease		
Leased Plant and Equipment Under a Finance Lease	7,333	7,644
Accumulated Depreciation of Leased Plant and Equipment	(1,392)	(2,096)
Total Written Down Value of Plant and Equipment under a Finance Lease	**5,941**	**5,547**
Total Written Down Value of Assets under a Finance Lease	**5,941**	**5,547**

Reconciliation of Property, Plant and Equipment

The following table shows the movement of Property, Plant and Equipment during 2009–10.

	Land $'000	Buildings $'000	Leasehold Improvements $'000	Plant and Equipment $'000	Total $'000
Carrying Amount at the Beginning of the Reporting Period	35,580	434,421	3,928	42,419	516,348
Additions	—	6,168	—	12,473	18,641
Assets classified as Held for Sale	—	—	—	(234)	(234)
Disposals	—	(5,154)	—	(2,876)	(8,030)
Depreciation	—	(14,663)	(518)	(8,971)	(24,152)
Carrying Amount at the End of the Reporting Period	**35,580**	**420,772**	**3,410**	**42,811**	**502,573**

Note 26 Property, Plant and Equipment — continued

The following table shows the movement of Property, Plant and Equipment during 2008–09.

	Land $'000	Buildings $'000	Leasehold Improvements $'000	Plant and Equipment $'000	Total $'000
Carrying Amount at the Beginning of the Reporting Period	35,210	444,003	4,457	37,729	521,399
Additions	1,400	—	—	13,301	14,701
Assets classified as Held for Sale					
Disposals	(890)	(45)	—	(1,264)	(2,199)
Impairment Losses Recognised in Other Comprehensive Income	(140)	—	(12)	—	(152)
Depreciation	—	(9,537)	(517)	(7,347)	(17,401)
Carrying Amount at the End of the Reporting Period	**35,580**	**434,421**	**3,928**	**42,419**	**516,348**

Valuation of Non-Current Assets

Certified practising registered valuers AON Valuation Services performed an independant valuation of ACT Health's Land, Buildings and Leasehold Improvements as at 30 June 2008. Names and qualifications of the valuers are:

1. John Nelson FAPI, AAVI
2. Peter Cusumano AAPI

As per ACT Health's accounting policy, the next valuation will be carried on 30 June 2011.

Note 27 Intangible Assets

ACT Health has both internally generated software and externally purchased software. The internally generated software consists mainly of the 'patient administration system software', while the externally purchased software consists mainly of the 'patient admission system software licence'.

	2010 $'000	2009 $'000
Computer Software		
Internally Generated Software		
Computer Software at Cost	24,445	24,455
Less: Accumulated Amortisation	(13,247)	(9,697)
Total Internally Generated Software	**11,198**	**14,748**
Externally Purchased Software		
Computer Software at Cost	2,373	2,373
Less: Accumulated Amortisation	(2,177)	(1,765)
Total Externally Purchased Software	**196**	**608**
Total Computer Software	**11,394**	**15,356**
Total Intangible Assets	**11,394**	**15,356**

Reconciliation of Intangible Assets

The following table shows the movement of each class of Intangible Asset distinguishing between internally generated and externally purchased intangibles from the beginning to the end of 2009–10.

	Internally Generated Software $'000	Externally Purchased Software $'000	Total $'000
Carrying Amount at the Beginning of the Reporting Period	**14,748**	**608**	**15,356**
Additions			—
Amortisation	(3,550)	(412)	(3,962)
Carrying Amount at the End of the Reporting Period	**11,198**	**196**	**11,394**

The following table shows the movement of each class of Intangible Asset distinguishing between internally generated and externally purchased intangibles from the beginning to the end of 2008–09.

	Internally Generated Software $'000	Externally Purchased Software $'000	Total $'000
Carrying Amount at the Beginning of the Reporting Period	**5,199**	**1,138**	**6,337**
Additions	11,319	—	11,319
Amortisation	(1,770)	(530)	(2,300)
Carrying Amount at the End of the Reporting Period	**14,748**	**608**	**15,356**

Note 28 Capital Works In Progress

Capital Works in Progress are assets being constructed over periods of time in excess of the present reporting period. These assets often require extensive installation work or integration with other assets, and contrast with simpler assets that are ready for use when acquired, such as motor vehicles and equipment. Capital Works in Progress are not depreciated as ACT Health is not currently deriving any economic benefits from them.

Assets, which are under construction, include buildings and computer software.

	2010 $'000	2009 $'000
Building Works in Progress [a]	77,085	25,616
Plant and Equipment Works in Progress	260	—
Computer Software Works in Progress [b]	14,903	3,269
Other Works in Progress	200	149
Total Capital Works in Progress	92,447	29,033

a. Building works in progress comprised of new multistorey car park, Neurosurgery Operating theatre, Surgical Assessment and Planning Unit, Mental Health Assessment Unit, Clinical Services Redevelopment Phase 1, Feasibility Studies & Forward Design, Women's and Children's Hospital, Adult Mental Health Acute Inpatient, Digital Mammography and capital upgrades.

b. Computer software works in progress mainly comprised of Digital Mammography, Electronic Discharge Summary and Referral Project, Patient Master Index Project, e-Referral, E-Health and Patient Administration System.

Reconciliation of Capital Works in Progress

The following table shows the movement of Capital Works in Progress during 2009–10.

	Building Works in Progress $'000	Computer Software Works in Progress $'000	Other Works in Progress $'000	P & E Works in Progress $'000	Total $'000
Carrying Amount at the Beginning of the Reporting Period	25,616	3,269	148	—	29,033
Additions	57,580	11,635	51	260	69,526
Capital Works in Progress Completed and Transferred to Property, Plant and Equipment and Intangible Assets	(6,111)	—	—	—	(6,111)
Carrying Amount at the End of the Reporting Period	**77,085**	**14,903**	**200**	**260**	**92,447**

Note 28 Capital Works In Progress — continued

Reconciliation of Capital Works in Progress

The following table shows the movement of Capital works in Progress during 2008–09.

	Building Works in Progress $'000	Computer Software Works in Progress $'000	Other Works in Progress $'000	Total $'000
Carrying Amount at the Beginning of the Reporting Period	1,119	5,657	—	6,776
Additions	24,660	9,969	148	34,777
Capital Works in Progress Completed and Transferred to Property, Plant and Equipment and Intangible Assets	—	(11,319)	—	(11,319)
Capital Works Expensed	(163)	(1,038)	—	(1,201)
Carrying Amount at the End of the Reporting Period	**25,616**	**3,269**	**148**	**29,033**

Note 29 Other Assets

	2010 $'000	2009 $'000
Current Other Assets		
Prepayments	2,981	1,343
Total Current Other Assets	**2,981**	**1,343**
Total Other Assets	**2,981**	**1,343**

Note 30 Payables

	2010 $'000	2009 $'000
Current Payables		
Trade Payables	7,894	13,831
Other Payables	49	54
Accrued Expenses	34,040	22,486
GST Payable	470	284
Total Current Payables	**42,453**	**36,655**
Non-Current Payables		
Other Payables	—	—
Total Non-Current Payables	**—**	**—**
Total Payables	**42,453**	**36,655**

The increase in Accrued Expenses largely relates to an increase in capital works expenditure compared to the previous year.

Payables are aged as follows:		
Not Overdue	40,941	34,987
Overdue for Less than 30 Days	1,091	1,281
Overdue for 30 to 60 Days	165	123
Overdue for More than 60 Days	256	264
Total Payables	**42,453**	**36,655**

Classification of ACT Government/Non-ACT Government Payables		
Payables with ACT Government Agencies		
Trade Payables	—	1,476
Accrued Expenses	13,615	—
GST Payable	1	—
Total Payables with ACT Government Agencies	**13,616**	**1,476**
Payables with Non ACT Government Entities		
Trade Payables	7,894	12,354
Other Payables	49	54
Accrued Expenses	20,425	22,486
GST Payable	469	284
Total Payables with Non ACT Government Entities	**28,837**	**35,179**
Total Payables	**42,453**	**36,655**

Note 31 Finance Leases

ACT Health has **318** finance leases, which have been taken up as a finance lease liability and an asset under a finance lease. These leases are for motor vehicles. The interest rate implicit in these leases vary from 3.9% to 7.9%. These leases have no terms of renewal or purchase options and escalation clauses.

	2010 $'000	2009 $'000
Current Finance Leases		
Secured		
Finance Leases Liability	1,471	3,250
Total Current Finance Leases	**1,471**	**3,250**
Total Current Finance Leases	**1,471**	**3,250**
Non-Current Finance Leases		
Secured		
Finance Leases Liability	4,401	2,109
Total Non-Current Finance Leases	**4,401**	**2,109**
Total Non-Current Finance Leases	**4,401**	**2,109**
Total Finance Leases	**5,872**	**5,359**

The decrease in current and an increase in non-current finance lease liabilities is mainly due to new leases are for a 3-year term instead of a 2-year term.

Secured Liability

ACT Health's finance lease liability is effectively secured because if ACT Health defaults the assets under a financial lease revert to the lessor.

Note 31 Finance Leases — continued

	2010 $'000	2009 $'000
Finance lease commitments are payable as follows:		
Within one year	1,827	3,462
Later than one year but not later than five years	4,707	2,214
Minimum Lease Payments	**6,534**	**5,676**
Less: Future Finance Lease Charges	(662)	(317)
Amount Recognised as a Liability	**5,872**	**5,359**
Add: Lease incentive involved with non-cancellable operating lease	—	—
Total Present Value of Minimum Lease Payments	**5,872**	**5,359**

The present value of the minimum lease payments are as follows:		
Within one year	1,471	3,250
Later than one year but not later than five years	4,401	2,109
Total Present Value of Minimum Lease Payments	**5,872**	**5,359**
The future minimum lease payments for non-cancellable financing sub-leases expected to be received	—	—

Classification on the Balance Sheet		
Finance Leases		
Current Finance Leases	1,471	3,250
Non-Current Finance Leases	4,401	2,109
Total Finance Leases	**5,872**	**5,359**

The decrease in current and an increase in non-current finance lease liabilities are mainly due to new leases that are for a 3-year term instead of a 2-year term.

Note 32 Employee Benefits

	2010 $'000	2009 $'000
Current Employee Benefits		
Annual Leave [a]	61,848	58,958
Long Service Leave [b]	51,527	46,271
Accrued Salaries	10,013	11,543
Other Benefits [c]	4,345	1,365
Total Current Employee Benefits	**127,732**	**118,136**
Non-Current Employee Benefits		
Long Service Leave	12,757	11,517
Total Non-Current Employee Benefits	**12,757**	**11,517**
Total Employee Benefits	**140,489**	**129,653**

For Disclosure Purposes only		
Estimate of when Leave is Payable		
Estimated Amount Payable within 12 Months		
Annual Leave	61,848	58,958
Long Service Leave	21,326	16,195
Accrued Salaries	10,013	11,543
Other Benefits	4,345	1,365
Total Employee Benefits Payable within 12 Months	**97,531**	**88,060**
Estimated Amount Payable after 12 Months		
Long Service Leave	42,958	11,517
Total Employee Benefits Payable after 12 Months	42,958	11,517
Total Employee Benefits	140,489	99,577

a. The increase is mainly due to the impact of payrises and increased staff associated with budget initiatives.

b. The increase is partly due to the impact of payrises and staff increases and partly due to an increase in discounting rate. (see note 3)

c. The increase mainly relates to the $650 sign-on bonus accepted as part of the terms of the new collective agreements for nursing and midwifery, clerical, professional and technical staff.

Note 33 Other Liabilities

	2010 $'000	2009 $'000
Current Other Liabilities		
Revenue Received in Advance [a]	14,388	11,207
Commonwealth Grants in Advance	2,678	1,532
Total Current Other Liabilities	17,066	12,739
Total Other Liabilities	**17,066**	**12,739**

a. Revenue Received in Advance for 2009 has been restated to correct a prior year understatement. This had the effect of increasing Revenue Received In Advance by $2.9 million and reducing the Accumulated Funds by $2.9 million. As this correction is not material, no additional disclosure is provided in Note 3: Change in Accounting Policy and Accounting Estimates and Correction of a Prior Period Error.

Note 34 Equity

	2010 $'000	2009 $'000
Asset Revaluation Surplus		
The Asset Revaluation Surplus is used to record the increments and decrements in the value of land and buildings.		
Balance at the Beginning of the Reporting Period	135,394	135,404
Decrement in Buildings due to Write off of Revalued Asset	—	(10)
Total (Decrease) in the Asset Revaluation Reserve	**—**	**(10)**
Balance at the End of the Reporting Period	**135,394**	**135,394**

Note 35 Financial Instruments

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 2 : Summary of Significant Accounting Policies, to the financial statements.

Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

As ACT Health does not hold any financial liabilities with floating interest rates, it is not exposed to movements in interest payable. However, it is exposed to movements in interest receivable, because cash and investment are subject to floating interest rates. Interest rates increased during the year ended 30 June 2010 and, as such, have resulted in an increase in the amount of interest received.

Interest rate risk for financial assets is managed by ACT Health by only investing in floating interest rate investments that are low risk. There have been no changes in risk exposure or processes for managing risk since the previous reporting period.

A sensitivity analysis has not been undertaken as it is considered that ACT Health's exposure to this risk is insignificant and would have an insignificant impact on its financial results.

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.

Credit risk arises from the financial assets of ACT Health , which comprise cash and cash equivalents, trade and other receivables. Cash and cash equivalents are held by Commonwealth Bank and Territory Banking Account, and the risk of default on payment is minimal. ACT Health's other exposure to credit risk arises from the potential default of debtors on their contractual obligations resulting in financial loss to ACT Health.

A significant proportion of the Department's receivables are from the insurance companies, ACT Government and state and federal Government Agencies. The Department reviews outstanding debtors on a monthly basis and those unresolved are referred to the ACT Government Solicitor's Office for legal action where required .

There has been no changes in credit risk exposure since last reporting period.

Liquidity Risk

Liquidity risk is the risk that ACT Health will be unable to meet its financial obligations as they fall due. ACT Health's financial obligations relate to the payment of employee benefits, payment of grants and the purchase of supplies and services. Salaries are paid on a fortnightly basis, grants are paid on a quarterly basis and purchases of supplies and services are paid within 30 days of receiving the goods or services.

The main source of cash to pay these obligations is appropriation from Government which is paid on a fortnightly basis during the year. ACT Health manages its liquidity risk through forecasting appropriation drawdown requirements to enable payment of anticipated obligations. See the maturity analysis provided later in this note for further details of when financial assets and liabilities mature.

ACT Health has an ageing workforce with significant levels of accumulated and unpaid leave. As staff resign or retire and these obligations fall due, ACT Health has been able to meet these obligations from current level of appropriation. With anticipated higher levels of staff retiring in coming years, it is possible that in future years ACT Health may need additional appropriation from Government to be able to meet payment of these obligations.

ACT Health's exposure to liquidity risk is considered insignificant based on experience from prior years and the current assessment of risk.

Price Risk

Price risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices.

ACT Health does not hold any financial instruments that are subject to price risk. Accordingly, a sensitivity analysis has not been undertaken.

Note 35 Financial Instruments — continued

Fair Value of Financial Assets and Liabilities

The carrying amounts and fair values of financial assets and liabilities at the end of the reporting period are:

	Carrying Amount 2010 $'000	Net Fair Value 2010 $'000	Carrying Amount 2009 $'000	Net Fair Value 2009 $'000
Financial Assets				
Cash and Cash Equivalents	5,272	5,272	9,016	9,016
Receivables	60,922	60,922	58,339	58,339
Investments with the Territory Banking Account	3,000	3,000	3,000	3,000
Total Financial Assets	**69,194**	**69,194**	**70,355**	**70,355**
Financial Liabilities				
Payables	38,594	38,594	33,323	33,323
Finance Lease Liabilities	5,872	5,872	5,359	5,359
Total Financial Liabilities	**44,466**	**44,466**	**38,682**	**38,682**

Fair Value Hierarchy

ACT Health is required to classify financial assets and financial liabilities into a fair value hierarchy that reflects the significance of the inputs used in determining their 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;

Level 2 — inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. Prices) or indirectly (i.e. Derived from prices); and

Level 3 — inputs for the asset or liability that are not based on observable market data (unobservable inputs).

The carrying amount of financial assets measured at fair value, as well as the methods used to estimate the fair value are summarised in the table below. All other financial assets and liabilities are measured, subsequent to initial recognition, at amortised cost and as such are not included in the table below.

2010	Classification According to Fair Value Hierarchy			
	Level 1 $'000	Level 2 $'000	Level 3 $'000	Total $'000
Financial Assets				
Investment with the Territory Banking Account — Fixed Interest Portfolio	—	3,000	—	3,000
	—	**3,000**	**—**	**3,000**

In accordance with the transitional provision of AASB 7 Financial Instruments: Disclosures ACT Health has not provided comparative figures.

Transfer Between Categories

There have been no transfers of financial assets or liabilities between Level 1 and Level 2 during the reporting period.

Note 35 Financial Instruments — continued

The following table sets out ACT Health's maturity analysis for financial assets and liabilities as well as the exposure to interest rates, including average weighted interest rates by maturity period as at 30 June 2010. All financial assets and liabilities which have a floating interest rate or are non-interest bearing will mature in one year or less. All amounts appearing in the following maturity analysis are shown on an undiscounted cash flow basis.

			Fixed Interest maturing in:				
	Note No.	Floating Interest Rate $'000	1 Year or Less $'000	Over 1 to 5 Years $'000	Over 5 Years $'000	Non-Interest Bearing $'000	Total $'000
Financial Instruments							
Financial Assets							
Cash and Cash Equivalents	21	5,225	—	—	—	47	5,272
Receivables	22	—	—	—	—	60,922	60,922
Investments with the Territory Banking Account	25	3,000	—	—	—	—	3,000
Total Financial Assets		**8,225**	**—**	**—**	**—**	**60,969**	**69,194**
Weighted Average Interest Rate		5.78%	—	—	—	—	—
Financial Liabilities							
Payables	30	—	—	—	—	38,594	38,594
Finance Leases	31	—	1,827	4,707	—	—	6,534
Total Financial Liabilities		**—**	**1,827**	**4,707**	**—**	**38,594**	**45,128**
Weighted Average Interest Rate		—	6.69%	6.69%	—	—	—
Net Financial Assets/(Liabilities)		**8,225**	**(1,827)**	**(4,707)**	**—**	**22,375**	**24,066**

Note 35 Financial Instruments — continued

The following table sets out ACT Health's maturity analysis for financial assets and liabilities as well as the exposure to interest rates, including average weighted interest rates by maturity period as at 30 June 2009. All financial assets and liabilities which have a floating interest rate or are non-interest bearing will mature in one year or less. All amounts appearing in the following maturity analysis are shown on an undiscounted cash flow basis.

	Note No.	Floating Interest Rate $'000	Fixed Interest maturing in:			Non-Interest Bearing $'000	Total $'000
			1 Year or Less $'000	Over 1 to 5 Years $'000	Over 5 Years $'000		
Financial Instruments							
Financial Assets							
Cash and Cash Equivalents	21	8,969	—	—	—	47	9,016
Receivables	22	—	—	—	—	58,339	58,339
Investments with the Territory Banking Account	25	3,000	—	—	—	—	3,000
Total Financial Assets		**11,969**	—	—	—	**58,386**	**70,355**
Weighted Average Interest Rate		5.00%	—	—	—		
Financial Liabilities							
Payables	30	—	—	—	—	33,323	33,323
Finance Leases	31	—	3,462	2,214	—	—	5,676
Total Financial Liabilities		—	**3,462**	**2,214**	—	**33,323**	**38,999**
Weighted Average Interest Rate			5.00%	5.00%	—		
Net Financial Assets/(Liabilities)		**11,969**	**(3,462)**	**(2,214)**	**—**	**25,063**	**31,356**

Note 35 Financial Instruments — continued

	2010 $'000	2009 $'000
Carrying Amount of Each Category of Financial Asset and Financial Liability		
Financial Assets		
Loans and Receivables	60,922	58,339
Held to Maturity	3,000	3,000
Financial Liabilities		
Financial Liabilities measured at Amortised Cost	44,466	38,682

Gains on Each Category of Financial Asset and Financial Liability		
Gains on Financial Assets		
Loans and Receivables	—	—
Gains on Financial Liabilities		
Financial Liabilities measured at Amortised Cost	—	—

Note 36 Commitments

Capital Commitments

Capital Commitments contracted at reporting date include the Women's and Children's Hospital, new multistorey car park, Mental Health Assessment Unit, Clinical Services Redevelopment—Phase 1, Neurosurgery Operating Theatre, Surgical Assessment and Planning Unit, Linear Accelerator Procurement and Replacement, PET Scanner and other minor new works construction projects. These have not been recognised as liabilities.

	2010 $'000	2009 $'000
Capital Commitments — Property, Plant and Equipment		
Payable:		
Within one year	120,197	54,467
Later than one year and not later than five years	42,698	—
Later than five years	—	
Total Capital Commitments — Property, Plant and Equipment	**162,895**	**54,467**
Total Capital Commitments	**162,895**	**54,467**

Operating Lease Commitments

ACT Health has several non-cancellable operating leases for buildings. The operating lease agreements give ACT Health the right to renew the leases. Renegotiations of the lease terms occur on renewal of the leases. ACT Health also has non-cancellable operating leases with InTACT for IT equipment and Rhodium for leased cars. Contingent rental payments have not been included in the commitments below.

Non-cancellable operating lease commitments are payable as follows:

	2010 $'000	2009 $'000
Within one year	4,415	6,775
Later than one year and not later than five years	11,706	22,856
Later than five years	5,391	17,691
Total Operating Lease Commitments	**21,512**	**47,322**

The reduction in Operating Lease Commitments is largely due to lease rental commitments for the 1 Moore St building being included in the 2009 figures only. ACT Health is negotiating a memoradum of understanding (MOU) with ACT Property Group for ongoing rental of that building to replace the expired rental agreement the MOU is yet to be finalised.

Other Commitments

Other commitments contracted at reporting date that mainly relate to grants to Non-Government Organisations that have been not recognised as liabilities:

	2010 $'000	2009 $'000
Within one year	63,507	57,754
Later than one year and not later than five years	63,260	29,401
Later than five years	154	—
Total Operating Lease Commitments	**126,921**	**87,155**

All amounts shown in the commitment note are inclusive of GST.
In 2010 a significant number of multi year contracts have been negotiated which has increased the level of ther Commitments.

Finance Lease Commitments

Finance lease commitments are disclosed in Note 31: 'Finance Leases'.

Note 37 Contingent Liabilities

Contingent Liabilities

ACT Health is currently defending 127 actions (2009 — 136 actions). These actions have an estimated net liability of $5,983,000 (2009 — $5,833,500), which has not been provided for in the accounts. The estimated liability has been calculated net of the amounts covered under ACT Health's insurance policy.

Note 38 Cash Flow Reconciliation

(a) Reconciliation of Cash and Cash Equivalents at the end of the reporting period in the Cash Flow Statement to the equivalent items in the Balance Sheet.

	2010 $'000	2009 $'000
Cash and Cash Equivalents Recorded in the Balance Sheet	5,272	9,016
Total Cash and Cash Equivalents at the end of the reporting period as recorded in the Cash Flow Statement	**5,272**	**9,016**

(b) Reconciliation of Net Cash Inflows from Operating Activities to the Operating Deficit.

	2010 $'000	2009 $'000
Operating (Deficit)	(30,972)	(34,053)
Add/(Less) Non-Cash Items		
Depreciation of Property, Plant and Equipment	24,151	17,401
Amortisation of Intangibles	3,962	2,300
Bad and Doubtful Debts	957	1,670
Transfer from Properties to Other Agencies	—	935
(Gain) on Inventories	(152)	—
Add/(Less) Items Classified as Investing or Financing		
(Gain)Loss on Disposal of Assets	(29)	154
Cash Before Changes in Operating Assets and Liabilities	**(2,083)**	**(11,593)**
Changes in Operating Assets and Liabilities		
(Increase) in Receivables	(2,582)	(21,102)
(Increase)/Decrease in Inventories	(809)	1,251
(Increase)/Decrease in Other Assets	(1,634)	166
Increase in Payables and Provisions	16,629	42,824
Increase/(Decrease) in Other Liabilities	4,327	(8,881)
Net Changes in Operating Assets and Liabilities	**15,930**	**14,258**
Net Cash Inflows from Operating Activities	**13,848**	**2,664**

Note 38 Cash Flow Reconciliation — Continued

(c) Non — Cash Financing and Investing Activities

Under the Whole-of-Government motor vehicle leasing arrangements all new motor vehicle leases entered into by ACT Health from 2006–07 onwards are under a finance lease rather than under an operating lease.

	2010 $'000	2009 $'000
Acquisition of Motor Vehicles by means of a Finance Lease	4,563	2,710

The increase is driven by a higher number of renewals.

Note 39 Events Occurring After Balance Date

There were no events occurring after Balance Sheet Date.

Note 40 Third Party Monies

	2010 $'000	2009 $'000
ACT Health held funds in trust relating to the activities of the Health Professional Registration Boards and the ACT Health Human Research Ethics Committee.		
Funds Held in Trust for Health Professional Registration Boards and the ACT Health Ethics Committee		
Balance at the Beginning of the Reporting Period	2,841	2,457
Cash Receipts	1,529	3,407
Cash Payments	(1,940)	(3,023)
Balance at the End of the Reporting Period [a]	**2,430**	**2,841**

a. Around $1.4m of the funds held in trust in relation to the Health Professional Boards were transferred on 5 July 2010, to the newly formed Australian Health Practioner Regulation Authority.

	2010 $'000	2009 $'000
ACT Health held funds in trust relating to residents of its Mental Health facilities.		
Mental Health Trust Account		
Balance at the Beginning of the Reporting Period	22	14
Cash Receipts	87	81
Cash Payments	(84)	(73)
Balance at the End of the Reporting Period	**25**	**22**

	2010 $'000	2009 $'000
ACT Health held funds relating to the activities of Salaried Specialists and Visiting Medical Officers.		
Private Practice Hospital Account		
ACT Health held funds relating to the activities of Salaries Specialists		
Balance at the Beginning of the Reporting Period	17,349	16,156
Cash Receipts	15,281	15,919
Cash Payments [b]	(13,670)	(14,727)
Balance at the End of the Reporting Period	**18,960**	**17,349**

b. This amount does not include $323,250 unrealised gain on the fixed interest investment of $7.5m with Territory banking Account.

ACT Health Territorial Financial Statements for the Year Ended 30 June 2010

ACT Health Statement of Income and Expenses on Behalf of the Territory for the Year Ended 30 June 2010

	Note	Actual 2010 $'000	Original Budget 2010 $'000	Actual 2009 $'000
Income				
Revenue				
Payment for Expenses on Behalf of the Territory	42	9,102	7,102	5,395
Fees	43	606	635	573
Commonwealth Grants	44	—	—	155,000
Total Revenue		**9,708**	**7,737**	**160,968**
Total Income		**9,708**	**7,737**	**160,968**
Expenses				
Grants and Purchased Services	45	9,102	7,102	5,395
Other Expenses	46	—	—	2
Transfer to the ACT Government	47	606	635	155,571
Total Expenses		**9,708**	**7,737**	**160,968**
Operating Surplus/(Deficit)		**—**	**—**	**—**
Total Comprehensive Income		**—**	**—**	**—**

The above Statement of Income and Expenses on Behalf of the Territory should be read in conjunction with the accompanying notes.

ACT Health Statement of Assets and Liabilities on Behalf of the Territory as at 30 June 2010

	Note	Actual 2010 $'000	Original Budget 2010 $'000	Actual $'000
Current Assets				
Cash and Cash Equivalents	48	177	294	259
Receivables	49	123	6	41
Total Current Assets		**300**	**300**	**300**
Total Assets		**300**	**300**	**300**
Current Liabilities				
Non-Current Liabilities				
Advance from Territory Banking Account	50	300	300	300
Total Non-Current Liabilities		**300**	**300**	**300**
Total Liabilities		**300**	**300**	**300**
Net Assets		**—**	**—**	**—**
Equity				
Accumulated Funds		—	—	—
Total Equity		**—**	**—**	**—**

The above Statement of Assets and Liabilities on Behalf of the Territory should be read in conjunction with the accompanying notes.

ACT Health Statement of Changes in Equity on Behalf of the Territory for the Year Ended 30 June 2010

	Accumulated Funds 2010 $'000	Total Equity 2010 $'000	Original Budget 2010 $'000
Balance at the Beginning of the Reporting Period			
Comprehensive Income			
Operating Surplus/(Deficit)	—	—	—
Total Comprehensive Income	—	—	—
Transactions Involving Owners Affecting Accumulated Funds			
Capital Injection	—	—	—
Capital (Distribution)	—	—	—
Transferred in as part of Net Assets due to Administrative Restructure	—	—	—
Total Transactions Involving Owners Affecting Accumulated Funds	—	—	—
Balance at the End of the Reporting Period	—	—	—

The above Statement of Changes in Equity on Behalf of the Territory should be read in conjunction with the accompanying notes.

	Accumulated Funds Actual 2009 $'000	Total Equity Actual 2009 $'000
Balance at the Beginning of the Reporting Period		
Comprehensive Income		
Operating Surplus/(Deficit)	—	—
Total Comprehensive Income	—	—
Transactions Involving Owners Affecting Accumulated Funds		
Capital Injection	—	—
Capital (Distribution)	—	—
Transferred in as part of Net Assets due to Administrative Restructure	—	—
Total Transactions Involving Owners Affecting Accumulated Funds	—	—
Balance at the End of the Reporting Period	—	—

The above Statement of Changes in Equity on Behalf of the Territory should be read in conjunction with the accompanying notes.

ACT Health Cash Flow Statement on Behalf of the Territory for the Year Ended 30 June 2010

	Note	Actual 2010 $'000	Original Budget 2010 $'000	Actual 2009 $'000
Cash Flows from Operating Activities				
Receipts				
Cash from Government for Expenses on Behalf of the Territory		9,102	7,102	5,395
Fees		606	635	573
Commonwealth Grants		—	—	155,000
Other Receipts		828	710	1
Total Receipts from Operating Activities		**10,536**	**8,447**	**160,969**
Payments				
Grants and Purchased Services		9,102	7,102	5,395
Transfer of Territory Receipts to the ACT Government		606	635	155,571
Other		910	710	38
Total Payments from Operating Activities		**10,617**	**8,447**	**161,004**
Net Cash (Outflows) from Operating Activities		**(82)**	**—**	**(35)**
Net (Decrease) in Cash Held	**51**	**(82)**	**—**	**(35)**
Cash and Cash Equivalents at the Beginning of the Reporting Period		259	294	294
Cash and Cash Equivalents at the End of the Reporting Period	**51**	**177**	**294**	**259**

The above Cash Flow Statement on Behalf of the Territory should be read in conjunction with the accompanying notes.

ACT Health Territorial Statement of Appropriation For the Year Ended 30 June 2010

	Original Budget 2010 $'000	Total Appropriated 2010 $'000	Appropriation Drawn 2010 $'000	Appropriation Drawn 2009 $'000
Territorial				
Expenses on Behalf of the Territory	7,102	9,102	9,102	5,395
Total Territorial Appropriation	7,102	9,102	9,102	5,395

The above Territorial Statement of Appropriation should be read in conjunction with the accompanying notes.

Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Cash Flow Statement in the Budget Papers. The amount also appears in the Cash Flow Statement on Behalf of the Territory.
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 ACT Health during the year. The amount also appears in the Cash Flow Statement on Behalf of the Territory.

Variance between 'Original Budget' and 'Total Appropriated'

The increase between the *Original Budget* and *Total Appropriated* relates to an increase to the construction cost for the Calvary Intensive Care Unit and Coronary Care Unit.

Territorial Note Index

Note 41 Summary of Significant Accounting Policies — Territorial

ACT Health's accounting policies are contained in Note 2: 'Summary of Significant Accounting Policies'. The policies outlined in Note 2 apply to both the Departmental and Territorial financial statements.

Note 42 Payment For Expenses On Behalf Of The Territory — Territorial

Under the *Financial Management Act 1996*, funds can be appropriated for expenses incurred on behalf of the Territory. ACT Health receives this appropriation to fund expenses incurred on behalf of the Territory, being onpassing of appropriated funds for Capital Funding for Calvary Public Hospital.

(See Note 45 — Grants and Purchased Services — Territorial)

	2010 $'000	2009 $'000
Payment for Expenses on Behalf of the Territory	9,102	5,395
Total Payment for Expenses on Behalf of the Territory	**9,102**	**5,395**

The higher expenses in 2010 reflect an increased capital works program at the Calvary Public Hospital for the refurbishment and expansion of the Intensive Care Unit and Coronary Care Unit.

Note 43 Fees — Territorial

Fees (refers to the collection of licence fees, including food businesses, smoke free places, boarding houses and radiation equipment).

	2010 $'000	2009 $'000
Fees		
Fees for Regulatory Services	606	573
Total Fees	**606**	**573**

Note 44 Commonwealth Grants — Territorial

Commonwealth Government Grants received by ACT Health were initially recorded in the Territorial accounts prior 1 July 2009. These funds were then transferred to the Territory Banking Account.

However, since 1 July 2009 under the new Government Agreement with the Commonwealth Government, all Commonwealth Grants have been remitted directly to ACT Treasury. As such ACT Health no longer recognises Commonwealth Grant Revenue in its Territorial Financial Statements.

	2010 $'000	2009 $'000
Health Programs		
Aged Care Assessment Team	—	522
Australian Health Care Agreement	—	133,807
Australian Immunisation Agreement	—	6,234
Council of Australian Governments (COAG) Illicit Drug Diversion Package	—	927
Home and Community Care	—	8,135
Public Health Outcomes Funding Agreement (PHOFA)	—	3,612
Youth Health Services (IHSHY)	—	61
Waiting List Agreement		1,667
Bringing Nurses Back to the Workforce		34
Total Commonwealth Grants	**—**	**155,000**

Note 45 Grants And Purchased Services — Territorial

Grants are amounts provided by ACT Health, to ACT Government entities and 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.

	2010 $'000	2009 $'000
Capital Grants to External Parties — Calvary Hospital	9,102	5,395
Total Grants and Purchased Services	**9,102**	**5,395**

The higher expenses in 2010 reflect an increased capital works program at the Calvary Public Hospital for the refurbishment and expansion of the Intensive Care Unit and Coronary Care Unit.

Note 46 Other Expenses — Territorial

	2010 $'000	2009 $'000
Miscellaneous	—	2
Total Other Expenses	**—**	**2**

Note 47 Transfer To Act Government — Territorial

'Transfer to Government' represents the transfer of money, which ACT Health has collected on behalf of the Territory, to Government. The money collected by ACT Health on behalf of the Territory includes Commonwealth Government Grants (in 2009 only) and fees.

	2010 $'000	2009 $'000
Payments to the Territory Bank Account	606	155,571
Total Transfer to Government	**606**	**155,571**

Note 48 Cash And Cash Equivalents — Territorial

	2010 $'000	2009 $'000
Cash at Bank	177	259
Total Cash	**177**	**259**

Note 49 Receivables — Territorial

	2010 $'000	2009 $'000
Current Receivables		
Goods and Services Tax Receivable	123	41
Less: Allowance for Doubtful Debts	—	—
Other Current Receivables	123	41
Total Current Receivables	**123**	**41**
Total Non-Current Receivables	**—**	**—**
Total Receivables	**123**	**41**
Receivables are Aged as Follows:		
Not Overdue	—	—
Overdue for less than 30 Days	123	41
Overdue for 30 to 60 Days	—	—
Overdue for more than 60 Days	—	—
Total Receivables	**123**	**41**

Note 49 Receivables — Territorial — continued

	2010 $'000	2009 $'000
Classification of ACT Government/Non-ACT Government Receivables		
Receivables with Non-ACT Government Entities		
Net Goods and Services Tax Receivable	123	41
Total Receivables with Non-ACT Government Entities	**123**	**41**
Total Receivables	**123**	**41**

Note 50 Advance from Territory Banking Account—Territorial

	2010 $'000	2009 $'000
Advance from Territory Banking Account	300	300
	300	**300**

Note 51 Cash Flow Reconciliation—Territorial

(a) Reconciliation of Cash and Cash Equivalents at the end of the Reporting Period in the Cash Flow Statement on behalf of the Territory to the Related Items in the Statement of Assets and Liabilities on Behalf of the Territory.

	2010 $'000	2009 $'000
Total Cash and Cash Equivalents recorded in the Statement of Assets and Liabilities on Behalf of the Territory	177	259
Cash at the End of the Reporting Period as recorded in the Cash Flow Statement	**177**	**259**

(b) Reconciliation of Net Cash (outflows) from Operating Activities to the Operating Surplus/(Deficit)

	2010 $'000	2009 $'000
Operating Surplus/(Deficit)	—	—
Changes in Operating Assets and Liabilities		
(Increase) in Receivables	(82)	(35)
Net Changes in Operating Assets and Liabilities	**(82)**	**(35)**
Net Cash (Outflows) from Operating Activities	**(82)**	**(35)**

Note 52 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 41 *Summary of Significant Accounting Policies — Territorial* to the financial statements.

Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

ACT Health has all of its territorial financial assets and liabilities held in non-interest bearing arrangements. This means that ACT Health is not exposed to movements in interest rates, and, as such, does not have any interest rate risk.

A sensitivity analysis has not been undertaken for the interest rate risk of ACT Health as it is not exposed to any movements in interest rates.

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. ACT Health's credit risk is limited to the amount of the financial assets held.

ACT Health Territorial Financial Assets is Cash and Cash Equivalents with the Territorial banker.

As cash is held in a bank, there is no significant concentration of credit risk that has been identified by ACT Health for Territorial financial assets.

Liquidity Risk

Liquidity risk is the risk that ACT Health will be unable to meet its financial obligations as they fall due. ACT Health's financial obligation relates to an advance received from Territory Banking Account where there is no requirement to repay the advance within the next twelve months.

ACT Health's exposure to liquidity risk is considered insignificant based on experience from prior years and the current assessment of risk.

See maturity analysis below for further details of when financial assets and liabilities mature.

Price Risk

Price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices, whether these changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market.

ACT Health holds no investments that are subject to price risk and as a result, is not considered to have any price risk. Accordingly, a sensitivity analysis has not been undertaken.

Note 52 Financial Instruments — Territorial — continued

Fair Value of Financial Assets and Liabilities

The carrying amounts and fair values of financial assets and liabilities at balance date are:

	Carrying Amount 2010 $'000	Fair Value 2010 $'000	Carrying Amount 2009 $'000	Fair Value 2009 $'000
Financial Assets				
Cash and Cash Equivalents	177	177	259	259
Total Financial Assets	**177**	**177**	**259**	**259**
Financial Liabilities				
Advance from Treasury Banking Account	300	300	300	300
Total Financial Liabilities	**300**	**300**	**300**	**300**

Note 52 Financial Instruments — Territorial — continued

The following table sets out ACT Health's maturity analysis for financial assets and liabilities as well as the exposure to interest rates, including the weighted average interest rates by maturity period as at 30 June 2010. All financial assets and liabilities which are non-interest bearing will mature in 1 year or less. All amounts appearing in the following maturity analysis are shown on an undiscounted cash flow basis.

	Note	Floating Interest Rate $'000	Fixed Interest maturing in: 1 Year or Less $'000	Over 1 Year to 5 Years $'000	Over 5 Years $'000	Non-Interest Bearing $'000	Total $'000
Financial Instruments							
Financial Assets							
Cash and Cash Equivalents	48	—	—	—	—	177	177
Total Financial Assets		—	—	—	—	**177**	**177**
Financial Liabilities		—					
		—					
Advance from Treasury Banking Account		—	—	—	—	300	300
Total Financial Liabilities		—	—	—	—	**300**	**300**

Note 52 Financial Instruments — Territorial — continued

The following table sets out ACT Health's maturity analysis for financial assets and liabilities as well as the exposure to interest rates, including the weighted average interest rates by maturity period as at 30 June 2009. All financial assets and liabilities which are non-interest bearing will mature in one year or less. All amounts appearing in the following maturity analysis are shown on an undiscounted cash flow basis.

	Note	Floating Interest Rate $'000	Fixed Interest maturing in: 1 Year or Less $'000	Over 1 Year to 5 Years $'000	Over 5 Years $'000	Non-Interest Bearing $'000	Total $'000
Financial Instruments							
Financial Assets							
Cash and Cash Equivalents	48	—	—	—	—	259	259
Total Financial Assets		—	—	—	—	**259**	**259**
Financial Liabilities		—					
Advance from Treasury Banking Account		—	—	—	—	300	300
Total Financial Liabilities		—	—	—	—	**300**	**300**

Note 52 Financial Instruments — Territorial — continued

	2010 $'000	2009 $'000
Carrying Amount of Each Class of Financial Asset and Financial		
Financial Assets		
Loans and Receivables	—	—
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	300	300
Fair Value Hierarchy		

ACT Health Territorial does not have any financial assets or financial liabilities at fair value. As such no fair value hierarchy disclosures have been made.

Note 53 Commitments — Territorial

Capital Commitments	2010 $'000	2009 $'000
Capital Commitments at reporting date that have not been recognised as liabilities are as follows:		
Capital Grant Commitments		
Payable:		
Within one year	710	7,102
Later than one year and not later than five years	—	—
Total Capital Commitments	710	7,102

All amounts shown in the commitment note are exclusive of GST

2009 included refurbishment and expansion of Calvary Intensive Care Unit and Coronary Care Unit.

Note 54 Contingent Liabilities And Contingent Assets Territorial

There were no contigent liabilities or contingent assets as at 30 June 2010.

There were no Indemnities as at 30 June 2010.

Note 55 Events Occuring After Balance Date — Territorial

There were no events occurring after the balance date, which would affect the financial report as at 30 June 2010.

A.7 Statement of performance

ACT AUDITOR-GENERAL'S OFFICE

REPORT OF FACTUAL FINDINGS

ACT HEALTH

To the Members of the ACT Legislative Assembly

Report on the statement of performance

I have reviewed the statement of performance of the ACT Health for the year ended 30 June 2010.

Responsibility for the statement of performance

The Chief Executive of ACT Health is responsible for the preparation and fair presentation of the statement of performance in accordance with the *Financial Management Act 1996*. This includes responsibility for maintaining adequate records and internal controls that are designed to prevent and detect fraud and error and for the systems and procedures used to measure the results reported in the statement of performance.

The auditor's responsibility

My responsibility is to provide a report of factual findings that expresses an independent review opinion on the statement of performance of ACT Health as required by the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2008*.

I have reviewed the statement of performance of ACT Health to report on whether any matters have come to my attention which indicate that the statement of performance is not fairly presented in accordance with the *Financial Management Act 1996*.

This review was conducted in accordance with the Australian Auditing Standards applicable to review engagements. A review is primarily limited to inquiries of the representatives of ACT Health, analytical and other review procedures and the examination of other available evidence. As review procedures do not provide all of the evidence that would be required in an audit, the level of assurance provided is less than given in an audit. I have not performed an audit and have not expressed an audit opinion on the statement of performance.

The review did not include an assessment of the relevance or appropriateness of the performance indicators reported in the statement of performance or the related performance targets.

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I have not expressed an opinion on the accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations.

Electronic presentation of the statement of performance

Those viewing an electronic presentation of this statement of performance should note that the review does not provide assurance on the integrity of information presented electronically and does not provide an opinion on any other information which may have been hyperlinked to or from this statement. If users of this report are concerned with the inherent risks arising from the electronic presentation of information, they are advised to refer to the printed copy of the reviewed statement of performance to confirm the accuracy of this electronically presented information.

Independence

I followed applicable independence requirements of Australian professional ethical pronouncements in conducting this review.

Review opinion

Based on my procedures, no matters have come to my attention which indicate that the statement of performance of ACT Health for the year ended 30 June 2010 does not fairly present the performance of ACT Health in accordance with the *Financial Management Act 1996*.

T. Pham

Tu Pham
Auditor-General
16 September 2010

ACT Health
Statement of Performance
For the Year Ended 30 June 2010

Statement of Responsibility

In my opinion, the Statement of Performance is in agreement with the Department's records and fairly reflects the service performance of the Department for the year ended 30 June 2010 and also fairly reflects the judgements exercised in preparing it.

Dr Peggy Brown
Chief Executive
ACT Health
15 September 2010

Output Class 1: Health and Community Care

Output 1.1 Acute Services

Description

The ACT Government provides public hospital services at The Canberra Hospital and Calvary Public Hospital. These public hospitals provide a comprehensive range of acute care, including inpatient, outpatient and emergency department services.

The key strategic priority for acute services is to deliver timely access to effective and safe hospital care services.

This means focussing on:

- reducing waiting times for admission to a hospital bed through emergency departments, with a specific emphasis on older patients who would otherwise experience long waits due to the complexity of their conditions;
- achieving national benchmark performance standards for waiting times for access to elective surgery for category one patients; and
- achieving bed occupancy rates of approximately 85 per cent over time. Occupancy levels of around 85 per cent contribute positively to patient safety, reduce access block, ensure efficient workflows and minimise disruptions to elective surgery.

	Original Target 2009–10	Actual Result 2009–10	% Variance from Original Target	Explanation of Material Variances	Notes
Total Cost ($000)	643,881	663,715	3%	The increase relates largely to growth in activity flowing from the 2008–09 financial year, sign-on costs for expiring staff enterprise bargaining agreements, write-down of the TCH car park and increased provisions due to a change in accounting treatment of employee liabilities.	
Government Payment for Outputs (GPO) ($000)	451,438	453,580	—		

Accountability Indicators Patient activity					
a. Cost weighted patient separations	84,686	82,756	(2%)		1
b. Non-admitted occasions of service	283,000	293,366	4%		2

	Original Target 2009–10	Actual Result 2009–10	% Variance from Original Target	Explanation of Material Variances	Notes
c. Percentage of category one elective surgery patients who receive surgery within 30 days of listing (a)	95%	93%	(2%)		3
c. Percentage of category one elective surgery patients who receive surgery within 30 days of listing (b)	95%	88%	(7%)		3

(a) This result based on the total number of category one patients, excluding patients reclassified to a lower category with the authority of the doctor.

(b) This result based on the total number of category one patients, excluding patients reclassified to a lower category with the authority of the doctor (but without a written reason provided by the doctor for the reclassification other than the doctor's decision).

Accountability Indicators Patient activity					
d. Number of allied health care services provided for acute care patients in ACT public hospitals.	95,600	94,453	(1%)		4

Notes

1. Cost weighted separations for all hospital episodes, excluding those reported elsewhere (Mental Health, Cancer Service and Aged Care and Rehabilitation Service) and unqualified neonates (well babies, who are counted as part of their mother's admission). Cost weighted separations differ from reporting raw separations, as they account for the relative complexity of each separation, thereby giving a more accurate picture of activity performed.
2. Non-admitted patient services provided in ACT public hospitals, excluding those services provided by Mental Health ACT, Cancer Service and the Aged Care and Rehabilitation Service.
3. Category one patients are those assessed by the treating medical officer as the highest priority for elective surgery requiring surgery within 30 days of assessment by a surgeon.
4. The number of allied health services to inpatients within The Canberra Hospital.

Output 1.2 Mental Health Services

Description

Mental Health ACT provides a range of services in hospitals, community health centres and people's homes across the Territory. Mental Health ACT works with its community partners to provide integrated and responsive mental health services including hospital-based specialist services, supported accommodation services and community based service responses.

The key strategic priorities for mental health services are ensuring that clients' needs are met in a timely fashion and that care is integrated across hospital, community and residential support services. This means focussing on:

- ensuring timely access to emergency mental health care by reducing excessive waiting times for urgent admissions to acute psychiatric units; and
- ensuring that Mental Health ACT provides consumers with appropriate assessment, treatment and care that results in improved mental health outcomes.

	Original Target 2009–10	Actual Result 2009–10	% Variance from Original Target	Explanation of Material Variances	Notes
Total Cost ($000)	75,645	71,511	(5%)	The reduction relates to an underspend within Mental Health ACT due to for a delayed start to the Mental Health Assessment Unit, improved leave management, requiring lower levels of locum cover, reduced recruitment expenses and deferral of expenditure from new projects. There were also lower mental health costs at Calvary Public Hospital. Mental Health costs reported as 'Early Intervention and Prevention' under Output 1.7 were slightly higher than budget.	
Government Payment for Outputs (GPO) ($000)	73,207	73,075	—		

Accountability Indicators Patient activity					
a. Cost weighted separations	3,152	2,839	(10%)	Patients have had a longer than usual length of stay at the Patient Safety Unit leading to lower activity in the fourth quarter. This has affected the combined aggregate for all inpatient units.	5
b. Admitted patient separations	1,200	1,227	2%	Demand continues to be higher for overall number of patients being admitted across all inpatient units.	6
c. Adult services (18–64 years)	170,000	180,799	6%	The variance relates to higher demand for services.	7
d. Children and youth services (0–17 years)	43,500	47,336	9%	The variance relates to higher demand for services.	8
e. Older persons' services (65+ years)	16,700	29,527	77%	The variance relates to higher demand for services and a review of data collection methods by staff revealed a gap in collection which has been rectified resulting in improved reporting.	9
f. Psychogeriatric services bed days	4,400	4,507	2%		10
g. Psychogeratric inpatient episodes of care	110	115	5%	The variance relates to higher demand for admitted patient treatment.	11
h. Supported accommodation bed occupancy rate	95%	89%	(6%)	While referral numbers have improved, mental health consumers are still preferring to wait for single supported accommodation rather than be accommodated in 'group housing'. The commencement of the Supported Hospital Exit Program and Housing Accommodation and Support Initiative have had some positive impact on the respite occupancy at the Centacare Lodge.	12

	Original Target 2009–10	Actual Result 2009–10	% Variance from Original Target	Explanation of Material Variances	Notes
i. The proportion of clients seen at an ACT Health community facility during the 7 days post discharge from the inpatient services	75%	72%	(4%)		13
j. Percentage of clients with outcome measures completed	65%	68%	5%	Further improvements in this area have been achieved and continue to be developed for sustainability and improved accuracy. These improvements are reflected in the overall annual result.	14

Notes

5. Cost weighted separations for mental health relate to the Psychiatric Services Unit (PSU) at TCH, Ward 2N at Calvary and the Older Person Mental Health Inpatient Unit at Calvary (OPMHIU). Cost weighted separations differ from reporting raw separations, as they account for the relative complexity of each separation.
6. Raw separations from the PSU and Calvary Ward 2N. Raw separations count the number of inpatient hospital episodes.
7. Mental Health ACT Adult community occasions of service (Age group 18 – 64).
8. Mental Health ACT Children and Adolescents community occasions of service (Age group 0 – 17).
9. Mental Health ACT older person's community occasions of service (Age group 65+).
10. The actual number of Occupied Bed Days at Calvary older persons' mental health inpatient unit.
11. This indicator provides a count of the number of admitted clients treated by Mental Health ACT during the financial year within the older persons' mental health inpatient unit.
12. Actual occupancy expressed as a percentage of the total supported accommodation places provided by the following Community Service providers: Richmond Fellowship, Centacare, ACT Mental Health Foundation and Inanna.
13. The proportion of clients admitted to a mental health inpatient unit and contacted by Mental Health ACT Community Services during the 7 days post discharge from the Mental Health Inpatient Units (not all inpatients are referred to Mental Health ACT community mental health but may be seen by their GP or private psychiatrist).
14. Percentage of Mental Health ACT registered clients with mandatory outcome measures completed each three months. The purpose of measuring clinical outcomes is to see whether consumers of public mental health services are getting better as a result of the services they receive.

Output 1.3 Community Health Services

Description

Community Health provides a range of community based health services in a number of settings across the ACT, including health promotion and clinical programs such as maternal and child health services, immunisation, youth health services, women's health services, alcohol and drug services, dental services, corrections health, aboriginal liaison and interpreter services. There is a wide range of allied health and nursing services that meet the needs of many people with chronic conditions.

The key strategic priorities for community health include early intervention, improved access to community health care and better integration between acute, primary and community based care. This includes:

- ensuring timely access to public dental health care in cases of emergency need;
- providing health care assessments for people detained in corrective facilities;
- improving accessibility to, and the appropriateness of, services for women of culturally and linguistically diverse backgrounds;
- providing timely access to counselling services within the ACT Women's Health Service;
- ensuring that access consistent with clinical need is timely for community-based nursing and allied health services; and
- ensuring that community-based services are in place to better provide for the acute and post-acute health care needs of the community.

	Original Target 2009–10	Actual Result 2009–10	% Variance from Original Target	Explanation of Material Variances	Notes
Total Cost ($000's)	97,576	97,835	—		
Government Payment for Outputs (GPO) ($000's)	90,403	89,691	(1%)		
Accountability Indicators					
a. Percentage of opioid treatment clients with management plans	90%	99%	10%	Monitoring of records of current clients to ensure they have a management plan is ongoing leading to a higher percentage than target.	15
b. Mean waiting time for clients on the dental services waiting list	12 Months	12 Months	—		16
c. Proportion of offenders and detainees in Bimberi and the Alexander Maconachie Centre with health care assessment plans within 24 hours of detention	100%	71%	(29%)	A number of youth detainees arrive at Bimberi Youth Justice Centre after 5pm on any day and return to court before 9am the following day. This is to comply with Australian Federal Police procedures, not to keep youth detainees in the | Watch-house. These detainees are not given healthcare plans due to the unavailability of staff during these hours.	17
e. Number of nursing (domiciliary and clinic based) occasions of service	72,200	77,860	8%	The overachievement is due to increased acuity and complexity of care requiring more frequent visits.	18
f. Number of allied health regional services (occasions of service)	20,000	22,746	14%	The favourable variance is related to an increase in initial clinical contact by telephone, prior to a face-to-face appointment.	19
g. Percentage of the Women's Health Service Intake Officer's clients who receive an intake and assessment service within 14 working days of their initial referral	100%	95%	(5%)	The unfavourable variance is attributed to staff availability and a significant increase in demand for the service in September 2009, which resulted in some delays in undertaking assessments. The demand returned to more normal levels for the remainder of the year.	20

Notes

15. On presentation for opioid replacement treatment, a management plan is developed. This indicator represents the percentage of clients with management plans.
16. Client mean waiting time is defined as the mean waiting period between when a client is placed on the adult dental central waiting list and the receipt of treatment by a public dentist.
17. Percentage of detainees inducted into Bimberi and Alexander Maconachie Centre who are assessed within 24 hours of arrival at the facility.
18. All occasions of service provided to community patients by Continuing Care Nurses in the following settings: home visits; ambulatory care clinics; foot care clinics; continence clinics; wound clinics; and stoma clinics.
19. All occasions of service provided to community patients by Continuing Care Allied Health Professionals and Technical Officers for Physiotherapy, Occupational Therapy, Social Work, Podiatry, and Nutrition.
20. This measure provides an indication of the availability of services.

Output 1.4 Public Health Services

Description

Public Health Services provides high quality health and community services to the ACT and surrounding region. The key strategic priorities for Public Health Services include the monitoring of prevention, early intervention and integrated care services to ensure that the ACT maintains its position as the healthiest jurisdiction in Australia.

This includes:

- maintaining the ACT's position as the jurisdiction with the greatest life expectancy in Australia;
- reducing the incidence of cardiovascular disease in the community; and
- ensuring that the rate of hip fractures declines over the long term.

	Original Target 2009–10	Actual Result 2009–10	% Variance from Original Target	Explanation of Material Variances	Notes
Total Cost ($000)	31,011	29,073	(6%)	The reduction in Total Cost relates mainly to the rollover of unspent 'A Healthy Future' new initiative funds ($1.8m).	
Government Payment for Outputs (GPO) ($000)	29,424	27,812	(5%)	The reduction in GPO relates mainly to the rollover of unspent 'A Healthy Future' new initiative funds ($1.8m).	
Accountability Indicators					
a. Samples analysed	7,000	6,971	—		21
b. Inspection compliance of licensable, registrable and non-licensable activities	85%	91%	7%	Due to effective education and enforcement activities.	22
c. Response time to environmental health hazards, communicable disease hazards relating to measles and meningococcal infections and food poisoning outbreaks is less than 24 hours	100%	100%	—		23

Notes

21. Number of samples analysed during the period by the ACT Government Analytical Laboratory.

22. Percentage of inspected premises found to be in compliance with relevant legislation, licence, or registration. The data is drawn from records of inspection carried out under provisions of all ACT Health administered legislation. The relevant Acts are: Food Act, Drugs of Dependence Act, Public Health Act, Radiation Act, and Poisons Act.

23. Response time is defined as the elapsed time between notification and commencement of investigation. The reported percentage is derived from the combined data sets across the three classes of quick response categories: environmental health hazards, communicable disease control hazards and food poisoning outbreaks.

Output 1.5 Cancer Services

Description

Capital Region Cancer Services provides a comprehensive range of screening, assessment, diagnostic, treatment and palliative care services. Services are provided in inpatient, outpatient and community settings.

The key strategic priorities for cancer care services are early detection and timely access to diagnostic and treatment services. This includes:

- ensuring that population screening rates for breast and cervical cancer meet targets;
- waiting time for access to essential services such as radiotherapy are consistent with agreed benchmarks; and
- increasing the proportion of females screened through the BreastScreen Australia program for the target population (aged 50–69 years) to 70 per cent over time.

	Original Target 2009–10	Actual Result 2009–10	% Variance from Original Target	Explanation of Material Variances	Notes
Total Cost ($000)	33,584	36,533	9%	The increase relates largely to growth in activity, sign-on costs for expiring staff enterprise bargaining agreements and increased provisions due to a change in accounting treatment of employee liabilities.	
Government Payment for Outputs (GPO) ($000)	27,181	27,468	1%		
Accountability Indicators					
Patient activity					
a. Cost weighted admitted patient separations	4,668	4,635	(1%)		24
b. Non-admitted occasions of service	48,570	53,800	11%	There has been an increase in demand for medical oncology and radiation oncology services.	25
Breast Screening					
c. Total breast screens	12,000	12,908	8%	There has been a strong demand for services at breast screen sites.	26
d. Number of breast screens for women aged 50–69	10,500	10,856	3%		27
e. Percentage of women who receive results of screen within 28 days	100%	99%	(1%)		28

	Original Target 2009–10	Actual Result 2009–10	% Variance from Original Target	Explanation of Material Variances	Notes
g. Percentage of screened who are assessed within 28 days	90%	77%	(14%)	Staff vacancies in the third quarter and the implementation of the Digital Mammography System in the fourth quarter have affected performance against this indicator. Unforeseen technical issues such as delayed transmission of images and staff adjusting to altered work practices were experienced when the digital system went live. Although performance against the 28-day measure can be improved, it should be noted that the median wait to assessment during the fourth quarter has been maintained at 29 days and issues affecting performance against this measure are being resolved.	29

Notes:

24. Inpatient cost weighted activity for patients of the Capital Region Cancer Service. Cost weighted separations differ from reporting raw separations, as they account for the relative complexity of each separation, thereby giving a more accurate picture of activity performed.
25. Medical oncology (including chemotherapy), radiation oncology and haematology outpatient services.
26. Total number of women screened in the period.
27. Number of women aged between 50 to 69 years screened in the period. This age group is the target population for the breast screen program.
28. The percentage of women with a 'normal' result who receive notice of this outcome within 28 days of their screening appointment.
29. The percentage of women seeking an appointment who wait 28 days or less from the making of an appointment to the actual appointment.

Output 1.6 Aged Care and Rehabilitation Services

Description

The provision of an integrated, effective and timely response to aged care and rehabilitation services in inpatient, outpatient, emergency department, sub-acute and community based settings.

The key strategic priorities for Aged Care and Rehabilitation Services are:

- reducing waiting times for admission to a hospital bed through emergency departments;
- ensuring that older persons in hospital wait the least possible time for access to comprehensive assessment by the Aged Care Assessment Team. This will assist their safe return home with appropriate support, or access to appropriately supported residential accommodation; and
- improving discharge planning to minimise the likelihood of readmission or inadequate support for independent living, following completion of hospital care.

	Original Target 2009–10	Actual Result 2009–10	% Variance from Original Target	Explanation of Material Variances	Notes
Total Cost ($000)	45,319	43,799	(3%)	The reduction relates largely to the rollover of Commonwealth Sub-Acute and Chronic Disease new initiative funding.	
Government Payment for Outputs (GPO) ($000)	39,338	38,855	(1%)		

	Original Target 2009–10	Actual Result 2009–10	% Variance from Original Target	Explanation of Material Variances	Notes
Accountability Indicators **Patient activity**					
a. Cost weighted admitted patient separations	5,205	4,679	(10%)	The variance is attributed to an increase in the average legnth of stay within the service.	30
b. Non-admitted occasions of service	2,165	2,013	(7%)	The lower than target result is due to less than anticipated referral rates for rehabilitation medicine, and extended leave periods for some Geriatric Medicine medical officers, resulting in a reduction in the number of Geriatric Medicine outpatient clinics.	31
c. Sub-acute service—episodes of care	1,650	1,512	(8%)	The variance is related to a longer length of stay for each episode of care, which is part of the changes in service delivery across ACT public hospitals as the service matures to provide a full sub-acute service. This longer length of stay at the Calvary service comes at the same time as the more acute services at the Canberra Hospital show a reduced length of stay, which is in line with the longer term objectives for the provision of aged care rehabilitation services in the ACT.	32
d. Sub-acute service—occupied bed days	24,500	22,136	(10%)	This indicator is using a new calculation methodology under a new Commonwealth national partnership. The new methodology significantly increases the scope of services counted under this indicator, which made it difficult to estimate a target for 2009–10. Based on the old calculation methodology the 2009–10 result would have been 12,583, which is a 2% increase on the 2008-09 outcome of 12,336. A revised target, taking into consideration activity against the new methodology, will be developed for 2011–12.	31
e. Number of people assessed in falls clinics	420	412	(2%)		34

Notes

30. Inpatient cost weighted activity for patients of the Aged Care and Rehabilitation Service. Cost weighted separations differ from reporting raw separations, as they account for the relative complexity of each separation, thereby giving a more accurate picture of activity performed.
31. Geriatric and rehabilitation outpatient services.
32. The total number of persons separated from the sub and non-acute service at Calvary Public Hospital.
33. The total number of occupied bed days used for persons separated from the sub and non-acute service at Calvary Public Hospital.
34. Data is for the Falls Clinic taken from "Integrated Health Care Partnership Central Regional Team". The 'Integrated Health Care Partnership Assessors' contacts have been excluded as this relates to 'non-clinic time' intervention by staff member.

Output 1.7 Early Intervention And Prevention

Description

Increasing the focus on initiatives that provide early intervention to, or prevent, health care conditions that result in major acute or chronic health care burdens on the community.

The key strategic priorities for intervention and prevention are:

- reducing the level of youth smoking in the ACT;
- maintaining immunisation rates for children above 90 per cent; and
- providing hearing screening for all newborns in the ACT that meet the screening criteria.

	Original Target 2009–10	Actual Result 2009–10	% Variance from Original Target	Explanation of Material Variances	Notes
Total Cost ($000)	46,152	47,914	4%	The increase in Total Cost relates to increased activity in services defined as 'Early Intervention and Prevention' primarily in Women's and Child's services and Mental Health NGOs.	
Government Payment for Outputs (GPO) ($000)	37,701	43,136	14%	The increase in GPO relates to the decision by the Commonwealth to direct the 'Essential Vaccines' program to Treasury rather than directly to ACT Health.	

Accountability Indicators					
a. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	92%	93%	1%		35
d. Proportion of clients attending 'Well Women's Check' within the Women's Health Service that are from culturally and linguistically diverse communities	30%	29%	(3%)		36

	Original Target 2009–10	Actual Result 2009–10	% Variance from Original Target	Explanation of Material Variances	Notes
Accountability Indicators					
e. Proportion of children aged 0–14 who are entering substitute and kinship care within the ACT who have been referred to the Child at Risk Health Unit's Out-of-Home Care Clinic	80%	77%	(4%)		37

Notes

35. Percentage of 12 month old children who have been fully immunised in accordance with the Australian Childhood Immunisation Register.

36. This indicator measures the percentage of women who are from culturally and linguistically diverse communities accessing a "Well Women's Check".

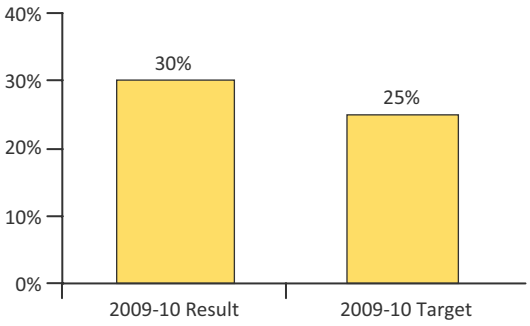
37. This indicator measures the percentage of children aged 0–14 placed in out of home care (substitute or kinship care) who have received a health and wellbeing screen. ACT Health is reliant on referrals from the Department of Housing & Community Services in order to provide these services.

A.8 Strategic indicators

Strategic Indicator 1
Emergency department access block

Acute Care Services

Proportion of persons who are admitted via the emergency department, who wait more than eight hours from commencement of treatment to admission in a ward. This provides an indication of the effectiveness of public hospitals in meeting the need for acute care and emergency department care.



In 2009–10 emergency department presentations increased by five per cent. This increase in presentations leads to congestion in our emergency departments. During 2009–10 the Government implemented a range of initiatives to further improve emergency department services, including the funding of an extra 24 beds in the hospital system and establishing new approaches to care such as the Walk-in Centre. The ACT Government opened Australia's first public, nurse-led Walk-in Centre in May 2010. The Walk-in Centre is designed to help people get fast, free, one-off treatment for minor illnesses and injuries.

The main driver for access block is the availability of beds. Over the last eight years to 2009–10, the ACT Government has provided funding to add 223 beds to the public hospital system. In addition, a further 25 hospital in the home beds were established in 2009–10. The Short Stay Surgical Ward has been opened to reduce the number of short stay surgical patients in acute inpatient beds. This will allow for better access to surgical beds from the Emergency Department. In 2010–11, a new Surgical Assessment and Planning Unit will open at Canberra Hospital, providing quicker transfer of patients from the Emergency Department to specialist surgical services.

Strategic Indicator 2
Maximising the quality of hospital services

The following three indicators are a selection of the patient safety and service quality indicators that are used to monitor ACT public hospital services. The targets provide an indication of the desired outcome over time. Given the nature of the indicators, small fluctuations during a particular period can skew results. The success of ACT Health in meeting these indicators requires a consideration of performance over time rather than for any given period.

Data for these indicators relates to the data for the period July 2009 to May 2010. The calculation of these figures requires detailed analysis of medical records, as a result, data for June 2010 was not available at the time of preparing this report. Targets for Canberra Hospital and Calvary Public Hospital are different because of the nature of the summary provided at each campus.

1. Rate of unplanned return to the operating theatre

The proportion of people who undergo a surgical operation who require an unplanned return to the operating theatre within a single episode of care due to complications of their condition. This provides an indication of the quality of theatre and post-operative care.

	2009–10 Target	2009–10 Result
The Canberra Hospital	<0.85%	0.79%
Calvary Public Hospital	<0.50%	0.45%

2. Rate of unplanned hospital re-admission

The proportion of people separated from hospital who are re-admitted to hospital within 28 days of their separation due to complications of their condition (where the re-admission was unforeseen at the time of separation). This provides an indication of the effectiveness of hospital-based and community services in the ACT in the treatment of persons who receive hospital-based care.

	2009–10 Target	2009–10 Result
The Canberra Hospital	<2.0%	1.63%
Calvary Public Hospital	<1.0%	0.82%

3. Hospital acquired infection rate (bacteraemia)

The number of people admitted to hospital per 10,000 occupied bed days who acquire a bacteraemia infection during their stay. This provides an indication of the safety of hospital based services.

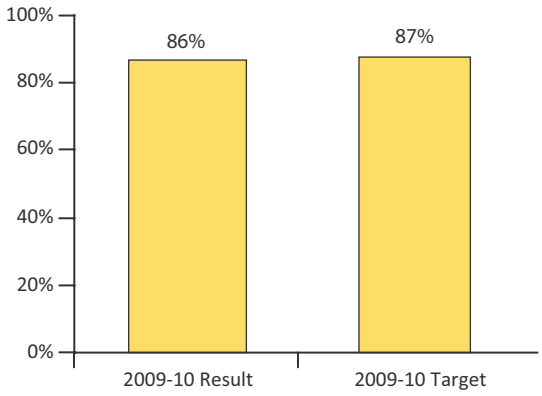
	2009–10 Target	2009–10 Result
The Canberra Hospital	<7 per 10,000	6.88 per 10,000
Calvary Public Hospital	<3 per 10,000	1.36 per 10,000

Strategic Indicator 3 Reaching the optimum occupancy rate for acute overnight hospital beds

Bed occupancy

The mean percentage of adult overnight acute medical and surgical hospital beds in use. This provides an indication of the efficient use of resources available for hospitals.

The 2009–10 result shows a continuation of the improving trend over recent years, and down from the 96 per cent reported four years ago in 2005–06.

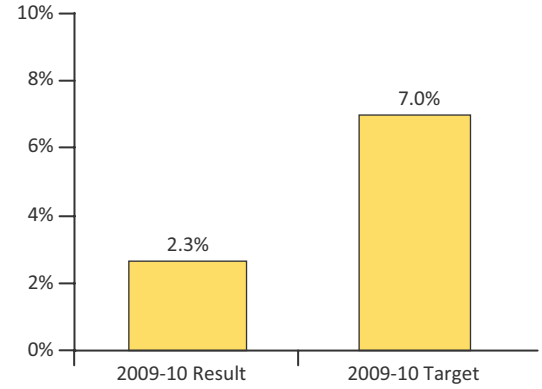


Strategic Indicator 4 Reducing the usage of seclusion

Seclusion rate

The proportion of clients of Mental Health ACT who are subject to seclusion during an inpatient episode. This measures the effectiveness of care provided by Mental Health ACT over time in providing services that minimise the need for seclusion.

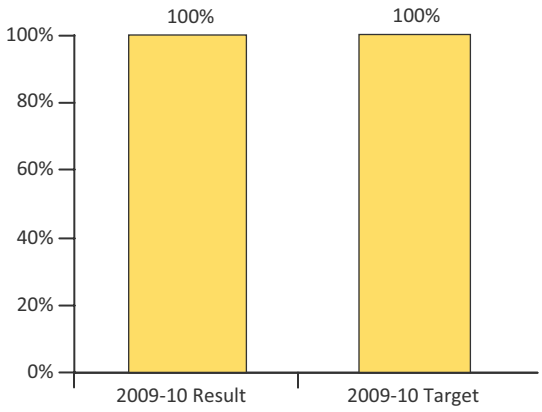
Mental Health ACT have implemented a number of initiatives to reduce the level of clients secluded during an inpatient episode. These initiatives were very successful with the rate of seclusion decreasing considerably over 2009–10.



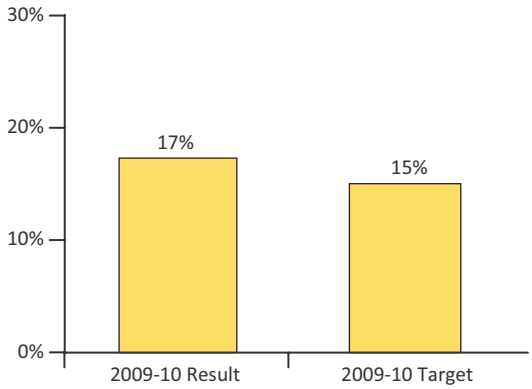
Strategic Indicator 5 Maintaining consumer and carer participation

Consumer and carer representation on relevant mental health committees

The proportion of Mental Health ACT committees in which consumers and carers are represented. This measure ensures that the committees that monitor the delivery and planning of our mental health services have effective input from mental health consumers.



Strategic Indicator 6
Access to acute care (mental health clients)

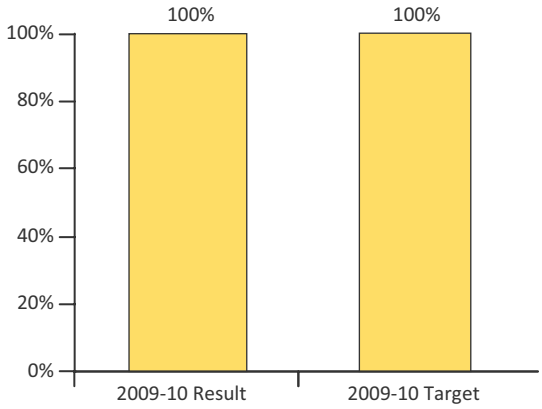


Mental health acute care

The proportion of mental health clients admitted to hospital from the emergency department who wait more than 8 hours from the time of commencement of treatment to the time of transfer to a ward. The long-term aim is to maintain a maximum level of 10 per cent.

The 2009–10 result of 17 per cent has improved on the 2008–09 result (19 per cent). At the same time there has been a 2 per cent increase in the number of mental health clients admitted to hospital. A new Mental Health Assessment Unit opened in April 2010 to enable patients to be transferred more quickly to more appropriate services rather than wait in the emergency department.

Strategic Indicator 7
No waiting for access to emergency dental health services



Oral health

Percentage of assessed emergency clients seen within 24 hours. This provides an indication of the responsiveness of the dental service to emergency clients.

Strategic Indicator 8
DMFT Index (Decayed, missing or filled teeth index)

The mean number of teeth with dental decay, missing or filled teeth at ages 6 and 12. This gives an indication of the effectiveness of prevention, early intervention and treatment services in the ACT. The aim for the ACT is to better the Australian average.

Age	ACT	Australia
DMFT index at 6 years	2.30	1.89
DMFT index at 12 years	1.27	1.08

Source: Water fluoridation and children's dental health. The Child Dental Health Survey 2002 (AIHW, Australian Research Centre for Population Oral Health 2006).

While the table still reflects the latest published national figures, ACT Health's figures for 2008–09 are 1.63 at 6 years and 0.81 at 12 years.

Strategic Indicator 9
Maintenance of the highest life expectancy at birth in Australia

Life expectancy at birth	ACT	Australia	Next best jurisdiction
Females	84.0	83.7	(WA) 84.0
Males	80.0	79.2	(Vic) 79.6

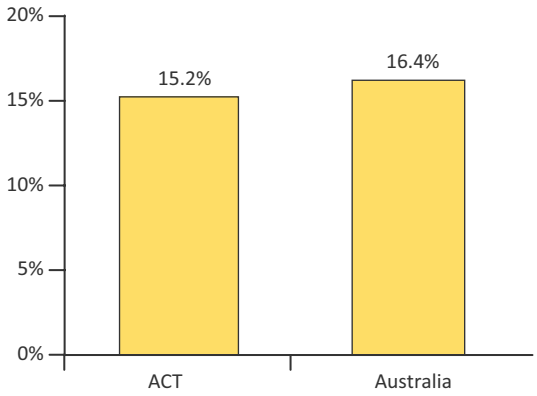
Source: Deaths Australia, 2007 cat no 3302.0 Australian Bureau of Statistics.

Life expectancy at birth provides an indication of the general health of population and reflects a range of issues other than the provision of health services, such as economic and environmental factors. In 2007, the life expectancy for ACT males and females and WA females was the highest in the country.

Strategic Indicator 10
Prevalence of circulatory disease

Circulatory disease

The proportion of the ACT population diagnosed with some form of circulatory disease. The Government aims to further reduce the rate for the ACT.



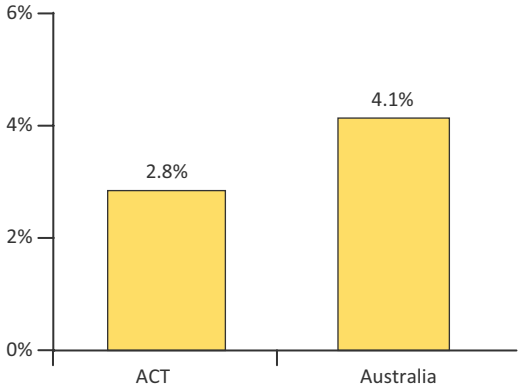
Source: National Health Survey 2007–08, Confidentialised Unit Record File, Australian Bureau of Statistics. (There has been no updated national data released for this indicator since the 2008–09 Annual Report).

The prevalence of cardiovascular disease is an important indicator of general population health as it is a major cause of mortality and morbidity. The ACT is committed to prevention and early intervention efforts to assist in achieving a decline in the prevalence of this disease. In 2007–08 the proportion of ACT residents with a long-term cardiovascular condition was slightly lower than the whole of Australia. There has also been an encouraging decrease from 2004–05 when the proportion was 18.9 per cent in the ACT.

Strategic Indicator 11
Prevalence of diabetes

Diabetes

The proportion of the ACT population diagnosed with some form of diabetes. This provides an indication of the success of prevention and early intervention initiatives. Prevalence rates may increase in the short term as a result of early intervention and detection campaigns. This would be a positive result as experts predict that only half of those with diabetes are aware of their condition. This can have significant impacts on their long-term health. Significant impacts on long-term health can be gained from lifestyle modification and early intervention programs and treatment.

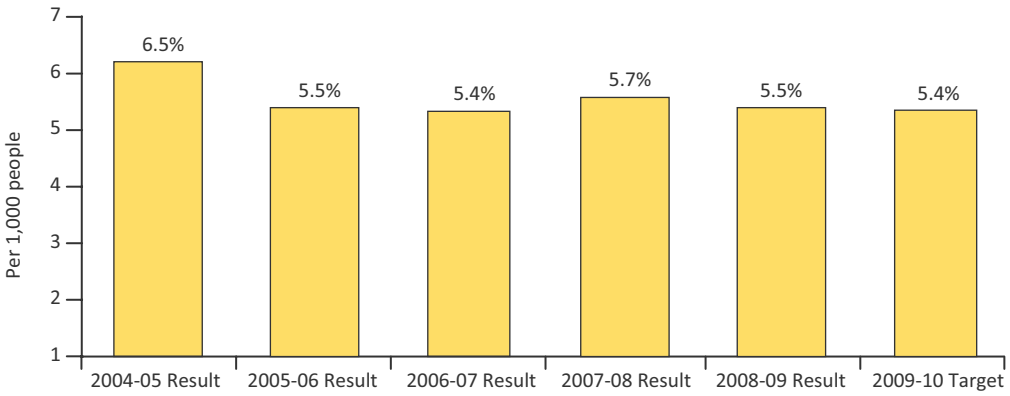


Source: National Health Survey 2007–08, Confidentialised Unit Record File, Australian Bureau of Statistics. (There has been no updated national data released for this indicator since the 2008–09 Annual Report).

Strategic Indicator 12
Reduction in the rate of broken hips (fractured neck of femur)

Reducing the risk of fractured femurs in ACT residents aged over 75 years

The reduction or maintenance of the rate of fractured femurs for ACT residents aged over 75 years. This provides an indication of the success of public and community health initiatives to prevent hip fractures.



Source: Admitted Patient Care data collection, 2004–05, 2005–06, 2006–07, 2007–08 and 2008–09 ACT Health. The 2009–10 result is not yet known.

The rate of hip fractures in the community is an indication of the success of health initiatives designed to prevent hip fractures. In 2008–09, the rate of ACT residents was 5.5 fractures per 1000 ACT residents aged over 75 years and over. This rate is lower than in 2007–08 in line with the general decline in the rate of hip fractures over the last five years.

Strategic Indicator 13
Access to radiotherapy services

Percentage of all radiotherapy patients who commence treatment within standard time frames.

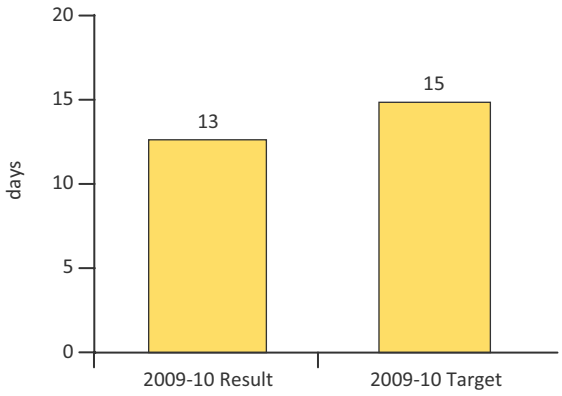
Category	2009–10 Result	2009–10 Target
Urgent – treatment starts within 48 hours	98%	100%
Semi Urgent – treatment starts within 4 weeks	93%	85%
Non Urgent Category A – treatment starts within 4 weeks	75%	65%
Non Urgent Category B – treatment starts within 6 weeks	86%	65%

A total of 84 per cent of all patients commencing radiotherapy services stared their care on time during 2009–10. This is a significant improvement on the 75 per cent reported in 2008–09.

Strategic Indicator 14 Reducing the average length of stay for acute rehabilitation care

Acute rehabilitation average length of stay

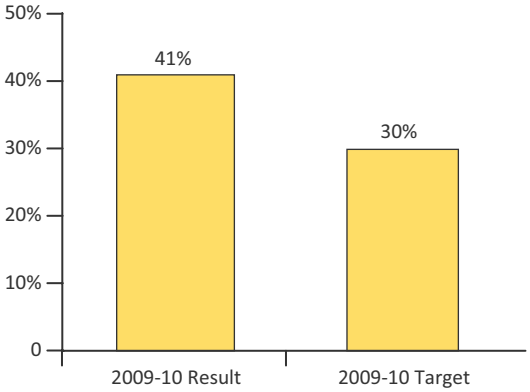
This indicator measures the in-hospital length of stay of patients under the responsibility of the Aged Care and Rehabilitation Service and provides an indication of the capacity and effectiveness of sub-acute and community-based services.



Strategic Indicator 15 Improving hospital access times for older persons

Improving hospital access times for persons aged over 75 years

Percentage of admissions via emergency department (ED) by persons 75 years or more who wait more than eight hours from commencement of treatment in ED to admission to ward.



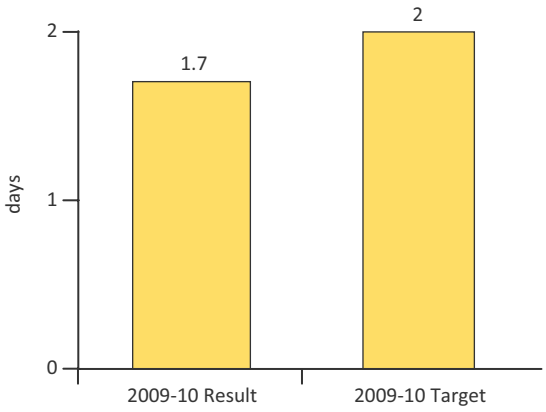
Access block for older persons is above the target and can be attributed to the overall growth in presentations to the emergency department. The 2010–11 budget provides additional funding to improve the management of the health needs of older people.

The access block target for older people (30 per cent) is higher than that of the general hospital population (25 per cent), as older people generally have more complex health needs and, as a result of multiple co-morbidities, require a longer length of time to stabilise their condition in an emergency department. This indicator is reported (in addition to the general access block measure), as there is evidence that older people in particular benefit from timely admission to an appropriate ward area, which assists in preventing exacerbation of health issues.

Strategic Indicator 16 Maintain the waiting times for in-hospital assessments by the Aged Care Assessment Team

Aged Care Assessment Team

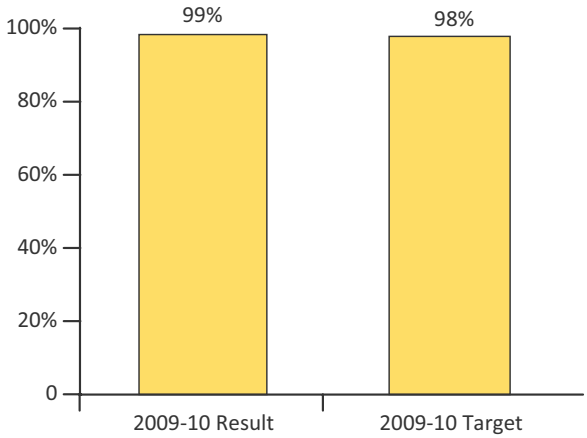
This is measured by the mean waiting time in working days between the request for, and provision of, assessment of the Aged Care Assessment Team (ACAT) for patients in public hospitals. This provides an indication of the responsiveness of the ACAT team in assessing the needs of clients.



Strategic Indicator 17 Increasing the rate of discharge planning

Discharge planning

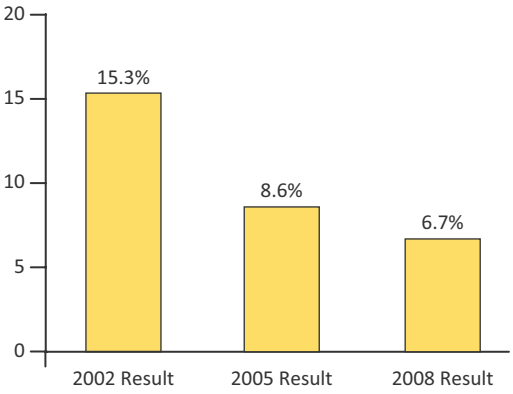
Proportion of aged care clients under the management of the Aged Care and Rehabilitation Service discharged with a comprehensive discharge plan. This provides an indication of the effectiveness of services in planning and organising the needs of clients following their hospital episode and the level of integration of hospital and community-based care.



Strategic Indicator 18 Reduction in the youth smoking rate

Percentage of persons aged 12–17 years who smoke regularly

The rate of youth smoking in the ACT has dropped markedly over the last decade. In 2008, the rate of students aged 12 to 17 years reporting to be regular smokers was 6.7 per cent. This rate was less than a third of the rate reported in 1999. The Government aims to maintain this reduction in youth smoking with the objective of reaching 5 per cent in the long term.



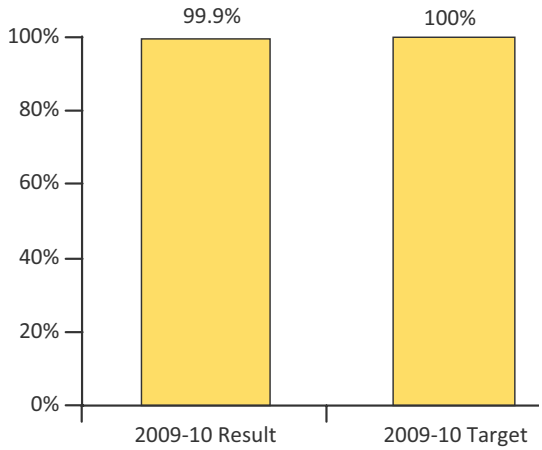
Source: The ACT Secondary School Alcohol and Drug Survey, 1999 to 2008, ACT Health. (There has been no updated national data released for this indicator since the 2008–09 Annual Report).

Strategic Indicator 19 Universal newborn hearing screening

Newborn hearing screening

The Newborn Hearing Screening Program extends beyond the public system to include babies born in ACT private hospitals.

This ensures that any anomaly in hearing test results can be attended to within weeks of birth, thus making treatment more effective in the short and long term.



The Newborn Hearing Screening Program reports on a 'three-month' retrospective basis because there are some babies, born or admitted to hospitals in the ACT, who do not meet the criteria for screening. These babies are screened when they meet the criteria. There are occasional instances when parents of babies cannot be contacted.

There were 4397 babies screened who met the criteria for screening from July 2008 to March 2009 and 99.9 per cent of all these eligible babies born in the ACT were screened during that period.

Strategic Indicator 20
Two-year participation rate in the cervical screening program

Cervical screening program

The two-year participation rate provides an indication of the effectiveness of early intervention health messages. The ACT aims to exceed the national average for this indicator.

	ACT Rate	National Rate
Two-year participation rate	63%	61.2%

Source: Cervical Screening in Australia 2007–08 (Australian Institute of Health and Welfare, May 2010)
Note: This measure has been changed to reflect that women are screened every two years.

Strategic Indicator 21
Emergency department timeliness

Waiting times for treatment of triage category

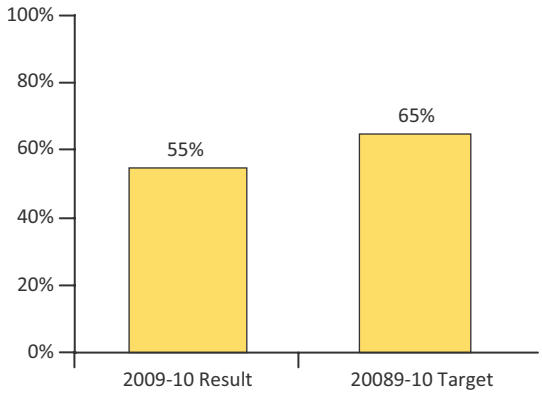
The proportion of emergency department presentations who are treated within clinically appropriate timeframes.

Triage category	2009–10 Target	2009–10 Result
One (resuscitation—seen immediately)	100%	100%
Two (emergency—seen within 10 mins)	80%	82%
Three (urgent—seen within 30 mins)	75%	59%
Four (semi-urgent—seen within 60 mins)	70%	57%
Five (non-urgent—seen within 120 mins)	70%	77%

Waiting times for category one, two and five patients either met or exceeded national standard waiting times during 2009–10. Although total presentations have increased by 5 per cent, waiting times for triage category three and four emergency department presentations have improved from the 2008–09 result of 53 per cent for both of these categories. To reduce waiting times for these patients, the ACT Government introduced additional initiatives in 2009–10 to further improve the flow of patients in the emergency department. A new mental health assessment unit opened in April 2010 to enable patients to be transferred more quickly to more appropriate services rather than wait in the emergency department.

Funding was provided in 2009–10 to establish Australia's first walk-in centre on the Canberra Hospital site. The Walk-in Centre (WiC) provides fast access to health advice and treatment for people with minor one-off illnesses and injuries, providing an alternative to attending an emergency department. The centre opened in May 2010 and based on preliminary data over 2000 people registered at the WiC for treatment to 30 June 2010.

Strategic Indicator 22
Breast screen participation rate for women aged 50–69 years

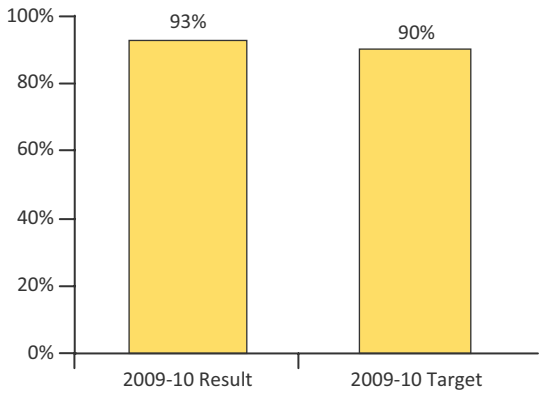


Breast screening

Increase to 70 per cent over time, the proportion of women in the target age group (50 to 69 years) who have a breast screen in the 24 months prior to each counting period.

At 30 June 2010, 55 per cent of women in the ACT in the target age group had a breast screen over the previous 24 months, the same result as 2008–09.

Strategic Indicator 23
The proportion of patients with a length of stay greater than 30 days who have a comprehensive discharge plan



Discharge planning is the quality link between hospital, community-based services, non-government organisations and carers. Doctors, nurses and allied health professionals continually assess patients during their stay to determine their post-hospital needs. 80 per cent of patients discharged from hospital are relatively straightforward. It is the 20 per cent of patients who have more complex needs, who require a more robust discharge plan. This indicator reports on the provision of complex discharge planning to target those patients whose length of stay is greater than 30 days.

A.9 Analysis of agency performance

Clinical operations

The Clinical Operations Group, under the direction of the Deputy Chief Executive, provides leadership and strategic direction to ensure that territory-wide health service delivery is consistent with ACT Health policy and strategic direction.

The Deputy Chief Executive directs and controls the operation of clinical services within ACT Health, including the management of:

- Canberra Hospital
- Community Health
- Mental Health ACT
- Calvary Public Hospital through a service level agreement between ACT Health and Calvary Health Care
- Capital Region Cancer Service (CRCS), and
- Aged Care and Rehabilitation Service (ARCS).

The Clinical Operations Group also manages a number of initiatives and units that aim to improve and support service delivery within the clinical areas of ACT Health. These are:

- Patient Safety and Quality Unit
- Health Performance, Improvement, Innovation and Redesign, and
- Business and Infrastructure

Patient Safety and Quality Unit

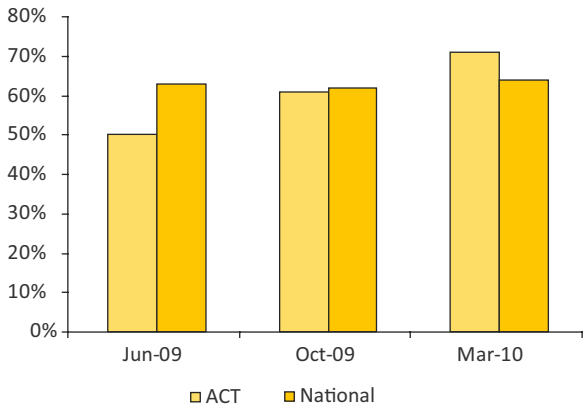
Safety and quality of care are key elements in the provision of health services. The Patient Safety and Quality Unit (PSQU) works in partnership with the Clinical Governance Unit and Health Performance, Improvement, Innovation and Redesign to advance the patient safety and quality agenda for ACT Health. The unit takes a lead role in planning, managing and evaluating patient safety and quality for ACT Health. PSQU focuses on quality improvement, evaluation and review, clinical management systems and measurement, consumer engagement, clinical performance related to patient safety and quality, and clinical risk management. PSQU is committed to advancing the national agenda on patient safety and is working closely with the Australian Commission on Safety and Quality in Health Care to progress the nine national priority programs.

Achievements

- Contributed to national safety and quality debate and discussions through submissions to the Australian Commission on Safety and Quality in Health Care on the National Accreditation Standards, the National Safety and Quality Framework and the National Consensus Statement on Recognising and Responding to Clinical Deterioration.
- Coordinated ACT Health preparations for its self-assessment for the Australian Council on Healthcare Standards in February 2010.
- Facilitated the establishment of an Integrated Risk Management Policy for ACT Health.
- Launched the Charter of Healthcare Rights in December 2009.
- Completed an Open Disclosure Policy that articulates ACT Health's commitment to this process and supports staff in its implementation.
- Developed a Medication Safety Framework that outlines the principles and systems and highlights activities the organisation will focus on in the next three years to improve medication safety.
- Implemented e-learning packages for staff on risk management and respecting patient choices.

- Implemented 'Speaking Up in the ACT', a collaborative initiative between Didactic Enterprises and the Consumer Engagement Team to promote rights of people with disabilities.
- Developed a wound management module for ACT Health's risk management system, Riskman.
- Helped clinicians evaluate clinical performance and build organisational knowledge through clinical audit activities. This includes the ACT Health Clinical Indicator Program and the procedural audit program, which has involved review processes for all cases of unplanned return to theatre at Canberra Hospital.
- Supported ACT Health to meet key performance indicators for consumer feedback management and consumer and carer feedback.
- Established the ACT Health Project to Reduce Health Care Associated Infections, a three-year project under the National Hand Hygiene Initiative. Good Hand Hygiene (HH) is the best way to reduce the number of infections that consumers acquire in the health system. The project educates healthcare workers on good HH practices and conducts audits three times a year to see how well they wash their hands. The graph below shows healthcare worker compliance rates for three recent audits. The data shows that since the project began in May 2009 there has been a 21 per cent increase in overall HH compliance rates across ACT Health, gradually increasing to above the national average. This information helps the project to target its education efforts for 20010–11.

ACT and national HH compliance rates



Future directions

- Lead the development of the ACT Health Safety and Quality Framework for 2011–16.
- Continue to work closely with the Australian Commission on Safety and Quality in Healthcare and actively contribute to the debate and discussion on national initiatives.
- Continue to implement the National Hand Hygiene Initiative across ACT Health in close collaboration with health care professionals.
- Support the trial and implementation in ACT Health of the World Health Organization Surgical Safety Checklist.
- Implement the Charter of Health Rights across the organisation by embedding it into existing systems and processes, educating and training staff, and working with the Health Care Consumers Association of the ACT to raise awareness of the charter among consumers.
- Improve clinical handover practices across ACT Health by trialling and evaluating innovations in collaboration with clinical areas.
- Improving the use of existing health care data to monitor safety and quality of health care provided by ACT Health.
- Further improving the capacity of Riskman to support the work of ACT Health.
- Improving the way information is provided to consumers and carers on changes that have been made at ACT Health as a result of their feedback.

Health Performance Improvement, Innovation and Redesign

Access Improvement Program

The Access Improvement Program (AIP), commenced in 2005, is a major change program to improve the patient journey through the health care system. The AIP uses the experience and knowledge of the people 'on the ground' in our health system to identify barriers to effective care and solutions that improve access to public health services. The program also uses input from patients and carers to ensure that design and redesign solutions provide better outcomes for those who use our services.

Achievements

In 2009–10 the Access Improvement Program helped the organisation to respond better to community needs by:

- developing and implementing the first public nurse-led walk-in centres in Australia. Walk-in centres (WiCs) provide fast access to health advice and treatment for a range of episodic, minor illnesses and injuries such as coughs and colds, cuts and sprains and provide an alternative to attending an emergency department. The first WiC was opened to the public on the Canberra Hospital Campus on 18 May 2010. It is open from 7 am to 11 pm, seven days per week. In the first eight weeks of operation more than 2000 people received advice or treatment for minor illnesses.
- conducting the first 'Productive Ward' program. The Productive Ward initiative aims to motivate ward teams to review the way in which activities are undertaken in the workplace, with the goal of removing waste and releasing time to provide more direct patient care. Early indications are that this program is applicable in the ACT setting and that there is strong potential for significantly improved quality and consistency of patient care, as well as improved staff satisfaction and cost savings.
- working to improve business processes in the BreastScreen service
- developing 'Models of Care'. The completed models of care will be used as a resource to inform the design and construction of new buildings and facilities and for ACT Health as part of the work being undertaken under the *Your health—our priority* initiative and Capital Asset Development Plan (CADP) for ACT Health. AIP has completed or overseen the completion of the following models of care:
  - Ambulatory Care, Parts 1 and 2
  - Community Services, Part 1
  - Integrated Cancer Care Centre, Parts 1 and 2
  - Mental Health Assessment Unit, Parts 1, 2 and 3
  - Adolescent and Young Adult Mental Health Inpatient Unit, Part 1
  - Canberra Hospital Emergency Department, Part 1
  - Canberra Hospital Intensive Care Unit, Parts 1 and 2
  - Calvary Health Care Intensive Care Unit, Part 3
- conducting the Medical Imaging User Experience Project
- gathering and analysing 95 patient experiences across several service areas to identify gaps in services and inform the development of models of care
- conducting with Calvary Health Care the 'Every Patient Within 4 hours Redesign Project' to analyse patient flow across Calvary Health Care, identify process barriers and obstacles to achieving the service vision, and develop sustainable strategies and solutions to overcome them.
- winning, through the Innovation and Redesign Team, the following awards:
  - Australian Institute of Project Management National Award for Small Projects for the ACT Health Medical Retrieval Services Project
  - Australian Institute of Project Management Community Benefit Award, ACT Chapter Award for the Acute Coronary Syndrome Patient Journey Project
  - the Quality in Healthcare Awards Access and Efficiency Category award for the Acute Coronary Syndrome Patient Journey Project

Future directions

In 2010–11, the Access Improvement Program will:

- support the redesign of business processes in the TCH Ambulatory Care Service
- implement the Commonwealth Government health reforms in the ACT
- develop and implement strategies to improve capacity and provide greater access to public elective surgery in the ACT
- further develop and implement the 'patient experience' methodology.

Health Performance Unit

The Health Performance Unit reports on the performance of the ACT public health system against key strategic operational performance measures for the Minister, the ACT community and ACT Health senior management. The unit is also responsible for developing the Quarterly Report on the Performance of ACT Public Health Services, which provides the ACT community with details of the performance of its health services.

Achievements

In 2009–10 the Health Performance Unit conducted a review of the quarterly health performance report. This report provides the public with details of the performance of their health system against established local and national benchmarks. The revised report presents information in a more readable format.

The unit also developed a new report for hospital ward managers. Called the Ward Health Check, it pulls together information from various sources to provide an overall picture of the performance of a ward over the month. The information includes activity data, timeliness data, infection control information, patient safety statistics and staffing information.

The unit reviewed the 'Sustainable Access Taskforce Report' to further improve the range of data available to health service managers. The revised report uses new mechanisms to provide accurate, up-to-date information on the operation of the public hospital system.

Future directions

The Health Performance Unit will work with the rest of the organisation to develop more comprehensive reporting to help managers meet benchmarks established under the national health reform process, including new measures for access to elective surgery and emergency department care.

The unit will also work with the agency's Information Management Service to provide more streamlined reporting for senior managers so that problems can be detected earlier and solved more quickly.

Acute services

Output 1.1—Acute services

The ACT Government provides public hospital services at the Canberra Hospital and Calvary Public Hospital. These public hospitals provide the full range of acute care including inpatient, outpatient and emergency department services. The key strategic priority for acute services is to deliver timely access to effective and safe hospital care services.

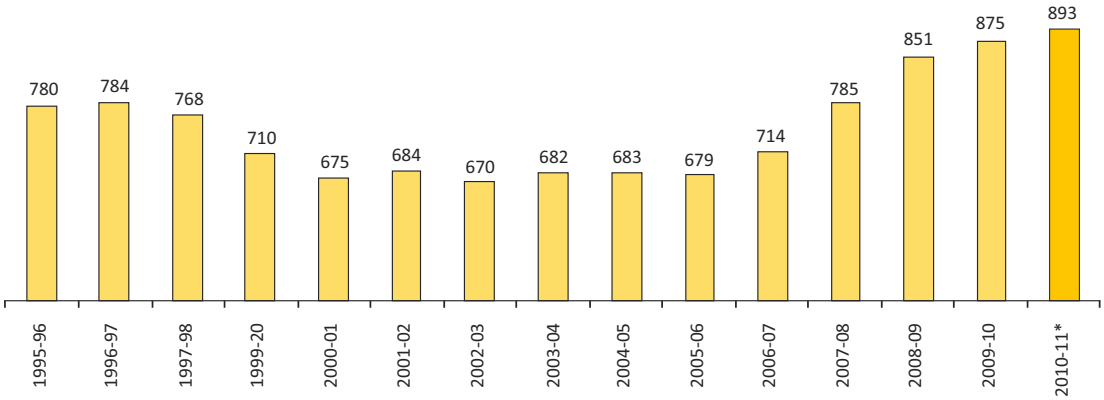
This means focusing on:

- reducing waiting times for admission to a hospital bed through emergency departments, with a specific emphasis on older patients who would otherwise experience long waits due to the complexity of their conditions;
- achieving benchmark performance standards for waiting times for access to elective surgery; and
- achieving bed occupancy rates of less than 90 per cent. Occupancy levels of 90 per cent or less contribute to patient safety, reduce access block, ensure efficient workflows and minimise disruptions to elective surgery.

More beds for our public hospitals

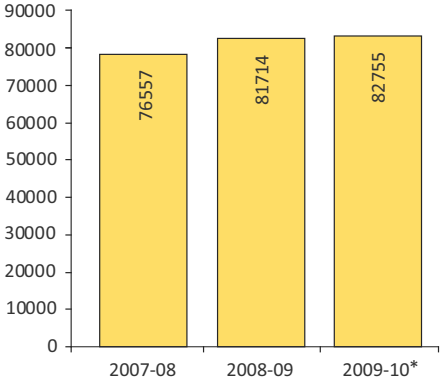
- The Australian Institute of Health and Welfare (AIHW) reported that in 2008–09 ACT public hospitals provided an average of 875 beds. In the 2009–10 Budget the Government funded the provision of an additional 18 beds in acute services, intensive care and cancer services, bringing the total average number of beds available in our public hospitals to 893 for the 2009–10 financial year—an increase of 223 on the total provided in 2001–02. The 2010–11 figures show the estimated impact of Government investment in additional capacity.

ACT Public Hospitals Bed Capacity by Year



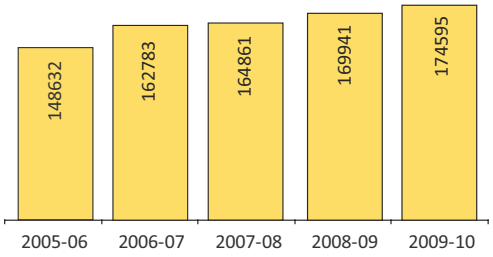
Source: Australian Hospital Statistics, AIHW, 1995-96 to 2008-09 publications
*2009-10 initial estimate only

ACT Public Hospitals
Inpatient Admitted Patient cost-weighted separations
(round 11 National cost weights, AR-DRG Version 5.1)



*preliminary
Source: Admitted patient care data set

ACT Public Hospitals
Overnight bed days by year



The Government is committed to continuing to add bed capacity to the public hospital system to meet growing demand for care and to reduce the bed occupancy rate to optimal levels.

- In 2009–10, our public hospitals provided 82,755 cost-weighted separations within Acute Care Services (which includes general hospital services but excludes hospital services provided by Mental Health ACT, the Capital Region Cancer Service and the Aged Care and Rehabilitation Service).
- Over the last financial year, our public hospitals provided 172,569 overnight hospital bed days of care, 2 per cent above the total provided last year.
- The Australian Hospital Statistics Report for 2008–09 issued by the Australian Institute of Health and Welfare in June 2010 showed that the ACT had achieved the national average in public hospital bed availability for the first time in the nearly 20 years of reporting by the institute. We reached 2.5 public hospital beds per 1000 people—right on the Australian national average.
- The bed occupancy rate for overnight adult medical and surgical beds in 2009–10 was 86 per cent (an improvement of 5 per cent on the 91 per cent reported in 2008–09). The Government's long-term target is to maintain bed occupancy levels at around 85 per cent, which is considered the optimal level for best patient outcomes and maximum efficiency. ACT Health will open a further 19 beds over 2010–11 to further improve bed occupancy rates.
- Our public hospitals reported a continuation in the strong increase in demand for outpatient services. The number of outpatient services provided in 2009–10 grew by 7 per cent, from 327,667 in 2008–09 to 349,179.
- The main growth in outpatient activity in 2009–10 was in orthopaedic, infectious diseases, endocrinology, gastroenterology, urology and ophthalmology outpatient clinics.

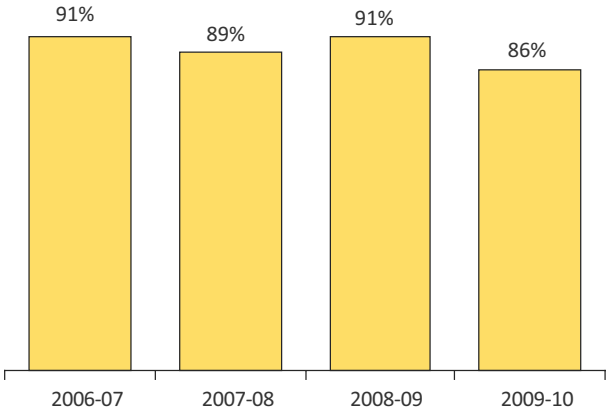
Access to elective surgery

The number of people who had elective surgery at ACT public hospitals over 2009–10 (9769) was 3 per cent below the 10,107 reported for 2008–09. The drop in the level of elective surgery was related to planned reduction in elective surgery activity during July and August 2009 as a means to manage any extra demand on the hospital system related to the H1N1 influenza outbreak.

The 9769 procedures provided in 2009–10 was 162 above the target set by the Commonwealth under stage 3 of the elective surgery waiting list reduction plan.

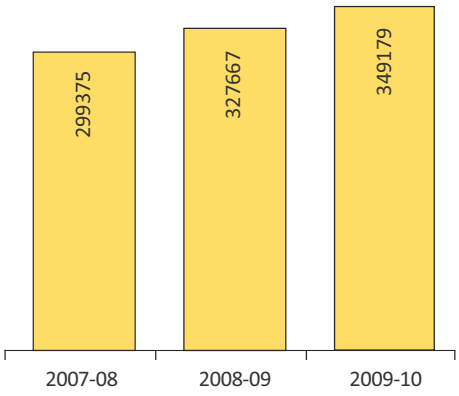
Targets for both public hospitals for 2010–11 under the ACT elective surgery access plan total 10,711, well above the 2009–10 outcome. This is because of the additional $14.7 million available to ACT Health over the next four years to increase access to elective surgery.

ACT Public Hospitals
Bed occupancy rate



Year-to-date
Source: ACT public hospitals
Non-same day medical and surgical beds

ACT Public Hospitals
Non-admitted (outpatient) occasions of service



*year-to-date June
The Canberra Hospital, Calvary Public Hospital, Aged Care and Rehabilitation Service and Capital Region Cancer Service

The ACT elective surgery access plan 2010–2013

Waiting times for elective surgery in the ACT are too long. To improve access to elective surgery, the Commonwealth and state and territory governments (except for WA) have entered into a partnership to significantly increase the number of elective surgery operations provided in our public hospitals each year and reduce the number of people waiting more than clinically recommended times for that surgery.

As part of this program, the Commonwealth and ACT Governments have committed to add funds to the ACT Health budget to be spent specifically to increase access to surgery over the next four years. The program is about more than just spending more money to provide more elective surgery operations. Over the last seven budgets, the government has added more than $67 million to the health budget to improve access to elective surgery. Despite providing increasing access to elective surgery, the number of people with extended waiting times continues to grow.

The plan is based on a three-stage approach underpinned by continual performance monitoring and reporting and regular auditing of the waiting list. This approach will enable us to focus on the immediate need of providing increased access to elective surgery, while also ensuring that the way we provide that access is the most efficient and effective possible. The plan also provides for an auditing and monitoring process to maximise accountability and ensure the accuracy of the waiting list.

ACT Health has access to an additional $14.7 million over the next four years to improve access to elective surgery and significantly improve waiting times for care. The Commonwealth has allocated $10.4 million, and ACT Health is adding another $4.3 million over the same period. This funding will provide for:

- the building of new procedure rooms for less complex surgery (such as some urology, plastics and ophthalmology services) to free up main operating theatre space
- the purchase of new and additional equipment to ensure that surgeons are able to increase the number of procedures provided
- the building of new bed spaces to ensure that growth in elective surgery activity is not jeopardised by a lack of public hospital bed capacity.

Under the National Access Plan, we have agreed to meet established national benchmarks in relation to access to elective surgery. Those benchmarks provide that:

- by December 2014, 95 per cent of patients waiting for surgery in Category 1 or Category 2 will be treated within clinically recommended times, and
- by December 2015, 95 per cent of patients waiting for elective surgery in Category 3 will be treated within one year of listing.

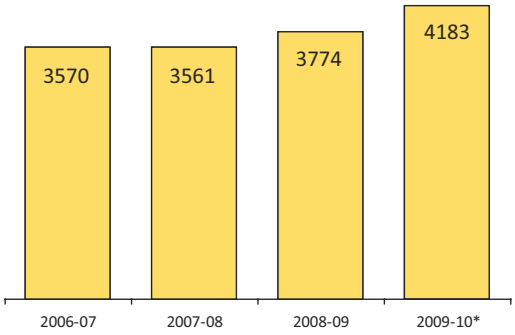
The national targets also provide that:

- if a category 1 patient has already waited the clinically recommended time, they will get their surgery in 5 days
- if a category 2 patient has already waited the clinically recommended time, they will get their surgery in 15 days
- if a category 3 patient has already waited the clinically recommended time, they will get their surgery in 45 days.

Births

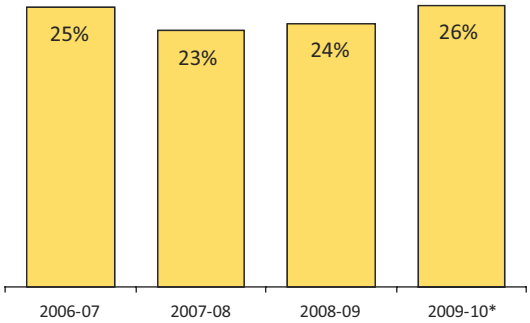
- Our public hospitals handled 4183 births in 2009–10, 11 per cent above the 3774 reported for 2008–09. During 2009–10 the number of Caesarean section births remained relatively steady, at 25 per cent of all births. This figure is slightly up from the 24 per cent reported in 2007–08 and the 23 per cent per cent reported two years ago.

ACT Public Hospitals
Births by Year



*Preliminary
Source: Admitted patient care data set

ACT Public Hospitals
% Caesarean Procedures by Year

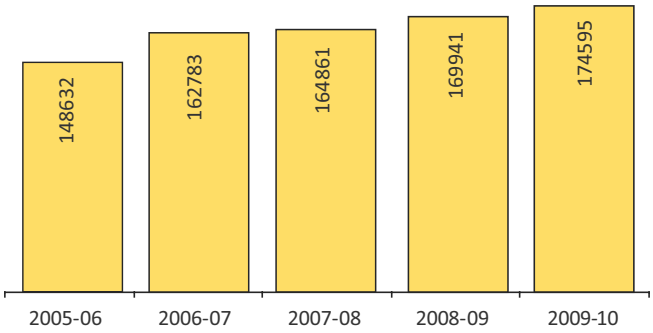


*Preliminary
Source: Admitted patient care data set

Operations at public hospitals

- Over the past four years the number of operations performed at our public hospitals rose from 16,737 in 2004–05 to 20,362 (preliminary) reported for 2009–10.
- Over the past four years, ACT Health has recruited additional surgeons, specialist nurses and allied health staff, commissioned additional operating theatre capacity, increased the times that operating theatres are in use and funded increased access to elective surgery.
- As mentioned above, as part of the ACT elective surgery access plan 2010–2013, our operating theatres will undergo a review of their utilisation and allocation to obtain maximum efficiency.

ACT Public Hospitals
Overnight bed days by year



Access to acute services

- In 2009–10, the proportion of patients who waited longer than eight hours between the start of treatment in an emergency department and their admission to a ward (a measure known as access block) was 30.1 per cent. At the same time, emergency department presentations increased by 5 per cent.
- The access block result has been improved over the last five years, falling from 40.7 per cent in 2004–05.
- A new mental health unit opened in April 2010 to enable patients to be transferred more quickly to more appropriate services rather than wait in the emergency department.

Improvements in waiting times for emergency treatment

Measures for waiting times for category 1, 2 and 5 patients either met or exceeded national standard waiting times in 2009–10. While the number of category 3 and 4 emergency department presentations grew by 7 per cent in 2009–10, waiting time measures for both these categories improved. The result for category 3 presentations improved, from 53 per cent to 59 per cent, and the result for category 4 presentations improved from 53 per cent to 57 per cent. Overall, total presentations increased by 5 per cent in 2009–10 compared with the previous year.

Triage category	Target	2008–09 Result	2009–10 Result
One (resuscitation—seen immediately)	100%	100%	100%
Two (emergency—seen within 10 mins)	80%	85%	82%
Three (urgent—seen within 30 mins)	75%	53%	59%
Four (semi-urgent—seen within 60 mins)	70%	53%	57%
Five (non-urgent—seen within 120 mins)	70%	78%	77%

Australia's first walk-in centre opened in May 2010 on the Canberra Hospital site to provide fast access to health advice and treatment for people with minor one-off illnesses and injuries, providing an alternative to an emergency department.

Canberra Hospital

Canberra Hospital is the largest public hospital in the region and provides general and specialist care to a population of over 500,000 from the ACT and the surrounding region. Canberra Hospital is the major trauma referral centre for the region and delivers a comprehensive range of services. These include acute inpatient care in medical, surgical, integrated maternity and paediatric services (including neonatal intensive care and the Canberra Midwifery Program), overnight and day services, and outpatient treatment. Canberra Hospital is a teaching hospital of the University of Canberra and the Australian National University Medical School and is affiliated with a range of other tertiary institutions.

Achievements

- With the opening of the Oral Maxillofacial (OMF) Clinic at Canberra Hospital the people of the ACT have access to high-quality trauma and emergency surgery services—including major jaw and mouth surgery—without the need to travel to Sydney hospitals. This new unit has increased the numbers of patients provided with quality care for a number of diseases and conditions, including diseases of the face, jaw, mouth and teeth, facial trauma and oral cancer. The OMF Clinic has the equipment to carry out many procedures which can be performed under local anaesthetic. Weekly clinics are held on Monday, Wednesday and Thursday. There is a monthly Thursday clinic for head and neck patients, and a bimonthly clinic, which is a joint OMF and Oral Medicine Clinic. A three-monthly syndrome clinic covers complicated syndromes such as congenital facial deformity and anomalies. The OMF Unit provides on-call services for facial and dental trauma 365 days a year. The new clinic allows on-call staff members to utilise this area for minor procedures to enhance patient care.
- On 23 June 2010 Canberra Hospital commenced ambulatory sleep studies through its newly established Sleep Studies Laboratory. Inpatient sleep studies commenced in late July 2010. This opening of the first public sleep studies laboratory in the ACT will alleviate the requirement for ACT residents to travel to Sydney for diagnosis and therapy for sleep disordered breathing and non-respiratory sleep disorders. This will also help reduce patients' length of hospital stay and potential admissions to the Intensive Care Unit.
- In the 2008–09 Budget, ACT Health allocated $200,000 to develop and implement a video streaming service for parents of infants at the Centre for Newborn Care Neonatal Intensive Care Unit (NICU). The NICUCAM website provides general information on the services provided by the Centre for Newborn Care and can be accessed by the public. From this site parents can access the secure password-protected portal to view their own babies daily between 7.00am and 9.00am and between 5.00pm and 7.00pm through a webcam installed above the baby's cot in the Centre for Newborn Care. Parents may provide the password and log-in to family members in Australia and overseas, which promotes bonding with the new baby. Up to eight babies can be on the webcam site at once, and the maximum number to date has been six. The website has received more than 20,000 hits and has been accessed from 17 countries, including the United Kingdom, Canada, France, Italy, Hungary and India.
- The Centre for Newborn Care is undergoing planning for the redevelopment within the Capital Asset Development Plan (CADP). The Department of Neonatology User Group wished to encourage participation by other groups in the community such as young mothers and fathers and people living outside Canberra. A web-based discussion forum has been developed to encourage these groups to participate in planning decisions. This is a secure site and members are required to register to be provided with a log-in and password. This is a unique opportunity for the Centre for Newborn Care to involve consumers in important decisions regarding the CADP process.
- The Baby Friendly Health Initiative is a World Health Organization initiative, managed by the Australian College of Midwives. Accreditation is granted every three years and this is the fourth consecutive accreditation gained by Canberra Hospital. An accredited hospital submits to a rigorous accreditation process and commits to the '10 steps' to support all women in their choice of feeding their babies and to ensure that breastfeeding rates are above 90 per cent in the hospital.

- The ACT Renal Health Services Plan 2010–2015 provides strategic direction for the provision of renal services over the next five years, as well as a longer term 10-year vision. Its objective is to articulate a model of service delivery that will meet increasing demand by drawing together strategic directions for the provision of clinical services in the ACT and a model of care for adult renal services.
- The Canberra Community Dialysis Centre in Gaunt Place is now open daily from 6.00am to 11.00pm to enable it to service 20 more clients a week, bringing the total to 95. This has been achieved by reorganising staff and hours of operation and rescheduling clients' appointments. This is one of the outcomes of a public meeting organised by the Renal Advisory Meeting to discuss 'How we can make the dialysis experience better'.
- Under the Diabetes Strategic Services Plan 2008–2010 a transition team was formed whose role was to ensure the smooth transition to the expanded service delivery model provided for in the plan and to establish a new territory-wide ACT Diabetes Service. The key objectives of the plan are to:
  – prevent and delay the onset of diabetes
  – prevent and slow progression of diabetes complications, and
  – enhance the quality of life of people with diabetes.
- The first ACT Health walk-in centre opened to clients at 7am on Tuesday 18 May 2010, and consistent numbers of clients have accessed the service each day. The centre is situated on the Canberra Hospital campus and is managed by the Ambulatory and Medical Services Division of Canberra Hospital. It is open from 7am to 11pm seven days per week. It provides an alternative access to primary healthcare services, helping to reduce demands on the emergency departments. Individuals may access the centre for assessment and treatment of minor illnesses or injuries such as coughs and colds, cuts and sprains. The centre is staffed with highly skilled Nurse Practitioners and Advanced Practice Nurses. The scope of practice is defined by policy, clinical protocols and medication standing orders. A Walk-in Centre Clinical Advisory Committee has been established to provide advice about all clinical policies, protocols, procedures and clinical scope. Membership includes medical, nursing and allied health clinicians and representatives from the ACT Healthcare Consumers Association. An independent research project will be commissioned to measure the impact of the service on the community and other healthcare providers as well as the overall quality of the service.
- On 30 March 2010 a services agreement was entered into between ACT Health and the South Eastern Sydney and Milleara Area Health Service for the Royal Hospital for Women in Sydney to provide gynaecology oncology services to ACT Health. Specialist medical officers from the Royal Women's Hospital will be conducting clinics and operating sessions at Canberra Hospital on a monthly basis.
- 'eReferral' (electronic referral) has been designed to increase communication with general practitioners (GPs) and to better inform them of the progress of their patients' referrals to the outpatient service. The eReferral system went live on 9 June 2009 in Ambulatory Services, with the Central Outpatient Department, Renal and Gastroenterology as the pilot sites. eReferrals are now being accepted in approximately 85 per cent of the ambulatory care outpatient departments. Initially the GP patient management system (PMS) computer software 'MedTech' was selected as it is capable of sending and receiving electronic information. MedTech is used by 15 per cent of GP practices in the ACT. The PMS 'Medical Director' is used by approximately 80 per cent of GP practices in the ACT and it has now been upgraded to receive information from non-Medical Director sources. In phase 1 of the roll-out, seven GP practices were trained, and this has now increased to 13. When phase 2 is completed with the upgrade of Medical Director, more GP practices will able to use eReferrals, enabling the majority of GPs in the Canberra Hospital catchment area to have access to eReferrals.

- The Department of Ophthalmology has undergone massive growth in services and throughput since its major restructure in September 2007, with more than 7000 patients seen per year. Medical, orthoptic and nursing recruitment has now been completed for the provision of the following outpatient services at Canberra Hospital:
  - retinal service—This service provides treatment for age-related macular degeneration, and comprehensive surgical care, which was previously available only interstate.
  - corneal service—The first corneal graft has now taken place at Canberra Hospital. While the hospital was already very active in organ and tissue donation, it is now a transplanting hospital for the first time. The Canberra Hospital Auxiliary recently purchased a state-of-the-art anterior segment camera for the corneal service, at a cost of $60,000.
  - referred urgent cases service—A clinic is held every weekday to provide prompt, easily accessed care for ophthalmic emergencies. A well-staffed on-call service provides this care at other times.

  Subspecialty and emergency work is performed at Canberra Hospital.

  A major achievement for the department was obtaining accreditation for two registrar posts with the Royal Australian and New Zealand College of Ophthalmology. Registrars rotate from the Sydney and Melbourne training networks. An integrated ophthalmology program has now been put in place within the Australian National University's Faculty of Medicine, with didactic teaching across years 1 to 4 and clinic placements for year 4 students.
- Improving hand hygiene among healthcare workers is currently the single most effective intervention to reduce the risk of healthcare-associated infections in hospitals. As part of ACT Health, Canberra Hospital has been participating in the National Hand Hygiene Initiative to raise the profile of hand hygiene for staff and the public since May 2009. This includes education about hand hygiene and alcohol-based hand rub, monitoring hand hygiene compliance through observational audits and measuring infection rates. Since the project began there has been a 15 per cent improvement in hand hygiene compliance at Canberra Hospital (from 49 per cent in May 2009 to 64 per cent in March 2010) and an increase in participating wards.
- ACT Pathology opened a seventh pathology collection centre in October 2009. This new centre is located in the Gungahlin shopping centre and provides access to bulk-billed public pathology services for patients of medical practitioners in the Gungahlin region. Since this centre opened, 1874 patients have used it. Around 550 patients per month are expected to visit this centre for blood collection in the coming months. ACT Pathology hopes to increase the number of its collection centres in coming years to provide equity of access for patients across the ACT.
- In June 2010, a comprehensive ACT Health Public Diagnostic Breast Imaging Service, run from Canberra Hospital Medical Imaging Department, became fully operational. This new service is in addition to BreastScreen ACT, and is for patients who have been referred for investigation by medical practitioners. These are usually patients with new breast symptoms, people requiring post-surgery follow-up, or high-risk patients. Previously, patients were able to access these diagnostic services only through private providers. The Diagnostic Breast Imaging Service consists of three components:
  1. X-ray assessment (mammography): Diagnostic mammograms are used for diagnosing changes or abnormalities in the breast.
  2. Ultrasound assessment of the breast: This examination is useful in young patients who have denser breast tissue because of their age, which makes x-ray assessment difficult to interpret.
  3. Magnetic Resonance Imaging (MRI): MRI uses a powerful magnetic field to examine different soft tissues in the body. It is a very sensitive technique for diagnosing breast lesions. This method of examination has been available at Canberra Hospital for some time.

- The fully integrated Radiology Information and Picture Archive and Communication System (RIS-PACS), which became operational in February 2009, is meeting its objective of significantly improving the timeliness of the provision of radiological reports. Since its implementation, the average time for a transcribed radiological result has improved from 165 hours to 10 hours. Clinicians across Canberra Hospital and Calvary Hospital, as well as remote users, are able to view images simultaneously. The Medical Imaging Department continues to work with clinicians outside the hospital to ensure adequate access to the ACT Health RIS-PACS system and also to images, which are now provided by the department on CD.
- The operating theatre complex at Canberra Hospital has been enhanced, with two new theatres commissioned in February 2010. The two extra theatres have helped increase operating time during the day, reduce after-hours operating and improve patient and staff safety.
- Funding for an additional 16 beds has increased patient access to surgical services. Ten surgical short-stay beds were opened in November 2009 and an additional four ward beds opened in August 2009. Two purpose-built bariatric beds opened in February 2010, assisting with the safe and appropriate management of surgical patients with bariatric needs.
- Two additional beds have increased the critical care capacity within the Intensive Care Unit and High Dependency Unit. One bed was commissioned in July 2009 and the other in February 2010.
- Canberra Hospital's Emergency Department has progressed from a culture of blame to a culture of success within two years of conducting the previous ACT Health Culture Mapping Survey. The level of employee engagement increased from 11 per cent to 62 per cent in this time. This is the only emergency department to reach this target of all of the hospitals surveyed by Best Practice Australia.
- The Mental Health Assessment Unit was established within the Emergency Department as a partnership between Mental Health ACT and the Emergency Department. The aim of the unit is to assist the flow and management within the department of patients with a mental illness. The unit has dedicated mental health staff and wardsmen, providing a more streamlined and collaborative approach to the management of this group of patients, together with improved safety of both patients and staff.
- Following a review in 2008, an agreed medical retrieval service model was endorsed. This model included the establishment of the Capital Region Retrieval Service, with the appointment of a Medical Director and Deputy Director in early 2010. Both appointments are essential for the development of a sustainable medical retrieval service and will strengthen the service's ability to ensure that critically ill and seriously injured patients in the ACT and the surrounding NSW region receive optimal care and management.
- Professor Peter Collignon, Director of Infectious Diseases, was recognised as a Member of the General Division of the Order of Australia in the Queen's Birthday Honours List.

Future directions

- Consultation is underway to establish a General Medicine Unit for the provision of longer term inpatient care (more than 72 hours) to acutely ill patients with multi-organ involvement and to patients requiring further diagnostic work and management prior to transfer to a subspeciality team. Integral parts of this unit will be a Professional Unit of Internal Medicine for training and education in general medicine, which will be closely allied with the ANU Medical School, and a General Medicine Consultation Service on the Canberra Hospital campus. A major benefit of establishing this unit is that it will enable more admissions from the Emergency Department and reduce emergency access block. This will place the Emergency Department in a better position to meet the four-hour target established by the federal Department of Health and Ageing.

- Leighton Constructions Pty Ltd was engaged as the project manager for construction of the new Women and Children's Hospital, and construction had commenced at the time of writing. The project is scheduled for completion in 2012. The construction will be in two stages. Stage 1 will involve an extension to the existing maternity building and is expected to be completed in late 2011. Stage 2 will involve a major refurbishment of the existing maternity building and is expected to be completed in late 2012. The new hospital will bring together a range of women and children's services that are currently dispersed across Canberra Hospital. It will include the relocation of the Paediatric Unit and co-location of Maternity Services, Neonatal Intensive Care Unit, Gynaecology, Fetal Medicine and specialised outpatient services/ambulatory care on the Canberra Hospital campus. The new hospital will provide 146 beds, an increase of 35 over the current number of women and children's beds at Canberra Hospital. This includes an additional six delivery suites. The Canberra Birth Centre will continue to be a key feature of the new hospital and Birth Centre birthing rooms will increase from three to five in the new hospital. It will be a family-focused and friendly environment with a 12-bed family accommodation unit for parents across all services. There will also be a family resource centre for the whole building and family space on each floor. A playground and café have also been included.
- Canberra Hospital is developing a number of strategies to improve the interface between general practitioners and Canberra Hospital services, with particular regard to outpatient services. Canberra Hospital is focusing on streamlining access to these services and improving communication processes for general practitioners using these services. Canberra Hospital is developing an online directory to improve awareness of available outpatient services and how to access them. Surgical waiting list times and other relevant referral information will also be included. Canberra Hospital will implement a central phone access point for general practitioners to facilitate enquiries and provide timely support.
- Construction of the Neurosurgery Suite at Canberra Hospital is nearing completion, and the facility will be the most advanced neurosurgical operating environment in Australia. Canberra Hospital will be the first hospital in Australia, and one of only 25 around the world, to house IMRISneuro, which includes movable magnetic resonance imaging (MRI) that allows surgeons to safely image patients in the operating room during brain surgery. The MRI was installed on 30 May 2010. This will enable the surgical team to scan, view and share critical information during a procedure without moving or disturbing the patient, thus providing patients with the highest standard of treatment and care.
- Construction is nearing completion on a 16-bed Surgical Assessment and Planning Unit. This unit will streamline the admission process for non-critically ill surgical patients, allowing for increased throughput and rapid turnaround of surgical patients. This unit is planned to be operational by September 2010.
- The Positron Emission Tomograph/Computerised Tomography (PET/CT) medical imaging service, to be run from Canberra Hospital's Medical Imaging Department, is scheduled for completion in September 2010. PET/CT is a diagnostic procedure that results in improved diagnostic accuracy over conventional medical imaging techniques in a number of indications, such as diagnosis and management of cancers of the lungs, abdomen, head and neck. It is anticipated that approximately 1000 patients per annum from Canberra and the surrounding region will benefit from this service. Patients requiring PET/CT are currently referred to interstate providers of this service.

Calvary Public Hospital

Calvary Public Hospital provides a broad range of acute care, including inpatient, outpatient and emergency department services. Calvary Public Hospital is operated by Calvary Health Care ACT Limited, and is part of Little Company of Mary Healthcare Limited, which is owned by the Sisters of the Little Company of Mary. The Public Hospital operations are fully funded by ACT Health through an annual performance agreement. Calvary Public Hospital provides a wide range of services in both admitted and non-admitted settings. The level and nature of these services are negotiated with ACT Health and are based on government priorities, clinical need, service demand and cost-effectiveness.

Achievements

- In 2009–10 Calvary Hospital Emergency Department presentations totalled 49,313—an increase of 3.2 per cent over the previous year. In the same period, Calvary provided 72,258 outpatient occasions of service.
- In 2009–10 4088 elective surgical procedures, 1142 emergency surgery procedures and 1862 endoscopy procedures were performed at Calvary.
- The Calvary Maternity Unit registered 1376 live births in the reporting period. This represents a 6.3 per cent increase on the figure for 2008–09.
- Clare Holland House, the ACT Hospice, is a satellite facility of Calvary Hospital. It is the main centre for palliative and end-of-life care in the ACT. Clare Holland house is also the headquarters for home-based palliative care programs and the administrative base for the ACT Palliative Care Society (ACT PCS). Clare Holland House operates inpatient palliative care services, day services, respite care and community outreach clinical care programs to the community. There is a seamless integration of these clinical services with counselling, companionship and other life-assisting services provided by the ACT PCS.
- The Aged Care and Rehabilitation Service (ACRS), operating from the Keaney Building at the Calvary Bruce Campus, continued to deliver a model of care that integrates health and medical treatment with allied health services (such as physiotherapy, nutrition and pharmacy). ACRS enables many older patients to return to independent and low-care living arrangements following a significant illness or acute medical episode.
- Calvary Hospital and the co-located Calvary Private Hospital commenced the process of separation of operations as recommended by a report of the ACT Auditor-General. The process of separating functions that had been integrated over many years was complex, but both facilities continued to provide appropriate, timely and safe health and hospital services to their patients through the separation process.
- A patient satisfaction survey conducted in the second quarter of the reporting period revealed that a very high number of patients were extremely satisfied with the clinical services and care they received as inpatients and emergency patients at Calvary Hospital. The survey did, however, provide valuable information about the scope for improvement in communications between the care teams and patients and families. Improving the timeliness and clarity of communications with patients will be a high priority in 2010–11.
- A refurbishment of the Calvary Hospital Birth Suite was completed in May 2010. This work resulted in every birthing room being equipped with ensuite facilities. This enhancement has already significantly increased patient amenity, and it will allow more flexible care programs to be provided in accordance with the wishes of the parent or parents.
- The new Calvary Hospital Intensive Care/High Dependency/Coronary Care Unit was completed and opened in June 2010. This 16-bed unit is a project of the ACT Health *Your health—our priority* Capital Asset Development Plan for the ACT. The new unit incorporates features that provide amenity, sustainability and a platform for clinical excellence. Outstanding aspects of the new facility are the high levels of privacy for patients and their visitors and carers, the integration of the unit with the surrounding landscape, and the abundance of natural light in patient areas and staff facilities.

Future directions

- Little Company of Mary Health Care and the ACT Government continue to negotiate about the optimal arrangements for the ownership of Calvary and the delivery of hospital and health care services to the community. Both parties are committed to exploring options that deliver both the best possible services to the community and long-term arrangements that are conducive to the ongoing investment in buildings and equipment suitable for best-practice and contemporary models of care.
- Calvary is working with ACT Health and Canberra Hospital to advance planning for increased and improved integration of services to develop a formalised health and hospital network across the territory. In many instances these networks require only the ratification of working arrangements that are already in place. Paramount in the planning and development of network services is the pursuit of excellence in care and accessibility of services for the community.

Mental health services

Output 1.2—Mental health

Mental Health ACT provides a range of services in hospitals, community health centres and people's homes, across the Territory. Mental Health ACT works with its community partners to provide integrated and responsive mental health services, including hospital-based specialist services, supported accommodation services and community-based service responses.

Mental health services in the ACT are delivered through a partnership between Mental Health ACT (MHACT) and the community sector. The result of this partnership is a comprehensive suite of flexible and accessible services that aim to promote mental health, prevent mental illness and reduce the impact of mental disorders. Services are delivered in a range of settings, including the community, supported accommodation services and hospital-based specialist services.

MHACT delivers high-quality specialist treatment and rehabilitation services for people experiencing moderate to severe mental health issues. Services are designed to meet the particular needs of population groups, including age groups, people in custody and people experiencing an eating disorder or perinatal mental health problems. In 2009–10, an increased emphasis on a recovery approach enabled MHACT to deliver improved services in partnership with consumers and carers.

The mental health community sector receives ACT Government funding through funding agreements administered by ACT Health's Mental Health Policy Unit. The sector delivers a vast range of services, including mental health promotion programs, information and referral, psycho-social rehabilitation, respite care, advocacy, vocational training and rehabilitation, and supported accommodation and outreach.

Since the release of the Council of Australian Governments National Action Plan for Mental Health 2006–2011, the ACT Government has worked closely with the Australian Government to oversee the implementation of the plan across the territory. All initiatives in the ACT implementation plan are now fully implemented and continuing. On 13 November the Australian Health Ministers released the Fourth National Mental Health Plan.

The ACT Government's budget for mental health services for the ACT in 2009–10 was $77,769,000. This equates to 7.5 per cent of the total ACT health budget. Of the budget for mental health services, 12.9 per cent was allocated to the community sector.

The strategic directions for mental health services in the ACT are guided by:

- the National Mental Health Policy 2008
- the Fourth National Mental Health Plan
- the Council of Australian Governments National Action Plan for Mental Health 2006–2011
- the ACT Mental Health Service Plan 2009–14
- Building a Strong Foundation—A Framework for Mental Health and Wellbeing 2009–14, and
- Managing the Risk of Suicide 2009–14: A suicide prevention strategy for the ACT.

Key strategic priorities for mental health services are to promote the mental health and wellbeing of the entire community and to promote recovery from mental health problems and mental illness. This entails:

- using a population health approach to the promotion of mental health, prevention of mental illness and early intervention
- providing a range of accessible, flexible and well integrated services that result in improved mental health outcomes
- maintaining the rights of mental health consumers and carers.

Strategic indicators set out in ACT *2009–10 Budget Paper No. 4* include:

- reducing the use of seclusion
- maintaining consumer and carer participation
- access to acute care for mental health clients.

Accountability indicators set out in ACT *2009–10 Budget Paper No. 4* include:

- cost-weighted separations
- admitted patient separations
- adult services occasions of service
- children and youth services occasions of service
- older persons' services occasions of service
- psycho-geriatric services bed days
- psycho-geriatric inpatient episodes of care
- supported accommodation bed occupancy rates
- proportion of clients seen at an ACT Health community facility during the seven days post-discharge from the inpatient services
- percentage of clients with outcome measures completed.

The MHACT business plan outlines strategies to meet these priorities in five key performance areas. Key objectives for the mental health sector as indicated in the ACT Mental Health Services Plan include:

- improving care options and the continuity of care across the care spectrum
- improving access to appropriate services at all points of entry to the service
- increasing mental health promotion, prevention and early intervention activity
- implementing quality improvement activities in service delivery
- improving and consolidating relationships with stakeholders from all sectors, including the ACT and Australian governments, community agencies and professional bodies, relevant unions, and education and research institutions
- promoting a recovery-oriented approach to service delivery
- promoting consumer and carer participation and independence through a focus on recovery
- building capacity and valuing staff.

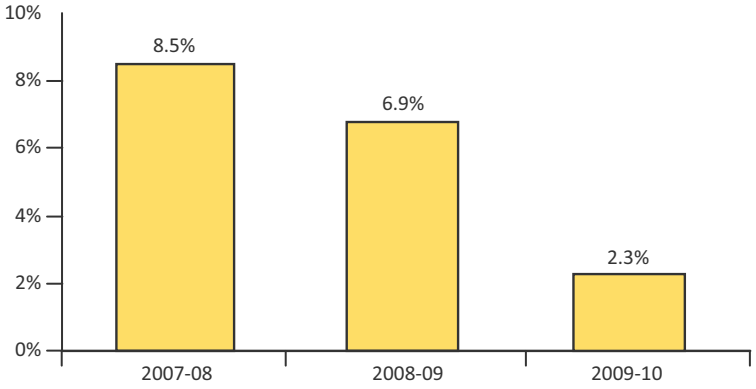
Achievements

- MHACT reviewed its organisational structure to streamline reports and better align services. A draft proposal was sent out for consultation in September 2009 and this was endorsed to commence on 1 February 2010. The realignment saw the creation of a new program, Service and Sector Development, which oversees the organisational support activities, business analysis, and quality improvement and promotes formal links across ACT Health, the mental health sector and the broader community sector.

- MHACT provided public mental health services for 7628 individuals in 2009–10. This represents approximately 2.1 per cent of the ACT population on the basis of the Australian Bureau of Statistics population estimate for 2009–10 of 354,892. The acute inpatient services based at Canberra Hospital and Calvary Hospital recorded 1342 admitted patient separations, exceeding the target of 1100. Because of staffing constraints, the Older Persons Inpatient Mental Health Unit at Calvary Hospital was unable to meet the target of 4400 bed days but reported 115 separations for the year. Non-inpatient services record their service activity as 'occasions of service in the community'. In total, MHACT delivered 257,662 occasions of service in 2009–10 across all program areas of mental health services (including child and adolescent, adult and older persons) compared with 223,922 occasions of service the previous year. Seventy-two per cent of clients were in contact with an MHACT service in the seven days after discharge from an inpatient service. Some clients choose not to receive public sector follow-up or may transfer interstate upon discharge from an ACT facility. MHACT reports the completion of outcomes measures. In 2009–10 68 per cent of MHACT consumers had outcome measures completed in accordance with national protocols, exceeding the target of 65 per cent.
- The National Mental Health Seclusion and Restraint Project was completed in June 2009. MHACT continues to monitor and review all episodes of seclusion and restraint. A further development has been the implementation of a reflection tool documenting the circumstances leading to the use of seclusion and/or restraint. This reflection tool is completed by the staff involved and the consumer who has been subject to seclusion. A multidisciplinary group that includes consumers and carers meets weekly to review all episodes of seclusion (and restraint). It focuses on the consumer experience as a way to determine further actions to reduce the rate of seclusion and the impact on consumers. The graph below shows the progress in reducing seclusion rates across the years 2007–08, 2008–09 and 2009–10.

Mental Health ACT

Use of seclusion for consumers



Source: Mental Health ACT

- The Psychiatric Services Unit Patient Flow Coordinator position provides coordination of bed utilisation. In conjunction with the Mental Health Assessment Unit staff (collocated in the Canberra Hospital Emergency Department), this service has reduced the average waiting time from commencement of treatment to the time of transfer to a ward in 2009–10 to 3.1 hours. This is an improvement on the 2008–09 result of 4.25 hours. The target is 5 hours.
- The provision of psychiatrists and psychiatry registrars has been enhanced to coincide with service redevelopment, providing increased medical support for the community teams and the in-patient units. A position has also been made available for registrars to gain experience in Indigenous mental health through a rotation at Winnunga Nimmityjah Aboriginal Health Service. Specialist forensic mental health services are provided to the Alexander Maconochie Centre (AMC) and the Bimberi Youth Justice Centre, enabling registrars to gain valuable experience in the assessment and treatment of mental health problems in the criminal justice setting.
- In January 2009 Mental Illness Fellowship Victoria, in partnership with Mental Health ACT, opened a new adult step-up step-down facility that provides alternative options to hospital admission, early intervention and more options for support for people with mental illness, particularly following inpatient admission. At May 2010, 53 consumers had participated in this program, 30 had stepped down from the inpatient setting and 23 had stepped up from the community setting. It is currently undergoing formal evaluation through the University of Canberra.
- A review of Child and Adolescent Mental Health Services was held in April 2008. The review produced a report with 37 recommendations. All recommendations have been acted on and many have been fully implemented. Four of the recommendations accepted related to CAMHS Intake and the need for skilled clinical staff to provide assessment and triage services to clients and their families using a 'no wrong door' approach.
- The changes to the model of service delivery have included a change to the therapeutic approach for clients. For example, an adolescent DBT (dialectical behaviour therapy) program has been developed to provide treatment for young people who present with complex issues, including significant self-harming behaviours. Groups for clients who present with significant anxiety are conducted by both the Northside and Southside community teams.
- Consumer and carer participation has remained a priority for MHACT, which has continued to employ two consumer consultants and a coordinator of the consumer and carer participation framework. Their roles have been reviewed to further address and enhance activities that promote a cultural shift in MHACT staff, particularly in relation to recovery and consumer empowerment. Other roles include systems advocacy for consumers, involvement in the review of the *Mental Health (Treatment and Care) Act 1994*, implementation of the recovery model and staff training. All relevant MHACT committees have consumer and carer representation. Carers ACT has established a Carers Alliance and has placed a particular emphasis on training, recruitment and support of mental health carers undertaking participation roles.
- With the opening of the Alexander Maconochie Centre, MHACT began providing in-reach services to prisoners affected by mental illness. All prisoners undergo a mental health and risk assessment on induction to the centre, and individuals identified with a mental illness are given ongoing care and support. Release planning is an integral part of the process. MHACT aims to link consumers with appropriate services as part of the transition to the community. In addition to offering individual mental health appointments in the AMC, MHACT delivers a number of psychiatry clinics per week. Similarly, and with the opening of the Bimberi Youth Justice Centre, MHACT provides in-reach services to children and young people detained in custody. This vulnerable cohort is provided a range of assessment and mental health interventions, including conversation therapy. There is a strong focus on early intervention activities and group programs are currently being developed. Psychiatry clinics operate on a weekly basis.

- MHACT has also increased its services to the ACT Law Courts, with a second court liaison officer (CLO) appointed earlier this year. One of the roles of the CLO is to assess individuals (including children and young people) prior to court to clarify whether they have any urgent mental health needs. In regard to community services, the Forensic Community Outreach Service works with consumers of MHACT who may be at risk of coming into contact with law enforcement agencies (e.g. police) for aggressive or violent behaviour. The aim of this multidisciplinary team is to promote safety for mental health consumers and the community in general. Some consumers may have been released from the Alexander Maconochie Centre or Bimberi; others may be subject to Orders by the ACT Civil and Administrative Tribunal.

Issues

- ACT Health has received funding under the National Perinatal Depression Initiative to enhance services for perinatal mental health. The key elements of the initiative are routine and universal screening for perinatal depression, follow-up and support for women experiencing perinatal depression and for women at risk of experiencing perinatal depression, workforce training and development, research and data collection, community awareness-raising and the development of national guidelines for developing capacity in the perinatal depression sector. A project worker has been employed in the Community Health Women's and Children's Program to develop the ACT implementation of the national initiatives.
- In 2009–10, the ACT Government allocated significant funding to the community mental health sector to enhance its capacity to deliver targeted mental health services to identified high-needs groups. The funding targets people leaving detention, with a particular focus on detainees leaving the Alexander Machonichie Centre, mental health consumer scholarships, a pilot of psychosocial support for people exiting hospital, additional mental health promotion and expanded support for at-risk adolescents.
- In recognition of the need to enhance vocational services and employment opportunities for mental health consumers, ACT Health has established a Social Enterprise Hub. This is a partnership of Social Ventures Australia, the ACT Government, the Mental Health Community Coalition and PricewaterhouseCoopers (the corporate partner). The Snow Foundation is a philanthropic partner in the hub and a member of the steering group. A contract was signed with Social Ventures Australia and the ACT Social Enterprise Hub was launched in June 2009. In 2009–10 the hub supported the creation of a number of social enterprises to help mental health and disability consumers gain employment. MHACT also has funding to pilot an Individual Employment Placement and Support Program to improve employment outcomes for people recovering from mental illness.
- Mental health services nationally and internationally continue to face shortages of clinical staff. In the ACT, these shortages are felt most keenly across the acute and community settings, with resultant impact on service delivery. MHACT recently established a relief pool to support clinical activity and continuity of care across community-based teams. In addition, recruitment through the MH Nursing Post Graduate Diploma in Mental Health Nursing scholarship program has shown a gradual improvement and has enhanced the partnership with the University of Canberra. This has also strengthened links to the undergraduate nursing program by identifying undergraduate nurses' interest in the mental health field. MHACT is recruiting a Strategic Workforce Management Officer to identify innovative models of recruitment and retention. MHACT has five intern psychologist positions to promote attraction and retention of psychologists.
- MHACT has continued to improve its electronic clinical record, MHAGIC, through collaboration between MHACT clinicians and the MHAGIC Support Team from InTACT. Over the last year MHACT has worked closely with the vendor to upgrade the product to the latest version, which is scheduled for completion in mid-August 2010. This version of MHAGIC will be much improved as well as operating on a different and better platform. This form of clinical record represents best practice in the field.

- The review of the *Mental Health (Treatment and Care) Act 1994* continues. The review aims to ensure that the Act remains consistent with contemporary mental health policy and service delivery. The review is overseen by a Review Policy Management Team comprising representatives from the ACT Government and a Review Advisory Committee (RAC) comprising mental health consumer and carer representatives and representatives from community and ACT Government agencies. In June 2008, the Attorney-General and the Minister for Health increased the scope of the review to include the preparation of papers on models of legislation and forensic mental health. The RAC has met to discuss a paper on a model of legislation and an options paper on forensic mental health issues. Two workshops on these issues have also been held. Following the workshops the Government released the two papers for public consultation from November 2009 to mid-February 2010 and the consultant reported to the Review Advisory Committee in April 2010. The estimated time to complete the review has been extended, with the introduction of legislation in the Legislative Assembly anticipated mid-2012.
- The Mental Health Services Plan—The Mental Health Services Plan 2009–2014 outlines the vision for mental health services in the ACT to the year 2020. It identifies current and future mental health service needs in the ACT, as well as workforce planning and development implications, and proposes a framework for mental health sector development and for monitoring and implementation. The plan has been developed in consultation with stakeholders, including mental health consumers, carers and service providers, the Mental Health Community Coalition of the ACT, ACT Health staff, Mental Health ACT staff, and representatives from other government agencies. The ACT Mental Health Strategic Oversight Group is tasked with providing advice to ACT Health on the strategic priorities for the implementation of the plan and its integration with the other major mental health plans, both local and national.
- Promotion, Prevention and Early Intervention Plan—*Building a Strong Foundation: A framework for Promoting Mental Health and Wellbeing in the ACT 2009–2014* was launched by Ms Katy Gallagher MLA, Minister for Health, at the opening of 2009 Mental Health Week. An implementation working group is advising on its implementation. The framework guides a coordinated approach to the implementation and development of activities to promote mental health and wellbeing, prevent mental illness and provide timely early intervention for those experiencing mental disorder in the ACT.
- Suicide Prevention Plan—*Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009–2014* was launched by Minister Gallagher on 6 October 2009 with the launch of the Mental Health and Wellbeing framework. The extension strategy takes a comprehensive and wide-ranging approach to the prevention of suicide in the ACT, considering biological, psychological, social and environmental factors influencing suicide, and is concerned with preventing suicide across the life span.
- Ministerial Council—The ACT Government made an election commitment in 2008 to establish a Ministerial Advisory Council on Mental Health to ensure that consumers of mental health services, carers and the non-government sector are able to provide advice to government on mental health policy and services. The council met three times in 2009–10 and has discussed strategic priorities for the Mental Health Services Plan and the Review of the *Mental Health (Treatment and Care) Act 1994*.

Future directions

- MHACT has adopted a 'no wrong door' philosophy to improve the responsiveness of its service to all contacts. In practice, this approach anticipates that, whenever contact is made, assistance is offered either by responding directly or by facilitating redirection to the most suitable provider, whether that is MHACT or a community agency. Specific training has been provided to increase awareness of this expectation among clinical and administrative staff across all areas of the service and it has been incorporated in generic training modules. MHACT upholds the rights of carers and family at all times to be given general information related to services, mental illness, medications and other general aspects of mental health care. Specific and personal information about a consumer will be given only when consent to do so has been granted by the consumer.
- MHACT will continue to promote the recovery model and standardisation of clinical processes, particularly with the Adult Community Mental Health Teams.
- The ACT continues to host a project on behalf of the Mental Health Standing Committee Safety and Quality Partnership Subcommittee to finalise and implement the revised National Standards for Mental Health Services. The new Recovery Standard and national Principles of Recovery Oriented Mental Health Practice were finalised and included in the revised National Standards. Three implementation guides were drafted to accompany the revised standards—for public mental health and private hospitals, private office based mental health practices and community non-government organisations. An implementation plan is being developed to support the roll-out of the revised National Standards, and the steering committee and project officer will be focusing on monitoring and reporting requirements and aligning accreditation processes of relevant accreditation bodies to the revised National Standards.
- The next phase of the CADP for MHACT will see the construction of the new Adult Acute Inpatient Mental Health Unit begin at Canberra Hospital in July 2010, with completion anticipated toward the end of 2011. The Secure Adult Mental Health Inpatient Unit will undergo the intense design phase required for this project and the completion of its model of care. Forward design for the Adolescent Young Adult Mental Health Unit will also be completed and its model of care.
- Review of community sector mental health services—Historically, the growth in the community mental health sector has been in response to specific needs, without a strategic framework to guide government priorities. Recent funding of programs under the Council of Australian Governments initiative has resulted in some duplication of services, while gaps in service provision remain. ACT Health will work with the mental health community sector to review the sector and consider its development in light of directions set in the ACT Mental Health Services Plan 2009–2014. The review began in November 2009 by mapping existing service provision. It will identify gaps in service provision, research and identify evidence-based practice, and assist with developing a coordinated approach to service delivery. As part of the review, ConNetica Consulting interviewed the ACT Health-funded mental health community sector agencies during April, May and June 2010. The review recommendations will be provided to the Minister for Health by December 2010.
- Fourth National Mental Health Plan—The Fourth National Mental Health Plan gives a vision for mental health in Australia. It develops the vision through the five priority areas of: social inclusion and recovery; prevention and early intervention; service access; coordination and continuity of care; and quality improvement and accountability. The national implementation plans for the 34 action areas are being developed for release in December 2010. The ACT Strategic Oversight Group will provide advice to ACT Health on the implementation of the plan within the context of the ACT Mental Health Service Plan 2009–14.

Community health services

Output 1.3—Community Health

Community Health provides a range of community-based health services in a number of settings across the ACT, including health promotion and clinical programs such as maternal and child health services, immunisation, youth health services, women's health services, alcohol and drug services, dental services, corrections health and Aboriginal liaison and interpreter services. There are also a wide range of allied health and nursing services that meet the needs of many people with chronic conditions as well as providing responses to acute presentations and pre and post-hospital care.

Community Health provides services in primary health care to the ACT community. Access to these services is facilitated through the Community Health Intake Unit and health centre reception areas, which provide a single point of entry to services. Community health services include:

- community nursing and allied health services, such as podiatry, social work, counselling and psychology for cancer-related issues, nutrition and weight management services, physiotherapy, continence services, occupational therapy and self-management of chronic condition training and courses
- health care and support for people with acute, post-acute, long-term and terminal illnesses
- alcohol and drug information, education, assessment, referral, treatment, counselling, detoxification and opioid treatment
- post-natal and early childhood parenting support, lactation advice, home visiting, immunisation, asthma education and health checks for children, youth and families
- the Caring for Kids Program for children with complex health care needs
- health interpreters and cultural awareness training
- medical treatment and counselling for children where there is suspicion of abuse or where abuse has occurred
- dental treatment, education and health promotion for eligible children and youth, and dental treatment for adults who are the primary holder of a current Centrelink concession card
- health care for women, including Pap smears, counselling and medical services for women affected by violence or other vulnerabilities
- health promotion and early detection to prevent ill health and promote health and wellbeing, and early intervention for specific health problems
- health care for young people and adults in detention
- community and general practice education and research through scholarship, innovation and partnerships and links with the Australian National University Medical School and the South East NSW and ACT local GP training group, Coast City Country Training
- ACT Interstate Patient Travel Assistance Scheme (IPTAS), which supports permanent ACT residents who need to travel interstate for medical treatment
- education about and promotion of infection prevention and control in the community.

Achievements

- One hundred per cent of clients triaged as a dental emergency were seen within 24 hours.
- The mean waiting time target of 12 months for restorative dental treatment was achieved.
- Health care assessments were provided to all people in correctional facilities within 24 hours of detention unless a significant proportion of this time was spent in court.
- The Women's Health Service achieved 29 per cent of women accessing services being from CALD backgrounds.

- The Women's Health Service fell short of its target of providing all women requesting counselling with an assessment appointment within 14 days of their referral by a little under 5 per cent due to workforce deficiencies part-way through the year.
- Community nursing experienced an increase in demand in 2009–10 and continued to exceed its target in providing services to clients in the community through home visits or health centre appointments.
- Community-based allied health services also exceeded their target in providing to clients in the community through home visits or health centre appointments.
- The Alcohol and Drug Program achieved its target of 100 per cent of current tier 1 and 2 clients having a management plan.
- The ADP medical services area exceeded its target for individual occasions of service by 23 per cent. This was the result of recruiting a new staff specialist.
- An innovative ACT Government initiative, the IMPACT Program (Integrated Multi-agencies for Parents and Children Together), was officially launched by the Minister for Health in June 2008. The aim of the IMPACT Program is to improve outcomes for pregnant women or those with children up to two years of age who have been identified with a significant mental health issue or who are receiving opioid replacement therapy by providing a coordinated cross-agency system response to the needs of families. A total of 72 families engaged in the IMPACT Program in 2009–10. External evaluation of the IMPACT Program was completed in 2009–10. It found that the process of a coordinated approach for vulnerable families had been effective.
- There has been an increased focus on supporting clients to 'self-manage' their chronic conditions in the community, with 2009–10 seeing a significant increase in participants in the Living a Healthy Life with Long-Term Conditions program. This coincides with a focus on training staff as leaders for the program, which promotes self-management principles within community nursing and allied health services provided in the community.
- Access to non-urgent occupational therapy assessment and intervention has improved. A significant reduction in waiting times for services was achieved to help ACT residents stay safe in their homes.
- The Dental Health Program (DHP) won an Australia Day Medallion Award for its collaborative work with the Salvation Army, Communities at Work and a pro-bono dentist. The program entitles clients whom the Salvation Army considers to have no financial means to receive dental care at no cost. Clients are able to request transport, which is coordinated by the DHP with Communities at Work. At June 2010, 38 clients were receiving treatment or had completed their course of care under this program.
- During 2009–10 the DHP hosted the first ever dental student placements in the ACT through a partnership with Adelaide University.
- The Alcohol and Drug Program (ADP) implemented case management for clients on pharmacotherapy. The ADP, in collaboration with the Chief Health Officer and Chief Pharmacist, supported the enhanced training program for general practitioner (GP) prescribing of pharmacotherapy, which included a GP clinical placement in the ADP.
- The ADP has successfully implemented a Key Worker Support program for clients on opioid replacement who dose at the public clinic. A similar support program is in place for clients who dose at community pharmacies.
- The ADP is strengthening and enhancing its links with Mental Health ACT to ensure that clients with comorbidity concerns are managed in a holistic way. The ADP is continuing to work with stakeholders and consumers across the ACT and has implemented a common assessment tool with Arcadia House, the non-medicated withdrawal unit at the Calvary campus, which is run by Directions ACT.

Future directions

- The Alcohol and Drug Program is implementing a specialised counselling program for young people who have complex alcohol and/or other drug dependency issues to empower young people to make clear and healthy decisions about their own life.
- The DHP will facilitate the expansion of dentistry clinical training placements in the ACT to support student growth in health professional tertiary training.
- The Continuing Care Program has implemented new service models offering community-based group sessions in post-operative knee replacement and pre-prostatectomy education.
- The ACT Breastfeeding Strategic Framework is under development for launch in 2010–11. The framework will assist in implementing greater support mechanisms for breastfeeding mothers.
- Community Health is supporting the Australian Government's e-Health initiative to enable clinicians to have timely access to patient records to support quality and safe delivery of patient care.

Cancer services

Output 1.5—Cancer Services

The key strategic priorities for cancer services are early detection and timely access to diagnostic and treatment services. This includes ensuring that:

- population screening rates for breast and cervical cancer meet targets, and
- waiting times for essential services such as radiotherapy are consistent with agreed benchmarks.

The Capital Region Cancer Service (CRCS) was formed in 2004. It consists of the departments of Haematology, Immunology, Medical Oncology and Radiation Oncology, BreastScreen ACT & South East New South Wales and the Cervical Screening Register.

Cancer services are provided to the metropolitan population of the ACT and patients within the surrounding region of New South Wales, with a catchment population of approximately 500,000.

Radiotherapy access times

- The percentage of radiotherapy patients who commenced treatment within standard timeframes is presented below.

Category	2009–10 Target	2009–10 Actual Result	Long Term Target
Urgent—treatment starts within 48 hours	100%	98%	100%
Semi-urgent—treatment starts within 4 weeks	85%	93%	100%
Non-urgent category A—treatment starts within 4 weeks	65%	75%	100%
Non-urgent category B—treatment starts within 6 weeks	65%	86%	100%

- Performance for the Radiation Oncology semi-urgent, non-urgent category A and non-urgent category B categories was above the target. This was the result of a review of bookings, processes and administrative procedures to examine how waiting times could be reduced. Performance against the urgent target was below the target, because of unanticipated radiation therapist vacancies from January to March 2010.
- The Radiation Oncology Department successfully recruited radiation therapists, achieving a full staff establishment by the end of March 2010. From April 2010 treatment capacity was back to normal.
- In May 2010, the Radiation Oncology Department recruited a further five radiation therapists—above staff establishment. This initiative will enable the Radiation Oncology Department to meet growing demand, meet national waiting time benchmarks, backfill for absences and ensure that future vacancies do not adversely affect service capacity.

Cervical screening

- The cervical screening program captures and reports data over a two-year period. This is because women currently require a Pap test every two years.
- For the 2007–08 period, the ACT exceeded the national average participation rate of 61.2 per cent. The ACT rate was 63 per cent, as reported in *Cervical Screening in Australia 2007–08*.

BreastScreen ACT & SE NSW

- The BreastScreen ACT & SE NSW Program is a population-based screening program which is aimed at detecting abnormalities early for well women over 40.
- Most women return a 'normal' result from their screen, but about one in 20 screens are referred to a specialist clinician for assessment and further investigations if required. The BreastScreen ACT program currently has one of the best small cancer detection rates in Australia.
- BreastScreen ACT & SE NSW provided more than 12,000 breast screens to ACT women in 2008–09 and a further 8151 screens in south-east New South Wales. The service has continued to grow in 2009–10.

Category	Target 2009–10	Actual Result 2009–10	% variance from Target
Total breast screens	12,000	12,909	8%
Number of breast screens for women aged 50–69	10,500	10,857	3%
Percentage of women who receive results of screen within 28 days	100%	99%	–1%
Waiting time between the making of an appointment and the breast screen is less than 28 days	90%	30%	–60%
Percentage of screened who are assessed within 28 days	90%	77%	–14%

- The target for 2009–10 for total breast screens for the ACT was 12,000. At 30 June 2010, 12,909 women had been screened, exceeding the target by 909.
- At 30 June 2010, 10,857 breast screens had been performed for women aged 50–69 years, 357 above the target of 10,500.
- The target for 2009–10 for the percentage of women who received results of their screen within 28 days was 100 per cent. At 30 June 2010, 99 per cent of women screened received results within 28 days.
- The target for 2009–10 for the waiting time between the making of an appointment and the breast screen being within 28 days was 90 per cent. At 30 June 2010, 30 per cent of women received appointments within 28 days.
- For the percentage of women screened receiving their assessment within 28 days, the target for 2009–10 was 90 per cent. At 30 June 2010, 77 per cent of women screened had received their assessment within 28 days.
- BreastScreen sites continue to see strong demand for services, which is reflected in the high numbers of screens performed.
- Continued strong demand for services and workforce pressures, such as the national shortage of skilled radiographers, continue to have an impact on the waiting times for appointments and assessments for breast screening services.
- With screening rates above target, identifying and implementing strategies to optimise the performance of all BreastScreen sites remains a priority.

Cancer service patient activity (Includes activity at the Canberra Hospital and Calvary campuses)

- In 2008–09 inpatient activity (cost-weighted occasions of service) grew by 27 per cent above the target, and outpatient activity (non-admitted occasions of service) grew by 12 per cent above the target. Data at end of June 2010 shows that cancer services continue to experience high activity, with inpatient activity increasing a further 2 per cent above target and outpatient activity increasing a further 11 per cent above target.

Category	Target 2009–10	Actual Result 2009–10	% variance from Target
Cost-weighted admitted patient separations	4668	4775	2%
Non-admitted occasions of service	48,570	53,796	11%

Growth in cancer services

- The 2009–10 budget provided the Capital Region Cancer Service with $1 million dollars to help cover costs associated with increased activity and demand for cancer services. These costs included items such as pharmaceuticals, linen and staffing.
- This initiative provided funding for an additional two inpatient beds for the Capital Region Cancer Service on ward 14B at Canberra Hospital, which were opened on 24 July 2009.
- This growth funding has also enabled the recruitment of:
  - a full nursing staff establishment to reduce high costs, overtime and use of agency nursing staff
  - a career medical officer, who commenced in January 2010, to help improve the efficiency of the outpatient department to help keep up with increased demand
  - a temporary locum in Medical Oncology to enable clinicians to reduce high leave balances.
- High activity continues to place pressure on the Capital Region Cancer service budget. CRCS has implemented strategies to manage the costs associated with growth, particularly making improvements in staff establishment and rostering to reduce reliance on overtime and agency staff.

Achievements

BreastScreen ACT & SENSW

- BreastScreen ACT & SE NSW received capital funding from both the ACT and Commonwealth governments to upgrade mammography x-ray machines from analogue to digital systems. Three new machines were installed in April 2010, one in the Phillip clinic and two in the city clinic. The new system provides lower dose screening and higher quality images that can be transferred and viewed electronically between the clinics and by other medical professionals.
- The 10-year report of the ACT & SE NSW Breast Cancer Treatment Group released in 2010 demonstrates the area's high compliance with Australian and international guidelines on the treatment of breast cancer. The analysis indicates that breast cancer outcomes in the ACT are excellent, both in terms of disease-free survival and overall mortality from breast cancer. A nine-year analysis of the data indicates that more than 80 per cent of patients in the project are alive and disease-free, while 3.4 per cent are alive with recurrence and 7.3 per cent have died from breast cancer.

Medical oncology

- The Medical Oncology unit, for the fourth year in succession, received a grant from the NSW Cancer Institute allowing the appointment of an additional advanced trainee registrar focused on rural medical oncology practice.

Immunology

- The Immunology Department established a dedicated allergy clinic.
- The Immunology Department has been accredited for the maximum period of specialist registrar training, making it one of only a handful of departments in Australia with this accreditation.
- In 2010 the Immunology Department secured three National Health and Medical Research Council project grants. One of the projects funds an important and unique national study into primary antibody deficiency disease.

Radiation Oncology

- Refurbishment of the Brachytherapy bunker was completed in June 2010. The refurbished bunker, along with the procurement and commissioning of a new high-dose rate Brachytherapy machine in June 2010, will allow a new prostate treatment service to commence in 2010–11.
- Improvements in kilovoltage imaging techniques have been made to better utilise existing equipment. These improvements include the introduction of gold seed insertions into prostates to enable tracking of organ position through daily imaging.
- A new advanced form of breast cancer treatment commenced in June 2010 called 'Forward Planned Intensity Modulated Radiation Therapy'. This new treatment optimises the radiation delivered to each patient by taking into account their unique breast shape during planning and delivery of radiotherapy. Studies have shown that this technique can lead to a more accurate distribution of the dose to the disease site, a reduction in skin reaction and a better cosmetic outcome at the treatment site.
- Additional funding was received for radiation therapists to meet the growing demand for services, meet national waiting time benchmarks, backfill for absences and ensure that future vacancies do not adversely affect service capacity. By May 2010 an additional five radiation therapists had been recruited above the staff establishment.

Haematology

- The Haematology Department undertook an Australian-first treatment to save the life of a Canberra student who had rapid onset of multiple sclerosis disease. While the treatment is available overseas, it is still experimental in Australia. After consulting interstate colleagues, Dr Michael Pidcock and his Haematology team agreed to undertake the stem cell transplant, following protocols established by Italian physicians.

Nursing

- The CRCS nursing service introduced the 'Productive Ward' initiative in November 2009. This concept was developed by the National Health Service in England in response to feedback from patients indicating the need to improve fundamental aspects of their care and from health professionals who expressed the desire to provide better, safer care to patients. It is a multidisciplinary approach to improving care through clinical redesign 'from the ground up'. | It recognises that staff at the coalface are the most appropriate health care providers to review, discuss, inform, plan and implement changes specific to their work area to improve patient care and working environments for staff. This initiative offers a systematic way of delivering safe, high quality care to patients and empowers staff to focus on the delivery of quality patient-focused care by putting them back in control of their ward to make decisions affecting them and their patients on a day-to-day basis.

Capital works

- Funding of $395,000 was provided in 2008–09 for the expansion of Medical Oncology clinics and cancer service facilities. The expansion project was conducted in two stages:
  - — Stage one delivered three additional chemotherapy treatment chairs, three additional clinic/consultation rooms and a larger patient waiting area. These works were completed in July 2009.
  - — The second stage of works provided additional accommodation for Medical Oncology and Haematology Clinical Trials units, which became operational in December 2009.

Future directions

Capital Region Cancer Centre

The Commonwealth Government is supporting the ACT with a grant of $27.9 million from the Health and Hospital Fund for the ACT Integrated Cancer Care Centre. This fund is set up to invest in high priority health infrastructure across the country. The ACT was successful in obtaining an additional grant of $1.8 million dollars from the Commonwealth Government for cancer patient accommodation in the 2010–11 budget.

The Capital Region Cancer Centre will be run by the Capital Region Cancer Service and will be built around the recently expanded and refurbished Radiation Oncology Department at Canberra Hospital. The centre will provide the following services:

- dedicated cancer centre facilities and patient information services
- co-located outpatient services providing formal multidisciplinary clinics, allowing patients to have their treatment program planned in one visit
- radiation oncology
- coordinated oncology surgical services
- clinical offices
- cancer inpatient beds
- teaching and research facilities, and
- a service delivery hub for rural and regional outreach and locally delivered cancer support services.

The centre will be constructed in two phases. The first phase (covered by the Commonwealth's $27.9 million) will allow construction of multidisciplinary cancer outpatient clinics, research and training, administration and patient information services. The second phase (to be submitted to the ACT Government for funding) will include the inpatient unit.

ACT Health has commenced a project definition plan for the centre. This has involved further developing and testing various options to construct the building. This will be followed by a detailed design of the service model of care and the facility itself, and this is expected to be completed by mid-2010. A tendering process and construction will follow, with the aim of completing phase 1 of the facility in November 2012.

Cancer information management system

The acquisition of a cancer information management system is being funded as a component of the 2006–07 capital budget for the linear accelerator. A public tender process to acquire a cancer information management system was undertaken and completed in June 2010.

Aged care and rehabilitation services

Output 1.6—Aged care and rehabilitation services

The provision of an integrated, effective and timely response to aged care and rehabilitation services in inpatient, outpatient, emergency department, sub-acute and community-based settings.

The Aged Care and Rehabilitation Service (ACRS) provides services in the hospital setting and across the community, supporting ACT residents and providing some regional services to residents of New South Wales. Aged care and rehabilitation services span the care continuum, ranging from illness prevention services to assessment, diagnosis, treatment, support and rehabilitation.

ACRS services are delivered across a broad range of sites throughout the ACT, including hospitals, community health centres and patients' homes. They include:

- hospital-based admitted and outpatient geriatric and rehabilitation medicine services, including ortho-geriatrics, at both Canberra Hospital and Calvary Public Hospital
- geriatric medicine and rehabilitation medicine outpatient services to regional New South Wales
- the Rapid Assessment of the Deteriorating and At-Risk aged (RADAR) service, providing services to older people in their own homes, including to residents of aged care facilities
- aged care client assessment services
- residential aged care liaison
- the Partners in Culturally Appropriate Care program
- day care, supporting the frail aged and disabled, provided at both Tuggeranong and Belconnen

- dementia-specific day care, provided at both Tuggeranong and Belconnen
- the Transitional Therapy and Care Program, supporting patients in the post-hospital discharge period, either in a residential setting or in their own homes
- falls injury prevention service, including falls assessment clinics, the 'Stepping on' program and health promotion
- transitional rehabilitation services at the Rehabilitation Independent Living Unit
- community-based rehabilitation services
- exercise rehabilitation services—including programs for gym rehabilitation, cardiac rehabilitation and hydrotherapy
- vocational assessment and rehabilitation services
- driver assessment and rehabilitation services
- ACT Equipment Subsidy Scheme
- Equipment Loan Service
- Domiciliary Oxygen & Respiratory Support Scheme
- ACT Continence Support Service
- Clinical Technology Services
- the Specialised Wheelchair and Posture Seating service
- Prosthetics and Orthotics services
- information and advice on assistive technologies by the Independent Living Centre
- ACRS research services.

Achievements

- ACRS delivered 12,510 bed days to older people and people with rehabilitation needs in the sub-acute/non-acute wards located on the Calvary Hospital campus at Bruce, compared to 12,494 provided in 2008–09.
- ACRS completed in-hospital aged care assessments within an average of 1.73 days of referral against a target of two working days. The aged care assessment team also implemented an electronic aged care client record and electronic submission of forms to Medicare.
- ACRS provided Canberra Hospital-based inpatient care to 1342 older people and to 793 people with rehabilitation care needs.
- ACRS developed a Nursing Strategic Plan 2010–2015 that outlines the future direction of nursing in ACRS and supports nurses in achieving the best possible outcomes for their patients, themselves and ACRS as a whole.
- Loretta O'Reilly, an enrolled nurse from ACRS, received the 2010 ACT Enrolled Nursing excellence award.
- In 2010 the ACT Aged Care Assessment Team was awarded the Commissioner for Public Administration award for Service Delivery to ACT Citizens in recognition of its achievement in reducing waiting times for assessment from a maximum of 28 weeks to a maximum of 4 weeks, irrespective of priority ranking. This waiting time is a national benchmark, and the ACT ACAT was invited by the Commonwealth Department of Health and Ageing to present this work at the 2010 National ACAT Conference.
- In 2010 the Exercise Rehabilitation Service was awarded the ACT Health Better Practice award for the development of a children and adolescent diabetes initiative to involve young people in exercise to prevent the onset or progression of diabetes.
- An ACRS staff member won the inaugural best clinical supervisor prize awarded by the University of Canberra Physiotherapy discipline.
- Falls injury prevention services were provided to 412 people in 2009–10.

- The Rapid Assessment of the Deteriorating and At-Risk aged (RADAR) service helped avoid admission to hospital for 78 per cent of all patients seen by the service. Patients that did require admission were directly admitted to the Acute Care of the Elderly ward, avoiding admission to the Emergency Department. The service has been expanded by the recruitment of an additional staff specialist geriatrician, an additional registered nurse and an occupational therapist. Access to the service has also been broadened to include referrals from residential aged care facilities, providing the GP has consented.
- ACRS conducted 961 outpatient geriatric medicine clinics. It also increased the number of outpatient clinics for people with chronic neurological conditions to respond to increased demand.
- ACRS, in partnership with the Department of Disability, Housing and Community Services, has completed a project to provide effective and timely transition to the community from hospital for patients with a permanent disability.
- ACRS employed the first ever Rehabilitation Nurse Practitioner in Australia to enhance the multidisciplinary service provision to people with rehabilitation needs.
- ACRS employed a disability counsellor to support people who have a newly acquired disability or a progressive neurological condition, and to support their families and carers.
- ACRS established the ACT Domiciliary Oxygen and Respiratory Subsidy Scheme Advisory Committee, which includes consumer representatives, medical specialists and ACT Health staff, to provide guidance and advice to the ACRS executive on future direction for the provision of oxygen and respiratory assistance.
- ACRS increased the range of equipment items in the Equipment Loan Service to meet the growing demand. Items include a range of bariatric equipment, paediatric wheelchairs and pressure care cushions.
- ACRS Canberra-Hospital based rehabilitation services achieved better than the Australian Rehabilitation Outcomes Centre benchmarks for:
  - discharge of post-stroke patients back to a private residence (8.5 per cent higher than the benchmark)
  - discharge of post-reconditioning patients back to a private residence (8 per cent higher than the benchmark)
  - average length of stay for patients requiring rehabilitation after a spinal cord injury (37.3 days against a benchmark of 65.6 days)
- ACRS also achieved better than the Australian Council on Healthcare Standards (ACHS) benchmarks for the following clinical indicators:
  - percentage of patients who are discharged to their pre-episode form of accommodation or a form of accommodation that allows for greater independence (8 per cent higher than the benchmark)
  - percentage of patients with a documented multidisciplinary rehabilitation plan prior to discharge (at 100 per cent, this was 14 per cent higher than the benchmark).
- ACRS Calvary Aged Care and Rehabilitation Unit also achieved better than the ACHS benchmarks for the following clinical indicators:
  - percentage of patients admitted to a rehabilitation unit where there is a documented established multidisciplinary care plan within seven days of admission (16 per cent above the benchmark)
  - percentage of patients admitted to a rehabilitation unit where there is a documented established multidisciplinary care plan seven days prior to discharge (11 per cent above the benchmark)
  - percentage of patients who are discharged to their pre-episode form of accommodation or a form of accommodation that allows for greater independence (11 per cent above the benchmark).
- ACRS's learning, research and development activities in 2009–10 included:
  - maintaining a strong teaching presence in formal, adjunct and informal roles at the University of Canberra, the Australian National University (ANU) and Canberra Institute of Technology. This included three quality improvement projects undertaken in collaboration with the University of Canberra's School of Health Sciences

— providing student placements for nursing, medical and allied health staff from educational tertiary institutions, including the Canberra Institute of Technology, the University of Canberra, ANU, Charles Sturt University, University of Sydney, Australian Catholic University and Canberra Institute of Technology

— maintaining our commitment to increasing and sharing knowledge relating to falls injury prevention by participating in health promotion events during Seniors Week and community expos, with attendees from health and community organisations, non-government organisations, ACT Health and the general public

— presenting at national and international conferences and contributing to learned journals, including the NSW–ACT Occupational Therapy conference, the national Speech Pathologists of Australia conference and the Aged Care Assessment Conference

— developing a falls injury prevention e-learning program for all clinical staff of ACT Health

— delivering education sessions to community groups and service providers, including Carers ACT, Alzheimer's ACT, several culturally and linguistically diverse groups, and residential aged care providers.

Issues

ACRS confronted the following challenges in 2009–10:

- strong competition in the labour market continuing to affect services. This was particularly evident in the fields of specialised posture seating therapy, psychology and, more recently, physiotherapy
- helping patients in ACT hospitals who have complex and ongoing disabilities and health care needs relating to neurological injuries and/or disease make the transition to community living
- ensuring that ACRS services are as accessible to consumers as possible and that multiple appointments to address a single need are eliminated where possible.

Future directions

In 2010–11, ACRS will:

- implement an ACT Health Rehabilitation & Aged Care Strategic Plan for 2010–2015 that recognises the need to develop a broader range of services that are integrated and coordinated with relevant services from the aged care sector and the rehabilitation care sector, both within and outside public health services in the ACT and surrounding region
- develop an ACRS Allied Health Strategic Plan to provide a vision for the future direction of allied health services in ACRS
- establish a new Rehabilitation Specialist position to meet the growing demand of people with neurological injuries and/or disease, and enhance community-based rehabilitation service provision
- complete the endorsed recommendations of the Keen review of equipment services. The most significant changes are that:
  — all equipment is to be fully funded, reducing the financial burden on consumers
  — all children under 16 are to be eligible for assistance irrespective of parental income
  — there will be increased access and equity in equipment provision
  — an enhanced range of equipment is to be made available
- consider flexible workforce options by undertaking a project supported by Health Workforce Australia to examine and evaluate flexible workforce options in allied health in relation to caring for older people
- establish a volunteers program within the service
- review and develop models of care to make the care more patient-centred. This will entail:
  — utilising the Rehabilitation Independent Living Unit cottage 1 as a further step-down approach for rehabilitation clients reintegrating into the community, and
  — reviewing RADAR and the Aged Care Nurse Practitioner role to better meet the needs of the community

- establish the Aged Care and Rehabilitation Community Centre at Village Creek in Kambah, bringing together a range of linked services to enhance the 'patient experience'
- strengthen consumer consultation and input into the design and delivery of aged care and rehabilitation services
- establish additional funded packages as part of the Transitional Therapy and Care Program to support older people in their own homes after an admission to hospital
- establish four additional sub-acute care beds.

Early intervention and prevention

Output 1.7—Early intervention and prevention

Increasing the focus on initiatives that provide early intervention to, or prevent, health care conditions that result in major acute or chronic health care burdens on the community.

Objectives for 2009–10

In 2009–10, ACT Health's objectives for early intervention and prevention were:

- maintaining immunisation rates for children above 90 per cent
- providing 'Well Women's Checks' to women from culturally and linguistically diverse communities
- making referrals to the Child at Risk Health Unit Out-of-Home Care Clinic for children aged 0 to 14 who are entering substitute and kinship care within the ACT.

Childhood immunisation—ACT childhood immunisation coverage rates remained above the national target of 90 per cent for 12-month-old children in 2009–10. The average rate achieved for 12-month-old children in 2009–10 was 93 per cent, exceeding the target of 92 per cent. Effective immunisation programs are essential in protecting the community from disease that can have major and life-threatening impacts on a major scale.

Well Women's Checks were provided to 29 per cent of women from culturally and linguistically diverse communities.

Seventy per cent of children aged 0 to 14 who entered substitute and kinship care in the ACT were referred to the Child at Risk Health Unit's Out-of-Home Care Clinic.

Other early intervention and prevention programs managed by ACT Health are described below.

Chronic disease self-management programs

The Community Health focus is on self-management. The self-management program seeks to:

- raise the quality of life for people living with chronic disease
- improve the effective use of the health care system by people with chronic conditions and enable individuals, families and health care professionals to work together in the management of chronic conditions.

ACT Health currently delivers a self-management program through Community Health. The program provides education for clients and clinicians on the self-management of long-term conditions. The program is conducted in partnership with Arthritis ACT and SHOUT Inc. and courses are co-led by a peer leader (volunteer person with a chronic condition) and a clinician from ACT Health.

Courses are delivered in community centres across Canberra to clients, carers and families. The focus is on optimal self-care (physical, emotional and social) and active participation by people in their own health care, including health promotion, risk reduction, decision making, care planning, medication management and working with health care providers.

Numbers of referrals have continued to improve, with a target of 80 participants per year. In 2009 the total number of participants was 155, with 109 completing the course. In 2010, there have been 51 participants and seven courses. Eight more courses are scheduled for the remainder of the year.

The total number of Continuing Care Program leaders trained is 13 (nine community nurses and four allied health professionals). These staff are supported by course leaders from partner agencies.

A Chronic Conditions Expo was held in April 2010. This was organised in association with SHOUT Inc., the ACT Division of General Practice and the ANU. It included stallholders from allied health, non-government organisations and community support groups. Over 200 people attended the day and the feedback was extremely positive. It is envisaged that this event will be held annually. It is an opportunity to raise awareness in the public about the self-management program, support groups and how to access these supports.

Aboriginal and Torres Strait Islander children vaccination

The average rate of immunisation coverage for Aboriginal and Torres Strait Islander children during 2009–10 was 91.2 per cent, 94.1 per cent and 86.4 per cent for children at one, two and five years respectively. Due to the ACT having very low numbers of children identifying as Aboriginal or Torres Islander, the immunisation coverage rates can fluctuate greatly between reporting periods and cohorts.

Public health services

Output 1.4—Early intervention and prevention

Public Health Services provides high quality health and community services to the ACT and surrounding region. The key strategic priorities for Public Health Services include the monitoring of prevention, early intervention and integrated care services to ensure that the ACT maintains its position as the healthiest jurisdiction in Australia. This includes:

- maintaining the ACT's position as the jurisdiction with the greatest life expectancy in Australia;
- reducing the incidence of cardiovascular disease in the community; and
- ensuring that the rate of hip fractures declines over the long term.

Public health services in the ACT are largely provided through the Population Health Division (PHD). There are four branches within the division:

- The Population Health Executive Office supports the Chief Health Officer in performing statutory responsibilities. The office is also responsible for developing and implementing policy on a range of public health issues, including sexual and reproductive health, blood and blood products, organ and tissue donation, and gene technology.
- The Health Promotion Branch is responsible for policy and program delivery in the area of health promotion, which includes chronic disease prevention, the promotion of healthy lifestyles, education, social inclusion and advocacy.
- The Epidemiology Branch collects, analyses and disseminates information on the health status and health-related behaviours of the ACT population. This information is used to monitor, evaluate and guide health planning and policy. It provides advice and assistance for research and evaluation activities across the health portfolio and broader research community.

- The Health Protection Service (HPS) manages risks and implements strategies for the prevention of, and timely response to, public health events. This is achieved through a range of regulatory and policy activities relating to radiation safety, communicable disease control, environmental health, emergency management, pharmaceutical products and tobacco products, as well as analytical services.

In 2009 the Chief Health Officer released 'Towards a Healthier Australian Capital Territory: A Strategic Framework for the Population Health Division 2010–2015'. The framework outlines the context and guiding principles for the work of the division over this period, and establishes broad objectives and strategic priorities. It aims to improve the health status of the ACT population, taking into account various factors that influence health. Recognising that many of these factors are outside the direct influence of the health sector, the framework relies on a strong commitment to practical partnerships with other government agencies, non-government agencies, public health practitioners, clinicians, researchers and educators.

The detailed annual business plans of each branch within the division will be aligned with the framework. Progress in implementing the framework will be monitored and reported biennially in the *ACT Chief Health Officer's Report*.

Achievements

The ACT continued to maintain its position as the jurisdiction with the highest life expectancy. Projections suggest that life expectancy in the ACT will continue to increase over coming years. By 2015, life expectancy at birth in the ACT is projected to be 83.1 years for males (up 2.4 years from 2007) and 86.5 for females (up 2.5 years from 2007). Cancer, mental disorders and cardiovascular disease are the leading contributors to the total burden of disease in the ACT, contributing nearly half of the total disease burden.

The Epidemiology Branch fulfilled its statutory and national reporting requirements for 2009–10. This included the collection of data for and maintenance of the ACT cancer registry and maternal and perinatal data collection, and the preparation of the *2010 Chief Health Officer's Report*. Reports on the ACT Secondary School Alcohol and Drug Survey and Breast Cancer in the ACT were also prepared for release in 2010. The Epidemiology Branch also fulfilled national reporting requirements on public health expenditure, cancer incidence and mortality, and maternal and perinatal statistics for the ACT.

In 2009–10 the Epidemiology Branch focused on strengthening quality systems in population health data collection and reporting. This included augmenting the ACT survey program to include better information on ACT children aged 2 to 17 years; developing partnerships to facilitate electronic transmission of maternal and perinatal data in the ACT; developing systems for reporting on new national and local health indicators; and building local capacity in data linkage between key population health data collections.

The Epidemiology Branch, in partnership with the ANU, also commissioned a key report on the mental health characteristics of people living in the ACT.

One of the main priorities of 'Towards a Healthier ACT: A Strategic Framework for the Population Health Division 2010–2015' is to enhance the preparedness of the ACT to identify and respond to health emergencies through planning, training and practice. Key activities in this area are noted below.

- The Health Emergency Plan (HEP) was reviewed, pursuant to the *Emergencies ACT 2004*, and at the time of writing was undergoing final review for endorsement and publication. The HEP outlines the key arrangements for the ACT health sector in managing an emergency that has significant health implications.
- ACT Health implemented the Australasian Inter-Service Incident Management System (AIIMS) training for health sector staff.
- ACT Health has implemented an ongoing program of EmergoTrain System (ETS) exercises with public and private health sector facilities in the ACT to assess emergency plans and procedures in response to mass casualty incidents.

HPS conducts surveillance for notifiable conditions as required under the *Public Health Act 1997*. In 2009–10, all conditions notified to HPS were followed up and investigated according to routine protocols and guidelines. Where necessary, public health measures were put in place to limit the spread of disease in the ACT and wider community. Data regarding notifiable conditions were collected and stored in the ACT notifiable diseases database.

Notifications for most diseases were within expected levels. No cases of measles or meningococcal disease were notified during the reporting year. Chlamydia continued to be the most commonly notified disease in the ACT, followed by campylobacter, which is consistent with disease trends observed in previous years.

In the second half of 2009, more than 30 outbreaks of non-foodborne gastroenteritis were investigated, mainly occurring in aged-care facilities, child-care centres and hospitals. The majority of these outbreaks, mainly those in aged-care facilities and hospitals, were caused by norovirus. The ability to detect norovirus outbreaks was improved during 2009 as a result of the local public health laboratory introducing a norovirus antigen detection method.

A cluster investigation of two cases involving a rare salmonella serotype—*Salmonella rubislaw*—was conducted in August. HPS staff co-authored a report into the outbreak, which has been accepted for publication in the *Australian Medical Journal*.

In 2009 pandemic (H1N1) 2009 influenza was responsible for the first influenza pandemic in 41 years. The pandemic remains in the PROTECT phase, which focuses on identification of people who are at risk of severe disease and poor outcomes from the influenza virus.

Infection by the pandemic (H1N1) 2009 influenza turned out to be mild in most people but was serious in some. However, pressure on the health system has been significant, particularly for GP practices, pathology laboratories, hospital emergency departments, intensive care units and the Health Protection Service.

HPS continues to play a leading role in managing the ACT's public health emergency response to the pandemic 09. The ACT implemented previously developed territory pandemic plans while fulfilling its role in meeting national requirements.

Pandemic influenza activity began in April 2009 and the Public Health Emergency Operations Centre (PHEOC) was established at the Health Protection Service in early May 2009. Planning, preparation and implementation tasks undertaken by HPS and PHEOC during various phases of the pandemic response included:

- contacting and treating confirmed cases
- providing information, advice and protocols for home quarantine
- working with Commonwealth authorities on border screening protocols for airlines passengers
- working with the ACT Department of Education and Training to limit the spread of the infection in ACT schools
- working with Clinical Operations Division to establish influenza assessment centres
- minimising the risk of complications of the virus in people with underlying conditions, and
- providing the community with up-to-date information about H1N1 influenza 09.

The H1N1 immunisation program began on 30 September 2009. HPS has delivered more than 121,800 doses of vaccine, and more than 75,000 doses were reported as administered. Recipients included more than 900 pregnant women, more than 15,500 people with risk factors and more than 7700 children. Notifications from reporting practices on doses administered indicate that more than 24 per cent of the ACT population had been vaccinated with this vaccine to 3 June 2010. Coverage rates are predicted to increase during 2010 as people are vaccinated with pandemic (H1N1) 2009 vaccine and the 2010 seasonal influenza vaccine, which includes the pandemic strain.

Following an evaluation of the response in late 2009, HPS established a dedicated special response unit for the 2010 influenza season. Its role is to oversee the public health response to influenza and coordinate the ACT Health Influenza Work plan.

ACT Health has undertaken significant promotional activities to ensure that people in these 'at risk' groups are aware of their risk and the recommendation that they be protected by seasonal influenza vaccination. These activities include radio, television and newspaper advertising and the production of posters and brochures, whole-of-government messages, provider information from the Chief Health Officer and provider education sessions. Customers can also gain information through the ACT Health immunisation inquiry line and by contacting staff from the influenza special response unit.

The ACT continues to achieve high childhood immunisation coverage in the general population. Coverage rates for children in all three cohorts are consistently above the national average. The ACT Health target of having 92 per cent of one-year-old children fully immunised was exceeded in all quarters of the reporting year.

An objective of the ACT Immunisation Strategy 2007–2010 is to 'enhance the quality of immunisation information in the ACT available to service providers'. To achieve this goal and the goal in ACT Health's Corporate Plan of 'Forming effective partnerships with stakeholders', HPS funded a professional development program for immunisation providers.

Two more immunisation responses are noted below.

- In response to an increased number of bat bites in the ACT, in February and March 2010 HPS raised awareness of the risk of Australian Bat Lyssavirus through media releases and web updates and provided post-exposure treatment through the emergency departments and medical practices on the day requested.
- HPS continued to fund and distribute a combination vaccine that includes protection against pertussis for new parents and grandparents as part of a 'Targeted Adult Pertussis Vaccination Program' to minimise the incidence of this disease in infants.

In August 2008, the Legislative Assembly passed the *Tobacco Amendment Act 2008*, which made a number of important changes to the *Tobacco Act 1927* to prohibit point-of-sale tobacco and smoking product displays at standard tobacconists. HPS worked with the Office of Regulatory Services to circulate information for tobacco licensees about the new requirements. Work also continued on policy proposals about prohibiting smoking in cars where children are present.

In December 2009 the *Smoking (Prohibition in Enclosed Public Places) Amendment Act 2009* was passed by the Legislative Assembly. This Act, which comes into effect on 9 December 2010, prohibits smoking in public outdoor eating and drinking areas.

Throughout the year HPS provided information about food safety to ACT-registered food businesses through the quarterly newsletter *ACT on Food Safety.* Posters and information sheets on various aspects of food safety were also developed and distributed to food businesses.

As part of its role to protect and promote the health of the people of the Canberra region, HPS regularly conducts food surveys to ensure that the territory's food supply is safe and complies with the *ACT Food Act 2001*. Cooked prawns are a very popular ready-to-eat food, widely available in retail establishments across the ACT. HPS conducted a cooked prawn survey in 2008, which indicated that the microbial quality of cooked prawns sold in the ACT is satisfactory. The survey was featured in the Food Standards Australia New Zealand Autumn Newsletter 2010 and published on the ACT Health website.

The National Health and Medical Research Council released new *Guidelines for Managing Risks in Recreational Water in February 2008*. The new guidelines adopt a risk management approach to recreational waters. As a result, HPS performed a thorough risk assessment of ACT recreational waters and developed the new 'Microbiological Guidelines for the ACT Recreational Waters', which were approved by Chief Health Officer in December 2009.

Throughout the year, HPS assessed information about water quality provided by the National Capital Authority, which manages Lake Burley Griffin, and the ACT Department of the Environment, Climate Change, Energy and Water, which manages Lake Tuggeranong, Lake Ginninderra and the Molonglo River. Conditions this year remained favourable for the growth of high levels of blue–green algae in Canberra's lakes and rivers. To ensure a consistent response to algal blooms and provide information for the public about the risks they pose, HPS (in consultation with waterways managers and key stakeholders) produced the *Blue–Green Algae in Recreational Water Management Strategy in December 2009*. The strategy outlines the risks associated with specified algal levels and describes the appropriate actions for regulators and recreational water users.

ACT Health commissioned Conjoint Associate Professor Howard Bridgman from the University of Newcastle to undertake a review of the ACT ambient air quality data and prepare a report focusing on the Tuggeranong Valley ambient air quality issues. This report, titled *Preliminary Assessment of Wintertime Air Quality in the Tuggeranong Valley, ACT*, identifies solid fuel burning, mainly wood, as the Tuggeranong Valley's dominant emission source and wood smoke as an air quality issue during winter. It also noted that the emission sources in the Tuggeranong Valley are relatively small compared with those in other similarly affected urban areas such as Launceston and Ballarat. It found that the ACT Government strategies such as 'Don't Light Tonight' and the solid fuel heater buy-back scheme had been successful in reducing the use of solid fuel burners in the Tuggeranong Valley in winter. This report is available on the ACT Health website.

HPS continued its implementation of the new *Medicines, Poisons and Therapeutic Goods Act 2008*, which commenced on 14 February 2009. This included the formal endorsement of doctors wishing to prescribe methadone and/or buprenorphine to drug-dependent patients and the new provisions for the commencement of treatment by some general practitioners.

The Health Promotion Branch of the Population Health Division works with other ACT Health divisions and key stakeholders to improve the health of the ACT population through a mixture of health promotion and disease prevention actions that target individuals and population groups with the greatest potential for health gains to be made. Achievements include:

- the establishment of an expert panel to provide chronic disease and preventative health services, programs and interventions to address lifestyle risk factors, and to evaluate preventative health programs and projects delivered to the ACT community
- provision of a 'Measure Up' resource kit to 15,000 ACT residents aged between 49 and 50 years under the Australian Government's 'Measure Up' social marketing campaign. The kit included information on risk factors for chronic diseases and encouraged those people with risk factors to have a health check with their general practitioner. Data shows a moderate increase in the uptake of health checks in this age group across Australia in 2009–10. To help people change their behaviour following this raised awareness, ACT Health negotiated with NSW Health to use its 'Get Healthy Information and Coaching Service' for ACT residents. NSW Health resources were modified for use in the ACT and the service provider was given ACT-specific information for coaches to use with ACT callers
- ongoing promotion of healthy eating, physical activity and *Smokefree*, and the introduction of 'Tap into Water', water as the drink of choice, through media advertising, resource development and distribution, grants sponsorship, displays and community events.

- development of cross-sectoral initiatives to reduce childhood obesity through encouraging physical activity and healthy eating in early childhood care settings. The ACT Early Childhood Active Play and Eating Well project is part of the ACT Government's commitment to obesity prevention under the ACT Children's Plan. It is a partnership between ACT Health, ACT Territory and Municipal Services (Sport and Recreation) and the Heart Foundation, ACT. The four-step approach included training of early childhood sector staff, provision of a training manual, detailed evidence-based fact sheets, brochures and posters, and an interactive website for ongoing support and information dissemination. 170 staff (long day care centres and family day carers) attended 11 'Kids at Play' training sessions. Two ACT schools undertook training in the new National Healthy School Canteen Guidelines. ACT Health funded a dietitian to undertake the training and then help the schools to implement the guidelines. The ACT Health Public Health Nutritionist participated in a jurisdictional reference group to provide guidance in the development of the new national guidelines
- development of stronger links across government through representation on the Healthy Parks Healthy People interdepartmental working group and other interdepartmental groups
- finalisation of the strategic review of the ACT Health Promotion Grants Program to streamline and increase the efficiency and effectiveness of the ACT Health grants management process, including the development of an evaluation framework
- commissioning of an external review of the Grants Program to improve the strategic direction of grant-funded programs in line with increased focus on health promotion and prevention at the national and local level. This included improvements in evaluating the Grants Program. Recommendations will be considered for implementation in 2010–11.

The Health Promotion Branch has continued to develop and support the implementation of evidence-based falls prevention programs in the community and residential aged care environments to reduce the risk of injury and avoidable hospitalisation of older people. The review of projects mentioned above included the Falls Prevention Grants Round, and a forum of stakeholders will be convened in late 2010 to consider the review's outcomes.

The Population Health Executive Office (PHEO) took several actions to address the rising incidence of chlamydia in the ACT. It funded the 'Stamp Out Chlamydia' project, which provides readily accessible outreach screening 'events' to identified high-risk populations. This project is being delivered through a partnership comprising the Canberra Sexual Health Centre, Sexual Health and Family Planning ACT, and the Academic Unit of Internal Medicine of the Australian National University Medical School. Increased chlamydia contact tracing and partner notification activities have also been funded, as evidence has shown this approach to be effective in identifying a high proportion of positive chlamydia cases.

PHEO also supported the Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases in providing ACT input to the process of drafting new national HIV, hepatitis and STI strategies. PHEO facilitated a stakeholder forum attended by 45 representatives from 20 organisations in the sexual health and blood-borne virus sector and proposed a range of ideas to be fed into the national drafting process.

PHEO remains responsible for policy relating to blood and blood products and several of its officers represent the ACT on a number of high-level national committees. One such committee is the Jurisdictional Blood Committee, a subcommittee of the Clinical, Technical and Ethical Principal Committee of the Australian Health Ministers' Advisory Committee.

The ACT Health Transfusion Nurse (from PHEO) continues to provide clinical leadership in the area of haemovigilance across the ACT blood sector. In April 2010, this officer was awarded an ACT Health Australia Day Medallion for her significant contribution to the 'alignment of ACT transfusion education, policies and procedures with current national best practice'. These activities most recently have involved developing and implementing quality improvement initiatives that aim to prevent adverse events, improve patient blood management practices, mitigate costs associated with inappropriate blood use, and align the ACT with national best practice.

PHEO has been involved in implementing the $151.1 million National Reform Package on Organ and Tissue Donation for Transplantation announced by the former Prime Minister in July 2008. The ACT continues to meet requirements against the nine measures of the package as outlined by the Australian Organ and Tissue Authority. There has been a large increase in the number of dedicated staff working in organ and tissue donation and a significant increase in clinical education for critical care staff in the ACT. Also, in line with a national trend there has been a notable increase in organ donation in the ACT in the first six months of 2010, with six multi-organ donors compared with eight in the whole 2009 calendar year.

The Health Promotion Branch finalised a sponsorship agreement to support the 12th Australian Transplant Games, to be hosted by Transplant Australia in October 2010. This is an opportunity for the life-saving gift of organ and tissue donation to be celebrated and the lives of donors honoured and their families thanked.

In 2009 responsibility for supporting the ACT Health and Medical Research Council and managing the assessment process for the ACT Health and Medical Research Support Program was transferred from PHEO to the ACT Health Research Office.

Issues

The *Tobacco Act 1927* requires ACT Health to provide information in the annual report about the conduct of compliance testing for tobacco sales to minors. While ACT Health is responsible for tobacco policy, the Office of Regulatory Services (ORS) is responsible for conducting monitoring and enforcement under the Act. ORS has indicated that it has been unsuccessful in recruiting purchasing assistants to undertake compliance testing.

Following an investigation into a higher than usual occurrence of fever with convulsions in young children after seasonal influenza immunisation, Australia's Chief Medical Officer, Professor Jim Bishop, advised that, as a precaution, seasonal influenza vaccine for healthy children aged less than five years should be suspended. ACT Health's response to the adverse events reported in the ACT has included dealing with public inquiries, reporting to the Therapeutic Goods Administration to aid a national investigation into the cause, and dealing with inquiries from the media. Information and education continues to be provided to the public and providers to maintain the community's confidence in the vaccination program.

Coordination of health promotion and disease prevention activities is a continuing challenge because of the increasing activity at both national and state/territory levels. Good coordination will be essential to achieving the desired outcomes of modifying risk factors, improving the social and other determinants of health, and creating environments that support healthy lifestyles and address health inequalities.

The Australian Red Cross Blood Service is in the process of reducing the number of principal sites nationally. As a result, in 2011 the blood service units serving NSW and the ACT will be consolidated at a single principal site at Mascot, Sydney. The consolidated production and distribution services for the ACT are likely to begin in March 2011. This will mark the end of an era for the local production and distribution of blood products within the ACT. While the service has stated its commitment to ensure the timely, efficient and effective delivery of blood and blood products across the ACT, PHEO will monitor the new arrangements to ensure that these assurances are met and fully sustained.

Increasing screening activities in key target groups is likely to lead to an increased detection of chlamydia and therefore the appearance of an increasing rate of chlamydia. Data about the rates of chlamydia therefore needs to be interpreted carefully.

Future directions

The Health Promotion Branch will take a lead role in implementing the National Partnership Agreement on Preventative Health. The 2009–10 ACT Healthy Future budget initiative aims to promote healthy lifestyles and reduce risk factors for chronic disease, with a particular focus on children, young people and workers.

ACT Health emergency arrangements and procedures continue to be updated and tested to ensure that we maintain our capacity to respond effectively to any health-related incident. ACT Health will conduct a large-scale Emergo Train System exercise in 2011 involving all four hospitals and the Health Emergency Control Centre to fully assess the ACT's capability to respond to a mass casualty incident.

The ACT Health Event Planning Group will continue to coordinate and communicate with organisers of large public events to see that risk assessments and operational planning for health issues are considered.

ACT Health will continue to try to reduce the impact of influenza in the community, using the lessons learnt in 2009 to improve planning and response to this and future pandemics and disease outbreaks. The focus for the 2010 influenza season is on:

- increasing influenza immunisation coverage of pandemic H1N1 and seasonal influenza vaccine by increasing access to vaccination and through promotion of influenza vaccine through community noticeboard ads, radio ads and letters to parents of schoolchildren and health care providers
- promoting hygiene measures to help prevent the spread of influenza
- improving communication to health care providers, key stakeholders and the public
- reviewing health sector operating plans and surge capacity planning to build on lessons learnt during 2009
- continuing stakeholder involvement in pandemic planning.

The ACT Immunisation Strategy 2007–2010 will be evaluated before a new strategy is developed that will provide a clear focus and direction for immunisation service providers and consumers in the coming years.

A revised Code of Practice for Public Swimming Pools and Spa Pools will be finalised and implemented by the Health Protection Service.

ACT Health will continue to participate in a range of food surveillance initiatives, including those undertaken at a national level coordinated by Food Standards Australia New Zealand. These initiatives include the iodine in seaweed and seaweed products survey, folate in bread survey and the microbiological quality of chilled ready-to-eat foods.

The Australian Government has committed to proceed by 1 November 2010 to allow midwives to prescribe medicines under the Pharmaceutical Benefits Scheme. The ACT will make amendments to the Medicines, Poisons and Therapeutic Goods Regulation to allow midwives to prescribe medicines in the territory.

2011 will also see the implementation of a program of outreach activities to reduce levels of sexually transmissible infections, including chlamydia, in young Aboriginal people. It is expected that increased screening of at-risk populations and increased chlamydia contact tracing and partner notification activities will, over time, reduce chlamydia infection rates in the ACT region and in turn reduce the complications of chronic infection such as pelvic inflammatory disease and infertility. The results of an extensive data analysis are expected to be available soon to help gauge the effects of the current suite of programs and to guide priorities for future service delivery.

The ACT will continue to work with the Australian Organ and Tissue Authority to implement national plans and programs such as the National Protocol for Donation after Cardiac Death and the Australian Paired Kidney Exchange Program.

The Epidemiology Branch will continue to help build better data sources that can provide quality information on the health of ACT residents and inform national performance indicator reporting. The branch will also develop ways to ensure that this information is disseminated in a form that can be used for monitoring, evaluation and guiding health planning and policy.

The division will continue to explore and develop responses to the health impacts of climate change within the context of the proposed ACT Health Sustainability Strategy being developed by the Business and Infrastructure division. The division will also contribute to the development of a new action plan, aligned with the ACT Government Climate Change Strategy, which will include mitigation and adaptation strategies.

A feasibility study on establishing a centre for youth health in the ACT will be undertaken in 2010. It will include an examination of potential models of delivery for youth health initiatives, particularly from an early intervention and prevention perspective. The findings of the study will be used to formulate recommendations to the ACT Government on actions to improve the health and wellbeing of young people aged between 12 and 25 years living in the ACT.

A.10 Triple Bottom Line Report

	INDICATOR	2009–10 Result	2008–09 Result	% Change
ECONOMIC	**Employee Expenses**			
	– Number of staff employed (head count, not FTE)	5,594	5,368	4.21%
	– Total employee expenditure (dollars)	$438,390,000	$418,874,000	4.66%
	Operating Statement			
	– Total expenditure (dollars)	$990,380,000	$938,820,000	4.95%
	– Total own source revenue (dollars)	$205,791,000	$205,066,000	0.35%
	– Total net cost of services (dollars)	$784,589,000	$733,754,000	6.23%
	Economic Viability			
	– Total assets (dollars)	$690,169,000	$637,868,000	8.20%
	– Total liabilities (dollars)	$202,899,000	$181,426,000	11.84%
ENVIRONMENTAL	**Transport**			
	– Total number of fleet vehicles	314	319	1.59%
	– Total transport fuel used (kilolitres)	365	389	6.58%
	– Total direct greenhouse emissions of the fleet (tonnes of $CO2_e$)	972	1,020	4.94%
	Energy Use			
	– Total office energy use (megajoules)	4,223,628	198,854,245[2]	N/A
	– Office energy use per person (megajoules)[1]	10,829	37,044[3]	N/A
	– Office energy use per m^2 (megajoules)	731	1,243[4]	N/A
	Greenhouse Emissions			
	– Total office greenhouse emissions — direct and indirect (tonnes of $CO2_e$)	1,472.2	1,255	17.31%
	– Total office greenhouse emissions per person (tonnes of $CO2_e$)[5]	107	N/A	N/A
	– Total office greenhouse emissions per m^2 (tonnes of $CO2_e$)	7.25	N/A	N/A
	Water Consumption			
	– Total water use (kilolitres)	160,249	154,711	3.58%
	– Office water use per person (kilolitres)[6]	28.82	N/A	
	– Office water use per m^2 (kilolitres)	0.97	N/A	
	Resource Efficiency and Waste			
	– Total co-mingled office waste per FTE (litres)	514[7]	509	0.98%
	– Total paper recycled (litres)	1,991,288	1,507,850	32.0%[8]
	– Total paper used (by reams) per FTE (litres)	9.15 reams/FTE	9.32 reams/FTE	1.82%
	– Percentage of paper recycled (%)	N/A	N/A	N/A
SOCIAL	**The Diversity of Our Workforce**			
	– Women (Female FTEs as a percentage of the total workforce)	77.46%	77.3%	0.16%
	– People with a disability (as a percentage of the total workforce)	1.77%	1.8%	–0.003%
	– Aboriginal and Torres Strait Islander people (as a percentage of the total workforce)	0.63%	0.5%	0.13%
	– Staff with English as a second language (as a percentage of the total workforce)	15.37%	13.7%	1.67%
	Staff Health and Wellbeing			
	– OH&S Incident Reports	1,431	1,384	3.4%
	– Accepted claims for compensation (as at 31 August 2010)	94	113	–16.8%
	– Staff receiving influenza vaccinations	2,788	3,091	–9.8%
	– Workstation assessments requested	Not collected	—	

1 Per FTE.
2 Data includes whole of agency energy use data.
3 Data includes whole of agency energy use data.
4 Data includes whole of agency energy use data.
5 Per FTE.
6 Per FTE.
7 Data includes whole of agency comingled waste.
8 Increased considerably due to improved data collection.