

# Annual Report

# 21 22



**ACT**  
Government

ACT Health Directorate





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ACT Health Directorate acknowledges the Traditional Custodians of the land, the Ngunnawal people. The Directorate respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. It also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.



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ISBN: 978 0 642 60738 6

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# Abbreviations and acronyms

Abbreviation/acronym	Meaning
4MH	4 Mental Health
ABA	Australian Breastfeeding Australia
ABF	Activity Based Funding
ABM	Activity Based Management
AC	Access Canberra
ACAT	ACT Civil and Administrative Tribunal
ACE	Adverse Childhood Event
ACEM	Australasian College for Emergency Medicine
ACHS	Australian Council on Healthcare Standards
ACT	Australian Capital Territory
ACT DHS	ACT Disability Health Strategy
ACT LHN	ACT Local Hospital Network
ACTCHN	ACT Capital Health Network
ACTGAL	ACT Government Analytical Laboratory
ACTHD	ACT Health Directorate
ACTHPGP	ACT Health Promotion Grants Program
ACTIA	ACT Insurance Authority
ACTPS	ACT Public Service
AEFI	Adverse Events Following Immunisation
AETHER	ACT Health app Ecosystem Transformative Healthcare Engine and Repository
AGA	A Gender Agenda
AHPPC	Australian Health Protection Principal Committee
AHPRA	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
AIS	Australian Institute of Sport
AMC	Alexander Maconochie Centre
AMR	Automatic Mutual Recognition

Abbreviation/acronym	Meaning
ANU	Australian National University
ANZICS	Australian New Zealand Intensive Care Society
AOD	Alcohol and other drugs
ARIR	Australian Radiation Incident Register
ARMC	Audit and Risk Management Committee
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
ART	Assisted Reproductive Technology
ASIST	Applied Suicide Intervention Skills Training
ATOD	Alcohol Tobacco and Other Drug
ATODA	Alcohol Tobacco and Other Drug Association ACT
ATSIPP	Aboriginal and Torres Strait Islander Procurement Policy
AusHFG	Australasian Health Facility Guidelines
BDI	Black Dog Institute
BFCI	Baby-Friendly Community Initiative
BFHI	Baby-Friendly Health Initiative
BI	Business intelligence
BYJC	Bimberi Youth Justice Centre
C&G	Corporate and Governance Division
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
CALD	Culturally and linguistically diverse
Calvary	Calvary Health Care ACT Ltd
CAMHS	Child and Adolescent Mental Health Services
CC2H	Care Close to Home
CCWG	Chronic Conditions Working Group
CHANGE	Community Health Activation Network
CHECC	Clinical Health Emergency Coordination Centre
CHHH	Clare Holland House Hospice
CHHP	Community Health and Hospitals Program
CHN	Capital Health Network

Abbreviation/acronym	Meaning
CHO	Chief Health Officer
CHS	Canberra Health Services
CIT	Canberra Institute of Technology
City CRS	City Community Recovery Service
CMHR	Centre for Mental Health Research
CMTEDD	Chief Minister, Treasury and Economic Development Directorate
CNA	Calvary Network Agreement
CNG	Compressed Natural Gas
COAG	Council of Australian Government
COPE	Centre of Perinatal Excellence
CORE	Centre for Outcome and Resource Evaluation
CORS	Co-worker Observation Reporting System
CPHB	Calvary Public Hospital Bruce
CRAU	COVID-19 Respiratory Assessment Unit
CRB	COVID-19 Response Branch
CRMEC	Canberra Region Medical Education Council
CSD	Community Services Directorate
CTG	Closing the Gap
CTSC	Clinical Trials Subcommittee
CwP	Connecting with People compassion-based suicide prevention training
DAC	Drug and Alcohol Court
DAIP	Disability Action and Inclusion Plan
DASL	Drug and Alcohol Sentencing List
DBC	Delivering Better Care
DCC	Directorate Consultative Committee
DHR	Digital Health Record
DHS	Disability Health Strategy
Dhulwa	Dhulwa Mental Health Unit
Directorate	ACT Health Directorate

Abbreviation/acronym	Meaning
DSOC	Digital Solutions Operations Centre
EAP	Employee Assistance Program
ECT	Electroconvulsive therapy
ED	Emergency department
ED11	Involuntary Detention for a period of up to a further 11 days
ED3	Involuntary Detention authorised for up to three days
EDRMS	Electronic document and records management system
EPHSED	Expanding Public Health Care Services for Eating Disorders
EPIC	Exhibition Park in Canberra
EV	Electric vehicle
FAP	First Action Plan
FCC Plan	Fraud and Corruption Control Plan
FOI	Freedom of Information
FPTO	Forensic Psychiatric Treatment Order
FRRG	Food Regulation Reference Group
FTE	Full-time equivalent
GDM	Gestational Diabetes Mellitus
GOPIO	Global Organisation of People of Indian Origin
GP	General Practitioner
GRACE	Geriatric Rapid Acute Care Evaluation
GTM	Groovin' the Moo
Gugan Gulwan	Gugan Gulwan Youth Aboriginal Corporation
HAART	Home Assessment Acute Response Team
HARC	Health Analytics Research Collaboration
HCCA	Health Care Consumers' Association
HCE	Health Complaints Entity
HCMG	Hoarding Case Management Group
HEAL	Healthy Eating and Active Living
HITH	Hospital in the Home

Abbreviation/acronym	Meaning
HOT	Homelessness Outreach Team
HPS	Health Protection Service
HR	Human Resources
HREC	Human Research Ethics Committee
HRIMS	Human Resource Information Management System
HRIMS Learning	Human Resource Information Management System Learning Management System
HSR	Health and safety representative
HVAC	Heating ventilation and air conditioning
IAHA	Indigenous Allied Health Australia
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDAHOBIT	International Day Against Homophobia, Biphobia, Intersexism and Transphobia
IDC	Indigenous Design Charter
IHC	Interchange Health Cooperative
IHSS	Infrastructure Health Support Services
JEV	Japanese Encephalitis Virus
K6	Kessler 6
KHC	Kindergarten Health Check
KPI	Key Performance Indicator
LGBTIQ+	Lesbian, gay, bisexual, transgender/gender diverse, intersex and queer
LIS	Laboratory information system
LMS	Learning Management System
LPG	Liquid Petroleum Gas
LRSC	Low Risk Subcommittee
MAC	Medicines Advisory Committee
MaCCS	Maternity Care Classification System
MACR	Minimum age of criminal responsibility
MBS	Medical Benefits Schedule
MDMA	Methylenedioxymethamphetamine

Abbreviation/acronym	Meaning
MHCC ACT	Mental Health Community Coalition ACT
MHJHADS	Mental Health, Justice Health and Alcohol and Drug Services
MHSP	Mental Health Services Plan
MOC	Model of Care
MOST	Moderated Online Social Therapy
MOU	Memorandum of Understanding
MPX	Monkeypox
MSD	Musculoskeletal disorders
MSPTP	Medicare subsidised psychological therapy program
NAIDOC	National Aborigines and Islanders Day Observance Committee
NATA	National Association of Testing Authorities, Australia
NBHF	Ngunnawal Bush Healing Farm
NDIS	National Disability Insurance Scheme
NDMS	Notifiable Disease Management System
NEST	Nutrition Education Skills Training
NGO	Non-government organisation
NGOLG	NGO Leadership Group
NHMRC	National Health and Medical Research Council
NHSD	National Health Services Directory
NMA	National Mutual Acceptance (of single ethical review)
NSQDMHS	National Safety and Quality Digital Mental Health Standards
NSQHSS	National Safety and Quality Health Service Standards
NSW	New South Wales
NWAU	National Weighted Activity Unit
OATSIA	Office for Aboriginal and Torres Strait Islander Affairs
OCIM	Organisational Culture Improvement Model
ODT	Opioid Dependency Treatment
OMHW	Office for Mental Health and Wellbeing
OMT	Opioid Maintenance Treatment



Abbreviation/acronym	Meaning
OPL	Office of Professional Leadership and Education
PACER	Police, Ambulance and Clinician Early Response
PARS	Patient Advocacy Reporting System
PBRC	Power Billing and Revenue Collection
PCR	Polymerase Chain Reaction
PEACE	Palliative Excellence in Alzheimer Care Efforts
PHEC	Primary Health Emergency Committee
PHEV	Plug-in hybrid electric vehicle
PHSMs	Public Health Social Measures
PICC	Public Information Coordination Centre
PPE	Personal protective equipment
PPP	Policy, Partnerships and Programs Division
PTO	Psychiatric Treatment Order
QEII	Queen Elizabeth II Family Centre
QPR	Question, Persuade, Refer
QR	Quick response
RACF	Residential aged care facility
RAT	Rapid antigen test
RED	Respect Equity and Diversity
REDCO	Respect, Equity and Diversity Contact Officer
RO	Restriction Order
RTPM	Real Time Prescription Monitoring
SAB	Staphylococcus Aureus Bacteraemia
SACY	Safe and Connected Youth
SAMP	Strategic Asset Management Plan
SBB	Safer Baby Bundle
SERBIR	Senior Executive Responsible for Business Integrity Risk
SI	Strategic Infrastructure Branch
SIG	Special Interest Group

Abbreviation/acronym	Meaning
SME	Subject matter expert
SP	Suicide Prevention
SPIRE	Surgical Procedures, Interventional Radiology and Emergency Centre
SRSC	Social Research Subcommittee
STI	Sexually Transmissible Infection
STIBBV	Sexually Transmissible Infections and Blood Borne Viruses
STRIDE	Short Term Recovery Intervention for Disordered Eating
SUFS	Speaking up for Safety program
SWDR	System-Wide Data Review
TPL	Teacher Professional Learning
TRN	Territory Radio Network
TTIQ	Test, Trace, Isolate and Quarantine
UC	University of Canberra
UK	United Kingdom
WCC	Workplace Consultative Committee
WEPC	Workplace Emergency Planning Committee
WHM	Women's Health Matters
WHO	World Health Organization
WHS	Work Health and Safety
Winnunga Nimmityjah	Winnunga Nimmityjah Aboriginal Health and Community Services
WLS	Work Level Standards
YAM	Youth Aware of Mental Health
YWCA	Young Women's Christian Association
ZEV	Zero emissions vehicles

# Glossary of technical terms

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

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Management of Care for People Living with Serious and Continuing Illness	<a href="https://www.audit.act.gov.au/_data/assets/pdf_file/0007/1626037/Report-No.7-of-2020-Management-of-care-for-people-living-with-serious-and-continuing-illness.pdf">https://www.audit.act.gov.au/_data/assets/pdf_file/0007/1626037/Report-No.7-of-2020-Management-of-care-for-people-living-with-serious-and-continuing-illness.pdf</a>
Maternity in Focus: First Action Plan 2022–2025	<a href="https://health.act.gov.au/sites/default/files/2022-06/Maternity%20in%20Focus%20-%20First%20Action%20Plan%202022-2025%200.pdf">https://health.act.gov.au/sites/default/files/2022-06/Maternity in Focus - First Action Plan 2022-2025 0.pdf</a>
Maternity in Focus: The ACT Public Maternity System Plan 2022–2032	<a href="https://health.act.gov.au/sites/default/files/2022-06/Maternity%20in%20Focus%20-%20ACT%20System%20Plan%202022-2032.pdf">https://health.act.gov.au/sites/default/files/2022-06/Maternity in Focus - ACT System Plan 2022-2032.pdf</a>
Medicines, Poisons and Therapeutic Goods (Nurse and Midwife Immunisers) Direction 2020 (No 1)	<a href="https://www.legislation.act.gov.au/di/2020-290/">https://www.legislation.act.gov.au/di/2020-290/</a>
Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2021 (No 1)	<a href="https://www.legislation.act.gov.au/di/2021-111/">https://www.legislation.act.gov.au/di/2021-111/</a>
<i>Medicines, Poisons and Therapeutic Goods Act 2008</i>	<a href="https://www.legislation.act.gov.au/a/2008-26/">https://www.legislation.act.gov.au/a/2008-26/</a>
<i>Mental Health Act 2015</i>	<a href="https://www.legislation.act.gov.au/a/2015-38/">https://www.legislation.act.gov.au/a/2015-38/</a>
MindMap - ACT Youth Portal	<a href="https://www.mindmap.act.gov.au/s/">https://www.mindmap.act.gov.au/s/</a>
National Aboriginal and Torres Strait Islander Health Academy	<a href="https://www.health.act.gov.au/health-professionals/allied-health/national-aboriginal-and-torres-strait-islander-health-academy">https://www.health.act.gov.au/health-professionals/allied-health/national-aboriginal-and-torres-strait-islander-health-academy</a>
National Aboriginal and Torres Strait Islander Health Plan 2021–2031	<a href="https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031">https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031</a>
National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031	<a href="https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031">https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031</a>



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National Agreement on Closing the Gap	<a href="https://www.closingthegap.gov.au/national-agreement">https://www.closingthegap.gov.au/national-agreement</a>
National Comorbidity Survey	<a href="https://www.hcp.med.harvard.edu/ncs/k6_scales.php">https://www.hcp.med.harvard.edu/ncs/k6_scales.php</a>
National Health Reform Agreement	<a href="https://www.publichospitalfunding.gov.au/public-hospital-funding/about-agreement">https://www.publichospitalfunding.gov.au/public-hospital-funding/about-agreement</a>
National Plan to transition Australia's National COVID-19 Response	<a href="https://www.australia.gov.au/national-plan">https://www.australia.gov.au/national-plan</a>
National Statement on Ethical Conduct in Human Research (2007)	<a href="https://www.nhmrc.gov.au/sites/default/files/documents/attachments/National%20Statement/e72.pdf">https://www.nhmrc.gov.au/sites/default/files/documents/attachments/National Statement/e72.pdf</a>
National Strategic Framework for Chronic Conditions (2017–2025)	<a href="https://www.health.gov.au/sites/default/files/documents/2019/09/national-strategic-framework-for-chronic-conditions.pdf">https://www.health.gov.au/sites/default/files/documents/2019/09/national-strategic-framework-for-chronic-conditions.pdf</a>
New Canberra Health Services Website	<a href="https://www.canberrahealthservices.act.gov.au/">https://www.canberrahealthservices.act.gov.au/</a>
Ngunnawal Bush Healing Farm	<a href="https://www.health.act.gov.au/services-and-programs/aboriginal-and-torres-strait-islander-health/health-and-wellbeing-service-0">https://www.health.act.gov.au/services-and-programs/aboriginal-and-torres-strait-islander-health/health-and-wellbeing-service-0</a>
Nurse/Midwife to Patient Ratios	<a href="https://health.act.gov.au/health-professionals/nursing-and-midwifery-office/nurse/midwife-patient-ratios">https://health.act.gov.au/health-professionals/nursing-and-midwifery-office/nurse/midwife-patient-ratios</a>
Nurses and Midwives: Towards a Safer Culture – The First Step Strategy	<a href="https://health.act.gov.au/health-professionals/nursing-and-midwifery-office/towards-safer-culture">https://health.act.gov.au/health-professionals/nursing-and-midwifery-office/towards-safer-culture</a>
Nursing and Midwifery Scholarships   Health (act.gov.au)	<a href="https://health.act.gov.au/health-professionals/nursing-and-midwifery-office/nursing-and-midwifery-scholarships">https://health.act.gov.au/health-professionals/nursing-and-midwifery-office/nursing-and-midwifery-scholarships</a>
Nursing and Midwifery Work Level Standards	<a href="https://www.health.act.gov.au/health-professionals/nursing-and-midwifery-office/work-level-standards">https://www.health.act.gov.au/health-professionals/nursing-and-midwifery-office/work-level-standards</a>
Office for Mental Health and Wellbeing – Resources	<a href="https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/resources">https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/resources</a>
Office for Mental Health and Wellbeing Work Plan 2019–2021	<a href="https://www.health.act.gov.au/sites/default/files/2019-05/Office%20for%20Mental%20Health%20Work%20Plan%202019%20-%202021.pdf">https://www.health.act.gov.au/sites/default/files/2019-05/Office for Mental Health Work Plan 2019 - 2021.pdf</a>
Office of Mental Health and Wellbeing	<a href="https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing">https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing</a>
Office of the Chief Psychiatrist	<a href="https://www.health.act.gov.au/services-and-programs/mental-health/office-of-the-chief-psychiatrist">https://www.health.act.gov.au/services-and-programs/mental-health/office-of-the-chief-psychiatrist</a>
Opioid Dependency Treatment (ODT) Contingency Guidelines	<a href="https://www.legislation.act.gov.au/View/ni/2020-409/current/PDF/2020-409.PDF">https://www.legislation.act.gov.au/View/ni/2020-409/current/PDF/2020-409.PDF</a>
<i>Powers of Attorney Act 2006</i>	<a href="https://legislation.act.gov.au/a/2006-50">https://legislation.act.gov.au/a/2006-50</a>
Public Health (Aged Care Workers COVID-19 Vaccination) Emergency Direction 2022 (No 2)	<a href="https://legislation.act.gov.au/ni/2022-173/">https://legislation.act.gov.au/ni/2022-173/</a>
Public Health (Check In Requirements) Emergency Direction 2021	<a href="https://legislation.act.gov.au/ni/2021-406/">https://legislation.act.gov.au/ni/2021-406/</a>
Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No 14)	<a href="https://www.legislation.act.gov.au/ni/2021-750/">https://www.legislation.act.gov.au/ni/2021-750/</a>

Name	Address
Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 (No 6)	<a href="https://legislation.act.gov.au/ni/2022-214/">https://legislation.act.gov.au/ni/2022-214/</a>
Public Health (Disability and Other Care Workers COVID-19 Vaccination) Emergency Direction 2022 (No 2)	<a href="https://legislation.act.gov.au/ni/2022-172/">https://legislation.act.gov.au/ni/2022-172/</a>
Public Health (Emergency) Declaration Further Extension 2022 (No 2)	<a href="https://www.legislation.act.gov.au/ni/2022-266/">https://www.legislation.act.gov.au/ni/2022-266/</a>
Public Health (Mandatory Face Masks) Emergency Direction 2022 (No 4)	<a href="https://legislation.act.gov.au/ni/2022-319/">https://legislation.act.gov.au/ni/2022-319/</a>
Public Health (Restricted Activities – Gatherings Business or Undertakings) Emergency Direction 2021	<a href="https://www.legislation.act.gov.au/ni/2021-98/">https://www.legislation.act.gov.au/ni/2021-98/</a>
Public Health (Restricted Activities) Emergency Direction 2022 (No 7)	<a href="https://legislation.act.gov.au/ni/2022-267/">https://legislation.act.gov.au/ni/2022-267/</a>
Public Health (Restricted Activities) Emergency Direction 2022 (No 2)	<a href="https://legislation.act.gov.au/ni/2022-68/">https://legislation.act.gov.au/ni/2022-68/</a>
Public Health (Returned Travellers) Emergency Direction 2021	<a href="https://www.legislation.act.gov.au/ni/2021-339/">https://www.legislation.act.gov.au/ni/2021-339/</a>
<i>Public Health Act 1997</i>	<a href="https://www.legislation.act.gov.au/a/1997-69/">https://www.legislation.act.gov.au/a/1997-69/</a>
Public Health Amendment Bill 2021 (No. 2)	<a href="https://www.legislation.act.gov.au/b/db_65352/">https://www.legislation.act.gov.au/b/db_65352/</a>
Public Health Emergency Declaration	<a href="https://www.legislation.act.gov.au/ni/2022-266/">https://www.legislation.act.gov.au/ni/2022-266/</a>
Queen Elizabeth II Family Centre	<a href="https://www.tresillian.org.au/about-us/what-we-do/tresillian-queen-elizabeth-ii-family-centre/">https://www.tresillian.org.au/about-us/what-we-do/tresillian-queen-elizabeth-ii-family-centre/</a>
Question, Persuade, Refer	<a href="https://health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/lifespan">https://health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/lifespan</a>
<i>Radiation Protection Act 2006</i>	<a href="https://www.legislation.act.gov.au/a/2006-33/">https://www.legislation.act.gov.au/a/2006-33/</a>
Radiation Protection Amendment Bill 2022	<a href="https://www.legislation.act.gov.au/b/db_65766/">https://www.legislation.act.gov.au/b/db_65766/</a>
Report on Annual and Financial Reports 2015–2016	<a href="http://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1058819/9th-HACS-01-Annual-Report-2015-16.pdf">http://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1058819/9th-HACS-01-Annual-Report-2015-16.pdf</a>
Report on Annual and Financial Reports 2017–2018	<a href="https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1332574/9th-HACS-06-Annual-Report-2017-18.pdf">https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1332574/9th-HACS-06-Annual-Report-2017-18.pdf</a>
Report on Inquiry into Maternity Services in the ACT	<a href="https://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1555466/9th-HACS-10-Report-on-Inquiry-into-Maternity-Services-in-the-ACT-ver-dated-18-June-2020-revised.pdf">https://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1555466/9th-HACS-10-Report-on-Inquiry-into-Maternity-Services-in-the-ACT-ver-dated-18-June-2020-revised.pdf</a>
Review of academic literature on school-based mental health programs for 8–12-year-olds	<a href="https://www.health.act.gov.au/sites/default/files/2022-07/8-12%20Literature%20Review_June%202022.pdf">https://www.health.act.gov.au/sites/default/files/2022-07/8-12%20Literature%20Review_June%202022.pdf</a>

Name	Address
Review of Children and Young People in the ACT	<a href="https://health.act.gov.au/sites/default/files/2020-03/OMHW%20Children%20and%20Young%20People%20Report_0.pdf">https://health.act.gov.au/sites/default/files/2020-03/OMHW%20Children%20and%20Young%20People%20Report_0.pdf</a>
Right Care, first time, where you live	<a href="https://www.sydney.edu.au/brain-mind/our-research/youth-mental-health-and-technology/right-care-first-time-where-you-live-program.html">https://www.sydney.edu.au/brain-mind/our-research/youth-mental-health-and-technology/right-care-first-time-where-you-live-program.html</a>
Safer Baby Bundle	<a href="https://health.act.gov.au/saferbabybundle">https://health.act.gov.au/saferbabybundle</a>
Speaking up for Safety	<a href="https://www.cognitiveinstitute.org/courses/speaking-up-for-safety-programme/">https://www.cognitiveinstitute.org/courses/speaking-up-for-safety-programme/</a>
SYNERGY Nursing and Midwifery Research Centre	<a href="https://www.health.act.gov.au/health-professionals/nursing-and-midwifery-office/synergy-nursing-and-midwifery-research-centre">https://www.health.act.gov.au/health-professionals/nursing-and-midwifery-office/synergy-nursing-and-midwifery-research-centre</a>
Tenders ACT	<a href="https://www.tenders.act.gov.au/contract/search">https://www.tenders.act.gov.au/contract/search</a>
<i>Territory Records Act 2002</i>	<a href="https://www.legislation.act.gov.au/a/2002-18/">https://www.legislation.act.gov.au/a/2002-18/</a>
Testing Framework for COVID-19 in Australia	<a href="https://www.health.gov.au/resources/publications/coronavirus-covid-19-testing-framework-for-covid-19-in-australia">https://www.health.gov.au/resources/publications/coronavirus-covid-19-testing-framework-for-covid-19-in-australia</a>
The ACT Approach to Commissioning	<a href="https://www.communityservices.act.gov.au/_data/assets/pdf_file/010/1809874/The-ACT-Approach-to-Commissioning-July-2021.pdf">https://www.communityservices.act.gov.au/_data/assets/pdf_file/010/1809874/The-ACT-Approach-to-Commissioning-July-2021.pdf</a>
The ACT's Transition to Zero Emission Vehicles – Action Plan 2018–21	<a href="https://www.environment.act.gov.au/_data/assets/pdf_file/0012/1188498/2018-21-ACTs-transition-to-zero-emissions-vehicles-Action-Plan-ACCESS.pdf">https://www.environment.act.gov.au/_data/assets/pdf_file/0012/1188498/2018-21-ACTs-transition-to-zero-emissions-vehicles-Action-Plan-ACCESS.pdf</a>
University of Canberra Hospital	<a href="https://www.canberrahealthservices.act.gov.au/locations-and-directions/university-of-canberra-hospital-getting-here-and-getting-around">https://www.canberrahealthservices.act.gov.au/locations-and-directions/university-of-canberra-hospital-getting-here-and-getting-around</a>
Winnunga Nimmitjiah	<a href="https://winnunga.org.au/">https://winnunga.org.au/</a>
<i>Work Health and Safety Act 2011</i>	<a href="https://www.legislation.act.gov.au/a/2011-35/">https://www.legislation.act.gov.au/a/2011-35/</a>
Workplace Culture Framework	<a href="https://www.health.act.gov.au/about-our-health-system/culture-review-implementation/workplace-culture-framework">https://www.health.act.gov.au/about-our-health-system/culture-review-implementation/workplace-culture-framework</a>
YAM	<a href="https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/lifespan/youth-aware-mental-health-yam">https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/lifespan/youth-aware-mental-health-yam</a>
Youth Aware of Mental Health	<a href="http://www.y-a-m.org/">http://www.y-a-m.org/</a>
Youth Mental Health in the ACT	<a href="https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1613518/EEYA-Report-9-Youth-Mental-Health-in-the-ACT.pdf">https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1613518/EEYA-Report-9-Youth-Mental-Health-in-the-ACT.pdf</a>

# A

## Part A Transmittal Certificates





**ACT**  
Government

**ACT Health**

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## Office of the Director-General

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

Dear Minister

### **2021-22 ACT Health Directorate Annual Report**

This report has been prepared in accordance with section 6(1) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2022*.

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

I certify that the information in the attached report and information provided for whole of government reporting is an honest and accurate account, and that all material information on the operations of the ACT Health Directorate has been included for the period 1 July 2021 to 30 June 2022.

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

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the Report to the Legislative Assembly within 15 weeks after the end of the reporting year, which this year will be Thursday 13 October 2022.

Yours sincerely

Rebecca Cross  
**Director-General**

29 September 2022

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



**ACT**  
Government

**ACT Health**

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## Office of the Director-General

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

Dear Minister

### **2021-22 ACT Health Directorate Annual Report**

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Yours sincerely

Rebecca Cross  
**Director-General**

29 September 2022

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# Director-General Foreword



I am pleased to present the ACT Health Directorate (the Directorate) Annual Report 2021–22.

The 2021–22 year has again presented many challenges for the Directorate. This year has seen a continued focus on managing the public health response to COVID-19, as well as delivering the ongoing business of the Directorate to meet the broader health needs of our community.

August 2021 saw a lockdown implemented in the ACT in response to an identified COVID-19 case in the community. Since this time, the Directorate staff, together with our partners, have worked tirelessly to manage the public health risks and far-reaching impacts of the pandemic

across the community, including the transition from Delta to Omicron variant outbreaks.

The past year saw the opening and closure of the ACT Government's mass vaccination clinic at the Australian Institute of Sport (AIS) Arena, which played a vital role in achieving the extremely high COVID-19 vaccination rates that protect the Canberra community today.

Amidst these challenges, the Directorate has continued to deliver actions and improvements across the ACT health system. Highlights include:

- finalising the implementation and delivery of recommendations from the 2019 Independent Review into Workplace Culture within ACT Public Health Services
- officially launching the Canberra Hospital Master Plan in December 2021, which marked the next phase in development on the hospital site to allow the campus to continue to grow and modernise
- releasing the joint Commissioning Roadmap and ACT Approach to Commissioning with the Community Services Directorate (CSD), to outline a new approach to delivering health and support services for Canberrans
- working on a community-led collaborative commissioning process to design a holistic Culturally Appropriate Aboriginal and Torres Strait Islander Suicide Prevention Service for the ACT, and engaging a service provider in May 2022 to establish the service
- launching the new Youth Navigation Portal 'MindMap' in October 2021 and opening the first Safe Haven Café in November 2021 as a new 'safe space' for Canberrans experiencing emotional distress
- completing the Nurses and Midwives: Towards a Safer Culture – The First Step Strategy project to address occupational violence towards nurses and midwives in the workplace
- releasing Maternity in Focus: The ACT Public Maternity System Plan 2022–2032 and its First Action Plan to deliver the government's commitment to better maternity care in the ACT
- releasing the LGBTIQ+ Health Scoping Study and implementing recommendations to help ensure ACT health services meet the diverse needs and priorities of the ACT LGBTIQ+ community
- completing the scoping phase to develop and implement an ACT Disability Health Strategy
- engaging in public health protection activities, including preparing for the potential public health risk of Japanese Encephalitis Virus (JEV) and Monkeypox (MPX) virus following confirmed cases in other jurisdictions
- launching the new 'Canberra Script' real time prescription monitoring portal in February 2022 to support prescribers and pharmacists in providing safer and more effective care for their patients taking monitored medicines
- supporting Indigenous Allied Health Australia in implementation of the National Aboriginal and Torres Strait Islander Health Workforce Academy in the ACT.

In addition, and as outlined throughout this report, there has been a great deal of progress across many priority programs and projects, including work towards developing the Drug Strategy Action Plan 2022–26 and the ACT Health Services Plan, and implementing the Digital Health Record across the ACT public health system, which is due to go live in November 2022.

Building on my commitment last year towards the Directorate’s cultural integrity journey, the Directorate is now focused on developing a Cultural Integrity Framework. This work aims to deliver a workforce that is free from racism and inequality, that commissions services that are accessible, culturally appropriate and responsive, and that oversees a health system that is comprised of an increasing Aboriginal and Torres Strait Islander workforce, delivering culturally safe and responsive healthcare.

I remain personally committed to ensuring our public health system meets our community’s needs and again extend my thanks to health staff, both within the Directorate and across the ACT health system, who have continued to deliver, adapt and go beyond the general standard of expectation to care for our community, day in and day out, in extraordinary circumstances.

**Rebecca Cross**  
Director-General



# B

## Part B Organisational Overview and Performance



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# B.1 Organisational overview

## Our vision

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

## Our values

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

Our values are:

### Respect

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

### Integrity

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

### Collaboration

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

### Innovation

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

## Our role

The Directorate oversees Canberra's public health system.

The Directorate's key functions are:

- providing strategic leadership and policy advice regarding the public health system
- leading engagement and negotiation with other jurisdictions on health funding agreements and national policy initiatives
- administering the Australian Capital Territory (ACT) Government's legislative program on health matters



- engaging with the Directorate’s partners and stakeholders to ensure health outcomes and impacts are considered in whole-of-government policy and health services planning
- supporting and enabling clinical excellence, safe high-quality care, and research across the public health system
- delivering health prevention, promotion, and protection leadership, policy advice and services
- implementing innovative digital technologies across the public health system and supporting Information and Communication Technology (ICT) solutions that enable person-centred care and making it easier for clinicians to do their work
- conducting public health system planning and evaluation for sustainable services, workforce and infrastructure that supports effective resource allocation, innovation, and safe and high-quality care
- commissioning value-based care that improves health outcomes
- monitoring and evaluating public health system performance to ensure it meets community expectations and performance criteria.

## Ministers, stakeholders and partners

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

**Ms Rachel Stephen-Smith MLA**  
Minister for Health

**Ms Emma Davidson MLA**  
Minister for Mental Health

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

- healthcare consumers, whose engagement is essential to improving our health system and health outcomes
- families and carers, whose support for healthcare consumers plays a significant role in our health system
- public hospital related services, including those provided by Canberra Health Services (CHS) at the Canberra Hospital and the University of Canberra Hospital, Calvary Public Hospital Bruce (CPHB), Clare Holland House Hospice (CHHH), Queen Elizabeth II Family Centre, and services provided by the Emergency Services Agency through the ACT Ambulance Service
- community-based services (government and non-government), which care for people in a variety of community settings and have a crucial role in improving and maintaining health and wellbeing
- Capital Health Network (CHN)—the ACT’s primary health network—that plans and commissions primary care services in the ACT
- private healthcare professionals, such as General Practitioners (GPs), allied health professionals, nurses, midwives, and medical specialists who provide services to our community in the private system, independently and in collaboration with the public health system
- private hospitals and health facilities, which provide care and services to our community and work closely with the public health system
- tertiary research and education sector partners, including universities, colleges and vocational training institutions, which support innovation and play an essential role in developing our future workforce
- peak groups representing healthcare consumers, carers and service providers, and community interests
- health professional organisations, regulators and unions, which represent our workforce and advocate and advise on their behalf
- other directorates in the ACT Government that we collaborate with to achieve better health outcomes—particularly the directorates that are part of the human services cluster

- Commonwealth, State and Territory Health Ministries
- New South Wales (NSW) Health Local Health Districts, particularly Southern NSW and Murrumbidgee.

## Environment and planning framework

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

The 2021–22 strategic priorities are set out in the ACT Budget papers. The Directorate is dedicated to the health of our growing community, quality, innovation, engagement, accountability, and focused on strategic policy and planning of the ACT health system.

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

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

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

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

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

- access
- accountability
- sustainability.

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

- [ACT Health Quality Strategy 2018–2028](#)
- [Healthy Canberra: ACT Preventive Health Plan 2020–2025](#)
- [Digital Health Strategy 2019–2029](#)
- [ACT Mental Health and Suicide Prevention Plan](#)
- [ACT Health Services Plan 2022–2030](#) and Infrastructure Planning.

## Internal accountability

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

Table 1 identifies the Senior Executives across the organisation as at 30 June 2022.

**Table 1: Senior Executives**

Senior executive	Position
Rebecca Cross	Director-General
Deborah Anton	Deputy Director-General
Dr Elizabeth Moore	Coordinator-General, Office for Mental Health and Wellbeing
Cheryl Garrett	Executive Branch Manager, Mental Health Policy and Suicide Prevention Division
Helen Matthews*	Chief Allied Health Officer
Dr Dinesh Arya*	Chief Medical Officer Chief Psychiatrist
Anthony Dombkins	Chief Nursing and Midwifery Officer
Professor Kirsty Douglas*	Director, Academic Unit of General Practice
Michael Culhane	Executive Group Manager, Policy, Partnerships and Programs Division
Maria Travers	Executive Branch Manager, Data Analytics Branch
George Vallance	A/g Executive Branch Manager, Health Policy and Strategy Branch
Jacinta George	Executive Group Manager, Health System Planning and Evaluation Division
Margaret Stewart	Executive Branch Manager, Commissioning Branch
Dr Kerry Coleman*	Chief Health Officer
Fiona Barbaro	A/g Executive Group Manager, Population Health Division
Kristin Blume	A/g Executive Branch Manager, Preventive and Population Health
Associate Professor Bruce Shadbolt	Executive Branch Manager, Centre for Health and Medical Research
Victor Martin	Executive Branch Manager, Health Protection Service
Dr Robyn Walker*	A/g Executive Group Manager, COVID-19 Response Branch
Dr Vanessa Johnston*	Deputy Chief Health Officer, COVID-19 Response Operations
Vanessa Dal Molin	Executive Branch Manager, COVID-19 Response Policy and Support
Toby Keene	A/g Executive Branch Manager, Public Health Operations
Natalie Cooper	A/g Executive Branch Manager, COVID-19 Communications

Senior executive	Position
Liz Lopa	Executive Group Manager, Infrastructure, Communication and Engagement Division
David Jones	Executive Branch Manager, Strategic Infrastructure Branch
Jo Spencer	Executive Branch Manager, Communication and Engagement Branch
Peter O'Halloran	Executive Group Manager, Chief Information Officer, Digital Solutions Division
Sandra Cook	A/g Executive Group Manager, Digital Health Record
Justine Spina	Executive Branch Manager, Future Capability Branch
Peter McNiven	Executive Branch Manager, Technology Operations Branch
Rebecca Heland*	Chief Nursing and Midwifery Information Officer, Digital Solutions Division
Associate Professor Rohan Essex*	Chief Medical Information Officer, Digital Solutions Division
John Fletcher	Executive Group Manager, Corporate and Governance Division
Kate Chambers	Executive Branch Manager, Chief Finance Officer
Jacqui Bear	Executive Branch Manager, Governance and Risk Branch
Jodie Junk-Gibson	Executive Branch Manager, People Strategy and Culture Branch

**Notes:**

1. \*Denotes members of the executive leadership team who are employed under the relevant Enterprise Agreements, not executive contracts.

## Organisational structure

The Directorate comprises:

- The Office of the Director-General
- Corporate and Governance Division
- Digital Solutions Division
- Health System Planning and Evaluation Division
- Infrastructure, Communication and Engagement Division
- Mental Health and Suicide Prevention Division
- Office for Mental Health and Wellbeing
- Office of Professional Leadership and Education
- Policy, Partnerships and Programs Division
- Population Health Division.



**ACT**  
Government

**ACT Health**

## ORGANISATIONAL CHART

As at 30 June 2022



**Rebecca Cross**  
*Director-General*



**Dr Elizabeth Moore**  
Office for Mental Health & Wellbeing  
*Coordinator-General*



**Deb Anton**  
*Deputy Director-General\**



**Cheryl Garrett**  
Mental Health & Suicide Prevention Division  
*Executive Branch Manager*

**Office of Professional Leadership & Education**



**Helen Matthews**  
*Chief Allied Health Officer*



**Dr Dinesh Arya**  
*Chief Medical Officer  
Chief Psychiatrist*



**Anthony Dombkins**  
*Chief Nursing & Midwifery Officer*



**Prof Kirsty Douglas**  
Academic Unit of General Practice  
*Director*



**Michael Culhane**  
Policy, Partnerships & Programs Division  
*Executive Group Manager*



**Jacinta George**  
Health System Planning & Evaluation Division  
*Executive Group Manager*



**Maria Travers**  
Data Analytics Branch  
*Executive Branch Manager*



**Margaret Stewart**  
Commissioning Branch  
*Executive Branch Manager*



**George Vallance**  
Health Policy & Strategy Branch  
*Adj Executive Branch Manager*

**VACANT**  
Health System Planning & Development  
*Executive Branch Manager*

**Health Partnerships Team**





**Vivien Bevan**  
Office of the  
Director-General  
Head of Office



**Dr Kerry Coleman**  
Population Health  
Division  
Chief Health Officer\*



**Liz Lopa**  
Infrastructure,  
Communication &  
Engagement Division  
Executive Group Manager



**Peter O'Halloran**  
Digital Solutions Division  
Chief Information Officer  
Executive Group Manager



**John Fletcher**  
Corporate &  
Governance Division  
Executive Group Manager



**David Jones**  
Strategic Infrastructure  
Branch  
Executive Branch  
Manager



**Sandra Cook**  
Digital Health Record  
A/g Executive Group  
Manager



**Kate Chambers**  
Chief Finance Officer  
Executive Branch  
Manager



**Jo Spencer**  
Communication &  
Engagement Branch  
Executive Branch  
Manager



**Justine Spina**  
Future Capability &  
Governance Branch  
Executive Branch  
Manager



**Jacqui Bear**  
Governance &  
Risk Branch  
Executive Branch  
Manager



**Peter McNiven**  
Technology Operations  
Branch  
Executive Branch Manager



**Jodie Junk-Gibson**  
People Strategy &  
Culture Branch  
Executive Branch Manager



**Fiona Barbaro**  
Population Health  
A/g Executive Group  
Manager\*



**Dr Robyn Walker**  
COVID-19 Response Branch  
A/g Executive Group  
Manager



**Rebecca Heland**  
Chief Nursing &  
Midwifery Information  
Officer



**Kristin Blume**  
Preventive &  
Population Health  
A/g Executive Branch  
Manager



**Dr Vanessa Johnston**  
COVID-19 Response  
Operations  
Deputy Chief Health Officer



**Rohan Essex**  
Chief Medical  
Information Officer



**Assoc Prof Bruce  
Shadbolt**  
Centre for Health &  
Medical Research  
Executive Branch Manager



**Vanessa Dal Molin**  
COVID-19 Response Policy  
& Support systems  
Executive Branch Manager



**Victor Martin**  
Health Protection Service  
Executive Branch Manager



**Toby Keene**  
Public Health Operations  
A/g Executive Branch  
Manager



**Natalie Cooper**  
COVID-19 Communications  
A/g Executive Branch  
Manager

\*DDG has line responsibility for the highest priority activities across the Directorate.

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

\*The Chief Health Officer and the EGM Population Health Division have shared responsibilities for the Population Health Division. The EGM is responsible for the non-legislative, executive management functions and the CHO is responsible for all legislated functions associated with the CHO role.

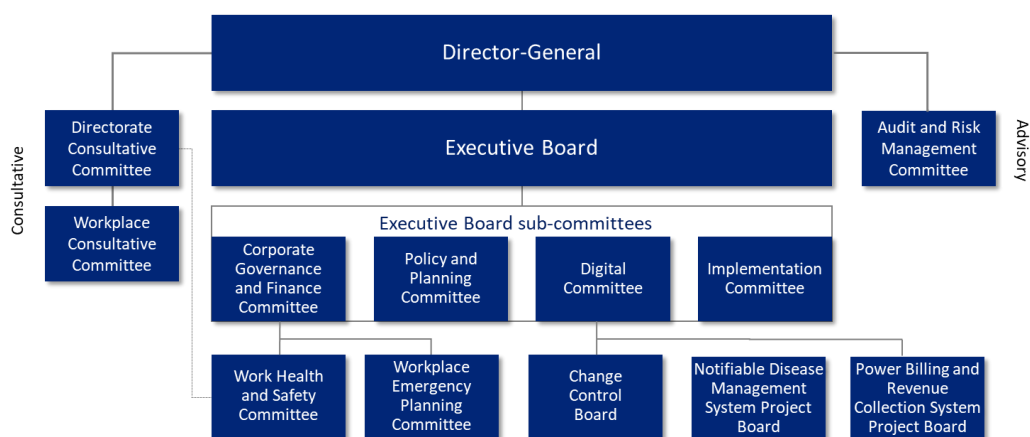
## Governance structure

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

The Directorate’s Executive Board, as the Directorate’s peak committee, is supported by several committees led by senior executives comprising a cross section of representation (of both Senior Executives and Senior Officers) and subject matter expertise. The Executive Board approves the Terms of Reference of these committees and periodically reviews their function and membership.

Figure 1 shows the governance committee structure as of 30 June 2022.

**Figure 1: Governance Committee Structure**



### Executive Board

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

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

### Audit and Risk Management Committee

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

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

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

## Corporate Governance and Finance Committee

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

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

The following sub-committees report to the Corporate Governance and Finance Committee:

- Work Health and Safety Committee, which provides advice to the Directorate on work health and safety (WHS) matters, in accordance with the [Work Health and Safety Act 2011](#). This Committee is the peak WHS Committee for the Directorate and supports the consultation objectives of the Work Health and Safety Policy.
- Workplace Emergency Planning Committee (WEPC), which is responsible for the development, implementation and maintenance of workplace emergency plans, emergency response procedures and related training. The WEPC works in collaboration with facility owners and their representatives, ACT Property Group, managers, tenants and workers.

## Digital Committee

The Digital Committee, co-chaired by the Directorate's Chief Information Officer and Executive Group Manager, Health System Planning and Evaluation, provides executive leadership, oversight and direction on the Directorate's technology, data and records management, and protective security functions, ensuring that they appropriately support the strategic and operational objectives of the Directorate across the ACT public health system.

The following sub-committees report to the Digital Committee:

- Change Control Board, which has oversight on all ICT technical change and release management activities within the Directorate. It is responsible for ensuring that the implementation of changes occurs without adversely impacting business operations, other scheduled changes, planned outages and any other significant business events.
- Notifiable Disease Management System Project Board, which provides structure, stability, guidance, and direction to the project while providing an appropriate level of control to deliver the outcomes sought by the Directorate.
- Power Billing and Revenue Collection System Project Board, which provides structure, stability and guidance to the project while providing an appropriate level of control to deliver the outcomes sought by the Directorate, CPHB and CHS.

## Directorate Consultative Committee

Chaired by the Director-General, the Directorate Consultative Committee (DCC) is the primary consultative forum enabling consultation between the Directorate, employees, and their representatives, on matters concerning the operation of the Health Enterprise Agreements and associated people policies.

Matters raised to the DCC are usually those that:

- impact the whole Directorate
- represent significant change, or

- are referred by the Workplace Consultative Committee (WCC).

### **Workplace Consultative Committee**

The WCC, chaired by a Directorate Executive Branch Manager, provides consultation with staff to address workplace specific issues at the local level. This additional level of consultation is to enable matters to be addressed quickly, and without the requirement for escalation to the DCC, where possible.

### **Implementation Committee**

The Implementation Committee, co-chaired by the Executive Group Managers, Infrastructure, Communication and Engagement and Corporate and Governance Divisions, monitors the Directorate's progress against its commitments, with the aim of enabling accountability, managing risk, prioritising resources, and responding to emerging issues.

The Committee also provides advice to Executive Board on strategies to assist with delivery, implementation and evaluation of the Directorate's commitments.

### **Policy and Planning Committee**

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

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

## **Committees and advisory bodies**

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

### **Statutory**

#### ***Gene Technology Advisory Council***

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

#### ***Medicines Advisory Committee***

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

### ***Mental Health Advisory Council***

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

### **Non-statutory**

#### ***Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Working Group***

The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Working Group provides advice to the Coordinator-General, Office for Mental Health and Wellbeing on culturally appropriate Aboriginal and Torres Strait Islander suicide prevention strategies and the implementation of these strategies.

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

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

#### ***ACT Disability Health Strategy Steering Committee***

The ACT Disability Health Strategy Steering Committee provides oversight of the development of the [ACT Disability Health Strategy](#) and its First Action Plan.

#### ***ACT Drug Strategy Action Plan Advisory Group***

The ACT Drug Strategy Action Plan Advisory Group provided advice on prioritising, implementing and evaluating activities associated with the [ACT Drug Strategy Action Plan 2018–2021](#). This Advisory Group will be replaced under a new governance structure during implementation of the updated Drug Strategy Action Plan 2022–26.

#### ***ACT Health and Wellbeing Integrated Care Working Group***

The ACT Health and Wellbeing Integrated Care Working Group is a working group of the ACT Health and Wellbeing Partnership Board. It includes key non-government organisations (NGOs) and universities working together to design, model and test approaches to enable the ACT health system to operate as ‘one health system’ and provide seamless, effective and efficient health care for the ACT community.

#### ***ACT Health and Wellbeing Partnership Board***

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

#### ***ACT Health and Wellbeing Research Working Group***

The ACT Health and Wellbeing Research Working Group provides recommendations to the ACT Health and Wellbeing Partnership Board in relation to health research across the ACT, including advising on research priorities and strategies. Building on existing research strengths in population health, prevention, implementation science and health services research, and delivering improvements in the conduct and translation of health research for the benefit of the ACT community and communities in the surrounding regions of NSW.

#### ***ACT Health and Wellbeing Workforce Education and Training Working Group***

The ACT Health and Wellbeing Workforce Education and Training Working Group is a working group of the ACT Health and Wellbeing Partnership Board. Its role is to consider and advise on the best way to integrate efforts across the ACT’s tertiary education sector that results in improvements to effectiveness of health

services for the ACT community and communities in surrounding regions of NSW, and to facilitate creating a culture of simultaneous learning and teaching.

#### ***ACT Health Professional Colleges Advisory Committee***

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

#### ***ACT Maternity Services Advisory Network***

The ACT Maternity Services Advisory Network provides strategic advice, facilitates a cohesive approach and shares information with all relevant stakeholders concerned with the delivery of maternity services in the ACT region.

#### ***ACT Mental Health Workforce Strategy Working Group***

The ACT Mental Health Workforce Strategy Working Group was convened to advise on the consultation process undertaken for the development of the ACT mental health workforce strategic framework (the Framework) and to provide their subject matter expertise on the contents of the Framework.

#### ***ACT Nursing and Midwifery Leaders Network***

The ACT Nursing and Midwifery Leaders Network is a group that includes senior nursing and midwifery leaders from public and private health services, as well as industrial and professional organisations. The group exchanges information, professional policy and strategic advice, and collaborates on initiatives that support the advancement of the nursing and midwifery professions and improve care to patients and healthcare consumers.

#### ***ACT Real Time Prescription Monitoring Stakeholder Engagement Group***

The ACT Real Time Prescription Monitoring Stakeholder Engagement Group ensures the ACT's version of the national Real Time Prescription Monitoring (RTPM) system, Canberra Script, best meets the needs of ACT health practitioners to support their patient care and is effectively implemented in the ACT for maximal uptake and usage by health practitioners. The group also ensures that ACT regulatory policies which support RTPM are based on clinical evidence and the views of local stakeholders.

#### ***ACT Regional Mental Health and Suicide Prevention Steering Committee***

The ACT Regional Mental Health and Suicide Prevention Steering Committee provides a collaborative forum for guiding the implementation of the [ACT Mental Health and Suicide Prevention Plan](#) and other key work, such as implementing the plan under the National Mental Health and Suicide Prevention Agreement and commissioning the Health Services in the Community Project.

#### ***ACT Safe Haven Steering Group***

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

#### ***ACT Suicide Prevention Coordinating Committee***

The ACT Suicide Prevention Coordinating Committee provides collaborative leadership and promotes partnerships to reduce suicide in the ACT. The Committee is chaired by the Coordinator-General, Office for Mental Health and Wellbeing, and reports to ACT Prevention, Mental Health & Wellbeing and Family Safety Inter-Directorate Committee.

#### ***ACT Suicide Prevention Data and Evaluation Working Group***

The ACT Suicide Prevention Data and Evaluation Working Group promotes high-quality data and evaluation of suicide prevention activities in the ACT.

### ***Australian New Zealand Intensive Care Society***

The Australian New Zealand Intensive Care Society (ANZICS) Centre for Outcome and Resource Evaluation (CORE) provides a peer review process and quality assurance program for the ACT's Intensive Care Units (ICUs). ANZICS reports on outcomes of critically ill patients in the ACT and the ACT's ICU practices and resourcing.

### ***Canberra Hospital Master Plan Steering Committee***

The Canberra Hospital is the ACT's largest health asset. The Steering Committee provides strategic project oversight and direction for the future growth and development of the Canberra Hospital. It ensures appropriate consultation across government in the development of the Canberra Hospital Campus Master Plan and receives advice on key project decisions and management from the Canberra Hospital Master Plan Project Control Group. The Steering Committee ceased operation in late 2021 following the endorsement and launch of the [Canberra Hospital Master Plan 2021–2041](#).

### ***Canberra Region Medical Education Council***

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

### ***Chronic Conditions Working Group***

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

### ***Clinical Leadership Forum***

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

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

### ***Collaborative Working Group on Food at Schools***

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

### ***COVID-19 Compliance and Enforcement Working Group***

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

### ***Culture Reform Oversight Group***

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

### ***Culture Review Implementation Steering Group***

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

### ***Digital Health Record Program Board***

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

### ***Drug Treatment Working Group***

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

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

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

### ***Expanding Public Health Care Services for Eating Disorders in the Territory Project Reference Group***

The Expanding Public Health Care Services for Eating Disorders (EPHSED) in the Territory Project Reference Group provides advice and progresses work on the EPHSED in the Territory Project, as recommended by the Steering Committee. The Reference Group is made up of clinicians, ACT Health officials, NGOs, researchers, and lived experience members.

### ***Expanding Public Health Care Services for Eating Disorders in the Territory Project Steering Committee***

The EPHSED in the Territory Project Steering Committee provides strategic direction and advice on all deliverables included under the EPHSED in the Territory Project and is the decision-making body for this work. The Steering Committee is also responsible for overseeing the project progress and responding to escalated matters as required.

### ***Food Regulation Reference Group***

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

### ***Health Education Cross-Directorate Governance Committee***

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

### ***Hoarding Case Management Group***

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



### ***Immunisation Operational Committee***

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

### ***Indigenous Allied Health Australia Working Group***

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

### ***Inter-Directorate Committee for Mental Health and Wellbeing***

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

### ***Mental Health Act Oversight Committee***

The Mental Health Act Oversight Committee was established to oversee the operation of the *Mental Health Act 2015*. Specifically, the Committee progresses and endorses matters related to the implementation of the Act and provides ongoing input into the development of guidelines and legislative amendments.

### ***Multicultural Health Reference Group***

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

### ***National Code of Conduct for Health Care Workers in the ACT - Whole of Government Working Group***

The National Code of Conduct for Health Care Workers in the ACT - Whole of Government Working Group provides advice to the Directorate to inform and gain ACT Government policy approval to implement the National Code of Conduct for Health Care Workers in the ACT. The group met three times in September/October 2021.

### ***Needle and Syringe Program Advisory Group***

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

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

### ***Ngunnawal Bush Healing Farm Board***

The Ngunnawal Bush Healing Farm (NBHF) provides a place of healing, where Aboriginal and Torres Strait Islander peoples can feel safe and supported to make ongoing and meaningful changes in their lives. The NBHF Board (the Board) advises the Director-General, ACT Health Directorate, on matters related to the NBHF and its goal of providing best practice care and cultural healing for Aboriginal and Torres Strait Islander peoples. The Board has diverse cultural, community, and government expertise.

### ***Non-Government Organisation Leadership Group***

The NGO Leadership Group (NGOLG) facilitates better integrated services and collaboration with NGOs in the ACT public health system.

### ***Northside Hospital Executive Steering Committee***

The Northside Hospital Executive Steering Committee provides leadership and oversight for the Northside Hospital project with a focus on key commercial, planning and policy issues, including project scope, development and design.

### ***Nurses and Midwives: Towards a Safer Culture Steering Committee***

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

### ***Opioid Treatment Advisory Committee***

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

### ***Oversight Group: COVID-19 Plans for People with Disability***

This Oversight Group provides 'on-the-ground' insights and strategic advice to the Directorate on the ACT Government's response to COVID-19 and the associated experiences and needs of people with disability, their carers, and specialist disability service providers and advocacy organisations. It supports Canberra's communities of people with disability and their carers to feel safe and well-informed about COVID-19 and the ACT Government's public health response.

### ***Pill Testing Working Group***

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

### ***Sexually Transmissible Infections and Blood Borne Virus Health Advisory Committee***

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

### ***Voluntary Assisted Dying Oversight Group***

The Voluntary Assisted Dying Oversight Group is a joint arrangement with CHS and the Justice and Community Safety Directorate to oversee the establishment of voluntary assisted dying arrangements in the ACT.

**Contact details:** For more information, contact [ACTHealthCorporate&G@act.gov.au](mailto:ACTHealthCorporate&G@act.gov.au).

## **Summary of Performance**

During 2021–22, the Directorate has delivered on key government strategies and priorities. We continue to play a central role in the response to the public health emergency faced by the ACT community.

Information on how the Directorate performed against its strategic objectives, strategic indicators and Output Class 1 is detailed in the B.2 Performance analysis overview section, page 67.

## **COVID-19 response**

In 2021–22, the Directorate continued to undertake significant work to lead the ACT Government response to the COVID-19 pandemic. Information about the Directorate's COVID-19 response prior to this period can be found in the Directorate's [2020–21 Annual Report](#). Throughout the pandemic, the ACT Chief Health Officer (CHO) has provided 30-day reports to the Minister for Health on the status of the public health emergency due to COVID-19, which are tabled in the Legislative Assembly. These reports outline the ACT's operational response during each 30-day reporting period and are available on the [COVID-19 website](#).

The [Public Health \(Emergency\) Declaration](#), first declared on 16 March 2020, has been extended on numerous occasions by the Minister for Health following advice from the CHO. The continuation of the public health emergency throughout 2021–22 reflects the serious and persistent nature of the COVID-19 pandemic and has ensured that the ACT remained well positioned to respond to the public health risk presented by COVID-19. The public health response to COVID-19 is overseen by the CHO and supported by the COVID-19 Response Branch (CRB), within the Population Health Division. For CRB information, see page 65.

The ACT's public health response evolved significantly over the reporting period, in line with Australian Health Protection Principal Committee (AHPPC) advice and decisions of the National Cabinet. The [National Plan to transition Australia's National COVID-19 Response](#) (the National Plan), agreed by National Cabinet on 6 August 2021, was the key document guiding the response during this period. The Plan included four phases:

- vaccinate, prepare and pilot
- vaccination transition
- vaccination consolidation
- post-vaccination stage,

with the overall aim of progressively transitioning the management of COVID-19 towards being consistent with the public health management of other communicable diseases. High levels of vaccination coverage allowed the public health goal to shift from suppressing COVID-19 transmission to minimising serious illness, hospitalisations and fatality, with a focus on those at higher risk of severe illness from COVID-19.

On 12 August 2021, the ACT went into a 7-day lockdown following notification of a positive COVID-19 case of the Delta variant. Under the restrictions, Canberrans were required to stay at home unless needing to leave home for an essential reason. All non-essential businesses were required to cease operations. The ACT's lockdown continued for a total period of nine weeks, during which there was a progressive relaxation of restrictions to support health, social and economic wellbeing, as the situation allowed. Following the end of lockdown on 15 October 2021, a series of remaining restrictions were progressively eased in line with the National Plan, as outlined in the [ACT's pathway forward](#) and a more detailed [ACT's COVID-19 pathway forward - from 12 November 2021](#).

The ACT has experienced persistent rates of community COVID-19 transmission since the outbreak of COVID-19 on 12 August 2021. From August to December 2021, an outbreak of the Delta variant of COVID-19 peaked in late September, at 50 cases per day. This variant was more transmissible than the original COVID-19 variant, and concerns about high levels of morbidity and mortality remained. A combination of thorough Test, Trace, Isolate and Quarantine (TTIQ) and Public Health Social Measures (PHSMs) was successful in suppressing this virus to under 50 cases per day. Omicron overtook Delta variant as the main circulating variant of concern in December 2021. Between November and December 2021, daily case numbers rose markedly from less than 10 cases per day to nearly 2,000 cases per day, driven by a combination of decreased PHSMs and the increased transmissibility of the Omicron variant. Throughout 2022, the dominant strain of COVID-19 has progressed from the BA.1 Omicron subvariant in January 2022 to the BA.4 subvariant in June 2022, with daily case rates remaining at approximately 1,000 until the end of the financial year. While the Omicron subvariants are associated with less severe morbidity and mortality compared to the Delta variant, their increased transmissibility resulted in significantly increased numbers of cases, placing a high burden on our health care system.

Progressive easing of public health restrictions in 2022, including the opening of international borders and increased domestic travel, saw an increase in the movement of individuals and a return of respiratory viruses (including influenza) in the 2022 winter season. The combination of influenza and COVID-19 transmission has been closely monitored by the Directorate over winter, with the objective of protecting

the most vulnerable members of the community and our health care system. There was a marked rise in influenza notifications in June 2022, alongside a similar rise in COVID-19 cases. However the predicted winter peak for both COVID-19 and influenza cases was both lower than anticipated.

As at 8pm on 30 June 2022, there were:

- 6,876 active COVID-19 cases in the ACT
- 138 cases in hospital
- four cases in intensive care and one ventilated.

There was also a total of:

- 156,472 COVID-19 cases in the ACT since March 2020
- 78 COVID-19 deaths recorded.

## Public Health Actions

Throughout 2021–22, the CHO issued a number of [ACT Public Health Directions](#) to assist in alleviating the public health emergency. The CHO was guided and assisted by the ACT Government Solicitor’s Office in preparing the public health directions. In making public health directions, the CHO had regard to relevant human rights and the limitations imposed.

The ACT’s public health response to COVID-19 focused on long-standing public health measures used for communicable disease management, including TTIQ and PHSMs, as well as a strong vaccination program, good communication strategies, and community engagement programs.

### Test, Trace, Isolate and Quarantine

From July to December 2021, TTIQ activities were consistent with the goal of suppressing transmission:

- strict case isolation
- intensive contact tracing
- high levels of quarantine for contacts.

In December 2021, consistent with the changing public health goal enabled by high vaccination coverage, the focus of these activities transitioned to people at risk of severe disease or associated with high-risk settings. Throughout 2022, contact tracing activities continued to focus on identifying and supporting high -risk settings and linking people at risk of severe disease with therapeutic pathways.

Isolation and quarantine requirements were enacted through the [Public Health \(Diagnosed People and Household Contacts\) Emergency Direction 2022 \(No 6\)](#). Isolation and quarantine periods were gradually eased for diagnosed persons, close contacts, casual contacts and household contacts, in line with national guidance. Additional requirements were also included as TTIQ practices transitioned, including the requirement for persons who returned a positive rapid antigen test (RAT) to complete an online declaration form.

From August 2021 to 30 June 2022, the Directorate was notified of and supported:

- 157,473 number of cases in isolation
- 169,833 number of contacts in quarantine
- 121 COVID-19 outbreaks in residential aged care facilities (RACFs)
- six COVID-19 outbreaks in correctional settings
- 466 disability service providers with confirmed cases, outbreaks or exposures to COVID-19 in their facilities.

During this period, the Directorate operated two separate quarantine facilities to support community members to isolate and quarantine, and to ensure that a lack of access to appropriate accommodation did not lead to increased transmission of COVID-19 or risks to personal safety or wellbeing:

- Lazaretto quarantine facility, which commenced operations on 12 August 2021. The facility has accommodated a total of 555 guests and reached a maximum occupancy of 49 guests on a single day in September 2021. Lazaretto offers guests a range of social, community and cultural supports through referral to the ACT Health Wellbeing team.
- Ragusa quarantine facility, which operated from 24 September 2021 to 7 December 2021. The facility accommodated a total of 129 guests and reached a maximum occupancy of 56 guests on a single day in October 2021. The ACT Health and Community Services Directorates worked collaboratively with community sector partners to support the managed quarantine of residents.

COVID-19 testing in the ACT during this period was consistent with national best practice standards established in the [Testing Framework for COVID-19 in Australia](#) and the [Australian National Disease Surveillance Plan for COVID-19](#). Polymerase Chain Reaction (PCR) testing capacity was significantly expanded during 2021–22 to support surges in demand. Accessibility to testing was a priority, with centres being geographically dispersed and a mixture of testing models (including drive through, walk-in, pop-up, and in-reach models) available, with attention to extended hours and provision of dedicated child-friendly testing sites. Public testing sites were located at Exhibition Park in Canberra (EPIC), Nicholls, Weston, Brindabella Business Park, Garran, Mitchell, Kambah, Holt, Erindale and Gold Creek.

**Figure 2: ACT Health Directorate and CHS staff operating a COVID-19 testing site at EPIC**



From January 2022, the ACT Government provided a RAT program to supplement PCR testing. The RAT program provided RATs through public testing centres and schools and to a range of programs and providers, targeting those at greatest risk in our community, and to workers employed to deliver critical ACT Government services to the community, such as ACT Ambulance Services, CHS and ACT Emergency Services Agency.

From 14 August 2021 to 30 June 2022, 911,276 PCR tests were collected in ACT Government testing clinics.

From January 2022, with the start of the RAT program, to 30 June 2022:

- 54,819 RATs were provided through ACT Government testing clinics
- 71,843 RATs were distributed to ACT NGOs through Community Services Directorate (CSD) relationship networks.



**93,686 RATs**  
were distributed to support surveillance testing in **ACT Government workers in critical and high-risk roles**



**1.7 million RATs**  
were distributed to support surveillance testing of **students and staff**

The risks of international travel were managed through the [Public Health \(Returned Travellers\) Emergency Direction 2021](#) which placed restrictions on persons entering the ACT following a flight from outside Australia, which were applied from the point at which the person arrived in the ACT. Strict quarantine at a designated premise was initially required for international arrivals, with quarantine being replaced by mandatory testing on arrival for those fully vaccinated from 1 November 2021. The Direction was updated on various occasions to respond to the evolving public health situation before being revoked on 29 April 2022.

During this time, the Directorate supported the quarantine arrangements for personnel associated with four flights arriving between 1 July 2021 and 18 October 2021, carrying Federal Government Ministers and staff returning from international travel. A total of 55 personnel were required to quarantine at a residential facility or hotel quarantine upon arrival.

## Public Health and Social Measures

PHSMs that were in place at varying points during 2021–22 included:

- restrictions placed on the size of certain gatherings and organised events, noting that exemption applications for larger events were able to be considered
- restrictions for certain businesses, activities and undertakings to operate within density limits and gathering sizes, and for patrons to remain seated while eating and drinking when in indoor spaces
- requirements for certain businesses, activities and undertakings, including organised public events, to have a COVID-19 Safety Plan, with some required to submit their Plan to the Directorate for review
- requirements for certain businesses to use the Check In CBR app to support contact tracing efforts
- requirements for face masks to be worn by persons aged 12 years and older when in certain premises
- restrictions on entry to the ACT for people travelling from an area or a place identified as a 'COVID-19 affected area', an 'affected area subject to a Stay at Home requirement' or a 'COVID-19 place of concern'.

The Check In CBR app was launched on 9 September 2020 to assist businesses and venues in meeting their obligations under the [Public Health \(Check In Requirements\) Emergency Direction 2021](#) and support efficient contact tracing efforts. The use of the Check In CBR app by certain businesses and venues became mandatory from late February 2021. All persons aged 16 years and older who attended certain businesses for 15 minutes or more were required to register their attendance through the app. Requirements for businesses to use the Check In CBR app were eased from February 2022 in line with the changed approach to contact tracing generally, with all check-in requirements removed from 13 May 2022. Businesses were

encouraged to continue to display Check In CBR quick response (QR) codes to enable voluntary use of the app by the community.

Versions of the Check In CBR app were also deployed to our partner jurisdictions of the Northern Territory, Queensland and Tasmania. Support for these jurisdictions and the ACT is provided by the Directorate's Digital Solutions Division.

As of 30 June 2022:

- 29,049 venues had been registered with Check In CBR
- 135,143,110 check-ins had been recorded through the Check In CBR app
- 1.268 million downloads of the Check In CBR app had occurred.

Exemptions to public health directions can be granted by the CHO in certain circumstances. A dedicated exemptions team was established within the CRB to assess exemption applications and grant applications as appropriate. During 2021–22, there were:

- 14 exemptions granted to returning international travellers, permitting them to home quarantine on compassionate grounds.
- 543 exemptions granted to diagnosed persons or their household contacts, permitting them to undertake temporary urgent activities in exceptional circumstances, such as essential work, providing urgent care, or visiting relatives at end of life. A standing exemption was also implemented to allow household contacts to leave quarantine for essential work in specific industries to support critical workforce shortages that arose in early 2022.
- 46,878 exemptions issued to interstate travellers, permitting entry into the ACT from a COVID-19 affected area interstate, while border restrictions were in place.
- A standing exemption for NSW residents who lived within 100km of the ACT border, supporting essential travel between the ACT and the surrounding region. Two additional standing exemptions were in place for the southern NSW and Murrumbidgee local healthcare districts to facilitate access to essential medical care for residents of those regions.

Recognising their importance for the ACT community, the exemptions team also supported the return of organised events to the ACT. The exemption assessment process was integral to supporting the COVID-19 safe return of large events such as Summernats 2022, Australia Day and Enlighten Festival, and also assisted the live performance sector, major sporting events, and community markets and events.

Between 1 July 2021 and 25 February 2022, 104 event exemption requests were assessed.

From February 2022, organised events no longer required an exemption to proceed. Events with over 5,000 attendees were instead required to notify the Directorate of the event and provide a COVID-19 Safety Plan for review. Between 25 February and 30 June 2022, 21 event COVID-19 Safety Plans were reviewed to support COVID-19 safe operations.

The ACT lockdown from 12 August 2021 presented significant challenges for the COVID-19 Proactive Compliance Inspection Program. During the previous year, the Health Protection Service (HPS) Program ran in parallel to the Access Canberra (AC) COVID-19 Response Program. In response to the lockdown, HPS and AC COVID-19 compliance programs aligned into a single, fully integrated response to enable fast and effective responses. This demonstrated the ACT Government's ability to adopt innovative and agile ways of working to support the COVID-19 response and compliance with health directions. HPS and AC public health officers conducted 16,622 COVID-19 inspections consisting of:

- 7,759 direct engagements with businesses
- 8,863 business observations.

An engagement, education and enforcement compliance approach was used for the HPS and AC COVID-19 Proactive Compliance Inspection Program, guided by the COVID-19 Compliance Engagement and Enforcement Framework approved by the CHO. ACT Government organisations, including ACT Policing and WorkSafe, continue to support compliance and enable businesses and organisations to continue activities while maintaining public health and safety.

In addition to the proactive visits, the team undertook considerable work:

- responding to enquires and complaints
- assisting in the interpretation of the directions
- developing education materials for businesses
- supporting communications directly to businesses on direction changes.

This included more than 700 written correspondences to businesses following compliance activities. These correspondences ranged from business warnings due to repetitive non-compliance to general educative information and assistance in relation to COVID-19 public health measures.

## Vaccination

The ACT COVID-19 Vaccination Program, delivered through a collaborative approach with primary health care, enabled rapid access to COVID-19 vaccination for all eligible Canberrans in line with the national eligibility criteria.

Three ACT Government mass vaccination clinics operated during this period:

- the Garran Mass Vaccination Clinic
- the Australian Institute of Sport (AIS) Clinic
- the Airport Clinic.



The COVID-19 Vaccination Booking Service took **over 800,000** telephone calls to support the vaccination program



**532,571** COVID-19 vaccine doses were administered at ACT Government mass vaccination clinics

The Garran Mass Vaccination Clinic operated from 22 February 2021 to 2 September 2021. The AIS Clinic operated from 3 September 2021 to 31 May 2022 and the Airport Clinic operated from 29 June 2021 to 5 December 2021. Site operation times were continually adjusted to meet demand. A strong communication campaign ensured Canberrans knew when and where to access vaccinations.

As of 30 June 2022, the ACT was one of the most vaccinated jurisdictions in the world:

- more than 97 per cent of eligible people (aged 5 years and over) had received two doses of a COVID-19 vaccine
- nearly 78 per cent of eligible people (aged 16 years and over) had received at least one booster dose of a COVID-19 vaccine.

Vaccinations for the general community continue to be available through primary care providers and the Access and Sensory Clinic (see below) for those with specific needs.

Several changes facilitated increased availability through the primary care vaccination program:

- Pharmacists and intern pharmacists who met the requirements of the [ACT Pharmacist Vaccination Standards](#) (Vaccination Standards) were authorised to administer a COVID-19 vaccine to a member of



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

- Suitably qualified registered nurses and midwives were authorised to administer a COVID-19 vaccine to a member of the public through the [Medicines, Poisons and Therapeutic Goods \(Nurse and Midwife Immunisers\) Direction 2020 \(No 1\)](#).

### ***Access and Sensory Clinic***

The Access and Sensory Clinic was established in June 2021 and continues to operate at Weston Creek Walk-In Centre for people living with disability and sensory concerns and experiencing barriers to mainstream service delivery. Strong engagement and targeted communications, such as social media and a walk-through video to assist those with sensory needs, with community and other stakeholders were prioritised and strong positive feedback was received. In response to increased respiratory illness in the winter season, the Clinic also made influenza vaccines available in June 2022.

In 2021–22, the Access and Sensory Clinic delivered:

- 4,724 COVID-19 primary vaccination doses for immunocompromised people
- 820 COVID-19 first and second booster doses
- 134 COVID-19 winter doses
- 212 influenza vaccination doses.

### ***Equity to Access Program***

The Equity to Access Program was designed to ensure equitable access to COVID-19 vaccines for groups likely to experience a disproportionate burden of disease, by applying principles of inclusive and transparent service delivery. The Directorate partnered with community groups and service providers to deliver in-reach vaccination clinics within their services and pop-up vaccination clinics at a range of locations across the ACT. These clinics were promoted through strong stakeholder communications and a social media campaign, which resulted in a larger number of people attending the pop-up vaccination clinics who may otherwise not have accessed COVID-19 vaccination.

The Program also delivered in-home vaccination for people experiencing barriers to leaving their home for vaccination. The Program began in September 2021 and ceased operations on 30 June 2022, due to a reduction in service demand.

During its operation, the Program administered 3,211 COVID-19 vaccine doses across:

- 48 pop-up clinics
- 71 in-reach clinics
- 157 home visits.

### ***Mandatory vaccination***

Consistent with the advice of the AHPPC, the CHO issued several public health directions during 2021–22, requiring that certain workers be vaccinated against COVID-19. Mandates were imposed to help prevent COVID-19 transmission to vulnerable persons in the ACT by requiring that certain healthcare, education, early childhood education and care, disability and aged care workers be vaccinated.

As at 30 June 2022, there were two mandatory vaccination requirements in place for workers operating in the ACT:

- [Public Health \(Aged Care Workers COVID-19 Vaccination\) Emergency Direction 2022 \(No 2\)](#)
- [Public Health \(Disability and Other Care Workers COVID-19 Vaccination\) Emergency Direction 2022 \(No 2\)](#).

These emergency directions required that RACF, in-home and community aged care, and disability support workers be up to date with COVID-19 vaccination. For most affected workers, this means having at least three doses of a COVID-19 vaccine, consisting of two primary doses and a booster.

## Communications and community support

The Directorate prioritises providing clear and timely COVID-19 information to the Canberra community and stakeholders. Through extensive programs of communications and community support activities, the Directorate has been able to reach all parts of the community:

- Changes to public health directions were widely communicated to the ACT community through the media, public information campaigns, the COVID-19 website and the Directorate's social media channels. There has been an ongoing communication effort to ensure the community was kept up to date with the latest information about the many changes required in responding to the challenges presented by COVID-19.
- The COVID-19 website was developed to provide a single source of truth, with all the latest information about public health directions, vaccination, testing, access to care, travel information, support for businesses, as well as links to other useful information. It has been consistently used as a key communication channel tailored to meet the needs of diverse audiences throughout the response.
- Direct stakeholder communications were utilised for groups considered to be at higher risk of severe disease, including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups, and the disability and aged care sectors.
- Working closely with the community engagement team, the communication team developed specific materials for culturally and linguistically diverse audiences and translated a large number of resources in a variety of languages. Community leaders were engaged to share important messages and to help with those who may have a general mistrust in government due to their past experiences in other countries. This approach, along with a focus on accessibility of public health activities, resulted in higher vaccination rates and improved cooperation with public health directions within these communities.
- Communication and engagement activity with Aboriginal and Torres Strait Islander peoples was also prioritised throughout the COVID-19 response and rollout of the COVID-19 Vaccination Program. Aboriginal and Torres Strait Islander elders and community leaders were engaged to participate in and oversee the production of videos to communicate important messages about getting vaccinated, mask wearing and COVID Smart behaviours. Tailored communication pieces were produced, including social media posts and factsheets, as well as a dedicated section of the COVID-19 website. This information was shared with Aboriginal and Torres Strait Islander community organisations to reach this audience.

Other measures to protect the Canberra community and support the ACT Government COVID-19 response included:

- The Clinical Health Emergency Coordination Centre (CHECC) continued to lead the Territory-wide clinical service delivery response to the COVID-19 pandemic, focusing on:
  - identifying the capacity of hospital-based services across the ACT and surrounding regions, such as emergency departments, intensive care units and ward-based care
  - identifying the workforce, equipment and supplies required to operate the above, and making the necessary adjustments to support the ongoing COVID-19 response within ACT hospitals
  - establishing a clear and agreed clinical services response plan for managing increased demand for hospital-based services in the ACT and surrounding regions, including using private hospitals if required
  - working closely with the CRB to align the clinical response plans and activities with the public health response, inclusive of the primary health care and non-government sectors.
- The Directorate developed the [Opioid Dependency Treatment \(ODT\) Contingency Guidelines](#): to support individuals using Opioid Maintenance Treatment (OMT) during the COVID-19 response. The development of these guidelines:

- ensured that vulnerable Canberrans using OMT were still able to obtain access to their medication if required to isolate or quarantine
- guided prescribers and health practitioners working with this group on how to safely and effectively help them through the height of the pandemic.
- The Directorate supported ACT Health-funded NGOs during the COVID-19 pandemic by providing:
  - support from outbreak management teams to assist them in managing COVID-19 outbreaks in their services
  - facilitation and coordination of clinical and social support hubs to ensure vulnerable Canberrans isolating in public housing or Government quarantine facilities were able to receive necessary care and support
  - regular communication updates from the ACT CHO
  - access to personal protective equipment supplies and RATs
  - flexibility with service delivery and reporting requirements.
- The Directorate supported the Primary Health Sector by:
  - leading the Primary Health Emergency Committee (PHEC) Working Group throughout COVID-19 pandemic, ensuring a strong and sustainable General Practitioner (GP) response to the management of COVID-19 across the ACT
  - maintaining continuity of service across the ACT Health system through preparation of individual letters advising GPs in Canberra when their patients tested positive to COVID-19
  - providing a number of communication materials for use by GPs and pharmacists in relation to latest public health information including vaccination, testing and COVID-19 treatments
  - publishing research about the impact of COVID-19 on the general practice workforce, including measures to support GPs and their staff in order to maximise the levels of ongoing service delivery to Canberrans, including:
    - Quick COVID-19 Clinician Survey Summaries (Australia), series 1–13, published in the Annals of Family Medicine, COVID-19 collection
    - COVID-19 vaccinations and counselling: a mixed-methods survey of Australian general practice in July 2021, published in the Australian Journal of Primary Health
    - Integrating General Practice into the Australian COVID-19 Response: A Description of the General Practitioner Respiratory Clinic Program in Australia, published in the Annals of Family Medicine.
- The Digital Solutions Division supported the COVID-19 response through:
  - implementing functionality in the Digital Health Record to enable operations of the COVID Care@Home Program by CHS
  - launching Phase One of the new Notifiable Disease Management System covering COVID-19
  - augmenting the ACT’s COVID-19 testing workforce by opening up and staffing a new testing site during the August 2021 lockdown
  - implementing ICT network and end user equipment to support COVID-19 vaccination, quarantine and testing sites
  - implementing internet access in each cabin in the Ragusa quarantine facility and providing Chromebooks for use by those in the facility who may not have otherwise had access to the internet, to enable them to remain connected to essential services and the broader community.

Other Directorate activities included:

- participating in local and international research supporting the national response to the COVID-19 pandemic
- reviewing and realigning the ACT Health Sector emergency management arrangements to manage ongoing public health risks and the ongoing COVID-19 pandemic

- supporting the public health system through administration of additional funding for the COVID-19 response and related reporting with the Commonwealth throughout the pandemic
- managing the development and operation of the Directorate's business continuity plans to ensure continued and sustainable functioning of the organisation through the COVID-19 lockdowns and response efforts.

## Priorities for COVID-19 in 2022–23

Planning for the COVID-19 response has pivoted to:

- focus on contingency and surge planning
- support the transition to a sustainable longer term COVID-19 approach
- promote COVID Smart behaviours
- integrate COVID-19 response functions into broader communicable disease and pandemic planning.

The Directorate's priority for 2022–23 is maintaining a High-Risk Settings Outbreak Response Plan framework for coordinated whole of health sector management of acute respiratory infection outbreaks in high-risk settings.

Consistent with the framework, the Directorate will continue to work with stakeholders to review and update planning in line with:

- the capacity of the health system
- community transmission
- Commonwealth and/or other state and territory public health responses.

**Contact details:** For more information, contact [ACTHealthOCHO@act.gov.au](mailto:ACTHealthOCHO@act.gov.au).

## Workplace Culture Review implementation overview

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

There has been continued progress in addressing culture and leadership issues, with all 20 recommendations of the Culture Review implemented across the three organisations that make up the ACT public health system: the Directorate, CHS and CPHB. Focus is now on embedding culture reform activity into core business processes and governance structures across the ACT public health system.

## Achievements for 2021–22

Notable achievements in this reporting period include:

- [System-wide Leadership Development](#). An evidence-based leadership development program, designed specifically for the ACT public health system to build the capability of senior people managers in both clinical and non-clinical roles, was piloted over six months. The program focuses on how leaders create effective and safe team environments by setting clear expectations of positive workplace behaviour. More than 250 senior managers from across the ACT public health system have participated in the pilot for this program.
- [HR Functions](#). The Human Resources (HR) Functions Review was completed in November 2020. Findings from the review have been considered by each organisation and priorities for improvement have been assessed. Organisations have continued to progress a range of actions to address the recommendations of the 2020 HR Functions Review.

- **Measuring Organisational Effectiveness.** A suite of workforce measures has been agreed and a system-wide Workforce Effectiveness Dashboard has been developed to demonstrate trends and provide insights into how culture improvements are being experienced by the ACT public health system's workforce.
- **NGO Engagement.** Engagement through the NGOLG has provided immediate opportunities for collaboration and engagement between the ACT public health system and NGO sector, including advice to the Directorate on engaging NGOs. The NGLOG has also provided significant advice on engaging with NGOs to address matters related to supporting NGOs during the COVID-19 public health emergency.
- **Clinical Services Coordination and Collaboration.** A draft framework has been developed to ensure effective clinical system governance and oversight across the jurisdiction. This framework will put in place the necessary scaffolding to ensure the clinical care delivery system is directed and controlled from a clinical perspective. Consultation on the proposed framework is occurring across the jurisdiction, including with health providers outside of the public health sector, consumers and carers, NGOs, and professional bodies.
- **Coordinated Research Strategy in Partnership with Academic Sector.** A Territory-wide strategic plan for research has been developed in collaboration with stakeholders, including academic partners, primary care providers, and consumers. [Better Together: A strategic plan for research in the ACT health system 2022–2030](#) outlines actions for system reform underpinned by three strategic objectives:
  - The ACT health system becomes a learning health system
  - ACT people have capacity to undertake high-value research in the health system
  - ACT infrastructure supports high-value research.

## System-wide approach to enhancing culture

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

- The Culture Reform Oversight Group (Oversight Group), which is chaired by the Minister for Health and the Minister for Mental Health as Deputy Chair, with the membership consisting of key external stakeholders and the senior executive leaders of the ACT public health system. In 2021, the group, previously known as the Culture Review Oversight Group, agreed to change its name to reflect the solution-focused and future facing role of the group. The Oversight Group provides leadership and accountability to the implementation process.
- The Culture Review Implementation Steering Group (Steering Group), which is chaired by the Directorate's Director-General and consisting of membership of senior executive leaders and HR executives from the three organisations that make up the ACT public health system.

Ms Renee Leon undertook the second annual independent review into the progress of implementing the 20 recommendations from the Culture Review, with the final report released in November 2021.

**Contact details:** For more information, contact [ourculture@act.gov.au](mailto:ourculture@act.gov.au).

## Divisional overview

### Office of the Director-General

The Office of the Director-General provides strategic support to the Director-General, undertaking high level coordination, liaison, research and reporting, and providing advice on specific issues.

There are three areas reporting directly to the Director-General:

- Office of the Director-General, consisting of the Head of Office, Executive Officer, Executive Assistant, and an Administration Officer (Graduate)
- Culture Review implementation, led by Executive Branch Manager, People Strategy and Culture

- Ministerial and Government Services team, led by a Senior Director.

Throughout 2021–22, Ministerial and Government Services team worked closely with business units to provide advice on a range of Cabinet, Assembly and ministerial matters, including government processes, ministers' preferences, templates, style, and format.

The Canberra Region Medical Education Council (CRMEC) secretariat also forms part of the Office of the Director-General.

**Contact details:** For more information, contact [DGACTHealth@act.gov.au](mailto:DGACTHealth@act.gov.au).

## Corporate and Governance Division

The Corporate and Governance Division (C&G) supports the operations of the Directorate by bringing together:

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

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

- Governance and Risk Branch – internal audit, governance and compliance, risk management, freedom of information requests, and procurement
- Strategic Finance Branch – budgeting and reporting, financial reporting, and capital reporting
- People Strategy and Culture Branch – people services, workforce strategy, capability and culture (including implementation of the Culture Review recommendations), people analytics, enterprise bargaining and workplace health and safety.

During the 2021–22 reporting year, C&G worked to strengthen the Directorate's corporate service delivery and governance arrangements across a range of activities, including:

- review of policy register documentation
- effective corporate budget management
- business continuity planning
- robust internal auditing
- ongoing human resource management improvements.

**Contact details:** For more information, contact [ACTHealthCorporate&G@act.gov.au](mailto:ACTHealthCorporate&G@act.gov.au).

## Digital Solutions Division

The Digital Solutions Division (DSD) provides high-level leadership, management, and strategic advice in relation to technology capabilities across the ACT public health system. In April 2022, DSD's data analytics functions were transferred to the Data Analytics Branch (DAB) within the Policy, Partnerships and Programs Division to centralise the Directorate's core data functions. DSD is responsible for:

- implementation of the Digital Health Strategy 2019–2029, including the Digital Health Record Program
- provision of technology services and advice across the ACT public health system
- provision of protective security functions for ACT Health
- provision of records management services for ACT Health and CHS.

**Contact details:** For more information, contact [ACTHealthCIO@act.gov.au](mailto:ACTHealthCIO@act.gov.au).

## Health System Planning and Evaluation Division

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

- strategic health services planning
- project support and management for identified Territory-wide projects
- coordination of the project to commission health services in the community
- management of the majority of the Directorate's contracts with NGOs engaged in the public health system.

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

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

HSPE also manages the operations of the NBHF.

**Contact details:** For more information, contact [HSPE@act.gov.au](mailto:HSPE@act.gov.au).

## Infrastructure, Communication and Engagement Division

As of 13 June 2022, the Communication and Engagement Branch reporting lines were realigned from the Office of the Director-General to sit with the Strategic Infrastructure Division, creating the Infrastructure, Communication and Engagement Division.

### Strategic Infrastructure

The Strategic Infrastructure (SI) Branch supports the Territory's health system by:

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

SI Branch takes a long-term look at ACT Health infrastructure, using clinical input, demand scenarios, population projections, community feedback, asset assessment and infrastructure information to manage and plan for health infrastructure that meets community needs. Projects include the new northside hospital, Canberra Hospital Master Plan, southside hydrotherapy pool, Watson precinct redevelopment, and minor and major infrastructure upgrades at health facilities across the Territory.

### Communication and Engagement

The Communication and Engagement Branch works closely with business and policy teams across the Directorate to:

- ensure clear understanding and awareness of the communication needs of Canberrans
- deliver effective, best practice and authentic communication and engagement that benefits Canberrans
- support the priorities of our ministers and the Government.

The Branch continued to support the communication and media activities for the COVID-19 public health response following the stand down of the ACT Government Public Information Control Centre in late 2021.

**Contact details:** For more information, contact [acthealthstrategicinfrastructure@act.gov.au](mailto:acthealthstrategicinfrastructure@act.gov.au) or [healthcomms@act.gov.au](mailto:healthcomms@act.gov.au).

## Mental Health and Suicide Prevention Division

The Mental Health and Suicide Prevention Division comprises the Mental Health Policy and Strategy team and the Office for Mental Health and Wellbeing.

### Mental Health Policy and Strategy

Mental Health Policy and Strategy is responsible for providing strategic advice, strategy and policy development, and implementation of national and local priorities in relation to mental health, social and emotional wellbeing, and suicide prevention.

Through strong partnerships with stakeholders, Mental Health Policy and Strategy plays a major role in the planning and commissioning of mental health and suicide prevention services across government and community sectors.

### Office for Mental Health and Wellbeing

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

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

- embed the Territory-wide vision for mental health and wellbeing
- continue work to complete the remaining activities in the [Office for Mental Health and Wellbeing Work Plan 2019–2021](#), which was extended to 2021–22.

For more information about the Office, see the Office for Mental Health and Wellbeing Annual Report 2021–22, page 436.

**Contact details:** For more information, contact [OfficeforMHW@act.gov.au](mailto:OfficeforMHW@act.gov.au).

## Office of Professional Leadership and Education

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

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

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

**Contact details:** For more information, contact [clinical.leadership@act.gov.au](mailto:clinical.leadership@act.gov.au).



## Policy, Partnerships and Programs Division

The Policy, Partnerships and Programs Division (PPP) is responsible for strategic health policy advice. In 2021–22, the Directorate established the Data Analytics Branch, within PPP, bringing together specialist teams undertaking epidemiology, analytics and reporting, forecasting and modelling, data management and data governance. The Branch will be led by a Chief Health Data Officer to progress strategic information development and delivery, along with timely and meaningful knowledge translation.

PPP is responsible for policies on Aboriginal and Torres Strait Islander health; intergovernmental agreements; cross-border negotiations; the National Disability Insurance Scheme; ageing; palliative care; primary care; chronic conditions; women, youth and children; cultural and linguistic diversity; lesbian, gay, bisexual, transgender/gender diverse, intersex and queer (LGBTIQ+); maternity; men's health; national workforce regulation policy; health system policy; and evidence-based epidemiology, data analytics, forecasting and reporting.

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

**Contact details:** For more information, contact [ACTHealthPolicyPartnerships-Programs@act.gov.au](mailto:ACTHealthPolicyPartnerships-Programs@act.gov.au).

## Population Health Division

The Population Health Division seeks to improve the health of the ACT population through:

- evidence-based promotion of healthy lifestyles and interventions to address the range of risk and protective factors that determine the health of our community, and influencing the social and environmental conditions that impact on population and individual health
- undertaking harm minimisation activities relating to harmful substances and risk-taking behaviours
- environmental monitoring of air and water quality
- regulation and other public health responses to ensure certain activities that present a risk to a person's health are safe
- strategic investment in health and medical research to improve health outcomes and support an efficient and effective health system in the ACT
- reducing the occurrence of infectious diseases in the ACT community by implementing communicable disease control measures.

### COVID-19 Response Branch

The COVID-19 Response Branch (CRB) is responsible for leading and overseeing the ACT Government's COVID-19 Response.

CRB monitors case numbers of COVID-19, variants of COVID-19 and other respiratory illnesses in the community, and their impact on the health system. The Branch also supports high-risk settings to respond to exposures and outbreaks and provides health support to people who are vulnerable to severe illness.

### Preventive and Population Health

Preventive and Population Health delivers evidence-based preventive health promotion, programs and policy that improve the health and wellbeing of the Canberra community.

### Centre of Health and Medical Research

The Centre for Health and Medical Research is responsible for strategic investment in a learning ecosystem comprised of world class clinician-researchers and state-of-the-art support platforms that produce research significantly advancing the ACT health system.

## Health Protection Service

The Health Protection Service (HPS) is responsible for regulating prescribed public health activities and implementing other measures to protect the ACT community from public health risks.

## Alcohol and other drug policy

The alcohol and other drug policy teams work with a range of government and non-government stakeholders to ensure alcohol and drug treatment in the ACT is delivered to a high standard.

**Contact details:** For more information, contact [ACTHealthOCHO@act.gov.au](mailto:ACTHealthOCHO@act.gov.au).

## B.2 Performance analysis overview

### Strategic objectives and indicators ACT Health Directorate

The 2021–22 Budget Statement identified the strategic priorities and objectives for the Directorate.

#### Strategic Objective 1 – A healthy community

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

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

#### Strategic Indicator 1.1 – Improving the mental wellbeing of Canberrans

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

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

**Table 2: Percentage of ACT adults who self-report their mental health status as very good or excellent**

Strategic Indicator	2021–22 Target	2021–22 Actual
Percentage of ACT adults who self-report their mental health as very good or excellent	>60%	46.9%

Sources: ACT General Health Survey

As this is a recent strategic objective, the target is aspirational. The target may change following further scrutiny of the data. This result is reflective of the underlying level of the mental health of the community. For example, 5.5 per cent of respondents to the 2021 General Health Survey had probable\* serious mental illness, 17.8 per cent had anxiety, 16.3 per cent had depression, 16.9 per cent had a stress-related problem and 6.3 per cent had another mental health condition. In addition, it is likely that there is an impact from the COVID-19 pandemic. While the result from the 2021 ACT General Health Survey is not significantly different to previous years, other surveys have reported a decline in self-rated mental health related to the pandemic.

Between 2020 and 2021, the proportion of respondents to the ACT General Health Survey aged 18 years and over who rated their mental health as excellent or very good has declined, however this decline is not statistically significant (2020: 52.0 per cent; 2021: 46.9 per cent).

\* The Kessler 6 (K6) scale was developed to discriminate cases of serious mental illness from non-cases ([https://www.hcp.med.harvard.edu/ncs/k6\\_scales.php](https://www.hcp.med.harvard.edu/ncs/k6_scales.php)). Probable serious mental illness is based on a score of 19–30.

## Strategic Indicator 1.2 – Improving the health status of Canberrans

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

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

**Table 3: Percentage of ACT adults who self-report their health status as very good or excellent**

Strategic Indicator	2021–22 Target	2021–22 Actual
Percentage of ACT adults who self-report their health status as very good or excellent	>55%	53%

Sources: ACT General Health Survey

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

## Strategic Indicator 1.3 – Reducing the risk of fractured femurs in ACT residents aged over 75 years

This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2021–22, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 4.5 per 1,000 persons in the ACT population, which saw a decrease from the 2020–21 period. This follows a generally decreasing trend over a 10-year period.

**Table 4: Reduction in the rate of broken hips (fractured neck of femur)**

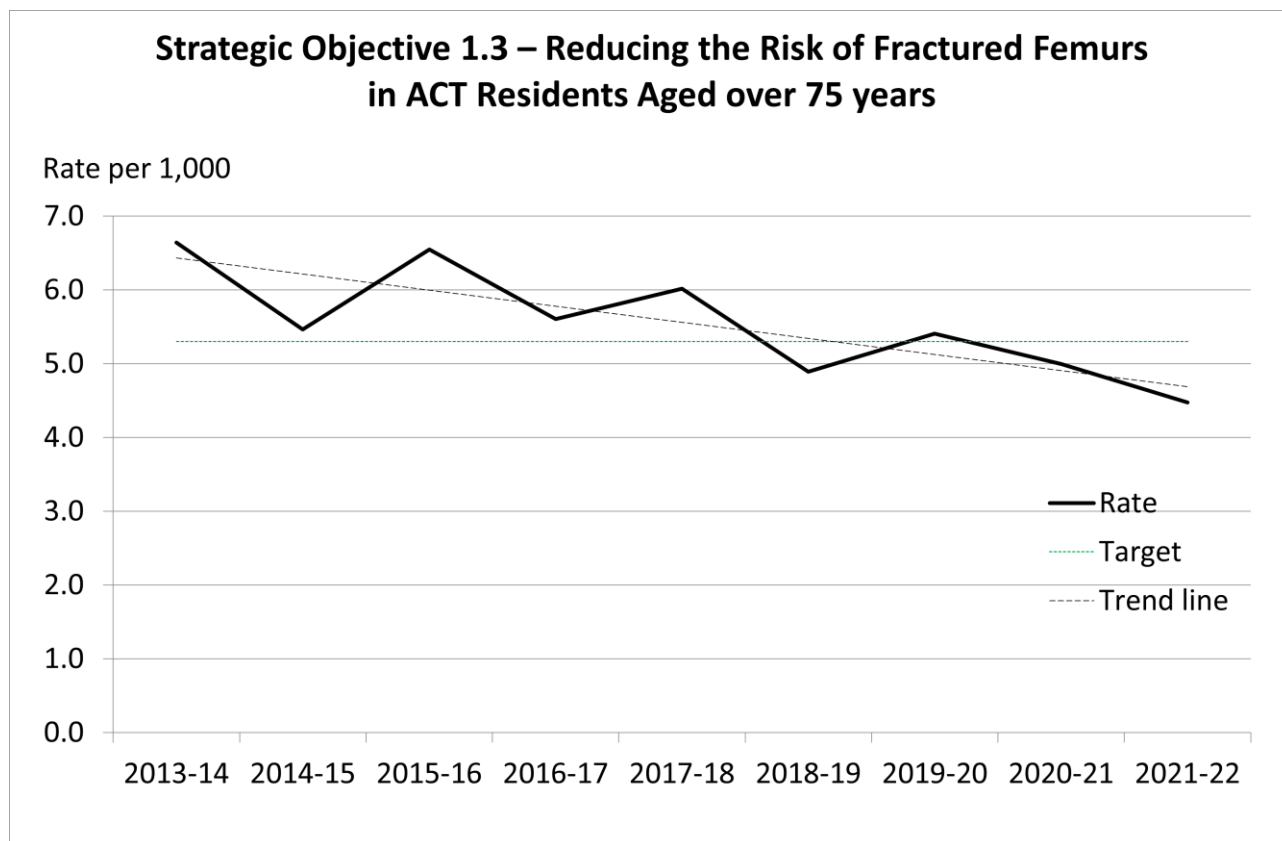
Strategic Indicator	2021–22 ACT Rate	Long-Term Target
Rate per 1,000 ACT residents aged 75 years and over	4.5	5.3

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

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

The target for this indicator is a long-term target. Figure 3 shows a generally decreasing trend over time, indicating that we have met and exceeded the target in the past two years.

**Figure 3: Rate (per 1,000 population) of fractured femurs in ACT residents aged over 75 years, 2013–14 to 2021–22**



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

Effective delivery of government policy requires coordination, cohesion and alignment of efforts across the ACT public health system. The Directorate plans for our community’s future needs, carefully considering how to allocate resources to best improve health outcomes and enable safe, high-quality care for the community now and into the future. The [ACT Health Services Plan 2022–2030](#) is in the final stages of development and will provide a system-wide view of priorities for health service development and redesign across the ACT.

The Directorate works to deliver high-quality services through:

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

## Strategic Indicator 2.1 – Performing more elective surgery

Increasing the number of elective surgery procedures performed.

**Table 5: Number of elective surgeries performed**

Strategic Indicator	2021–22 Target	2021–22 Actual
Number of elective surgeries performed	14,800	14,011

The ACT delivered 14,011 elective surgeries for public patients in 2021–22, representing a 95 per cent achievement against the target of 14,800. This result is a decrease from the result in 2020–21. However, the years are not directly comparable due to the COVID-19 recovery activity in 2020–21, for which a much higher target was set (>16,000). The target for 2021–22 was reflective of a return to the underlying trend, with growth planned over the 2019–20 target (14,250).

In 2021–22, the ability to achieve the targeted volume of surgeries was constrained by the continued impacts of COVID-19. The reduced availability of the clinical workforce resulted in the suspension of some non-essential elective surgeries in January and February 2022 and slowed delivery of surgeries overall. Furthermore, COVID-19 continued to place high levels of pressure on bed availability.

The ACT has committed to delivering 60,000 elective surgeries over the four-year period to the end of 2024–25. At the end of the 2021–22 reporting period, the degree to which elective surgery planning for 2022–23 can catch-up after the number of surgeries not delivered in 2021–22 was under consideration. This is likely to remain subject to the direction that the continuing pandemic takes.

## Strategic Indicator 2.2 – Reducing the waiting list for elective surgery

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

**Table 6: The number of patients waiting longer than clinically recommended timeframes for elective surgery**

Strategic Indicator	2021–22 Target	2021–22 Actual
The number of patients waiting longer than clinically recommended timeframes for elective surgery	430	1,364

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

At the end of the 2021–22 financial year, a total of 1,364 patients were waiting longer than clinically recommended for elective surgery, against the target of 430. This is an increase from the result at the end of 2020–21 (773). In 2020–21, the ACT Government funded additional surgeries to reduce the number of patients who had become overdue during the suspension of non-essential surgery when COVID-19 first appeared in 2020.

In 2021–22, demand for elective surgery remained high, with 16,982 additions to the waitlist. The COVID-19 impacts on elective surgery delivery indicated at Strategic Indicator 2.1 above meant that more patients became overdue for their surgery.

The ACT Government’s commitment to delivering 60,000 elective surgeries by the end of 2024–25 will support a reduction in the number of overdue patients.

### Strategic Indicator 2.3 – Improving timeliness of emergency department treatment

This indicator measures the proportion of emergency department presentations which, within four hours, are either admitted to hospital, are referred for treatment, or are discharged home. This provides an indication of how effectively the public hospital system meets emergency department demand, as well as the effectiveness of patient flow through the hospital, including into inpatient beds. It is important to note that in some instances it may be clinically appropriate for patients to remain in the emergency department for more than four hours.

**Table 7: Percentage of emergency department presentations whose length of stay in the emergency department is four hours or less**

Strategic Indicator	2021–22 Target	2021–22 Actual
Percentage of emergency department presentations whose length of stay in the emergency department is four hours or less	90%	52%

In 2021–22, performance against this indicator declined from the 2020–21 result of 57 per cent. The deterioration was due to several impacts of COVID-19, including:

- staff shortages within the emergency departments and hospital wards
- reduction in emergency department short stay beds at Calvary Public Hospital Bruce (CPHB), as the space was taken to create the emergency department ‘Red Zone’ for COVID-19. This meant people stayed longer in the emergency department to complete treatment
- high bed occupancy, reducing the timeliness of admissions from the emergency departments.

Category 3 (urgent) and Category 4 (semi-urgent) presentations make up nearly 80 per cent of all presentations to ACT emergency departments, and performance against the indicator remains influenced by the results for these patients. In 2021–22, only 35.7 per cent of patients in Category 3, and 46.2 per cent of patients in Category 4 were treated on time, against the respective Australasian College for Emergency Medicine (ACEM) targets of 75 per cent and 70 per cent.

Both Canberra Hospital and CPHB continued to implement emergency department improvement programs over 2021–22. These included strategies for staff recruitment, and reviewing and implementing patient flow, pathways and models of care to streamline service delivery and operations. Improvement strategies are continuously being monitored and adjusted by both hospitals as required. Systemic changes to improve timeliness will be given renewed focus as the winter demand and workforce situations allow.

## Strategic Indicator 2.4 – Surgical complications requiring unplanned return to theatre

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

**Table 8: Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions**

Strategic Indicator	2021–22 Target	2021–22 Actual
Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions	<=20	9

## Strategic Indicator 2.5 – Avoidable readmissions to hospital

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

**Table 9: Number of avoidable readmissions for selected conditions per 10,000 hospital admissions**

Strategic Indicator	2021–22 Target	2021–22 Actual
Number of avoidable readmissions for selected conditions per 10,000 hospital admissions	<=50	114

**Note:** Since the setting of this target in 2020–21, the methodology to calculate inclusions and exclusions has been re-defined, hence the variance. The results will continue to be monitored with a view to resetting the target in the 2023–24 Budget.

## Key achievements 2021–22

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

During the 2021–22 reporting year, the Directorate progressed significant work towards the four strategic objectives identified in the [ACT Health Directorate Strategic Plan: 2020–25](#):

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

### Healthy community

To continue to enable people to live healthy and active lives, stay well and be productive, the Directorate works across government to drive system-wide strategies that set clear priorities for safety, quality, expenditure, and activities.



To help improve the health of people in our community in 2021–22 we:

**Advise, advocate, collaborate**

- reached over 42,000 students, in more than 100 schools and early childhood education and care settings, with Health Promotion programs, such as It's Your Move, Kids at Play Active Play and Fresh Tastes: Healthy Food at School
- supported over 60 food retail businesses and 10 state sporting organisations, and their junior clubs, to develop individualised Healthier Choices Canberra pledges to improve the food environment for their community
- launched the Gamechangers initiative to reduce children's exposure to unhealthy food and drink marketing in junior sport settings by facilitating sponsorship relationships between local non-harmful industry businesses and junior sport clubs
- continued to drive the preventive health agenda in the priority areas of:
  - supporting children and families in the early years
  - increasing physical activity and healthy eating
  - promoting healthy ageing
  - reducing risky behaviours related to alcohol, tobacco and sexual health
- used funding from a Commonwealth Health Innovation Fund grant to work collaboratively with Community Services Directorate (CSD) to develop a Health Literacy Project as part of the Best Start for Canberra's Children: The First 1000 Days Strategy. This included consultation with diverse members of the community, including:
  - Aboriginal and Torres Strait community members
  - people who identify as LGBTIQ+
  - culturally and linguistically diverse people
  - young mothers
  - frontline workers in the maternal and child health sector
  - representatives from the early childhood education and care sector
  - representatives from the refugee, asylum seeker and migrant sector.

Using the feedback from this consultation ensures that the Best Start for Canberra's Children: The First 1000 Days Strategy is informed by the lived experience of Canberrans.

- developed, with the Chief Minister, Treasury and Economic Development Directorate (CMTEDD), a comprehensive evaluation framework for the [Healthy Canberra: ACT Preventive Health Plan 2020–2025](#) and established a whole-of-government expert evaluation working group to oversee implementation
- commenced a midterm review of the Healthy Canberra ACT Preventive Health Plan 2020–2025, inclusive of a community survey, social network analysis and interviews with key government stakeholders
- delivered communication campaigns to help promote a healthy community:
  - 2022 winter wellness
  - Sexually Transmissible Infection (STI) testing
  - Beat the Heat summer campaign
  - Healthier Choices Canberra
  - MindMap youth mental health navigation portal



This year's focus was on smoking cessation in pregnancy. CHS and CPHB offered free nicotine replacement therapy to women as well as detection and monitoring of fetal growth restriction. Clinicians were invited to attend a national fetal growth restriction workshop and over 100 GPs attended an SBB Webinar hosted with the Capital Health Network

- provided a range of key initiatives and improvements within the alcohol and drug sector including:
  - increased ongoing funding to the ACT needle and syringe program
  - planned the commencement of the fixed site pill testing pilot service, which opened to the public on 21 July 2022. This service is run by Directions Health Services, with expertise from Pill Testing Australia
  - updated the range of services available to clients of the Drug and Alcohol Sentencing List leading into 2022–23
  - reviewed the [ACT Drug Strategy Action Plan 2018–2021](#) with the alcohol and other drugs (AOD) sector and relevant community organisations to develop the draft Drug Strategy Action Plan 2022–26, due for release at the end of 2022
- worked with CSD to release the joint Commissioning Roadmap and The ACT Approach to Commissioning
- established the joint commissioning webpage with CSD as a central location for information on commissioning of non-government services
- commenced the first phase of peak body commissioning with nine non-government organisations (NGOs) contracted in a new 5-year deed of grant
- commenced development of the Northside Clinical Services Plan
- delivered two programs at the Ngunnawal Bush Healing Farm (NBHF)
- continued to lead, in partnership with the Capital Health Network (CHN), regular meetings of the Primary Care Emergency Response Committee to facilitate better communication and collaboration through the community experience of COVID-19 and influenza this winter
- launched Phase One of the new Notifiable Disease Management System covering COVID-19.

#### ***Understanding our community's needs***

- expanded the Geriatric Rapid Acute Care Evaluation (GRACE) service to all residential aged care facilities in the ACT
- provided \$2.5 million for integrated primary care for vulnerable people through the Delivering Better Care (DBC) for Canberrans with Complex Needs through General Practice 2019–20 Budget initiative:
  - under Stage One of DBC, continued funding for three services in 2021–2022:
    - Directions Health Services' mobile primary care outreach services
    - Anglicare's Junction Youth Health Service for disadvantaged youth
    - Companion House for primary care and counselling services for migrants, refugees, and asylum seekers
  - under Stage Two of DBC:
    - conducted an open grants round promoting integrated care in GP practices in January–March 2022, with funding to improve, and address barriers to, integrated primary care for people with complex and/or chronic conditions. The grants round is the key initiative of DBC Stage 2
    - commenced a social worker in general practice pilot at Interchange Health Cooperative (IHC)
    - provided funding to IHC for an Opioid Replacement Therapy Community of Practice to commence in 2022–23
    - completed procurement for an evaluation of the Directions Health Services' mobile clinic
- evaluated the acceptability of the Adverse Childhood Events (ACEs) questions within the annual Kindergarten Health Check (KHC). The ACEs questions are well received with a 95 per cent completion



Continued to deliver the **four-year Care Close to Home project**. The **Hospital in the Home** program at CHS and CPHB admitted **2,249** patients and **saved 16,218** bed days

rate. Where parental permission is provided, the child's GP is advised about children with high scores in any of the KHC categories (physical, social and emotional well-being), as well as risks

- contributed to programs that will inform future decision-making about health and wellbeing in our community, including the:
  - ACT General Health Survey
  - Year 7 Health Survey
  - ACT Cancer Registry
  - ACT Prostate Cancer Outcomes Registry
  - ACT Maternal Perinatal Data Collection
  - Chief Health Officer's Report
  - HealthStats ACT
  - ACT Wellbeing Dashboard
- in collaboration with Cancer Institute NSW and the Australian Institute of Health and Welfare, reviewed the completeness of data for Aboriginal and Torres Strait Islander People in the ACT Cancer Registry, and barriers to reporting. There are now no significant barriers to reporting Aboriginal and Torres Strait Islander status in ACT cancer data, including from the Australian Cancer Database for the first time
- contributed evidence and analytic support to programs that benefit health and wellbeing in the ACT community, including:
  - improving population health with the ACT Preventive Health Plan
  - monitoring community wellbeing with the ACT Wellbeing Dashboard
  - preventing serious injury and child deaths with the ACT Children and Young People Death Review Committee
  - improving quality of data for Aboriginal and Torres Strait Islander People with the ACT Health Partnerships Team
  - participating in research collaborations to extend the ACT epidemiological evidence base and facilitate methodological improvements
  - establishing, in collaboration with WA Health, a national [Epidemiology in Government Special Interest Group \(SIG\)](#). The SIG is part of the Australasian Epidemiological Association and aims to boost collaboration between Epidemiology units operating in each of the Australian State and Territory Government Health Departments.



### Priorities for a healthy community in 2022–23

To improve the health of people in our community, some key pieces of work for 2022–23 include:

- development of Teacher Professional Learning (TPL) courses and supporting curriculum resources to build the capacity of ACT educators to teach students about e-cigarettes and vaping and educate students about the links between nutrition, mental health, and environmental sustainability
- delivery of the Preventive Health Plan mid-term review final report and the second Preventive Health 3-Year Action Plan to reduce the prevalence of chronic disease in the ACT
- publishing the Drug Strategy Action Plan 2022–26, the second local action plan under the National Drug Strategy, and commencing implementation of a range of initiatives
- expanding the Notifiable Disease Management System (NDMS) deployed for COVID-19 to include all notifiable diseases
- working collaboratively with CSD to develop the Best Start for Canberra's Children: The First 1000 Days Strategy (Best Start Strategy). Actions aim to improve health literacy and provide earlier and better supports to children, their families and the community, to support children to thrive throughout life
- refreshing the Commissioning Roadmap to provide stakeholders information on planned future commissioning activity

- publishing the ACT Health Services Plan, which is an 8-year roadmap for improving the way our health services work together in the ACT
- completing the Northside Clinical Services Plan
- working with stakeholders to collaboratively assess subsector needs and design ACT Health investment in the community support and chronic conditions subsectors
- providing effective and coordinated palliative and end of life care through a non-clinical, home-like palliative care respite facility, and a comprehensive functional review of palliative care services
- delivering integrated health pathways for people living with chronic and/or complex illnesses
- continuing to be active in workforce planning to ensure accessibility to general practice services in the ACT
- upgrading the BreastScreen Information System.

## Safe, responsive, sustainable public health system

To ensure our public health system works for our community, now and into the future, in 2021–22 we:

### *Responded to community need*

- made preparations and responded to the emerging public health issues of Japanese Encephalitis Virus (JEV) and Monkeypox (MPX), including surveillance and vaccination strategies
- successfully managed four outbreaks of foodborne or probable foodborne illness in the ACT, including the largest recorded food illness outbreak in the ACT with 215 people reporting illness linked to oyster consumption
- implemented Canberra Script, which assists prescribers and pharmacists to provide safer and more effective care to reduce harm and preventable deaths for ACT consumers
- implemented the Winter Wellness public information campaign to encourage Canberrans to get an influenza vaccination, and to take actions to stop the spread of flu and other respiratory illness over the winter period
- rolled out a streamlined reporting system of Adverse Events Following Immunisation (AEFI), allowing health professionals and members of the public to report AEFIs online
- upgraded air quality monitoring station infrastructure and conducted a performance trial of low-cost air quality sensor equipment under the [First Action Plan of the ACT Bushfire Smoke and Air Quality Strategy 2021–2025](#)
- developed an independent assurance mechanism to support the ACT’s fixed site pill testing trial
- delivered a new therapeutic healing garden at Karralika Fadden
- continued working with our public hospitals to expand Hospital in the Home services
- completed the [Nurses and Midwives: Towards a Safer Culture – The First Step Strategy](#) project with the 22 recommendations enacted. In 2021, an independent evaluation found the Strategy has made an important contribution to raising awareness among staff and the community of unacceptable behaviours
- submitted the final report and recommendations for the Nurse Practitioner Project to the ACT Minister for Health for consideration
- facilitated critical upgrade works for building, nurse-call, security and ICT infrastructure at CPHB to maintain patient and visitor safety
- continued work on the Digital Health Record which will be launched on 12 November 2022.



as part of the **National Immunisation Program**, to immunisation providers in the ACT including GPs community pharmacies



Released **Maternity in Focus: The ACT Public Maternity System Plan 2022–2032** and the **Maternity in Focus First Action Plan 2022–2025**

### ***Funded services for our community***

- coordinated Service Funding Agreements with six NGOs who each provide services on behalf of the Directorate to support people with sexually transmissible infections and blood borne viruses
- awarded \$2 million, from the 2021–22 combined Research and Innovation Fund round, to nine projects, including up to \$600,000 to support the Australian Brain Cancer Mission
- undertook a community-led collaborative commissioning process to design a holistic culturally appropriate Aboriginal and Torres Strait Islander Suicide Prevention Service for the ACT and engaged Thirrili Ltd in May 2022 to establish the service
- provided additional funding for Youth Outreach Services and parent support programs, as allocated in the 2021–2022 ACT Budget
- established the Activity Based Management (ABM) Project which will design, develop and implement an activity-based funding model for public hospitals in the ACT.



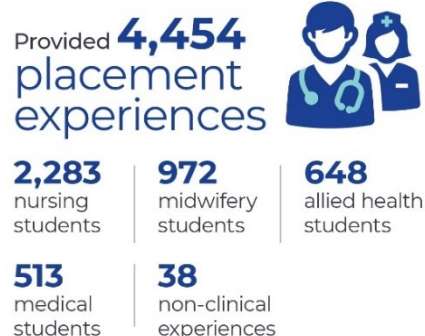
### ***Engaged with our community***

- commenced proof of concept design for key infrastructure projects in partnership with our stakeholders, including the Watson Hostel precinct redevelopment, Residential Eating Disorders Treatment Centre, and a new carpark on Yamba Drive for the Canberra Hospital Campus
- completed a service mapping analysis of support available for children and young people with harmful sexual behaviours in the ACT and published a 'Listening Report' summarising insights from stakeholder consultations in response to recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse
- released the LGBTIQ+ Health Scoping Study and began implementing the recommendations
- established the Office of the Chief Psychiatrist web presence
- completed scoping phase to develop and implement an ACT Disability Health Strategy (ACT DHS). The scoping phase of the ACT DHS Project delivered:
  - the [Future Directions of Disability Health in the ACT: Phase One of the ACT Disability Health Strategy Project](#) scoping paper
  - the [ACT Disability Health Strategy Roundtable: Listening Report – Phase One of the of the ACT Disability Health Strategy Project](#) listening report.



## Engaged with our partners

- hosted the third ACT Allied Health Professional Association Forum to enable connection with peak professional representatives, with 65 people attending the 2022 virtual event
- facilitated nursing, midwifery and allied health clinical and training placements. Allied health and nursing student clinical placement opportunities are now at and above pre-COVID numbers
- supported the following research scholarships and internships:
  - four Nursing and Midwifery SYNERGY Research Internships
  - Honours scholarships to four midwives and three nurses
  - two SYNERGY Innovation Scholarships
  - one Aboriginal and Torres Strait PHD scholarship
  - one ACT Health Summer Research Scholarship
- collaborated with University of Canberra on a research project aimed at enhancing the transition of Registered Nurses from being students into practice as qualified nurses. The pilot is underway
- welcomed a fourth clinical chair, Associate Professor Kasia Bail to the SYNERGY Nursing and Midwifery Research Centre
- offered scholarship programs for public sector nurses and midwives, as well as a small number of other scholarships. This year, the Directorate supported:
  - 275 public sector nurses and midwives to undertake postgraduate studies - including targeted programs for Maternal and Child Health, Adolescent Mental Health, and Mental Health professional development scholarships, including:
    - stomal therapy and Certificate IV in Training and Assessment for two public sector nurses
    - Advancing in Midwifery Safety for 34 public sector midwives
    - supernumerary birth suite placements for two Master of Midwifery students at CHS
    - immunisation education training for 35 nurses and midwives



### National Aboriginal and Torres Strait Islander Health Academy

Worked collaboratively with Indigenous Allied Health Australia to implement the **National Aboriginal and Torres Strait Islander Health Academy** into the ACT. **The Academy aims to improve completion of Year 12 studies**, to provide a supportive experience and encourage interest in a health sector career, for **Aboriginal and Torres Strait Islander youth**.

### 2022 ACT Health Directorate 12th Allied Health Symposium

Innovation in Allied Health  
From transformative ideas to  
practical applications



Wednesday 27 April 2022  
1.30pm – 4.30pm

## Allied Health Symposium

2022 Allied Health Symposium themed “Innovation in Allied Health – from transformative ideas to practical applications” showcased research and quality initiatives undertaken by ACT public health allied health professionals

[Annual Allied Health symposium | Health \(act.gov.au\)](https://www.health.act.gov.au/allied-health-symposium)

- supported two Aboriginal and Torres Strait Islander students to undertake an Enrolled Nursing course at Canberra Institute of Technology (CIT)
- reviewed and redesigned the [Nursing and Midwifery Work Level Standards \(WLS\) 2022](#) in collaboration with key stakeholders. The WLS aid career planning, development and strategic workforce planning
- implemented a new student management system (InPlace Network) to improve efficacy of managing clinical placements for education providers, students and health services
- facilitated the ACT Minister for Health’s decision to increase funding over four years for the Peter Sharp Scholarship program, which provides specialist training to Australian National University (ANU) medical students interested in Aboriginal and Torres Strait Islander Health. The program provides a cultural immersion experience to all students enrolled in the Indigenous Health Stream, as well as individual support for Aboriginal students to take the medical school entrance exams
- participated in local and international research supporting the national response to COVID-19
- participated in research examining, developing and consolidating the role of GPs in national disasters
- migrated over 20 systems to the new ICT hosting infrastructure in the health enclave
- undertook a series of targeted protective security, and associated cyber security, upgrades across core health sites
- migrated CHS and CPHB from two separate instances of Power Billing and Revenue Collection (PBRC) System to a combined single instance using the new product from the same vendor
- established the Digital Solutions Operations Centre (DSOC) to provide around the clock support for our critical ICT solutions and services for the ACT public health system
- implemented a new enterprise service bus/integration engine, Aether, to enable clinical ICT systems to exchange information with each other
- implemented the Territory Radio Network (TRN) across the ACT public health system
- implemented ICT infrastructure across a range of refurbishments and new builds in the ACT public health system
- implemented new pathology instrumentation middleware to pass pathology results from analysers to the Pathology Laboratory Information System
- worked towards improving the quality, reliability and validity of ACT specific data for Aboriginal and Torres Strait Islander People in consultation with the ACT Health Aboriginal and Torres Strait Islander Partnerships Team and the ANU.



## Priorities for a safe, responsive, sustainable public health system in 2022–23

To ensure our public health system works for our community now and into the future, key work for 2022–23 includes:

- working collaboratively with multiple stakeholders to actively increase organ donation rates in the ACT, with a view to return to pre-pandemic organ and tissue donation levels
- developing, releasing and implementing [Better Together: A strategic plan for research in the ACT health system 2022–2030](#), a plan to drive research across the ACT health ecosystem which strengthens the health of our communities
- reviewing and realigning the ACT Health Sector emergency management arrangements to ongoing public health risks and the ongoing COVID-19 pandemic
- implementing the changes associated with the [Radiation Protection Amendment Bill 2022](#)
- increasing networking and collaboration to initialise a Drug Early Warning System in the ACT
- continuing planning and design work for:
  - a new northside hospital
  - a new hydrotherapy pool in Canberra’s south
  - redevelopment of the Watson Hostel, including an Aboriginal and Torres Strait Islander residential AOD rehabilitation facility
  - a community-based residential eating disorder treatment centre
- delivering an ACT Health Directorate Strategic Asset Management Plan to guide decision making and transparent management of the Directorate’s asset portfolio
- continuing to deliver Stage 1 of the ABM Project (system design)
- continuing to work with CPHB on improving emergency department and elective surgery wait times, and collaborating with CHS on indicators for emergency department and elective surgery performance
- continuing to strengthen governance, performance monitoring and financial accountability oversight for CPHB
- commencing a plan for the development of a jurisdiction-wide ACT Clinical Systems Governance System
- working with CSD to progress a strategically aligned AOD Commissioning program for 2024 and beyond
- development of an ACT Health Workforce Strategy and ACT Health Workforce Plan
- planning for the commissioning and construction of new health facilities as part of implementing the Canberra Hospital Master Plan, including planning and design work for a new car park at the Canberra Hospital on Yamba Drive

Figure 4: Gift of Life Walk



(Top row, L-R) Dan Murray (Epic), Peter O’Halloran, Rebecca Heland, Mallory Heinzeroth (Epic) and Sandra Cook during the Gift of Life Walk



- delivering Best Start for Canberra’s Children: The First 1000 Days Strategy
- implementing the Moderated Online Social Therapy (MOST) program, which will provide complementary online support for young people accessing mental health services in the ACT
- reviewing implementation and evaluation data from the Safe Haven pilot and exploring options and potential funding sources for future delivery of the community Safe Haven and a second Safe Haven on the southside of Canberra
- supporting people with an eating disorder through:
  - establishing the Early Intervention Service for Eating Disorders
  - completing the Territory-wide model of care for eating disorders
  - finalising the design for the Residential Treatment Centre for Eating Disorders
- developing and implementing the ACT Disability Health Strategy and First Action Plan to ensure better health outcomes for people with disability
- consulting broadly about establishing voluntary assisted dying arrangements in the ACT
- publishing research about the impact of COVID-19 on the general practice workforce, including measures to support GPs and their staff in order to maximise the levels of ongoing service delivery to Canberrans
- supporting the transition of the NBHF from a day program to a residential service
- training over 14,000 users across the ACT public health system in preparation for the Digital Health Record (DHR) launch
- migrating data from legacy systems that are being replaced by the DHR and then decommissioning these systems
- migrating CHS and CPHB to a combined modern Pharmacy Inventory Management System
- completing the migration of ICT hosting across to the health enclave
- moving DSOC to a full onsite 24/7 support operation.

## National Mental Health and Suicide Prevention Agreement



This year the ACT Government entered into a new National Mental Health and Suicide Prevention Agreement with the Commonwealth and all other States and Territory governments. The National Agreement sets a national, integrated, system-level framework for mental health and suicide prevention reform. In addition **the ACT and Commonwealth Government signed a Bilateral Schedule that will deliver over \$38 million to the ACT for new and expanded services** in high priority areas such as children and youth mental health and suicide prevention. The initiatives in the Bilateral Agreement reflect a number of Commonwealth priorities, the ACT Health Directorate also negotiated the inclusion of a number of priorities for the ACT including matched funding for the Early Intervention Service for Eating Disorders and the design and establishment of a new Youth at Risk program. These services will be designed and developed over the next four years in partnership with people with lived experience and their carers

## Trusted, transparent and accountable

We want to be a trusted source of information and advice for the community and our stakeholders. In 2021–22, we:

- supported the review of all the Director-General Financial Instructions and development of the whole-of-government Director-General Instructions, which will replace these on 1 July 2022
- supported the public health system through administration of additional funding for the COVID-19 response and related reporting with the Commonwealth throughout the pandemic
- initiated commissioning conversations with mental health community partners and completed the process of two-year contract variations for currently funded NGOs

- established the Data Analytics Branch to build the Directorate’s analytical capability, foster digital and data innovation, promote evidence-based practice, and provide leadership and coordination that leverages data as one of our most valuable assets.

### Priorities for being trusted, transparent and accountable in 2022–23

To ensure we remain a trusted source of information and advice for the community and our stakeholders, the key pieces of work for 2022–23 include:

- developing an ACT public health system dashboard report for workforce data
- completing collaborative commissioning strategies and co-designing work in preparation for procurement of NGO-delivered mental health services as part of Commissioning of Health Services in the Community Project
- working towards strengthening governance arrangements for the ACT Local Hospital Network
- embedding new governance structures to delineate roles and responsibilities in relation to data across the Directorate, ensuring accountability and transparency is a priority.

### High performing organisation that values our people

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

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

To value and invest in our people and ensure our governance systems and business processes enable the Directorate to deliver for the community, in 2021–22 we:

- managed the development and operation of the Directorate’s business continuity plans to ensure continued and sustainable functioning of the organisation through the COVID-19 lockdowns and response efforts
- developed a Directorate strategic and operational workforce plan
- successfully realigned the Office for Mental Health and Wellbeing and the Mental Health Policy and Strategy team into the Mental Health and Suicide Prevention Division under the Coordinator-General for Mental Health and Wellbeing. Maintaining autonomy and the whole-of-government and community focus of the Office for Mental Health and Wellbeing was an essential outcome of the realignment
- realigned the Communication and Engagement Branch reporting lines from the Office of the Director-General to the Strategic Infrastructure Division, creating the Infrastructure, Communication and Engagement Division
- finalised the implementation and delivery of the 20 recommendations from the 2019 Independent Review into Workplace Culture within ACT Public Health Services
- offered Graduate Certificate courses in Leadership and Management, and Research through the University of Canberra, with 48 allied health staff attending short courses in leadership supported by the Chief Allied Health Office
- delivered a leadership development training program, designed specifically for the ACT public health system workforce, to 52 senior managers

#### Phase One of Nurse/ Midwife to Patient Ratios

implemented in CHS and CPHB from 1 February 2022. Ratios increase nursing and midwifery staffing levels which in turn increases staff job satisfaction and quality of care provided to patients



Funded

#### 44 Allied Health post-Graduate Scholarships to public health allied health practitioners

assisting them to undertake higher level tertiary learning



- continued the implementation of our electronic document and records management system (EDRMS), including migrating over 1 million digital records into the system
- upgraded the warehouse housing our legacy paper records with new office accommodation and WHS compliant shelving, ensuring that all records are now stored in accordance with the requirements of the [Territory Records Act 2002](#).

### **Recognising our people**

- announced the winners of the 2021 ACT Public Service (ACTPS) Allied Health Excellence Awards, including Allied Health Professional of the Year
- celebrated the annual ACT Nursing and Midwifery Excellence Awards 2022. Forty nominations were received for the new Consumer Recognition Award, where consumers nominated nurses and midwives who had provided excellent care. Six Recognition Awards were presented: three to individual nurses and midwives, and three to teams
- held third Director-General Awards which recognised individuals and teams who made an outstanding contribution to the Directorate against our values of Respect, Integrity, Collaboration and Innovation, as well as Excellence in Leadership and as a Quiet Achiever
- collaborated with CHN to develop a scholarship scheme for high-achieving senior ANU medical students, to provide individual mentoring and support that will encourage those students to remain in the ACT Health system following graduation.

**Figure 5: Director-General Awards**



*(L-R) Liam Ryan, Kristy Whybrow and COVID-19 Travel Exemptions Team members Kate Kennedy and Maddi Kourpanidis with their Director-General Awards*

## Priorities for being a high performing organisation in 2022–23

To value and invest in our people and ensure our governance systems and business processes enable us to continue to deliver for the community, the key work for 2022–23 includes:

- developing and implementing the Inclusion Strategy and supporting frameworks
- developing and implementing the Learning and Development Strategy and underpinning implementation plan
- progressing the implementation plan for the Directorate Wellbeing Strategy
- developing a People Strategy that identifies how the Directorate will attract, retain and grow its staff's skills and capabilities
- developing workforce planning capabilities and a strategic organisational workforce framework and plan
- developing a Cultural Integrity Framework to improve the Directorate's ability to work with Aboriginal and Torres Strait Islander staff and stakeholders in a culturally appropriate way
- negotiating and planning for Phase Two of Nurse/Midwife to Patient Ratios Project commencing in July 2022
- reviewing the Nursing and Midwifery Work Level Standards in 2023
- continuing to collaborate with Indigenous Allied Health Australia to support their National Aboriginal and Torres Strait Islander Health Academy students to complete Certificate III in Allied Health Assistance
- completing implementation of the EDRMS, including migration of ministerial workflows
- updating our records management policies and procedures, including re-training all Directorate staff in their recordkeeping obligations
- updating our Protective Security Policy Framework and all associated policies and procedures, including re-training all Directorate staff in their protective security obligations.

## B.3 Scrutiny

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

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

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

**Contact details:** For more information, contact [ACTHealthCorporate&G@act.gov.au](mailto:ACTHealthCorporate&G@act.gov.au).

**Table 10: Government Response to the Independent Review into the Workplace Culture within ACT Public Health Services**

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

<b>Recommendation</b>	<b>Government response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 1</b></p> <p>That the three arms of the ACT Public Health System should commence a comprehensive process to reengage with staff in ensuring the vision and values are lived, embraced at all levels, integrated with strategy and constantly reflected in leadership. To achieve this the Health Directorate should take the lead in providing the necessary tools and guidelines and coordinate the implementation by Canberra Health Services, Calvary Public Hospital and the Health Directorate.</p>	<p><b>Agreed</b></p> <p>Recognising the territory-wide focus reengagement with staff will occur across each of the three arms of the ACT Public Health System. Canberra Health Services and the ACT Health Directorate are embarking on projects to review their vision, values, role and behaviours. These projects will seek to ensure that, with the recent transition of ACT Health to two organisations, the vision and values of the new organisations are appropriate and clearly understood. This work will be completed by September 2019. There will be significant staff engagement as these projects are rolled out with a view to embedding the vision and values from November 2019. Calvary Public Hospital’s values and vision are in line with the Little Company of Mary. As a key partner in the delivery of territory-wide services Calvary will undergo reengagement with staff to ensure the vision and values are embedded.</p>	<p>Extensive work was undertaken across the ACT public health system to embed vision, values and desired behaviours into organisational and people-related practices and strategic and business planning.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 2</b></p> <p>That Canberra Health Services and Calvary Public Hospital in conjunction with the Health Directorate, develop an appropriate suite of measures that:</p> <ul style="list-style-type: none"> <li>• reflect on elements of a great health service – both culture and strategy;</li> <li>• monitor patient/client perspectives of outcomes/experience; and</li> <li>• engage clinicians in their development.</li> </ul>	<p><b>Agreed</b></p> <p>Commencement of the development of the suite of measures will occur from July 2019 and it is anticipated that this will take at least six months to finalise phase one. The development and maturity of the measures will be iterative and ongoing to reflect the contemporary culture of the ACT Public Health System.</p>	<p>A workforce effectiveness dashboard was established to monitor workforce trends across the ACT public health system. Organisational health indicators for the ACT public health system continue to be matured as data becomes available and maturity within each organisation increases. Work is underway to enable reporting against patient experience indicators. Workforce dashboards have been established within all three organisations and safety and quality dashboards have been developed for CHS. An Organisational Culture Improvement Model (OCIM) has been developed to measure progress towards improving workplace culture within each arm of the ACT public health system. The OCIM was piloted in 2020. OCIM assessments are being undertaken by each organisation annually. Staff climate surveys were undertaken within both CHS and the Directorate in 2021. Both CHS and the Directorate have examined staff survey data and have identified key priorities for action.</p>	<p>Complete</p>
<p><b>Recommendation 3</b></p> <p>That a program designed to promote a healthier culture to reduce inappropriate workplace behaviour and bullying and harassment be implemented across the ACT Public Health System. The model adopted should be based on the Vanderbilt University Medical Center Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS).</p>	<p><b>Agreed</b></p> <p>The planning, procurement and foundational work for implementation of a program to promote a healthier culture will commence in July 2019. This will be a program based on the Vanderbilt system and the implementation model will be required to be consistent across the three arms of the ACT Public Health System.</p>	<p>The Cognitive Institute’s <a href="#">Speaking up for Safety</a> program (SUFS) has been implemented within both CHS and CPHB. Midpoint evaluations were undertaken within both organisations. CHS has commenced rollout of the second level of the Cognitive Institute’s program, Promoting Professional Accountability.</p> <p>To harness opportunities identified in the Complaints and Grievance Process Mapping and Respect, Equity and Diversity Contact Officer (REDCO) reports, action plans have been developed by each organisation to improve the approach to resolving workplace issues.</p> <p>Training programs are being delivered within CHS to educate and inform staff about appropriate workplace behaviours.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
		A range of training programs will be delivered for the Directorate staff from the second half of 2022 to promote a healthier workplace culture. These include training in psychological safety, mental health first-aid, giving and receiving feedback, and having challenging and sensitive conversations. A tool kit will be developed to provide guidance for managers in setting expectations and managing staff behaviour.	
<p><b>Recommendation 4</b></p> <p>The Health Directorate convene a summit of senior clinicians and administrators of both Canberra Health Services and Calvary Public Hospital to map a plan of improved clinical services coordination and collaboration.</p>	<p><b>Agreed</b></p> <p>The Health Summit of senior clinicians and administrators from across the ACT Public Health System is planned for the second half of 2019.</p>	<p>Senior clinicians from across the health system met in February 2021 to discuss options to improve clinical services coordination and collaboration. A draft Clinical System Governance Framework and Structure has been developed to ensure effective clinical governance and oversight across the jurisdiction. This will ensure the clinical delivery system is directed and controlled from a clinical perspective. Consultation on the proposed Framework is occurring both within the ACT public health system, and externally outside of the public health sector.</p>	<p>Complete</p>
<p><b>Recommendation 6</b></p> <p>That the Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders.</p>	<p><b>Agreed</b></p> <p>The Health Directorate has commenced the reestablishment of open lines of communication with the NGO sector with a view to establishing an NGO Leadership Group by October 2019.</p>	<p>The NGO Leadership Group (NGOLG) was established in October 2019 and continues to meet regularly. An evaluation has been undertaken to examine the effectiveness of the NGOLG in building effective engagement, communication and collaboration with NGOs.</p>	<p>Complete</p>



Recommendation	Government response	Update	Status
<p><b>Recommendation 7</b></p> <p>The initiatives already underway to develop a valued and more coordinated research strategy in partnership with the academic sector and others are strongly supported. These provide a mechanism to encourage professional development and address culture, education, training, research and other strategic issues.</p>	<p><b>Agreed</b></p> <p>The ACT Health Directorate is building on work commenced with the inaugural ACT Health Summit: 'Research, Teaching and Training', held on 13 November 2018 which included the development of relationships within the academia sector. An academic partnership and training strategy is being developed. The Culture Review Oversight Group membership was extended to include the Deans of the faculties of health at ANU and UC (see response to recommendation 18).</p>	<p>A Territory-wide strategic plan for research has been developed in collaboration with stakeholders, including academic partners, primary care, CPHB and consumers. <i>Better Together: A strategic plan for research in the ACT health system 2022–2030</i> provides direction for the Health System.</p>	<p>Complete</p>
<p><b>Recommendation 13</b></p> <p>That an executive leadership and mentoring program be introduced across the ACT Public Health System specifically designed to develop current and future leaders. This program should include both current and emerging leaders.</p>	<p><b>Agreed</b></p> <p>The early planning for an executive leadership and mentoring program is underway.</p>	<p>A leadership development program, designed for senior managers working within the ACT public health system, was launched in December 2021. The program is targeted at senior managers, in both non-clinical and clinical roles.</p> <p>The Leadership Development training program was piloted from December 2021 to June 2022, with more than 250 staff participating in the pilot program. An evaluation of the pilot program was undertaken in July 2022.</p> <p>The program will continue to be delivered, and it is expected that an additional 250 staff will participate in the program by end of 2022.</p> <p>A management fundamentals training program is being developed for the ACT public health system. This includes nine modules, designed to provide existing and new managers across the Directorate, CHS and CPHB with consistent information on core topics that support success in their role.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 14</b></p> <p>The three arms of the ACT Public Health System should review their HR staffing numbers and functions in response to the concerns staff have expressed regarding timeliness and confidence in current HR procedures, and the future needs for HR, as proposed in this Review.</p>	<p><b>Agreed</b></p> <p>The initial review began with the transition to three organisations within the ACT Public Health System. Now that transition has settled, the HR resourcing and functions will be reassessed in line with this recommendation. Implementation of any findings will take place in the later part of 2019.</p>	<p>A Human Resources (HR) functions review was undertaken by an independent reviewer in 2020. Findings have been considered and opportunities for improvement identified across the ACT public health system. A subsequent post-implementation review commenced in July 2022 to:</p> <ul style="list-style-type: none"> <li>• assess progress made in responding to the key findings of the HR Functions Review</li> <li>• provide new recommendations about future direction, noting changes in context and new and evolving risks.</li> </ul>	<p>Complete</p>
<p><b>Recommendation 15</b></p> <p>The recruitment processes in the ACT Public Health System should follow principles outlined in the Enterprise Agreements, Public Sector Management Act 1994 and relevant standards and procedures.</p>	<p><b>Agreed</b></p> <p>In line with the transition to three organisations, advice to staff regarding relevant legislation, standards and procedures for recruitment processes is being reviewed and updated to ensure it remains contemporary, clear and effective.</p>	<p>Recruitment policies, processes and procedures have been reviewed, and recruitment selection training has been refreshed. Recruitment training is being delivered across the system. A Recruitment Review has been undertaken for the Directorate by an independent reviewer in 2022, with findings considered and action being undertaken to address key risks identified.</p>	<p>Complete</p>
<p><b>Recommendation 16</b></p> <p>The range of training programs for staff offered by the ACT Public Health System should be reviewed with respect to their purpose, target audience, curriculum, training styles and outcomes so that they address the issues raised in this Review.</p>	<p><b>Agreed</b></p> <p>The range of training programs is being reviewed. This is expected to be completed by October 2019. Training Programs, particularly focused on resolving workplace conflicts swiftly are being considered within the three organisations.</p>	<p>A review of people management training programs delivered across the ACT public health system was undertaken in early 2021. The review included an assessment of the training programs' alignment with the ACT public health system <a href="#">Workplace Culture Framework</a>. Each organisation has reviewed training programs in light of the report's findings. Workshops were held in June 2022 to build the capability of HR teams in the understanding and application of evidence-based methodologies for evaluating training programs delivered within each organisation, to ensure ongoing alignment with organisational goals.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 19</b></p> <p>That the 'Cultural Review Oversight Group' auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System.</p>	<p><b>Agreed</b></p> <p>The Culture Review Oversight Group will auspice the next independent review commencing around November 2019.</p>	<p>The second annual, independent and external review was undertaken, with the final report accepted in November 2021. The third and final annual review commenced in July 2022.</p>	<p>Complete</p>

**Table 11: Government Response to the Inquiry into the Appropriation Bill 2017–2018 and Appropriation (Office of the Legislative Assembly) Bill 2017–2018**

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

Recommendation	Government response	Update	Status
<p><b>Recommendation 6</b></p> <p>The Committee recommends the ACT Government build the depth of allied health services available through Hospital in the Home to reflect the service availability of a traditional in-patient setting.</p>	<p><b>Agreed</b></p> <p>Scoping to build allied health services within Hospital in the Home will be undertaken as part of the Territory Wide Clinical Services Framework.</p>	<p>Allied health support for Hospital in the Home at both CHS and CPHB has increased in 2019–20 and 2020–21 as part of the Care Close to Home project.</p> <p>The increased allied health support has improved the quality of care and has enabled a wider range of conditions to be managed under Hospital in the Home.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 112</b></p> <p>The Committee recommends that the ACT Government undertake a review of the accessibility of ACT Government funded mental health services for students in nongovernment schools.</p>	<p><b>Agreed</b></p> <p>ACT Health will provide advice to the Assembly in relation to mental health services available for students in non-government schools.</p>	<p>The Office for Mental Health and Wellbeing (OMHW) is undertaking a review of the mental health and wellbeing programs offered to primary school aged children, 8–12 years of age. This review, including government, non-government and independent schools, was scheduled to take place in 2020. However, this was put on hold due to the global COVID-19 pandemic. The OMHW is currently working with the Australian National University (ANU) to undertake this commitment.</p>	<p>In progress</p>

**Table 12: Government Response to the Standing Committee on Health Ageing and Community Services Report on the Annual and Financial Reports 2015–16**

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

Recommendation	Government response	Update	Status
<p><b>Recommendation 6</b></p> <p>The Committee recommends that the Health Directorate brief the Committee on improvements it is making to health data integrity following the completion of the review.</p>	<p><b>Agreed</b></p> <p>The Health Directorate will brief the Committee following completion of the ACT Health System-Wide Data Review.</p>	<p>Many of the recommendations in the ACT Auditor -General’s Report <a href="#">Integrity of Data in the Health Directorate Report No. 5/2015</a> were incorporated in the System-Wide Data Review (SWDR). As the Committee is no longer active, an update on improvements to health data integrity will be provided to the Directorate’s Implementation Committee.</p>	<p>In progress</p>

**Table 13: Government Response to the Inquiry into the Appropriation Bill 2018–19 and Appropriation (Office of the Legislative Assembly) Bill 2018–19**

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

Recommendation	Government response	Update	Status
<p><b>Recommendation 55</b></p> <p>The Committee recommends that the ACT Government examine the risks associated with expanding the home birth program to the northside catchment (through Calvary Hospital).</p>	<p><b>Agreed</b></p> <p>This work will be done through the planning stages.</p>	<p>Included in the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	In progress
<p><b>Recommendation 73</b></p> <p>The Committee recommends that the ACT Government work with Arthritis ACT and other interested parties on an arrangement for maintaining appropriate and affordable access to hydrotherapy pools on the southside of Canberra.</p>	<p><b>Agreed</b></p> <p>The Canberra Hospital rehabilitation pool will close with the opening of the new facility at University of Canberra Hospital. Stakeholders including Arthritis ACT have requested continued access to the pool at Canberra Hospital. This relates to the availability of hydrotherapy facilities on the south side of Canberra.</p> <p>ACT Health has entered into an agreement with Arthritis ACT to continue access to the pool at Canberra Hospital until June 2019. ACT Health does not intend to keep the pool at Canberra Hospital open past that time, nor do</p>	<p>The Directorate funds <a href="#">Arthritis ACT</a> to support clients who require hydrotherapy to access facilities in multiple locations across the ACT.</p> <p>This includes a low-cost fee-for-service hydrotherapy program in recognition of the ongoing costs associated with managing a chronic condition, and offers approximately 20 per cent of places for free to clients who are facing disadvantage.</p> <p>From July to December 2021, Arthritis ACT delivered 738 pool sessions, with a total of 4,289 individual client sessions.</p>	In progress

Recommendation	Government response	Update	Status
	<p>we anticipate providing access to other groups. There are other options for hydrotherapy in the south side of Canberra, as outlined in the table below:</p> <p>Private South side Hydrotherapy Pools (heated to 33oC or greater)</p> <p>Hughes Hydro – Hughes</p> <p>Kings Calwell – Calwell</p> <p>Kings Swim – Deakin</p> <p>Calvary John James Pool – Deakin</p> <p>South side ACT Government Public Schools with Hydrotherapy Pools (heated to 33oC or greater)</p> <p>Malkara Special School – Garran</p>	<p>For this period on the southside of Canberra, Arthritis ACT delivered 458 sessions, with a total of 1,729 individual client sessions. In addition, 111 instructor-led sessions were held, for 103 attendees.</p> <p>Due to COVID-19 restrictions, attendance numbers were restricted at all sessions.</p> <p>Stakeholder consultation on the operational model for a new hydrotherapy facility on the southside was undertaken in March 2022.</p> <p>Stakeholder consultation on site selection and key issues for consideration in the design of a new hydrotherapy facility occurred in July 2021. Stakeholder consultation on the operational model for a new hydrotherapy facility on the southside was undertaken in March 2022.</p> <p>An infrastructure business case seeking funding for design and construction of a new hydrotherapy facility was completed in 2021–22 for consideration in the 2022–23 Budget process. Subject to Budget approval, it is expected that construction on the new facility would commence in 2023.</p>	

**Table 14: Government Response to the Report Leading Data Reform: The Way Forward – Outcomes of the ACT Health System-Wide Data Review**

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

<b>Recommendation</b>	<b>Government response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation D2 – Data Governance</b></p> <p>Embed new governance structures to delineate roles and responsibilities in relation to data across ACT Health, ensuring accountability and transparency is a priority.</p>	<b>Agreed</b>	<p>The ACT Public Health Data Strategy Implementation Plan is underway to prioritise key activities that can enable the delivery of trustworthy data to data users across the Directorate.</p> <p>Substantial work is progressing with CHS and CPHB to define Territory-wide data governance arrangements, including roles and responsibilities for applications held by two or more agencies.</p> <p>Within the Directorate, draft Data Governance and Data Management Frameworks are in progress.</p> <p>An ACT Health data maturity assessment was completed in April 2022.</p> <p>Key data-related policies and procedures are in draft or nearing completion.</p>	In progress

**Table 15: ACT Government Response – Standing Committee on Health, Ageing and Community Services Inquiry into the Future Sustainability of Health Funding in the ACT**

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

<b>Recommendation</b>	<b>Government response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 6</b></p> <p>The Committee recommends that the ACT Government ensures the development of a territory wide health strategy, which is made available to the Committee and the public as soon as possible.</p>	<p><b>Agreed</b></p> <p>ACTHD has developed a Territory-wide Health Services Strategy 2018–2028. The Strategy is in its final stages and will be released to the public and made available to the Committee. The Strategy has been formed with input from the Territory-wide Health Services Advisory Group, established in 2018 and comprised of community sector and ACTHD representatives.</p>	<p>The ACT Health Services Plan 2022–2030 will be released in the second half of 2022.</p>	<p>In progress</p>
<p><b>Recommendation 7</b></p> <p>The Committee recommends that the ACT Government consider adoption of patient focused service delivery, as patient-focus services encourage the development of more efficient models of care.</p>	<p><b>Agreed</b></p> <p>The ACTHD Governance Framework has the Strategic Goal 1: Putting patients at the centre of everything we do. This sets the expectation for the cascading of this strategic goal throughout all services. ACTHD’s Vision is “Your health – Our priority”. Improving the quality of healthcare across the ACT is a key priority for ACTHD, with the aim to be the safest healthcare system in Australia, delivering high-quality, person-centred care</p>	<p>A comprehensive review of the implementation of the Quality Strategy within ACT public health services was completed in April 2022.</p> <p>Eight recommendations were made as a result of the review to support health services to continue to implement the four priorities and three enablers within the Quality Strategy.</p>	<p>Complete</p>



Recommendation	Government response	Update	Status
	<p>that is effective and efficient. The ACTHD Clinical Governance Framework outlines the principles employed to ensure high quality, person-centred, safe and effective health service delivery, underpinned by a strong system of clinical governance. These principles include:</p> <ul style="list-style-type: none"> <li>● Person-centred – improving the experience of care</li> <li>● Patient Safety – proactively seeking a reduction in patient harm</li> <li>● Effective care – best evidence of every person, every time.</li> </ul> <p>The ACT Health Quality Strategy (the Strategy) aims to deliver person centred, safe, effective and efficient care with the quality ambition to be a high performing health service that provides person centred, safe and effective care. The Strategy provides a framework through which improvements in services we offer to people can be focussed and measured. This Strategy has been the result of an extensive staff and consumer engagement and consultation phase which has informed the strategic priority areas and aims, making explicit ACTHD commitments through its adoption and implementation. The National Safety and Quality Health Service Standards (the Standards) were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the Standards is to protect the public from harm and improve the quality of health care. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care. Version two of the Standards came into effect on 1 January 2019</p>		

Recommendation	Government response	Update	Status
	<p>and addresses gaps identified in the first version including mental health and cognitive impairment, health literacy, end-of-life care and Aboriginal and Torres Strait Islander health. Standard 2: Partnering with Consumers describes the systems and strategies to create a consumer-centred health system by including consumers in the development and design of quality health care. CHS have established a governance committee, with a consumer Chair, to be accountable for the introduction of the new Partnering with Consumers Standard. A mapping exercise will be conducted in the first half of 2019 to identify key achievements to date and areas for improvement. The criteria from the Partnering with Consumers standard includes:</p> <ul style="list-style-type: none"> <li>• clinical governance and quality improvement systems to support partnering with consumers,</li> <li>• partnering with patients in their own care,</li> <li>• health literacy, and</li> <li>• partnering with consumers in organisational design and governance.</li> </ul> <p>From 1 October the Consumer Feedback and Engagement Team was realigned to the Patient Experience Unit within Quality Safety Innovation and Improvement. A working group is being established to review, in partnership with consumers, consumer feedback mechanisms to ensure a person-centred approach. CHS staff are provided with appropriate resources to achieve the Strategic Priority 1: Person-centred – Improve the experience of care. The Consumer Handout Committee continues to review consumer information to ensure the publications are person-centred and adheres to health literacy principles.</p>		

Recommendation	Government response	Update	Status
<p><b>Recommendation 9</b></p> <p>The Committee recommends that, as the ACT has less than the national in average primary and community health services providers, the ACT Government develop a workforce strategy to build on existing numbers.</p>	<p><b>Agreed</b></p> <p>ACTHD is progressing work to improve access to primary and community health services. This work includes the analysis of the policy levers available to the ACT Government to influence the supply of the health workforce and the demand for primary and community health services. ACT Health commenced a project in June 2017 to develop a Workforce Strategy, to respond to the influences shaping the health system; to position ACTHD to achieve its strategic goals and meet future demands; and to support the delivery of ACT Government priorities. The Strategy provides useful insight and recommendations into the existing culture and performance of the organisation that can be harnessed to inform and enhance ACTHD. The transition into two organisations provides an opportunity to reset the culture, refocus on person-centred, safe and high-quality care and to create a high performing and collaborative culture for the two organisations with a critical establishment period between now and 2020. The Report of the Independent Review into the Workplace Culture within ACT Public Health Services has also provided a number of recommendations that aim to enhance the workplace culture of the ACT’s public health system to support workforce attraction and retention.</p>	<p>The Directorate has commenced work to develop an ACT Health Workforce Strategy 2022–2032 and Plan 2022–2033.</p>	<p>In progress</p>

**Table 16: Government Response to the Standing Committee on Health, Ageing and Community Services Inquiry into the Drugs of Dependence (Personal Cannabis) Amendment Bill 2018**

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

<b>Recommendation</b>	<b>Government response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 13</b></p> <p>4.152 The Committee recommends that, regardless of whether or not the Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018 is passed, the ACT Government ensures that there are sufficient health resources available to treat cannabis dependence.</p>	<p><b>Agreed</b></p> <p>The Government will monitor demand for health services following the passage of the bill and adjust resourcing through future Budget rounds as necessary.</p>	<p>The Government has been monitoring demand for health services following the passage of the Bill. Increased demand has not been identified for cannabis specific treatment. The Government continues to assess the appropriateness of resourcing in the alcohol and other drugs (AOD) treatment sector.</p>	<p>Complete</p>

**Table 17: Government Response to the Standing Committee on Health, Ageing and Community Services Report No 6: Report on Annual and Financial Reports 2017–18**

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

<b>Recommendation</b>	<b>Government Response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 19</b></p> <p>3.78 The Committee recommends that the ACT Health Directorate take necessary steps to facilitate sexual health testing at festivals held in the ACT and that the process be evaluated.</p>	<p><b>Agreed</b></p> <p>ACT Health had previously run chlamydia outreach testing programs at Summernats and the Foreshore Music Festival, as part of the Stamp Out Chlamydia campaign which ran from 2010–13. ACT Health had proposed to conduct chlamydia testing at the Groovin’ the Moo (GTM) music festival in Canberra in April 2019. Unfortunately the festival organisers were unable to accommodate chlamydia testing at that event.</p> <p>ACT Health will investigate other possible festivals in Canberra to conduct chlamydia testing, including Spilt Milk in November 2019, and will revisit having a chlamydia testing program at GTM in 2020. Any programs that are conducted in the ACT will be evaluated.</p> <p>NSW Health has conducted similar testing programs at music festivals in NSW. ACT Health is liaising with NSW Health to inform the development of any future ACT testing programs and will consider opportunities to provide for extra health testing at festivals and other appropriate venues in the future.</p>	<p>Due to impacts of COVID-19 on large events throughout 2020–2022, including restrictions in relation to music festivals, this work could not be progressed. The relaxing of restrictions and return of large events may require focus on implementation of further action to increase testing at festivals and other large events.</p>	<p>In progress</p>

**Table 18: Government Response to the Report of the Select Committee on Estimates 2019–20 on the Inquiry into Appropriation Bill 2019–2020 and the Appropriation (Office of the Legislative Assembly) Bill 2019–2020**

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

<b>Recommendation</b>	<b>Government response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 27</b></p> <p>The Committee recommends that the ACT Government ensure financial certainty for community organisations by offering grant funding for periods greater than one year, simplify the grant application process for community groups and streamline the process and paperwork for community grants of up to \$5000.</p>	<p><b>Agreed in principle</b></p> <p>A review of the procurement framework for community-based service provision is being undertaken and processes will be simplified where possible.</p> <p>The current grants process for funding already allows for multiple years. However, in the instance of ACTHD, the ability to commit to a multi-year Deed of Grant is contingent upon the directorate having budgeted funding allocated for that purpose across the out-years of the grant period.</p> <p>The grant application process currently consists of an assessment of the proposal against service need streamlined approval – given that financial delegation for Deeds of Grant usually rest at Executive Group Manager level rather than at the level of delegation for other funding agreements.</p>	<p>Most service agreements between the Directorate and the non-government sector are accomplished through funding agreements rather than through grants. All of the elements of recommendation 27 will be considered and reflected during the process commenced in 2021–22 to commission health services in the community.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>There are a number of mechanisms available for expending public monies less than \$5,000 such as Purchase Orders, Exchange-of Letters, pay on quote/invoice – depending upon the nature of the activity. An assessment is made in each circumstance about the most appropriate mechanism to employ.</p>		
<p><b>Recommendation 76</b></p> <p>The Committee recommends that the ACT Government, by the end of 2019, require Canberra Health Services and ACT Health give a confidential briefing to Members of the Legislative Assembly on preparedness for disasters in the ACT.</p>	<p><b>Agreed</b></p> <p>CHS and ACTHD, with agreement on scope with Minister for Health, will provide a briefing on preparedness for disasters in the ACT.</p>	<p>Members of the Assembly were briefed in 2020 and 2021 on health emergency management arrangements through the Select Committee on COVID-19 Pandemic Response.</p>	<p>Complete</p>
<p><b>Recommendation 83</b></p> <p>The Committee recommends that the ACT Government ensure that there is enough capacity in the public health system to treat patients within clinically appropriate guidelines.</p>	<p><b>Agreed</b></p> <p>ACTHD is currently developing a Territory-wide Health Service Plan. The Plan will identify priorities for health service development and redesign including capacity and capability within the public health system. It will be based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for priority population groups and consider the range of public health services provided by CHS, CPHB and other organisations in the community. The Plan will be underpinned by the principles of patient centred care – that the right care is provided in the right place at the right time.</p> <p>To support the Plans’ principles of patient centred care – that the right care is provided in the right place at the right time, the CHS Timely Care Strategy aims to improve patient care delivery, access to services across CHS and patient flow processes. CHS is continuously identifying and incorporating change to</p>	<p>The ACT Health Services Plan 2022–2030, to be released in the second half of 2022, will outline plans for investment to increase the capacity and capability of the public health system.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>improve communication and decision-making processes, as well as implementing a number of projects to refresh and refocus systems and processes using a whole of hospital approach. These projects are expected to become embedded into regular processes and policies across CHS to continue the delivery of high quality, safe and timely care to our community. This work does not replace Clinical Services planning, however addresses CHS operational commitments to providing timely care.</p>		
<p><b>Recommendation 89</b></p> <p>The Committee recommends that the ACT Government, subject to the external evaluation of the homebirth trial, increase availability of home birthing options for local women.</p>	<p><b>Agreed in principle</b></p> <p>The aim of the publicly funded homebirth trial is to provide an option for women with low risk pregnancies in the ACT to birth at home. The final evaluation will provide recommendations for publicly funded homebirth at Canberra Hospital. CHS is committed to delivering quality and safe women centred care and working with any recommendations that come from the external evaluation.</p> <p>Subject to the outcomes of the homebirth trial external evaluation, consideration will be given to increasing the availability of home birthing options across the ACT.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>In progress</p>



Recommendation	Government response	Update	Status
<p><b>Recommendation 90</b></p> <p>The Committee recommends that the ACT Government publish data on wait times for appointments with specialist outpatient clinics in the ACT.</p>	<p><b>Agreed in principle</b></p> <p>ACTHD will work with CHS to agree on suitable measures to report wait times for appointments with specialist outpatient clinics in the ACT.</p>	<p>The Directorate will recommence discussions with CHS to agree on the methodology for the new specialist waiting list times report when the Digital Health Record goes live.</p>	<p>In progress</p>

**Table 19: Government response to Standing Committee on Planning and Urban Renewal – Report 14 – Inquiry into Planning for the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) and The Canberra Hospital Campus and Immediate Surrounds**

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

Recommendation	Government response	Update	Status
<p><b>Recommendation 10</b></p> <p>The Committee recommends that the ACT Government ensure that the master plan process includes a comprehensive review of traffic and transport for the wider precinct, including options for improving school pick-up and drop-off arrangements.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government is committed to ensuring the safety of staff, patients and visitors on the campus. Consultation with clinicians, the campus workforce and local community will occur during the development of the Canberra Hospital Master Plan. Parking and safe flow of traffic in and around the campus will be considered in the context of the Master Plan,</p>	<p>The Canberra Hospital Master Plan was launched by the Minister for Health, Rachel Stephen-Smith MLA, on 1 December 2021.</p> <p>Detailed information about the consultation process, as well as the final Master Plan are available on the Directorate website at <a href="https://health.act.gov.au/about-our-health-system/planning-future/canberra-hospital-master-plan">https://health.act.gov.au/about-our-health-system/planning-future/canberra-hospital-master-plan</a>.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>as well as the management of impacts on the local community and school.</p> <p>Discussions will continue with the Education Directorate, the Garran Primary School community and the Transport Canberra and City Services Directorate to support safe school pick-up and drop-off arrangements, as well as ensure an integrated approach to traffic and transport planning for the Canberra Hospital precinct and surrounding streets.</p>	<p>The first phase of projects, as part of the Master Plan implementation, will include review of traffic flow and parking availability, and propose strategies to minimise adverse impacts on the surrounding road network. The project has formally commenced and will have deliverables in 2022–23. The Directorate will report formally to the governance body, ACT Education Directorate, and to Garran Primary school throughout this process.</p>	
<p><b>Recommendation 18</b></p> <p>The Committee recommends that the ACT Government ensures extensive consultation is undertaken with health and local community stakeholders during development of the master plan.</p>	<p><b>Agreed</b></p> <p>The ACT Government is committed to engaging with the local community and users of the Canberra Hospital campus throughout the development of the Master Plan.</p> <p>Throughout the Master Plan, the Government will engage with all users of the campus (including the hospital workforce and clinicians), the surrounding residents and the wider ACT community.</p> <p>The established Consumer Reference Group and Local Community Reference Group for the Canberra Hospital Expansion will be utilised as one mechanism to receive input to and feedback on the Master Plan as it develops.</p> <p>Existing ACT Government community engagement channels will also be used.</p>	<p>The Canberra Hospital Master Plan was launched by the Minister for Health, Rachel Stephen-Smith MLA, on 1 December 2021. The stakeholder and community consultation undertaken was one of the biggest processes undertaken by ACT Government to date.</p> <p>Detailed information about the consultation process, as well as the final Master Plan are available on the Directorate website at <a href="https://health.act.gov.au/about-our-health-system/planning-future/canberra-hospital-master-plan">https://health.act.gov.au/about-our-health-system/planning-future/canberra-hospital-master-plan</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 20</b></p> <p>The Committee recommends that the ACT Government complete its current master planning process for the Canberra Hospital precinct as a matter of urgency.</p>	<p><b>Agreed</b></p> <p>The Government commenced work on the Master Plan in December 2019, and the original project timelines projected an agreed masterplan by August 2020.</p> <p>Due to the COVID-19 health emergency, stakeholder and clinical engagement on the Master Plan was suspended. However, options for the Master Plan have been progressed based on consultation and engagement undertaken prior to COVID-19, known asset condition and on base level demand projections.</p> <p>Revised timeframes to allow for consultation and engagement with clinicians and the community is expected to see the Master Plan process completed by mid-2021.</p>	<p>The Canberra Hospital Master Plan was launched by the Minister for Health, Rachel Stephen-Smith MLA, on 1 December 2021. The stakeholder and community consultation undertaken was one of the biggest processes undertaken by ACT Government to date.</p> <p>Detailed information about the consultation process, as well as the final Master Plan are available on the Directorate website at <a href="https://health.act.gov.au/about-our-health-system/planning-future/canberra-hospital-master-plan">https://health.act.gov.au/about-our-health-system/planning-future/canberra-hospital-master-plan</a>.</p>	<p>Complete</p>
<p><b>Recommendation 25</b></p> <p>The Committee recommends that the ACT Government ensure that the master plan process identifies ACT Government facilities and functions that can no longer be catered for within the precinct and need to be relocated or devolved to other parts of Canberra.</p>	<p><b>Agreed</b></p> <p>Through the development of the Territory-wide Health Services Plan, scenario modelling will be used to inform functions at Canberra Hospital, University of Canberra Hospital and Calvary Public Hospital Bruce). This will inform decisions around potential relocation or devolving of facilities to other parts of Canberra.</p> <p>Services that could be moved off the Canberra Hospital campus will be considered and explored as part of the Master Plan process, the development of the Northside Elective Surgery Centre and the expanded network of Walk-in and local community health centres.</p>	<p>The ACT Health Services Plan 2022–2030, to be released in the second half of 2022, will outline high-level plans for an increase in the capacity of health services on the northside of Canberra and in the community.</p> <p>Detailed planning on the right balance of services between Canberra Hospital, University of Canberra Hospital and CPHB will be undertaken as part of a Northside Clinical Services Plan. This will be completed in 2022–23.</p> <p>The Canberra Hospital Master Plan was launched by the Minister for Health, Rachel Stephen-Smith MLA, on 1 December 2021.</p> <p>Detailed information about the consultation process, as well as the final Master Plan are available on the Directorate website at <a href="https://health.act.gov.au/about-our-health-system/planning-future/canberra-hospital-master-plan">https://health.act.gov.au/about-our-health-system/planning-future/canberra-hospital-master-plan</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
		<p>Many of the assets at Canberra Hospital are nearing the end of their useful life, having been operational when the hospital opened in 1973.</p> <p>As the infrastructure ages, costs associated with maintaining it increase significantly and refurbishment will not address future growth in demand, nor deliver efficiencies in health service delivery to support this demand.</p> <p>The Master Plan outlines a path to transform the Campus over the coming 20 years.</p> <p>Investments need to be staged to deliver modern and efficient healthcare facilities, open space, improved parking, and to allow for future growth past the 20-year horizon. Decisions about investment aligned to the Master Plan will be based on activity demand projections and service planning, known assets condition, community consultation, healthcare principles and planning principles.</p>	

**Table 20: Government Response to the Standing Committee on Health and Community Wellbeing Reports – 2020–21 ACT Budget and the Appropriation Bill 2020–2021 and the Appropriation (Office of the Legislative Assembly) Bill 2020–21**

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

Recommendation	Government response	Update	Status
<p><b>Recommendation 4</b></p> <p>That the ACT Government continue to expand ACT public health facilities.</p>	<p><b>Agreed</b></p> <p>The ACT Government has allocated almost \$350 million (excluding provisioned works) across the health portfolio’s infrastructure program over the next four years delivering new facilities, upgrades to existing facilities and IT infrastructure. This investment includes the Canberra Hospital Expansion –Critical Services Building, which is the largest health infrastructure investment since self-government.</p> <p>The ACT Government is also developing a Territory-wide Health Services Plan, which will identify priorities for health service development and redesign over the next five to 10 years and inform infrastructure planning. In addition, the Canberra Hospital Master Plan project is currently underway and is looking at the development of infrastructure on the hospital campus over the next 20 years. Planning is also underway for a new Northside hospital as our city continues to grow.</p>	<p>The Government will commence consultation in late 2022 on health services planning in Canberra’s north to inform priorities for service development and redesign of publicly funded health services. A three-phased approach with cross-directorate engagement will help inform the Directorate’s Northside Clinical Services Plan, Northside Hospital Project and CHS’s Integrated Care Program, leveraging the crossover and alignment between projects to engage the community, peak bodies, staff and other stakeholders.</p> <p>The Canberra Hospital Master Plan was launched by the Minister for Health, Rachel Stephen-Smith MLA, on 1 December 2021. The Master Plan outlines a path for the development of the Canberra Hospital campus over the coming 20 years. This transformation, staged over several phases of redevelopment, will deliver a world leading medical environment to support the best healthcare in the region.</p> <p>Early planning and design work is also underway for a new hydrotherapy facility on the southside, a residential eating disorders facility and an Aboriginal and Torres Strait Islander AOD residential rehabilitation facility as part of the Watson precinct redevelopment. The above projects all support the Government’s commitment to expanding public health facilities across the ACT.</p>	<p>In progress</p>

**Table 21: ACT Government response to the Standing Committee on Education, Employment and Youth Affairs, Report 9: Report on Inquiry into Youth Mental Health in the ACT**

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

<b>Recommendation</b>	<b>Government response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 9</b></p> <p>The Committee recommends the ACT Government also provide access to school-based mental health resources and expertise to non-government schools, where there is a demonstrated need.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government shares resources and supports with non-government schools, including postvention planning after a critical incident when requested.</p> <p>Non-government schools have access to Be You resources, which are specifically targeted at supporting teachers to assist young people with mental health concerns.</p> <p>In addition, the ACT Government is coordinating the roll out the Youth Aware of Mental Health (YAM) Program in ACT schools, as part of the OMHW’s LifeSpan approach to suicide prevention. YAM is an evidence-based program, recommended by the Black Dog Institute and developed to promote mental health and address suicidal behaviour in young people. The program is targeted at Year 9 students and is available for ACT public schools and non-government schools.</p>	<p>The <a href="#">Youth Aware of Mental Health</a> (YAM) program continues to be implemented in ACT schools with Commonwealth funding.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 12</b></p> <p>The Committee recommends that the ACT Government address gaps in mental health service provision between different age brackets.</p>	<p><b>Agreed in principle</b></p> <p>As outlined in the Introduction and response to Recommendation 11 the ACT Government is mapping mental health service activities as part of the OMHW’s Review of Children and Young People and the MHSP.</p> <p>These activities will help to identify priorities for service development, including any gaps in services for different age groups or in transitions of care between different care settings. Where a need for investment in increased or new service provision is identified this will require consideration through future budget processes.</p>	<p>The final report being developed by the OMHW for the Missing Middle includes the challenges young people face in relation to accessing services for moderate to severe mental health issues. This includes transitions between age groups. The OMHW is establishing a Child/Youth Mental Health Sector Network to work with government and non-government organisations delivering mental health services to children and young people.</p> <p>As part of the Bilateral Agreement under the National Mental Health and Suicide Prevention Agreement, two new services will be jointly funded to address gaps. The first is a Kids Head to Health program to support emerging and moderate mental health concerns for children. The second is a Youth at Risk program to support young people with complex needs, including emerging mental health concerns.</p>	<p>In progress</p>
<p><b>Recommendation 13</b></p> <p>The Committee recommends that the ACT Government address gaps in mental health service provision between different genders.</p>	<p><b>Agreed in principle</b></p> <p>Please refer to the response to Recommendation 12, these mapping activities will assist identify any gaps in services for young people of different genders. Recommendations to Government will apply a principle of support for equity of access and be informed by analysis of population demographics, health status and burden of disease.</p> <p>As above, it is important to note that any investments in increased or new service provision will require consideration through future budget processes.</p>	<p>The final report for the Missing Middle includes the challenges young people face in relation to accessing services for moderate to severe mental health issues. Gender was raised throughout the consultations and has been included in the final report which will be available in September 2022.</p> <p>The OMHW is also establishing a Child/Youth Mental Health Sector Network to work with government and non-government organisations delivering mental health services to children and young people, which will include issues relating to gender and the accessibility of services.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 16</b></p> <p>The Committee recommends that the ACT Government conduct a formal evaluation of the PACER program with a view to making it a permanent service with expanded coverage and times.</p>	<p><b>Agreed</b></p> <p>The Police, Ambulance and Clinician Early Response (PACER) program in the ACT is an integrated intervention model where a team of a police officer, paramedic and a mental health clinician jointly attend mental health emergencies to support the safe assessment and treatment of people experiencing mental health crises in the community.</p> <p>Internal informal evaluations of the PACER Proof-of-Concept are currently being completed. Performance reporting of Phase I has already demonstrated that a lower proportion of people being seen by the PACER team are being transported to hospital under Emergency Detention and, of those who are transported, a higher proportion are being admitted to hospital than were being otherwise admitted under Emergency Detention.</p> <p>As part of the model for implementation, a final performance report is already planned at the completion of the PACER Proof-of-Concept in order to formally evaluate it. The ACT Government looks forward to the results of this evaluation.</p> <p>The ACT Government has also committed to continuing PACER in the Parliamentary and Governing Agreement for the 10th Legislative Assembly of the ACT (the Parliamentary and Governing Agreement) with intention to expand to allow for two teams to service the North and South of Canberra, 7 days a week subject to funding. This expansion will be negotiated with all PACER stakeholders.</p>	<p>The ACT Government is making progress to conduct a formal evaluation of PACER in 2022. This evaluation will analyse and provide recommendations on the performance and user and carer experience of the PACER program, including a quantitative analysis.</p>	<p>In progress</p>



Recommendation	Government response	Update	Status
<p><b>Recommendation 21</b></p> <p>The Committee recommends the ACT Government provide more counselling services to address the gap between headspace requirements for treatment and other facilities such as CAMHS so that young patients are adequately supported.</p>	<p><b>Agreed in principle</b></p> <p>The term ‘missing middle’ has recently been coined to refer to people who are not able to access headspace, or similar mental health services, because of their presentation, but who do not meet the threshold criteria for a tertiary mental health service. This is a difficult issue experienced nationally between services and was noted by headspace in their submission to this Inquiry stating that the ‘model has limitations in reaching the “missing middle”’.</p> <p>ACT Government made election commitments to boost community counselling, mentoring, home visits, advocacy and case management for 10 to 25-year olds. A commitment has also been made to implementing Orygen Digital’s Moderated Online Social Therapy (MOST) platform, which is an evidence-based online service that enables personalised therapy for children and adolescents to supplement face-to-face treatment.</p> <p>In addition, the ACT Government has committed, through the OMHW’s Review of Children and Young People, to lead a co-design process in partnership with the Capital Health Network to identify potential solutions and additional support options to ensure those experiencing moderate to severe mental illness are adequately supported. The Youth Coalition of the ACT are also co-leading this project.</p> <p>While the ACT Government agrees with the sentiment of this Recommendation, the findings of this Youth project may identify a range of different services for this cohort that are more beneficial or effective than counselling. As a result, it would be inappropriate to agree to this</p>	<p>The final report for the Missing Middle includes the challenges young people face in relation to accessing services for moderate to severe mental health issues. The OMHW is establishing a Child/Youth Mental Health Sector Network to work with government and non-government organisations delivering mental health services to children and young people.</p> <p>As part of the Bilateral Agreement under the National Mental Health and Suicide Prevention Agreement, a new Youth at Risk program to support young people with complex needs, including emerging mental health concerns, will be jointly funded.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>recommendation in full at this stage. Future actions will be informed by the recommendations of the Youth project.</p>		
<p><b>Recommendation 23</b></p> <p>The Committee recommends that the ACT Government work with higher education providers to ensure there is suitable provision of mental health services on campus.</p>	<p><b>Agreed</b></p> <p>The mental health and wellbeing of students in tertiary education is a priority for both the ACT Government and tertiary education institutions. The OMHW’s Review of Children and Young People identified that more work is required to support young people in the transition period from school between the ages of 18 to 25.</p> <p>The ACT Government engages with institutions across various touch points on matters relating to students’ wellbeing. Most recently, this included engaging with institutions to ensure appropriate support systems were in place for students during the COVID-19 pandemic.</p> <p>The ACT Government will continue to engage with these institutions on issues related to mental health and wellbeing on campus, in student accommodation and in the broader community.</p>	<p>The Online Youth Navigation Portal (MindMap) supports the mental health and wellbeing of children and young adults up to the age of 25. The OMHW is continuing to engage with young adults in the ongoing development of MindMap and to identify issues and challenges facing young adults in the ACT community in relation to their mental health and wellbeing.</p>	<p>Complete</p>
<p><b>Recommendation 26</b></p> <p>The Committee recommends the ACT Government assess the current mental health workforce and ensure it reflects the diversity of Canberra’s population.</p>	<p><b>Agreed in principle</b></p> <p>As noted and committed to in the ACT Regional Mental Health and Suicide Prevention Plan, the ACT Government agrees to continue to progress strategies to develop career pathways for Aboriginal and Torres Strait Islander workers and workers from culturally and linguistically diverse communities.</p> <p>However, given the difficulties that are experienced both locally and nationally with regards to recruiting to highly specialised mental health professional roles, there are significant challenges associated with</p>	<p>The OMHW is currently scoping the mental health workforce needs of the ACT, which may consider diversity in roles as part of this work.</p> <p>Consideration is also being given to how the workforce can be supported to develop positions and roles that value people with lived experience.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	developing a workforce that reflects the full diversity of the ACT.		
<p><b>Recommendation 38</b></p> <p>The Committee recommends that the ACT Government provide mental health support, especially for those under 25 involved with the justice system to divert young people from custodial harm.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government supports the notion that mental health support for people involved with the justice system will help to divert people and prevent custodial harm, particularly in young people.</p> <p>Where an offender is subject to a community-based supervision order, case management plans are developed and focus on addressing criminogenic risk/needs. Identification of mental health challenges will involve a referral to an appropriate service external to ACT Corrective Services.</p> <p>Early support for people living with a mental illness is a pillar in the ACT’s Justice Reinvestment, ‘Building Communities, Not Prisons’, strategy. There are opportunities for the ACT Government to explore investment in this area, subject to future funding decisions.</p>	<p>As part of the Bilateral Agreement under the National Mental Health and Suicide Prevention Agreement, a new Youth at Risk program to support young people with complex needs, including emerging mental health concerns, will be jointly funded. This service will address the needs of young people with complex needs, including those who are involved in the criminal justice system.</p>	<p>In progress</p>
<p><b>Recommendation 39</b></p> <p>The Committee recommends that the ACT Government fund more accessible and free counselling and mentor services for young people aged 12-25 years.</p>	<p><b>Agreed</b></p> <p>A key theme from the OMHW’s Review of Children and Young People was that affordability was a primary obstacle for young people to access mental health services. As reported in this review, these obstacles are known issues within the mental health sector more broadly and were also included in the recent Productivity Commission final report on Mental Health.</p> <p>Election commitments have been made to boost community counselling, mentoring, home visits, advocacy and case management for 10 to 25-year olds and to establish a psychologist subsidy scheme for young people</p>	<p>The procurement of the MOST platform in the ACT is underway.</p> <p>The Safe Haven in Belconnen is for anyone over 16 years of age who is experiencing high levels of distress and would benefit from emotional support in a safe and calm environment. It offers free, non-clinical support from trained peer workers with lived experience of mental health problems.</p> <p>The Commonwealth funded Head to Health PopUp Clinic is for anyone over 12 years of age experiencing feelings of anxiety or depression, or for their families or carers. An additional assessment referral is provided, together with immediate advice on coping with symptoms and</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>and people on low incomes, which will increase access to free mental health supports.</p> <p>These commitments will also be guided by the outcomes of the MHSP and the project resulting from the OMHW's Review of Children and Young People so that any counselling services aimed at young people can be targeted where necessary.</p> <p>The online youth mental health navigation portal, being developed by the ACT Government, will also have a role in improving the accessibility of these services by providing a coordinated approach to help seeking and linking young people up with services.</p> <p>The ACT Government also notes that the availability of counselling services aimed at 12 to 25-year olds in the ACT will be increasing with the upcoming opening of a second headspace office in the ACT.</p>	<p>information on services. Those seeking services will be provided with short-term psychological support.</p>	
<p><b>Recommendation 40</b></p> <p>The Committee recommends that the ACT Government trial more automated e-health services and report back on outcomes by mid-2021.</p>	<p><b>Agreed in principle</b></p> <p>The current market of digital mental health services is extensive, and implementation of any program must be quality assured, safe, evidence-based, and demonstrate impact and outcomes.</p> <p>The Commonwealth Government has recently released the 'National Safety and Quality Digital Mental Health Standards' (NSQDMHS) to provide a quality assurance mechanism for such digital platforms. The ACT Government will assess and apply these standards to future implementation of any digital mental health services to ensure participants receive a quality, and outcomes focused service to engage with.</p> <p>It is also important to note, that whilst trialling services helps to determine quality, outcomes,</p>	<p>The procurement of the MOST platform in the ACT is underway.</p> <p>The Online Youth Navigation Portal was launched in October 2021 to support the Canberra community, with a focus on youth mental health, including young adults between the ages of 18 and 25. The portal offers warm referral, triage, active holding and information and advice for people seeking mental health support.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>and impact; temporary implementation of a program may cause harm to users who have become reliant on engagement with a service. The preferred approach is to implement a tried and tested model that is likely to continue so users can engage long-term. As part of the 2020 election commitments, the ACT Government committed to the implementation of Orygen Digital’s MOST program, which is an online mental health support platform for young people aged 16 to 25. Implementation of this program will be subject to a budget process.</p> <p>After answering a survey, MOST presents young people with a personalised guided therapy ‘journey’. These journeys draw on evidence-based research and are designed by psychologists working collaboratively with creative writers and artists. There are currently a range of therapy journeys provided by the platform, including for depression, anxiety, social anxiety, body issues and others.</p> <p>The implementation of this platform will be a useful trial of e-health services in the ACT. The Government will report back on implementation in a reasonable timeframe, noting that the service will not be implemented by mid-2021. If this is successful and more e-health services are desired, the ACT Government will seek these through the appropriate budget and procurement processes.</p>		

Recommendation	Government response	Update	Status
<p><b>Recommendation 42</b></p> <p>The Committee recommends that the ACT Government should as a matter of urgency bring online the central navigation portal for youth mental health services</p>	<p><b>Agreed</b></p> <p>The portal, as an identified project from the OMHW’s Review of Children and Young People in the ACT, has been committed to by the ACT Government. The ACT Government has begun work on this project and the portal is scheduled to be available by mid to late 2021, following a comprehensive consultation process with young people, service providers, parents and carers.</p>	<p>The Online Youth Navigation Portal was launched in October 2021 to support the Canberra community, with a focus on youth mental health, including young adults between the ages of 18 and 25. The portal offers warm referral, triage, active holding and information and advice for people seeking mental health support. Implementation is ongoing and iterative, with new material being added in response to feedback and emerging community needs.</p>	<p>Complete</p>
<p><b>Recommendation 43</b></p> <p>The Committee recommends that the ACT Government expand drug rehabilitation services in the ACT.</p>	<p><b>Agreed</b></p> <p>The ACT Drug Strategy Action Plan 2018-2021 commits the ACT Government to identifying options to expand alcohol and other drug services to meet the needs of a growing population, and to identifying implementation priorities, including residential rehabilitation for Aboriginal and Torres Strait Islander peoples.</p> <p>Furthermore, through the Community Health and Hospitals Program (CHHP), between the Commonwealth and ACT Governments, the ACT will receive \$4.3 million across 2022-23 and 2023-24 to expand capacity of residential alcohol and other drug rehabilitation services in the ACT.</p> <p>In addition, the ACT Drug and Alcohol Court (DAC), which was established in December 2019, is a sentencing option available to those over the age of 18 who meet eligibility and suitability criteria. A key part of the DAC is taking an individualised approach to meeting a person’s treatment needs, allowing for an additional referral pathway into alcohol and other drug treatment services, including rehabilitation services. The ACT Government provided \$2.151 million (GST excluded) over the 2019-20 and 2020-21 financial years for</p>	<p>The ACT Government is working with Winnunga Nimmityjah to develop a residential alcohol and other drug rehabilitation facility for the Aboriginal and Torres Strait Islander peoples in Watson. The Aboriginal and Torres Strait Islander community-controlled facility will promote rehabilitation and recovery in a culturally safe and inclusive environment and once completed, will expand the overall capacity of drug rehabilitation services in the ACT.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>alcohol and other drug treatment services and health staffing for the DAC.</p> <p>As part of the 2020 election commitments, the ACT Government committed to double the existing funding for services to address drug and alcohol and mental health co-morbidity. Any increase in funding will be subject to a budget process.</p>		
<p><b>Recommendation 44</b></p> <p>The Committee recommends that the ACT Government expand evidence-based residential rehabilitation programs for young people struggling with addiction in the ACT.</p>	<p><b>Agreed in principle</b></p> <p>Early life experiences can have an important impact on the likelihood of taking up alcohol, tobacco and other drug use earlier in life and experiencing ongoing use. Government-funded programs to minimise harms from alcohol, tobacco and other drugs among young people need to address the broader social contexts of young people’s lives, as well as providing more intensive evidence-based health services for people who are addicted.</p> <p>Responses to alcohol, tobacco and other drugs therefore need to address prevention, treatment, and harm reduction, and not be solely focused on residential rehabilitation treatment. Harm reduction services, such as overdose response training are particularly important because many young people may not be ready to stop using drugs or may not engage in treatment.</p> <p>The ACT Government is commencing a scoping study to support young people who have mental health needs co-occurring with trauma, disability and/or drug and alcohol abuse. This may not be a residential service, however, will be determined on need to continue to respond to young people’s addiction issues.</p>	<p>New facilities under development at Watson, once completed, will include capacity for expanded residential rehabilitation programs for young people.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 45</b></p> <p>The Committee recommends that the ACT Government pursue young people’s use and possession of drugs in a coordinated and holistic manner.</p>	<p><b>Agreed</b></p> <p>The ACT Government supports taking a holistic approach to alcohol, tobacco and other drug use among young people. This includes addressing the social determinants of health, and the broader context of young people’s lives in addition to alcohol, tobacco and other drug specific prevention, harm reduction and treatment programs.</p> <p>An example of this, as highlighted by this Inquiry, includes justice diversion because it is recognised that a criminal record for drug use and possession may increase stigma and disadvantage.</p> <p>The ACT Drug Strategy Action Plan 2018-2021 commits to exploring ways to increase diversion from the criminal justice system and the treatment and support options available, as part of an integrated diversion system in the ACT (Action 33).</p> <p>ACT Legislation provides a range of existing diversion options for young people apprehended in possession of illegal drugs. These include the Youth Alcohol Diversion Program, the Illicit Drugs Diversion Initiative, and the Simple Cannabis Offence Notice. As a result of recent changes to legislation on minor cannabis offences, young adults (and older adults) are no longer subject to criminal penalties for such offences.</p> <p>It is also important to note that the ACT Government has committed to raising the minimum age of criminal responsibility (MACR) from 10 to 14. Work towards raising the MACR will consider how appropriate therapeutic, restorative and diversionary pathways can help manage harmful behaviour by children and young people outside the criminal justice</p>	<p>Young people have been a key group considered in the drafting of the next Drug Strategy Action Plan due for release by the end of 2022.</p>	<p>In progress</p>



Recommendation	Government response	Update	Status
	<p>system, including those who are currently charged with drug offences. This work will be relevant to this recommendation and will include consultation with all relevant stakeholders.</p>		
<p><b>Recommendation 46</b></p> <p>The Committee recommends that the ACT Government consider further criminal justice diversion for young drug users by investigating the appropriateness of a simple drug offence notice for some drugs.</p>	<p><b>Agreed</b></p> <p>As outlined in the response to Recommendation 45, the ACT Government supports measures to increase the diversions of young people from the criminal justice system.</p> <p>On 20 August 2020 the Ninth Legislative Assembly passed Mr Pettersson’s motion calling on the ACT Government to investigate the feasibility of a simple offence notice for other drugs of dependence and to ascertain the legal, social and health impacts and report to the Assembly no later than November 2021. Initial work has begun to consider the motion and recommendation.</p> <p>Through the ACT Drug Strategy Action Plan 2018-2021, the ACT Government is committed to exploring ways to increase diversion from the criminal justice system. However, such measures will need to be guided by the available best-practice evidence to minimise the harms from drug use.</p> <p>One example includes the ACT Government’s establishment of the ACT Drug and Alcohol Court (DAC), as part of a goal to reduce recidivism by 25 percent by 2025. The DAC commenced operating within the ACT Supreme Court in December 2019 and is a sentencing option available to those over the age of 18 who meet eligibility and suitability criteria.</p>	<p>Work continues on the Drugs of Dependence (Personal Use) Bill, which would enable Simple Drug Offence Notices to be utilised for a range of drugs in small quantities, avoiding interaction with the criminal justice system. Work is also underway to increase knowledge and use of the Illicit Drug Diversion program, providing education and assessment to determine whether treatment is appropriate, as an alternative to criminal charges.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>Work around the MACR, as noted in Recommendation 45, will also help to support criminal justice diversion for children between 10 and 14 years old.</p>		
<p><b>Recommendation 49</b></p> <p>The Committee recommends that the ACT Government provide further eating disorder support services in the ACT, prioritising services on the northside.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government’s 2018 ACT Eating Disorders Position Statement Identified the need for further support for eating disorders across the ACT.</p> <p>The EPHSED project includes establishment of a Territory wide Model of Care for Eating Disorders, development of a Clinical Hub, an Early Intervention Service and a Residential Treatment Facility.</p> <p>Consideration is currently being given to the appropriate location of new and expanded services having regard to population distribution and service demand by place of residence. Supporting access to services for residents of both north and south side of Canberra is a key consideration in current planning activities.</p> <p>Additionally, the ACT Government election commitments include various programs that target and support mental health and eating disorders for consumers and their carers.</p>	<p>The Expanding Public Health Care Services for Eating Disorders (EPHSED) project includes establishment of a Territory-wide Model of Care for Eating Disorders, an Eating Disorders Clinical Hub, an Early Intervention Service, a Residential Treatment Facility and other related bodies of work.</p> <p>The ACT Eating Disorders Clinical Hub was officially launched on 25 January 2022 by Minister Davidson. This includes two new eating disorder services:</p> <ul style="list-style-type: none"> <li>• Short Term Recovery Intervention for Disordered Eating (STRIDE) Program</li> <li>• the Parenting Group.</li> </ul> <p>The Clinical Hub can facilitate referrals to the STRIDE Program and the Parenting Group as clinically appropriate. The STRIDE Program is currently located in Civic, Parenting Groups are run from the Phillip Health Centre, and the Clinical Hub is located at Canberra Hospital.</p> <p>It was announced on 18 November 2022 that Block 3; Section 17 in Coombs was the preferred site for the ACT Eating Disorders Residential Treatment Centre. Early concept design work is currently underway.</p> <p>The Early Intervention Service is expected to be operational in the 2022–23 financial year. The location for the Early Intervention Service is yet to be determined.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 55</b></p> <p>The Committee recommends the ACT Government consider how to address the broader root causes and compounding factors of youth mental illness.</p>	<p><b>Agreed</b></p> <p>The ACT Government agrees that there are a broad range of social and economic determinants that affect mental health, which lie outside the traditional purview of health departments and organisations. Examples of the breadth of these determinants range from education, housing, family environment, and justice through to employment.</p> <p>As the Committee notes, addressing the broader factors of mental health was a key theme in the Productivity Commission’s Final Report in their Inquiry into Mental Health. The ACT Government is a proponent of this approach, having advocated its inclusion strongly to the Productivity Commission in both the ACT Government’s initial submission to the Inquiry and in its feedback on the Productivity Commission’s Draft Report.</p> <p>The ACT Government is proud of a wide range of work that is progressing across a number of diverse areas across government. Examples of these include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• The OMHW was established to ensure a whole of government approach to mental health and wellbeing to guide systemic responses and reforms across all areas of life.</li> <li>• An Inter-Directorate Committee to help coordinate action to improve mental health and wellbeing for Canberrans.</li> <li>• The ACT Aboriginal and Torres Strait Islander Agreement 2019-2028. articulates that all social determinates are intrinsically linked for individuals, families and community for Aboriginal and Torres Strait Islander people. It is acknowledged under the priority action plans that connection to</li> </ul>	<p>The National Mental Health and Suicide Prevention Agreement has been finalised and signed by the ACT Government. It includes Schedule A Improving Mental Health and Preventing Suicide Across Systems, which recognises the importance of work beyond the mental health system. The ACT Government will work with the Commonwealth and all States and Territories to ensure that a focus on improving mental health and suicide prevention is embedded across all levels of government, areas of responsibility and portfolios.</p> <p>As part of the Bilateral Agreement under the National Mental Health and Suicide Prevention Agreement, two new services will be jointly funded to address gaps, including multidisciplinary responses to potential root causes and compounding factors of youth mental illness.</p> <p>The first is a Kids Head to Health program to support emerging and moderate mental health concerns for children (0–12 years of age).</p> <p>The second is a Youth at Risk program to support young people with complex needs, including emerging mental health concerns and trauma histories.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>culture and family has significant impacts on health and wellbeing. Addressing all of the priority areas will have a positive impact on the mental health of individuals and families, including young Aboriginal and Torres Strait Islander people.</p> <ul style="list-style-type: none"> <li>• Early Support: Changing Systems, Changing Lives (Early Support) is a ten-year plan to shift government and non-government human services from a crisis focus to one enabling earlier support. The Early Support reform agenda includes a range of initiatives aimed at providing support early in the life of a child or in the life of an issue in order to improve long term wellbeing outcomes for individuals, children and their families.</li> <li>• The Safe and Connected Youth (SACY) program is based on research showing that youth homelessness is often the result of unmet service needs elsewhere in the system, including mental health needs. Of the 13 children and young people involved in the trial, nine (9) have identified mental health concerns. The Therapeutic Case Workers have coordinated supports across the service system to improve outcomes for them and their families. The results from the trial are promising, with case studies from the SACY program showing that having support needs being met improved family functioning resulting in children and young people staying safely at home. A formal evaluation is currently underway.</li> </ul>		

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

**Table 22: ACT Government Response to the Standing Committee on Health, Ageing and Community Services Report 10: Report on Inquiry into Maternity Services in the ACT**

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

<b>Recommendation</b>	<b>Government response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 1</b></p> <p>The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services in the ACT is woman- and baby-centred.</p>	<p><b>Agreed</b></p> <p>The ACT Government agrees that the focus of care for maternity services should continue to develop to be person- and baby-centred and embrace the diverse needs and experiences of the community, moving away from the traditional service-centred model.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	Complete
<p><b>Recommendation 2</b></p> <p>The Committee recommends that the ACT Government report to the ACT Legislative Assembly by the last sitting day in August 2020 on the implementation of the National Strategy—Woman-centred care: Strategic directions for Australian maternity services. This should include: (i) detail on the implementation plan and phases; and (ii) an assessment of the broad changes needed to the planning, design and delivery of maternity</p>	<p><b>Agreed in principle</b></p> <p><i>The Woman centred care: Strategic directions for Australian maternity services</i> (the Strategy) is important to ensure consumer expectations of an equitable, safe and person-centred maternity service is available in the ACT, and that the information provided to inform choice is evidence based and consistent.</p> <p>The ACT Health Directorate has been involved in the development of this Strategy at a national level. The ACT Government recognises</p>	<p>Included in the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	Complete

Recommendation	Government response	Update	Status
<p>services in the ACT to provide for woman-centred care pursuant to the National Strategy.</p>	<p>the importance of the Strategy and the strong linkage to the findings in the Inquiry.</p> <p>To ensure the implementation of the Strategy is carefully considered, consulted and evidence based, an implementation plan will be delivered to the Assembly in the first quarter of 2021. This timeframe will allow an appropriate amount of time for the Government to work with health care providers, staff, consumers, non-government organisations and other relevant stakeholders to deliver an informed, accessible and family centred maternity system for the ACT.</p> <p>This reflects the importance of active engagement in the design and delivery of maternity services in the ACT highlighted in this Inquiry.</p>		

**Recommendation 6**

The Committee recommends that the ACT Government ensure that ACT maternity care clinical practices and referral pathways—in particular those concerned with post-natal depression are inclusive of fathers and partners to support timely identification and treatment.

**Agreed**

The ACT Government acknowledges the need for increased mental health support for partners post birth. Currently all persons accessing maternity services at Canberra Health Services and Calvary Public Hospital (Bruce) are screened for symptoms of emotional distress during pregnancy and the postnatal period using the Edinburgh Postnatal Depression Scale and Psychosocial Assessment in conjunction with clinical assessment.

Persons with identified mental health concerns are referred to Perinatal Mental Health Consultation Services and/or Perinatal Wellness Centre. Perinatal Wellness Centre also offer services for partners affected by emotional distress during the perinatal period.

Further work will explore new referral pathways and/or screening opportunities to support the mental health needs of new

Included into the [Maternity in Focus: The ACT Public Maternity System Plan 2022–2032](#) and the [Maternity in Focus: First Action Plan 2022–2025](#).

Complete

Recommendation	Government response	Update	Status
	<p>parents and will be considered as part of the development of national evidence-based guidelines for postnatal care (refer to Recommendation 68). This work will also consider how to ensure that services and pathways are inclusive of partners.</p> <p>Any financial implications associated with an expanded program would be subject to the outcome of future budget processes. This work would also be subject to appropriate procurement and probity requirements.</p>		
<p><b>Recommendation 7</b></p> <p>The Committee recommends that the ACT Government ensure infrastructure planning responds to women’s preference for partners and/or support people to remain with them during and after labour.</p>	<p><b>Agreed</b></p> <p>The ACT Government will continue its preference for partners/support people to remain during and after labour and will consider this through the planning process for future infrastructure.</p> <p>At both the Centenary Hospital for Women and Children and Calvary Public Hospital Bruce a partner and/or support person is encouraged to be involved across the maternity continuum through the inclusion in antenatal care, childbirth education, support during labour/birth and also to stay postnatally with the person and baby.</p> <p>The hospital is designed for partners/support people to remain close by both during and after labour. Each postnatal room has facilities for the partner/support person to sleep in overnight.</p> <p>As part of the recent upgrades to Calvary Public Hospital Bruce the maternity ward has been made more family friendly, with an increased number of single bedrooms and day beds for partners to stay.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>



Recommendation	Government response	Update	Status
<p><b>Recommendation 8</b></p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for changes to the Australasian Health Facility Guidelines (AusHFG) to support women’s preference for partners and/or support people to remain with them during and after labour.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government will consider the applicability of amending the Australasian Health Facility Guideline to ensure partners and/or support people can remain during and after labour.</p> <p>The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.</p>	<p>The Directorate is currently in the process of identifying the best approach for this advocacy.</p>	<p>In progress</p>
<p><b>Recommendation 9</b></p> <p>The Committee recommends that the ACT Government should prioritise improving the availability of woman-centred midwife-led continuity of care throughout the ACT.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum.</p> <p>Canberra Maternity Options currently provides the person and their families with evidence-based information on the benefits of midwife led care.</p> <p>Both the Centenary Hospital for Women and Children and Calvary Public Hospital Bruce offer continuity of midwife care programs which are person-centred and appropriate models of care to meet the person’s preference and requirements.</p> <p>The Territory-wide Health Services Plan, currently under development, will identify priorities for health service development and redesign across the ACT. It will be based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for priority population groups and will consider the range of public health services provided by Canberra Health Services, Calvary Public Hospital Bruce and other organisations in the community. This will include consideration of service and infrastructure requirements for maternity</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>services including birthing to meet the needs of the growing ACT population.</p> <p>The ACT Health Directorate will work with public maternity service providers and consumers to review access and eligibility to continuity of care models in the ACT, including home birth and birth centre, to determine future expansion and improvements to these models of care. This will capture Recommendations 9, 10, 11, 12, 13, 41, 44 and 60.</p> <p>Any financial implications associated with an expanded program would be subject to the outcome of future budget processes.</p>		
<p><b>Recommendation 10</b></p> <p>The Committee recommends that the ACT Government should prioritise dismantling the barriers that prevent the availability of and access to woman-centred midwife-led continuity of care. This includes but is not limited to: (i) extending midwife visiting rights to ACT hospitals; (ii) expanding birth centre and home birth places and options; and (iii) establishing avenues for providing women and families with independent evidence-based information on the benefits of midwife-led continuity of care.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum. Please refer to the response to Recommendation 9.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 11</b></p> <p>The Committee recommends that the ACT Government should expand the availability of continuity of care and carer models to enable women’s choices to be met and supported.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government acknowledges the benefit of person -centred, continuity of care for families along the maternity continuum. Please refer to the response to Recommendation 9.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 12</b></p> <p>The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services in the ACT is underpinned by the concept of continuity of care and carer. This should include the incorporation of the three dimensions of continuity of care—relational/personal; information; and management—in and across all available models of maternity care.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum. Please refer to the response to Recommendation 9.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 13</b></p> <p>The Committee recommends that the ACT Government should ensure that funding models for maternity services in the ACT recognise the need to include not only women but also their babies—to ensure adequate services and staffing and reasonable workloads to meet continuity of care needs of both mothers and their babies.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government will review funding models for maternity services in the ACT. Please refer to the response to Recommendation 9.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 14</b></p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for the development of funding models to support access to continuity of care and continuity of carer models in all jurisdictions.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum.</p> <p>The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.</p>	<p>The Directorate is currently in the process of identifying the best approach for this advocacy.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 15</b></p> <p>The Committee recommends that the ACT Government revisit the accreditation of its hospitals and health services as World Health Organization (WHO) health promoting hospitals and health services.</p>	<p><b>Agreed</b></p> <p>The ACT Government is currently fully accredited against the National Safety and Quality Health Service Standards (NSQHSS) with the Australian Council on Healthcare Standards (ACHS), and both Canberra Health Services and Calvary Public Hospital Bruce are accredited with the Breastfeeding Friendly Hospital Initiative.</p> <p>The ACT Government recognises that the WHO health promoting hospitals and health services accreditation has a positive influence in creating a supportive policy and physical environment, which promotes the health and wellbeing of the community who access the services and work there.</p> <p>The ACT Government will investigate this initiative, determine the changes required to implement this accreditation, and the benefit for the community and staff across all public hospitals and health services, not just Centenary Hospital for Women and Children.</p>	<p>To be included in future Action Plans of Maternity in Focus, following First Action Plan conclusion in 2025.</p>	<p>In progress</p>
<p><b>Recommendation 17</b></p> <p>The Committee recommends that the ACT Government should: (i) publicly release key indicators of maternity safety, quality and health outcomes at regular intervals; and (ii) where quality and safety data indicate that services are performing below the National average in any area—a plan to improve care, involving women in the governance of these initiatives, should be developed and implemented. The Committee further recommends that the Government consider publishing this information in the ACT Public Health Services Quarterly Performance Report.</p>	<p><b>Agreed in principle</b></p> <p>Maternity data on safety, quality and health outcomes is reported to Health Round Table, Women's Healthcare Australasia, Australian Commission on Safety and Quality in Health Care and Australian Institute of Health and Welfare on a regular basis. Canberra Health Services and Calvary Public Hospital Bruce monitor quality and safety indicators and performance to determine trends and possible improvements.</p> <p>The ACT Government will consider the appropriateness and feasibility of including relevant indicators on maternity quality, safety and health outcomes in the ACT Public Health</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	Services Quarterly Performance Report or the development of a regular alternative reporting mechanism.		
<p><b>Recommendation 18</b></p> <p>The Committee recommends that the ACT Government should develop measurable targets for increasing women’s access to continuity of care services, and access to psychological support and services across the maternity continuum.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government recognises the importance of accountability and transparency in meeting the needs of the person and their families. The ACT Health Directorate will investigate the development of measurable and meaningful targets using current data sources and captured through existing mechanisms in Canberra Health Services and Calvary Public Hospital Bruce.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 19</b></p> <p>The Committee recommends that the ACT Government consider developing a consumer feedback tool and process that elicits at six months post birth a woman’s maternity experience—physical, social, cultural, emotional, psychological and spiritual safety—in accordance with the Australian Commission on Safety and Quality in Health Care Partnering with Consumer Standard.</p>	<p><b>Agreed</b></p> <p>The ACT Government recognises the importance of capturing consumer experiences with the maternity system to inform future changes and improvements. Capturing a holistic perspective of the journey through the maternity continuum will provide valuable insight into an individual’s experience to create a more robust and inclusive maternity system.</p> <p>The development of a consumer feedback tool to capture this information would require work across ACT Health Directorate, Canberra Health Services, Calvary Public Hospital Bruce and involve consumers and other stakeholders.</p> <p>The ACT Government, working with stakeholders, will explore the best mechanisms to undertake this work and determine what information should be captured and publicly reported. This information will be used to consider the development of a consumer feedback tool. This will be considered with Recommendation 24.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 20</b></p> <p>The Committee recommends that the ACT Government prioritise how lessons can be learned and future risks mitigated in relation to service complaints that are settled on a confidential basis and are not reported to the Health Practitioner Regulation Agency (AHPRA) or the ACT Health Complaints Entity (HCE).</p>	<p><b>Agreed</b></p> <p>The ACT Government understands the importance of consumer feedback in informing change within a health system. Both Canberra Health Services and Calvary Public Hospital Bruce use consumer feedback to assist in the continuous improvement of the quality of services and the care provided to families.</p> <p>The ACT Government will explore the processes associated with health service complaints to ensure opportunities for systemic improvement and future risk mitigation are captured and implemented. This work will give due consideration to the privacy, confidentiality and legal aspects related to service complaints.</p>	<p>To be included in future Action Plans of Maternity in Focus, following First Action Plan conclusion in 2025.</p>	<p>In progress</p>
<p><b>Recommendation 22</b></p> <p>The Committee recommends that the ACT Government should implement the Australian Nursing and Midwifery Federation’s Mandated Minimum Nurse/Midwife to Patient Ratios Framework for the safe management of maternity workloads across publicly funded maternity services.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government recognises the importance of ratios in health outcomes for patients and for safe and manageable workloads for nurses and midwives. The ACT Government is working with nurses, midwives and relevant stakeholders on how to implement ratios for safe management of maternity workloads across publicly funded services.</p> <p>Negotiations with the Australian Nursing and Midwifery Federation on ratios were underway earlier this year but work was placed on hold due to the COVID-19 pandemic. The ACT Government is expected to reconvene discussions on the Nursing and Midwifery Enterprise Agreement with key stakeholders in August 2020.</p>	<p>The first phase of Ratios Implementation was commenced in February 2022 with 90 full-time equivalents (FTEs) recruited and will be completed by 31 December 2022. The Evaluation Report is due in March 2023.</p> <p>Scoping and developmental work for Phase Two of the implementation of nurse/midwife to patient ratios is due to commence in July 2022, with maternity services/midwifery to be a priority.</p> <p>A designated midwifery resource has been allocated to the Ratios project team as the ACT is the first State and/or Territory to implement midwifery ratios. Workshops are to be held with key stakeholders in July 2022, to progress Phase Two of the Nurse/Midwifery Ratios.</p> <p>The next Nursing and Midwifery Enterprise Agreement will contain particulars for Phase Two.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 23</b></p> <p>The Committee recommends that the ACT Government establishes a Ministerial Advisory Council on Maternal Health comprising consumer and community representatives to advise the Minister on the policy direction for maternity services and models of care with a view to developing a comprehensive model of woman-centred care that encompasses a care continuum for the mother baby family unit from conception to early childhood.</p>	<p><b>Agreed in principle</b></p> <p>Feedback from new parents is vital in informing change in our maternity system, so opportunities for engagement must be tailored to be inclusive of the needs and wishes of new parents.</p> <p>The ACT Government will investigate the best mechanism for consumers and community representatives to support and inform the Minister for Health, ACT Health Directorate and public health services on the community needs and expectations of public maternity services in the ACT.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 24</b></p> <p>The Committee recommends that the ACT Government should ensure that woman-reported outcomes well-being and experiences are collected (for example, using patient reported experience(s) and outcome measures) and reported as a core part of quality assessment of maternity services.</p>	<p><b>Agreed in principle</b></p> <p>Please refer to the response to Recommendation 19.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 25</b></p> <p>The Committee recommends that the ACT Government strengthen the current consumer involvement process to ensure that it represents the needs of the people accessing maternity care.</p>	<p><b>Agreed</b></p> <p>Please refer to the response to Recommendation 23.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 26</b></p> <p>The Committee recommends that the ACT Government ensure that maternity consumers are represented and included in ACT Maternity Services planning and monitoring committees.</p>	<p><b>Agreed</b></p> <p>All health service planning activities in the ACT are undertaken according to an established methodology that places high importance on engagement with consumers and carers. This includes representation of consumers and carers in project governance structures and engagement through various consultation activities throughout the development of a plan.</p> <p>Further engagement opportunities will be considered as part of the work committed to in response to Recommendation 23.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 31</b></p> <p>The Committee recommends that the ACT Government prioritise a feasibility study to examine the establishment of a perinatal hospice facility to provide perinatal services and care to relevant women, their babies and families.</p>	<p><b>Agreed</b></p> <p>The ACT Government acknowledges the extreme impact that the loss of a child has on a family and that better bereavement care and emotional support is required. The ACT Government is undertaking work to improve supports and care through the maternity continuum for those experiencing perinatal loss, stillbirth and newborn death. This will include investigating the feasibility of establishing of a perinatal hospice facility, the incorporation of bereavement care into planning, design and delivery of maternity care, bereavement training for health professionals and increased bereavement care and emotional support and information for families experiencing loss.</p>	<p>To be included in future Action Plans of Maternity in Focus, following First Action Plan conclusion in 2025.</p>	<p>In progress</p>



Recommendation	Government response	Update	Status
<p><b>Recommendation 32</b></p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for changes to the Australasian Health Facility Guidelines (AusHFG) to include inpatient requirements for perinatal hospice facilities, services and care.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government will consider the applicability of amending the Australasian Health Facility Guideline as part of the work to be undertaken in Recommendation 31.</p> <p>The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.</p>	<p>The Directorate is currently in the process of identifying the best approach for this advocacy.</p>	<p>In progress</p>
<p><b>Recommendation 36</b></p> <p>The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care reflect and support the competencies detailed in the Characteristics of culturally competent maternity care for Aboriginal and Torres Strait Islander women report.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government acknowledges the importance of an integrated, holistic and culturally appropriate model of care for Aboriginal and Torres Strait Islander families. Currently at Canberra Health Services and Calvary Public Hospital Bruce, Aboriginal and Torres Strait Islander people have access to an Aboriginal Liaison Officer during their perinatal journey.</p> <p>Canberra Health Services and Calvary Public Hospital Bruce also work in conjunction with Winnunga Nimmityjah Aboriginal Health and Community Services to provide maternity care for Aboriginal and Torres Strait Islander people.</p> <p>The ACT Government will work with consumers and health professionals to ensure public maternity services and models of care are culturally safe and responsive to Aboriginal and Torres Strait Islander peoples.</p> <p>Any financial implications associated with an expanded program would be subject to the outcome of future budget processes and dedicated resourcing.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 38</b></p> <p>The Committee recommends that the ACT Government support the implementation of strategies identified in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023.</p>	<p><b>Agreed</b></p> <p>The ACT Government acknowledges the importance of growing and developing the capacity of the Aboriginal and Torres Strait Islander health workforce. The ACT Government will work with ACT public maternity providers to support the implementation of the strategies identified in the <i>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023</i>.</p> <p>ACT Government is currently represented on the Project Reference Group developing the National Aboriginal and Torres Strait Islander Health Workforce Plan, which will further guide this work.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 39</b></p> <p>The Committee recommends that the ACT Government support the development of an Aboriginal and Torres Strait Islander maternity services workforce.</p>	<p><b>Agreed</b></p> <p>The ACT Government acknowledges the importance in growing and developing the capacity of the Aboriginal and/or Torres Strait Islander health workforce and will work with ACT public maternity providers to support the continued development of an Aboriginal and/or Torres Strait Islander maternity services workforce.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 40</b></p> <p>The Committee recommends that the ACT Government enhance continuity of care for Indigenous women in the ACT—in particular, in regard to transfers between community-based and hospital settings</p>	<p><b>Agreed</b></p> <p>The ACT Government will work to strengthen the relationship between community-based and hospital care providers to enhance the continuity of care across health services for Aboriginal and Torres Strait Islander people</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 42</b></p> <p>The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care reflect and support the competencies detailed in the Competency Standards Framework for Clinicians—Culturally responsive clinical practice: Working with people from migrant and refugee backgrounds.</p>	<p><b>Agreed</b></p> <p>ACT Government acknowledges the importance of integrated, holistic and culturally appropriate care for the ACT community, and will work with consumers and health professionals to ensure public maternity services and models of care are culturally safe and responsive to the needs of people from migrant and refugee backgrounds.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 43</b></p> <p>The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care support all health professionals providing services and care to people who need to use a language other than English to access information and/or communicate effectively when accessing maternity services and care. This should include: (i) the development of strategies to improve training in working with interpreters and bicultural workers; (ii) women who require interpreting services having access to these services at every appointment; (iii) improved accessibility of language services and bilingual and bicultural workers; and (iv) accessible language services should also be extended to women who are deaf or hard of hearing and require the use of Auslan or Deaf interpreters.</p>	<p><b>Agreed</b></p> <p>The use of interpreters and accessible language services for those who don't speak English or are deaf or hard of hearing is critical for patient safety and informed consent and should be considered throughout the planning, design and delivery of all health services.</p> <p>The ACT Government will review current policies on the use of interpreters, bicultural and bilingual workers, and training provided to staff on the use of interpreters and accessible language services, to improve understanding and utility of these services.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 44</b></p> <p>The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care supports the delivery of care, especially face-to-face delivery, in places and in ways that are accessible for women with a range of disabilities.</p>	<p><b>Agreed</b></p> <p>The ACT Government acknowledges the importance of accessible and appropriate care for the ACT community, and the benefit of person-centred, continuity of care for families along the maternity continuum.</p> <p>Please refer to the response to Recommendation 9.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 49</b></p> <p>The Committee recommends that the ACT Government—in partnership with all stakeholders that work in and across the integrated network of public, private and voluntary health services that deliver maternity services to the ACT community—develop a Fit for the Future Territory-Wide Maternity Workforce Plan. The Plan should address the drivers of supply and retention including, but not limited to, higher education, recruitment and working conditions, targeted ongoing learning, positive cultures, effective leadership, and well-articulated and supported transition to practice programs.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government acknowledges the importance of the supply and retention of a highly trained and competent health workforce and will work with relevant stakeholders to develop a maternity workforce plan.</p> <p>Any financial implications associated with an expanded program would be subject to the outcome of future budget processes.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 51</b></p> <p>The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services and models of care adopt and uphold the 10 principles outlined in the Global Respectful Maternity Care Council’s Respectful Maternity Care Charter: Universal Rights of Mothers and Newborns.</p>	<p><b>Agreed</b></p> <p>The ACT Government acknowledges that interactions between health professionals and families should be respectful and appropriate.</p> <p>The ACT Government will review the 10 principles in the Global Respectful Maternity Care Council’s Respectful Maternity Care Charter: Universal Rights of Mothers and Newborns to determine potential improvements in maternity care.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 53</b></p> <p>The Committee recommends that the ACT Government strengthen the structure of antenatal education to be inclusive of all the potential risks as well as the positive aspects of pregnancy, the birthing experience and parenting. This should include: (i) coverage of where birthing events may not progress as planned; and (ii) planning for unanticipated complications, necessary precautions and redress measures.</p>	<p><b>Agreed</b></p> <p>The ACT Government recognises the importance of families being informed about common interventions and potential risks as part of antenatal education. However, antenatal education may not be the appropriate environment to discuss all the potentials risks associated with birth complications and redress.</p> <p>The ACT Government will encourage public maternity providers to review opportunities for these risks to be raised with families and for conversations to be tailored to individual wishes during scheduled antenatal visits.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 54</b></p> <p>The Committee recommends that the ACT Government: (i) adopt the Maternity Care Classification System (MaCCS) and use it when referring to models of care available in the ACT in the information provided to women and their families; and (ii) use the MaCCS to evaluate the effectiveness of all single-models of maternity care available to pregnant and birthing women in the ACT and surrounding region and publicly report this information at regular intervals.</p>	<p><b>Agreed in principle</b></p> <p>The Maternity Care Classification System (MaCCS) was developed to provide common terminology in describing and comparing outcomes for persons and babies.</p> <p>This allows maternity providers to classify, record and report data on maternity models of care in Australia. The Centenary Hospital for Women and Children and Calvary Public Hospital Bruce were national pilot sites for MaCCS and the Centenary Hospital for Women and Children continues to use this system.</p> <p>The ACT Government will determine the suitability of the data for publicly reporting.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 55</b></p> <p>The Committee recommends that the ACT Government—in partnership with key advocacy and consumer stakeholders—develop and facilitate access to specialised models of maternity care for women who have a high risk of poorer outcomes</p>	<p><b>Agreed</b></p> <p>Canberra Health Services currently has a variety of programs focused on persons who are at risk of poorer outcomes, including the Fetal Medicine Unit, Preterm Birth Prevention Program, Pregnancy Enhancement Program, Step Ahead Program, Antenatal Endocrine</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>Clinics, BUMP Clinic, Multiples Clinic, and Early Pregnancy Unit.</p> <p>The ACT Government will continue to develop and facilitate access to specialised models of maternity care for those who have high risks of poorer outcomes in partnership with consumers and key stakeholders</p>		
<p><b>Recommendation 59</b></p> <p>The Committee recommends that the ACT Government establish eligibility criteria for planned home birth models of care in accordance with evidence-based guidelines such as the National Midwifery Guidelines for Consultation and Referral.</p>	<p><b>Agreed in principle</b></p> <p>Please refer to the response to Recommendation 58.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 62</b></p> <p>The Committee recommends that the ACT Government, pursuant to the ACT Breastfeeding Strategic Framework 2010–2015, ensure the provision of effective, consistent, up to date and evidence-based breastfeeding information and services for mothers and babies in hospital and community settings</p>	<p><b>Agreed in principle</b></p> <p>Breastfeeding is a highly personal choice and often emotive journey. The importance of support and advice throughout the breastfeeding journey cannot be underestimated.</p> <p>Prompt, consistent and informed advice on options and supports associated with breastfeeding is vital for increased breastfeeding rates in the ACT, and for families to feel supported through challenging times. Promotion of breastfeeding within the ACT community will help boost confidence for those choosing to breastfeed and in turn, increase rates of breastfeeding.</p> <p>The ACT Government has been involved in the development of the Australian National Breastfeeding Strategy: 2019 and beyond. This document highlights the importance of the first 1000 days of a child life, and the long-term health and wellbeing outcomes linked to good nutrition in this period.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>The Strategy provides guidance on evidence-based approaches to protect, promote, support and monitor breastfeeding, and is designed to be used as a resource across governments, stakeholder organisations, the public and private health sectors, families and communities as a tool to protect, promote and support breastfeeding.</p> <p>The ACT Government recognises that increased support and information is needed for families when establishing breastfeeding, and throughout the breastfeeding journey.</p>		
<p><b>Recommendation 63</b></p> <p>The Committee recommends that the ACT Government collect annual statistics on breastfeeding outcomes 0–24 months for hospitals and clinics, and publish annual ACT breastmilk production, performance of ACT hospitals and health services on breastfeeding outcomes performance, especially for at-risk groups. The Committee further recommends that the Government consider publishing this information in the ACT Public Health Services Quarterly Performance Report.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government will review the current data collected on breastfeeding outcomes and rates in the ACT. The ACT Health Directorate in partnership with maternity services providers will explore the development of new data collection to capture the provision of support and outcomes of parents who are breastfeeding, and the best options for publishing this data.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 64</b></p> <p>The Committee recommends that the ACT Government strengthen the promotion of and support for breastfeeding across the maternity continuum—including by: (i) making Baby-Friendly Health Initiative (BFHI) accreditation mandatory in all health facilities where babies are born; (ii) creating supportive breastfeeding services in all communities by adopting the Baby Friendly Community Initiative (BFCI); (iii) facilitating compulsory and adequate breastfeeding education for all health professionals who may encounter women of</p>	<p><b>Agreed in principle</b></p> <p>Refer to response to recommendation 62.</p> <p>The Baby-Friendly Health Initiative has been developed to create health care environments where breastfeeding is the norm and practices known to promote the health and wellbeing of all persons and babies are followed. Currently, both Centenary Hospital for Women and Children and Calvary Public Hospital Bruce are accredited by the Baby-Friendly Health Initiative.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>reproductive age, both during their initial training and when undertaking ongoing professional development; (iv) promoting Australian Breastfeeding Australia (ABA) health professional education (seminars) as well as workshops and study modules; (v) ensuring well-informed referral by health professionals to breastfeeding support organisations, including the ABA, and informing mothers adequately about the work of breastfeeding-support groups in the community, such as the provision of Breastfeeding Education Classes for expectant parents and local peer support groups (not just handing them a brochure or placement of a sticker on their baby book); and (vi) ensuring all health professionals who encounter mothers and their breastfed babies understand and follow the evidence-based National Health and Medical Research Council (NHMRC) Australian Infant Feeding Guidelines.</p>	<p>Health professionals within the maternity continuum provide support, education and encourage people to breastfeed. Nurse, Midwives, General Practitioners and other health professionals undertake breastfeeding education as part of their undergraduate and postgraduate degrees.</p> <p>Currently, all health professionals at the Centenary Hospital for Women and Children in contact with persons of reproductive age undertake compulsory education on breastfeeding. Additional education is available for those who want to extend their scope of practice through professional development opportunities, training and seminars.</p> <p>The infant feeding information provided by Canberra Health Services and Calvary Public Hospital Bruce to families is in line with the National Health and Medical Research Council Infant Feeding Guidelines.</p> <p>The ACT Government will continue to support and promote breastfeeding within the ACT community and look at ways to expand access to evidence-based information on breastfeeding, referrals to support services and education for health professionals on breastfeeding. The ACT Government will also look at the benefit of adopting Baby-Friendly Health Initiative for community health services, or whether increased education, awareness and support can be provided to the community through other opportunities.</p>		



Recommendation	Government response	Update	Status
<p><b>Recommendation 66</b></p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for a Medicare rebate for professional lactation consulting services.</p>	<p><b>Agreed</b></p> <p>The ACT Government recognises the increased support and information is needed for families when establishing breastfeeding, and throughout the breastfeeding journey. Some people will seek lactation support outside of the public health system and unless the lactation consultant is also a midwife, there is not a Medicare rebate. This can make this option prohibitive for some people and cut their breastfeeding journey short.</p> <p>The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.</p>	<p>The Directorate is currently in the process of identifying the best approach for this advocacy.</p>	<p>In progress</p>
<p><b>Recommendation 68</b></p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for the development and implementation of national evidence-based guidelines for postnatal care.</p>	<p><b>Agreed in principle</b></p> <p>The importance of continued support through the postnatal period is vital for good mental and physical health. The early days with a new baby can be challenging for families to navigate, and the ongoing, continued support from trusted health professionals across the maternity system is vital to ensure families receive the information and guidance they need.</p> <p>Many families transition between health providers in the post-natal period, so a consistent approach to postnatal care across the health care continuum would benefit parents and babies.</p> <p>While individual health facilities and health services may have postnatal care policies, national guidance on postnatal care will benefit families in standardising the care they should receive and streamlining services to assist in the transition process.</p>	<p>The Directorate is currently in the process of identifying the best approach for this advocacy.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.		
<p><b>Recommendation 69</b></p> <p>The Committee recommends that the ACT Government ensure that women and their families accessing maternity services are educated about the availability of resources such as the Centre of Perinatal Excellence (COPE)—Ready to COPE e-guide to pregnancy.</p>	<p><b>Agreed in principle</b></p> <p>The provision of education and evidence-based information is vital to ensure families are informed to choose the maternity care that suits their needs and have supports available as needed. The ACT Government will review information available on accessing maternity services education and resources on conception, pregnancy and beyond to ensure families are supported and informed throughout the conception to birth continuum.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 70</b></p> <p>The Committee recommends that the ACT Government ensure that perinatal mental health is included in health professional training and the existing maternity care workforce accesses professional development in perinatal mental health (such as the Centre of Perinatal Excellence online training package).</p>	<p><b>Agreed in principle</b></p> <p>For families to receive informed and consistent mental health information and support, our health professionals need to have a strong understanding of mental health issues, early warning signs and information on referral pathways to support families as needed. The inclusion of perinatal and antenatal mental health information into existing health professional training programs is vital to have an informed workforce.</p> <p>The ACT Government will work with public maternity providers to identify training needs of the workforce to determine the best opportunities to equip health professionals with a strong understanding of perinatal and antenatal mental health.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 71</b></p> <p>The Committee recommends that the ACT Government in the planning, design and delivery of maternity services and models of care adopt the Australian Practice Guidelines for the Treatment of Complex Trauma and Trauma Informed Care and Service Delivery.</p>	<p><b>Agreed in principle</b></p> <p>Trauma informed services are foundational to high quality health care that promotes a culture of safety, empowerment and healing. Adverse and traumatic experiences can have a significant impact on a person and surrounding family and prioritising mental health needs should be integrated throughout the maternity care continuum. The ACT Government will consider how the Australian Practice Guidelines for the Treatment of Complex Trauma and Trauma Informed Care and Service Delivery and other guidance relating to birth trauma can be applied to the planning, design and delivery of maternity services and models of care. This work will be considered with Recommendations 46 and 50.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>
<p><b>Recommendation 73</b></p> <p>The Committee recommends that the ACT Government in the planning, design and delivery of maternity services and models of care ensure that expectant mothers are screened to assess the likelihood of developing and/or experiencing mental health problems in pregnancy and the first year following birth.</p>	<p><b>Agreed</b></p> <p>Currently, all persons accessing maternity services at Canberra Health Services and Calvary Public Hospital Bruce are screened for symptoms of emotional distress during pregnancy and the postnatal period using the Edinburgh Postnatal Depression Scale and Psychosocial Assessment in conjunction with clinical assessment.</p> <p>Persons with mental health issues are referred to Perinatal Mental Health Consultation Services and/or Perinatal Wellness Centre. Perinatal Wellness Centre also offer services for partners affected by emotional distress during the perinatal period.</p> <p>The ACT Government will explore new referral pathways and/or screening opportunities to support the mental health needs of new parents.</p>	<p>Included into the <a href="#">Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</a> and the <a href="#">Maternity in Focus: First Action Plan 2022–2025</a>.</p>	<p>Complete</p>

**Table 23: Government Response to the Select Committee on COVID-19 pandemic response - Interim Report 4**

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

<b>Recommendation</b>	<b>Government response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 6</b></p> <p>The Committee recommends that the ACT Government advocate to the Commonwealth Government that telehealth services are made available indefinitely</p>	<p><b>Agreed</b></p> <p>The ACT Minister for Health wrote to the Commonwealth Minister for Health on 27 July 2020 and 25 August 2020 seeking support for retaining the temporary Medical Benefits Schedule telehealth services beyond 30 September 2020. Other State Health Ministers have also advocated for this. The Commonwealth has agreed to extend telehealth services to 31 March 2021.</p>	<p>From 1 January 2022, patient access to telehealth services will be supported by ongoing Medical Benefits Schedule (MBS) arrangements.</p> <p>The ongoing arrangements build on the temporary telehealth items introduced as part of the Government's response to the COVID-19 pandemic. This will continue to enable all Medicare eligible Australians to access telehealth (video and phone) services for a range of (out of hospital) consultations that can also be provided in person.</p>	Complete
<p><b>Recommendation 7</b></p> <p>The Committee recommends that the ACT Government work with the NGO sector to increase capacity to respond to those experiencing stress and anxiety and focus on emotional and psychological wellbeing of community members as the pandemic progresses and in the longer term.</p>	<p><b>Agreed</b></p> <p>The ACT Government has supported NGOs to continue to deliver vital services to the community during the COVID-19 pandemic. This has included funding to support adjustments to models of service delivery (for example, moving to online service provision), to meet increased demand and transition staff to work from home arrangements.</p> <p>In addition to financial assistance during COVID-19, ACT Health Directorate has</p>	<p>The ACT Government made significant investments in the NGO sector during the first and second years of the pandemic in response to increasing mental health service demands.</p> <p>The ACT Government will continue to work with NGOs to understand and identify needs associated with COVID-19 and design the mental health service system to best respond to these emerging needs through the community services commissioning project. In addition, there have been allowances made to service providers to</p>	Complete

Recommendation	Government response	Update	Status
	<p>undertaken ongoing, regular communication with all funded NGOs to monitor demand and unmet need. ACT Health Directorate will continue regular communication, working with the NGO sector to monitor community needs, including those relating to stress, anxiety and broader emotional and psychological wellbeing and ensure available supports are adequate as the pandemic progresses into the longer term.</p> <p>Work is also currently underway within ACT Health Directorate to map Government provided or funded services in the ACT, through development of the Mental Health Services Plan, and implementation of the ACT Regional Mental Health and Suicide Prevention Plan. In the context of this work, broader strategic planning in relation to future mental health service needs and how our service system can be designed to best respond to them will incorporate emerging needs associated with COVID-19 including those identified in this report.</p>	<p>adjust their delivery of services as needed due to the ongoing impacts of the pandemic.</p>	

**Recommendation 8**

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

**Agreed in principle**

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

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

On 6 May 2020, the ACT Government announced the COVID-19 Mental Health Support Package. This included \$2.571 million in additional funds for mental health NGO service delivery, to increase capacity of existing services and to scope and support new and

The ACT Government made significant investments in the NGO sector during the first and second years of the pandemic in response to increasing mental health service demands.

The ACT Government will continue to work with NGOs to understand and identify needs associated with COVID-19 and design the mental health service system to best respond to these emerging needs through the commissioning project.

Any required increases in funding will be considered through future needs analysis and budget processes.

Complete

Recommendation	Government response	Update	Status
	<p>innovative services to respond to emerging need.</p> <p>The ACT Government also provided an additional \$275,000 for targeted mental health support for young people, as part of the Youth Support Package announced on 12 August 2020.</p> <p>The mental health impacts of COVID-19 will remain for some time after the pandemic has ended. It is therefore anticipated that additional support for mental health NGO service delivery may be required beyond this investment and community need will be monitored and responded to over time.</p> <p>As noted in the response to recommendation 7, the emerging needs associated with COVID-19 will be incorporated in the development of the Mental Health Services Plan, implementation of the ACT Regional Mental Health and Suicide Prevention Plan and broader strategic planning in relation to future mental health service needs and how our service system can be designed to best respond to them.</p>		
<p><b>Recommendation 9</b></p> <p>The Committee recommends that the ACT Government take steps to engage with the Commonwealth Government to extend the current capabilities of mental health plans, including expanding the number of free psychologist and counsellor sessions that can be accessed.</p>	<p><b>Agreed in principle</b></p> <p>On 2 August 2020, the Commonwealth Government announced an expansion of the Medicare subsidised psychological therapy program (MSPTP) to provide an additional 10 MSPTP sessions for people subject to restrictions in areas impacted by COVID-19. This measure is currently available until 31 March 2021. ACT Health Directorate will work with the Territory’s Primary Health Network, Capital Health Network and Canberra Health Services to advocate to the Commonwealth where appropriate, to support provision of</p>	<p>The National Mental Health and Suicide Prevention Agreement has been completed. The Directorate will continue to work with the Territory’s Primary Health Network, Capital Health Network and CHS to advocate to the Commonwealth where appropriate, to support provision of initiatives that meet the needs of the Canberra community.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	initiatives such as mental health plans that meet the needs of the Canberra community.		
<p><b>Recommendation 10</b></p> <p>The Committee recommends that the ACT Government work with other governments and providers to ensure that all medical institutions have the capability to grant mental health plans through telehealth for young people who cannot attend in person.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government encourages broad access to mental health services and the availability of mental health support plans (MHSP). It notes that the guidelines on the provision of MHSP are set under the Better Access Initiative managed by the Commonwealth Government. Under this scheme, people can seek support through their GP, or through referral to a Psychiatrist or Paediatrician. ACT Health Directorate will work in partnership with the Territory's Primary Health Network, Capital Health Network and Canberra Health Services to advocate to the Commonwealth where appropriate, to ensure that mental health plans and telehealth are accessible and available to meet the needs of the Canberra community.</p>	<p>The National Mental Health and Suicide Prevention Agreement has been completed. The Directorate will continue to work with the Territory's Primary Health Network, Capital Health Network and CHS to advocate to the Commonwealth where appropriate, to support provision of initiatives that meet the needs of the Canberra community.</p>	<p>Complete</p>
<p><b>Recommendation 19</b></p> <p>The Committee recommends that the ACT Government acknowledge that Aboriginal and Torres Strait Islanders are a particularly at-risk group and ensure this is a consideration when determining where to focus further resources as the COVID-19 pandemic progresses.</p>	<p><b>Agreed</b></p> <p>ACT Health Directorate continues to work with the Community Controlled and broader health sector to support the complex needs of at-risk priority Aboriginal and Torres Strait Islander people, throughout the COVID-19 public health emergency.</p> <p>Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) has been a close partner in developing ACT's response to the COVID-19 pandemic. Winnunga has:</p> <ul style="list-style-type: none"> <li>• been a member of the COVID-19 Primary Care Emergency Response working group;</li> </ul>	<p>The Directorate continues to work with the Community Controlled and broader health sector to support the complex needs of at-risk priority Aboriginal and Torres Strait Islander peoples, throughout the COVID-19 public health emergency.</p> <p>Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) has been a close partner in developing ACT's response to the COVID-19 pandemic.</p> <p>The ACT's general planning has focused on managing outbreaks in high-risk settings. The ACT Government allocated \$580,000 to support Aboriginal and Torres Strait Islander organisations and services during COVID-19.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<ul style="list-style-type: none"> <li>agreed to provide support and clinical management for Aboriginal &amp; Torres Strait Islander clients who are diagnosed with COVID-19;</li> <li>been contracted by the Australian Government to operate a GP-led respiratory assessment centre; and</li> <li>worked closely with ACT Health to develop an outbreak plan for correctional settings. This planning includes consideration of culturally appropriate advice, support and clinical management to be provided by Winnunga with specialised support as needed.</li> </ul> <p>The ACT's general planning has focussed on managing outbreaks in high risk settings. These are defined as a setting where there is a likelihood of a risk for rapid spread and ongoing spread of infection. This would include any living arrangements that put Aboriginal &amp; Torres Strait Islander people at increased risk.</p> <p>The ACT Government has allocated \$580,000 to support Aboriginal and Torres Strait Islander organisations and services during COVID-19:</p> <ul style="list-style-type: none"> <li>Gugan Gulwan Youth Aboriginal Corporation will receive \$200,000 to enhance capacity to deliver their youth support services and integrated services for families;</li> <li>Winnunga will receive \$100,000 to deliver a range of holistic wellbeing supports for individuals and families. This in addition to almost \$250,000 provided to Winnunga to support its COVID-19 health response;</li> </ul>		



Recommendation	Government response	Update	Status
	<ul style="list-style-type: none"> <li>• Relationships Australia Dhunlung Yarra will receive \$100,000 to enhance its capacity to provide counselling and conflict resolution services;</li> <li>• Canberra Rape Crisis Centre Nguru Program will receive \$75,000 to increase the provision of holistic, culturally appropriate counselling for people who have experienced sexual assault and their families; and</li> <li>• Tjillari Justice Aboriginal Corporation and Yeddung Mura Aboriginal Corporation will each receive \$20,000 to continue their important work supporting individuals and families, including those who are or have been engaged with the justice system.</li> </ul> <p>A total of \$65,000 will also be available for grass roots organisations to support activities that help with connection to culture and mental health. This includes support for funerals and Sorry Business during the COVID-19 pandemic. Work to identify the most appropriate organisations to receive or distribute these funds will continue in partnership with the Aboriginal and Torres Strait Islander community.</p>		

Recommendation	Government response	Update	Status
<p><b>Recommendation 26</b></p> <p>The Committee recommends that the ACT Government ensures that there are disability access and inclusion plans for all of Canberra Health Services across ACT Health.</p>	<p><b>Agreed</b></p> <p>The ACT Government has committed to the development of Disability Action and Inclusion Plans (DAIPs) across all government directorates as part of the implementation of the Disability Justice Strategy 2019-2029. Canberra Health Services is currently undertaking a Disability Needs Assessment review to inform the creation and implementation of a DAIP.</p> <p>The Office for Disability is supporting this work and has provided funding for the Canberra Health Services to access consultancy services from the Australian Network on Disability, who have expertise in this area. Canberra Health Services has commenced consultations including meeting with the Disability Reference Group.</p> <p>The COVID-19 – An ACT Operational Plan for People with Disability was finalised and publicly released by the ACT Government in September 2020.</p> <p>The Government is also committed to the development of a Disability Health Strategy, which will be co-designed with people with disability, their families and carers, and organisations across the health system.</p>	<p>In March 2022, the Oversight Group: COVID-19 Plans for People with Disability (the Oversight Group) agreed that the ACT Operational Plan for People with Disability would be 'mothballed' and retained online for evaluation and other purposes. The Oversight Group further agreed to transition all information pertaining to COVID-19, people with disability, and the disability sector to the Directorate's COVID-19 website ('Disability' landing page). This has now taken effect.</p> <p>The Oversight Group agreed that the Directorate would lead a review of the Operational Plan and its governance structure. The review is ongoing, and the Oversight Group secretariat anticipates that an online survey (presently under development) will be opened by the end of August 2022. Members' responses to the survey questions, combined with the recorded observations of members and secretariat, will inform development of a brief review report.</p>	<p>In progress</p>

**Table 24: Government Response to the Standing Committee on Health and Community Wellbeing Report No. 1 - Annual and Financial Reports 2019–2020**

<b>Reporting entity</b>	<b>Standing Committee on Health and Community Wellbeing</b>
Report number	1
Report title	Annual and Financial Reports 2019–2020; Appropriation Bill 2020–2021 and Appropriation (Office of the Legislative Assembly) Bill 2020–21
Link to report	<a href="https://www.parliament.act.gov.au/_data/assets/pdf_file/0011/1738658/HCW-Report-1-AFR-2019-20-and-Budget-2020-21.pdf">https://www.parliament.act.gov.au/_data/assets/pdf_file/0011/1738658/HCW-Report-1-AFR-2019-20-and-Budget-2020-21.pdf</a>
Government response title	Government Response to the Standing Committee on Health and Community Wellbeing Report No. 1 - Annual and Financial Reports 2019–2020
Date tabled	29 July 2021

<b>Recommendation</b>	<b>Government response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 2</b></p> <p>That ACT Health continue to utilise and improve best practice social media and other community communication media to ensure that the community become used to consulting appropriate Apps and online information to assess availability of the appropriate service for treatment – including emergency – needs.</p>	<p><b>Agreed</b></p> <p>Both ACT Health Directorate (ACTHD) and CHS aim to ensure effective, best practice, and audience-led approaches to communication that benefits Canberrans and gives them what they need, when they need it. Both directorates manage a number of internal and external communication channels, including media, social media and web, to ensure accessibility of information to the broad ACT community. The directorate employs professional communication staff to support this focus.</p> <p>ACTHD and CHS are currently undertaking a web redesign project which will ensure the best-practice presentation of information to the community. This project was undertaken with considerable consultation with the consumer and carer community with key</p>	<p>The ACT Health digital experience project has now commenced, with the first phase of work including user research and engagement with external and internal audiences now complete. These findings will guide the development of new [draft] content and information structure that is currently underway. A training program is being implemented to enhance digital skills and knowledge in the Directorate which will support a customer-focused approach to delivering and sustaining the website. New tools and processes that support increased governance and an evidence-based approach are currently being implemented within the Branch. This work will continue throughout 2022 and will provide for a new health.act.gov.au website that is evidence -based, designed through user research and is audience led.</p> <p>CHS launched its new website on 20 April 2022. The new website provides a comprehensive search function and improved structure. The site contains</p>	Complete

Recommendation	Government response	Update	Status
	<p>recommendations about the design taken on board.</p> <p>Both directorates continue to promote the ACT Health App as a key source of information about the public health services available, including the location and wait times of public hospital emergency departments. Significant updates to the ACT Health App were made in 2020 to include new details including a link to the hospital COVID-19 screening tool and the inclusion of estimated treatment time for walk in centres and emergency departments. As at 14 July 2021, the ACT Health App has been downloaded 46,983 times.</p>	<p>detailed information on services and clinics, including locations and directions and what you can expect before, during and after your care. The site was developed in consultation with consumers, through a 1000+ pax survey, 1:1 interviews and focus groups. The information architecture was tested by consumers midway through the project via a tree-test and card sort study. The website received excellent feedback from consumers during usability testing. The site is accessible, with the ability to translate each page into over 100 community languages and have content read aloud out to you. Additionally, consumer facing PDFs have been tagged for accessibility.</p> <p>CHS has been working with the National Health Services Directory (NHSD) (healthdirect) to update their information about clinical services, including emergency/urgent services. The CHS website has been updated with wait times for the ACT's emergency departments (EDs) and walk-in centres. There is detailed content about where to get the right care (help when it is not an emergency), as well as what to expect before, during and after visiting the ED.</p> <p>CHS has established large digital displays outside Canberra Hospital ED and the multi-storey carpark to tell consumers if the ED is busy, how long estimated wait times are, and which other services are currently open to get urgent care. We include wait times for the walk-in centres and COVID-19 Clinic at Garran on these screens.</p> <p>CHS has published several social media posts on where to get the right care and what to expect at the ED. These have had high reach and engagement (around 10 per cent, on average) from the community.</p> <p>The Directorate and CHS operate distinct but complementary social media accounts across</p>	

Recommendation	Government response	Update	Status
		<p>Facebook, Instagram, Twitter and LinkedIn, and routinely share content to amplify reach across the community. As at 21 July 2022, the Directorate had a total of 152.2k followers and CHS had a total of 31.8k followers across the range of platforms. During the course of the COVID-19 pandemic, the community following and reliability of these channels for up-to-date and accurate information has continued to increase.</p> <p>The Check In CBR app was developed as a quick and secure way for Canberrans to check in to a business, helping to support COVID-19 contact tracing efforts. ACT businesses and the community embraced Check In CBR as part of daily life.</p> <p>Since its release in September 2020, the app has been downloaded more than 1,244,000 times and used for 135,158,380 check-ins.</p> <p>Throughout the pandemic, the app has evolved to meet the ongoing and changing needs of ACT Government, including changes to the COVID-19 outbreak response and contact tracing processes.</p> <p>Check In CBR was later enhanced with a new feature where users were automatically notified if they had checked in at a higher-risk setting during a COVID-19 exposure. More recently, in the first half of 2022, the Check In CBR app was upgraded to include:</p> <ul style="list-style-type: none"> <li>• a new health screening tool for voluntary use by high-risk facilities</li> <li>• a direct link to the online form to record positive rapid antigen test (RAT) results.</li> </ul> <p>The app continues to be used predominantly for health screening purposes, allowing high-risk facilities such as hospitals, residential aged care facilities, disability services and correctional facilities – that often have separate screening and check-in methods – to use one tool to screen and automatically check in visitors. The app was also</p>	

Recommendation	Government response	Update	Status
		used to push out messages to Canberrans about the importance of getting their annual Influenza shot.	
<p><b>Recommendation 8</b></p> <p>That the ACT Government explore and report on the provision of an imaging service at a northside walk-in centre.</p>	<p><b>Agreed in principle</b></p> <p>The Territory-Wide Health Services Plan, due to be finalised in 2021, will support the delivery of Government priorities including the expansion of the scope of walk-in centres and establishment of integrated health hubs across the ACT. Improving access to community based medical imaging services has also been identified in the draft Plan and this will need to be considered in context of ensuring the sustainability of existing services and the appropriate timing and location of community based services in line with service demand across the ACT.</p>	<p>The ACT Health Services Plan 2022–2030, to be released in the second half of 2022, will outline plans to increase imaging services on the northside of Canberra.</p> <p>The Government will be consulting with the community on future services configuration in health hubs and walk-in centres through the Integrated Care Program. This will take place in the second half of 2022.</p>	In progress
<p><b>Recommendation 17</b></p> <p>The Committee recommends that the development of the Youth Navigation Portal continue as advised during the Committee’s inquiry, and that other formal advice on the Portal progress, uptake and usage. Be provided to the Assembly and in the Annual Report.</p>	<p><b>Agreed</b></p> <p>The Office for Mental Health and Wellbeing engaged the Australian National University and the Youth Coalition of the ACT to partner with, scope and undertake the initial consultation with the community for the Portal.</p> <p>The information collected from the consultation formed the requirements for a Request for Quote that is currently underway for a community provider to lead and manage the Portal. The Portal will have an iterative release with the first release in September 2021.</p>	<p>The OMHW completed the procurement process to engage a lead community organisation to lead and manage the Online Youth Navigation Portal. The successful organisation was Marymead.</p> <p>The formal update to the Assembly occurred in May 2022.</p>	Complete

Recommendation	Government response	Update	Status
<p><b>Recommendation 18</b></p> <p>That the ACT Government act urgently to address the wait times experienced by Canberrans seeking to access mental health services.</p>	<p><b>Agreed in principle</b></p> <p>Addressing long wait times for access to mental health services is a key priority for the ACT Government.</p> <p>During the last six months:</p> <ul style="list-style-type: none"> <li>• Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) has reviewed Psychiatrist cover across the Adult Mental Health Service Program and has recently opened an additional psychiatric clinic in the Access Mental Health Team to address wait time for psychiatrists' appointments.</li> <li>• MHJHADS are trialling two Allied Health Assistant positions within the Child and Adolescent Mental Health Services (CAMHS) Community Teams to assist clinicians with duties that would enable them to provide more clinical services.</li> <li>• COVID-19 Stimulus Funding has provided additional funding to increase resources in Access Mental Health and Home Assessment Acute Response Team (HAART).</li> <li>• The Child and Adolescent Mental Health Services (CAMHS) received funding to ensure the continuation of the Adolescent Mobile Outreach Services in the 2020-21 ACT Government Budget.</li> <li>• Opening of the Gawanggal Extended Care Unit and Southside Community Step Up, Step Down Home in April and May 2021 to provide new accommodation options for those with chronic and enduring mental illnesses.</li> <li>• Permanent funding received for the ongoing Police, Ambulance and Clinician Emergency Response (PACER) services.</li> </ul>	<p>As part of the Bilateral Agreement under the National Mental Health and Suicide Prevention Agreement, two new services will be jointly funded to address gaps.</p> <p>The first is a Kids Head to Health program to support emerging and moderate mental health concerns for children.</p> <p>The second is a Youth at Risk program to support young people with complex needs, including emerging mental health concerns. Recruitment has commenced for project officers to lead implementation of this work.</p> <p>The Directorate continues to work collaboratively with Capital Health Network on the Head to Health Centre and Pop-Up Clinic, which are providing free access to support and counselling.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<ul style="list-style-type: none"> <li>Funding has been allocated to pilot the Safe Haven Café.</li> </ul> <p>The ACT Health Services Plan, due to be finalised in 2021, will identify the system wide priorities for service development and redesign of publicly provided and funded health services in the ACT over the next five to 10 years.</p> <p>Work undertaken on the Plan to date has informed investment in additional adult mental health inpatient capacity at Canberra Hospital. A Mental Health Services Plan is also under development and will focus on medium to longer term priorities for managing growth in demand for mental health services and build on the significant investment the Government has already made in expanding mental health inpatient and community based mental health services.</p> <p>Shifting the focus from hospital to community and managing growth in demand for inpatient beds will be key elements of the Mental Health Services Plan.</p>		
<p><b>Recommendation 19</b></p> <p>That the ACT Government, as a matter of urgency, recruit a sufficient number of psychologists, psychiatrists, and other mental health professionals to ensure that the ACT mental health delivery system is fully staffed.</p>	<p><b>Agreed in principle</b></p> <p>Workforce shortages are a national issue and have been identified as an area for action in the Productivity Commission’s Final Report from their Inquiry into Mental Health which flags the potential of the forthcoming National Mental Health Workforce Strategy to align the skills, costs, availability and location of mental health practitioners with the needs of all consumers, including those in regional and remote areas (action 16.1). This workforce strategy is expected after June 2021.</p>	<p>The draft National Mental Health Workforce Strategy has been completed and endorsement by state and territory government is progressing.</p> <p>The ACT Mental Health Workforce Strategy is being progressed.</p>	<p>In progress</p>



Recommendation	Government response	Update	Status
	<p>Locally, attraction, recruitment and retention of mental health professionals has been identified as a concern for the ACT. The regional ACT Mental Health and Suicide Prevention Plan has identified the broader mental health workforce as an area requiring attention and action. Over the next 12 months ACT Government will develop a workforce strategy for the public health system.</p> <p>A Mental Health Services Plan is also under development and will focus on medium to longer term priorities for managing growth in demand for mental health services and build on the significant investment the Government has already made in expanding mental health inpatient and community based mental health services. The plan will inform future strategies for mental health service development and decisions on future workforce capacity and composition.</p> <p>Current recruitment strategies with CHS include:</p> <ul style="list-style-type: none"> <li>• Mental Health Justice Health Alcohol and Drug Services (MHJHADS) is working with several recruitment agencies, with the aim of achieving sustainable staffing levels that allow continued safe clinical care and reasonable access to leave.</li> <li>• CHS is managing current services with existing staff and locums, while rolling out a recruitment strategy, recruiting to vacant medical positions and working hard to encourage clinicians to make the ACT a location of choice.</li> </ul> <p>An ongoing campaign to recruit psychiatrists is now advertised on the ACTPS jobs website. MHJHADS clinicians are also promoting ACT employment opportunities for medical officers, nurses and allied health professionals</p>		

Recommendation	Government response	Update	Status
	at national conferences and meetings where possible.		
<p><b>Recommendation 21</b></p> <p>That the ACT Government outline what further services it can and will add to address long wait times for access to mental health services.</p>	<p><b>Agreed in principle</b></p> <p>The Territory-Wide Health Services Plan, due to be finalised in 2021, will identify the system wide priorities for service development and redesign of publicly provided and funded health services in the ACT over the next five to 10 years.</p> <p>A Mental Health Services Plan is being developed concurrently. Service needs identified through development of the Mental Health Services Plan to date include a focus on intensive care coordination for individuals regularly presenting to the Emergency Department with mental health needs; increasing capacity for acute, subacute and supported accommodation services and other community-based services and supports to support care closer to home; and improving integration of services and transitions of care between service settings.</p> <p>There will be a strong focus in the Mental Health Services Plan on medium to longer term strategies and actions to shift the focus from hospital to community and manage growth in demand for inpatient beds.</p> <p>In addition to the Mental Health Services Plan, the ACT Government has made several election commitments with the aim of increasing access and reducing wait times to mental health services, these include:</p> <ul style="list-style-type: none"> <li>investing \$15 million in more mental health support for Canberra’s young people, including through implementation of Orygen Digital’s Moderated Online Social</li> </ul>	<ul style="list-style-type: none"> <li>The Mental Health Services Plan continues to progress.</li> <li>The procurement of the MOST platform in the ACT is underway.</li> <li>The ACT Government is engaging a consultant to undertake an evaluation of the PACER program.</li> <li>The Safe Haven in Belconnen is available for anyone over 16 years of age who is experiencing high levels of distress and would benefit from emotional support in a safe and calm environment.</li> <li>The Online Youth Navigation Portal (MindMap) continues to provide a consolidated and coordinated approach for young people seeking support and assistance online and links with existing services in the Canberra region.</li> <li>As part of the Bilateral Agreement between ACT and Commonwealth governments, new services will be developed for children and young people.</li> <li>The Directorate continues to work collaboratively with Capital Health Network on the Head to Health Centre and Pop-Up Clinic, which are providing free access to support and counselling.</li> <li>The Expanding Public Health Care Services for Eating Disorders (EPHSED) project continues to be developed.</li> </ul>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>Therapy platform and establishing an intensive trauma service for adolescents;</p> <ul style="list-style-type: none"> <li>• doubling the existing funding for services to address drug and mental health co-morbidity;</li> <li>• building 5 additional support accommodation houses over the next four years; and</li> <li>• improving programs that target and support youth mental health, eating disorders, alcohol/drug use/mental health, First Nations mental health, First Nations suicide prevention and postvention and respite for mental health carers.</li> </ul> <p>The ACT Government continues to invest in strategies to increase capacity for support and treatment in the community and reduce pressure on acute services. Recent initiatives or strategies that are underway include:</p> <ul style="list-style-type: none"> <li>• In February 2021, the ACT Government extended funding to Police, Ambulance &amp; Clinician Early Response (PACER) – a front-line response to mental health incidents. This service is a joint response from police, ambulance and mental health clinicians to incidents and provides in-situ professional community safety, mental and physical health assessment, treatment and care. This service allows early assessment of the person’s mental state and ensures that people are only transferred to the ED where there is a determined need.</li> <li>• In May 2020 the ACT Government funded the establishment of a Safe Haven Cafe pilot. This will provide a non-clinical, safe space that people can go to if they are experiencing emotional distress, mental health concerns, isolation and loneliness and are seeking connection and support.</li> </ul>	<p>The ACT Eating Disorders Clinical Hub was officially launched on 25 January 2022 by Minister Davidson. This includes two new eating disorder services – Short Term Recovery Intervention for Disordered Eating (STRIDE) Program and the Parenting Group. The STRIDE Program is currently located in Civic, Parenting Groups are run from the Phillip Health Centre, and the Clinical Hub is located at Canberra Hospital.</p> <p>It was announced on 18 November 2022 that Block 3; Section 17 in Coombs was the preferred site for the ACT Eating Disorders Residential Treatment Centre. Early concept design work is currently underway.</p> <p>An Early Intervention Service is expected to be operational in the 2022–23 financial year.</p>	

Recommendation	Government response	Update	Status
	<p>This is another option for people experiencing distress and/or mental health concerns, reducing demand on emergency departments when a person's needs may be better met in a less clinical, less stressful environment. The pilot is expected to be operational in the 2021/2022 Financial Year.</p> <ul style="list-style-type: none"> <li>• The Southside Community Step Up Step Down service, opened in May 2021, provides a rehabilitative residential setting with psychosocial support available onsite 24 hours a day, and clinical support available seven days a week. This facility bridges the gap between community and acute services by allowing people to either: 'step-up' into care from the community if they need additional support to prevent unnecessary hospital or acute inpatient admissions; or 'step-down' from inpatient admission to receive additional support at the facility to support transition to their home environment. Ultimately, the services reduce the person's time spent with acute services and can prevent the need for an acute admission altogether.</li> </ul> <p>The Youth Navigation Portal (Portal) will launch in September 2021. The Portal will support the mental health of children and young people aged 0-25 years in the ACT and be an online navigation tool for children, young people and their parents/carers to find and access mental health services, support and information. The Office for Mental Health and Wellbeing is in the process of procuring a community organisation to lead and manage the Portal as well as a provider to build the IT component of the Portal</p>		

Recommendation	Government response	Update	Status
	<p>A range of initiatives to reduce wait times are also being implemented through CHS and Calvary including:</p> <ul style="list-style-type: none"> <li>• The City Community Recovery Service (City CRS) mental health team is currently operating a pilot program to meet the needs of people experiencing mental illness and homelessness in the City catchment area. People who are experiencing both mental illness and homelessness require significant care coordination with the aim of providing holistic support services and interventions that will assist them to find secure accommodation longer-term. The Pilot Homelessness Outreach Team (HOT) aims to provide people with an assertive, mobile response from a designated sub-team to meet their short-term needs and then step them down to City CRS standard clinical management for ongoing and more longitudinal care.</li> <li>• The Adult Mental Health Day Services Program and Adult Mental Health Rehabilitation Unit are currently updating operational procedures, which focus on maximising effort and reducing delay to the delivery of patient services.</li> <li>• The establishment of five mental health surge beds at Calvary Public Hospital Bruce) for 12 Months from July 2020. These beds have been an important resource for improving the acute mental health capacity across the Territory and reducing overall wait times across services.</li> <li>• Older Persons Mental Health Community Team is drafting a model of care, in support of the ACT Older Persons Territory Wide Strategy. The process is expected to reduce wait times by review of the team’s operations and will include research,</li> </ul>		

Recommendation	Government response	Update	Status
	<p>benchmarking, communication, and consumer consultation.</p> <ul style="list-style-type: none"> <li>Child and Adolescent Mental Health Services (CAMHS) is developing and trialling a group work program that could assist with providing interventions to a larger number of clients. CAMHS is also working with Infrastructure Health Support Services (IHSS) and other areas within CHS in establishing an Eating Disorders Day Program.</li> </ul>		
<p><b>Recommendation 22</b></p> <p>That the ACT Government continue to provide updates to the Legislative Assembly on the Position Statement on Eating Disorders.</p>	<p><b>Agreed</b></p> <p>The ACT Government can provide a yearly update to the Legislative Assembly on progress and developments against the ACT Eating Disorders Position Statement.</p>	<p>An update to the ACT Eating Disorders Position Statement was provided in February 2022. Annual updates will continue to be provided.</p>	<p>Complete</p>

**Table 25: Government Response to Standing Committee Reports on Appropriation Bill 2021–2022 and Appropriation (Office of the Legislative Assembly) Bill 2021–2022**

<b>Reporting entity</b>	<b>Standing Committee on Health and Community Wellbeing</b>
Report number	3
Report title	Appropriation Bill 2021–2022 and Appropriation (Office of the Legislative Assembly) Bill 2021–22
Link to report	<a href="https://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1898834/HCW-Report-3-Appropriation-Bill-2021-2022-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2021-2022.pdf">https://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1898834/HCW-Report-3-Appropriation-Bill-2021-2022-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2021-2022.pdf</a>
Government response title	Government Response to Standing Committee Reports on Appropriation Bill 2021–2022 and Appropriation (Office of the Legislative Assembly) Bill 2021–2022
Date tabled	23 November 2021

<b>Recommendation</b>	<b>Government response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 8</b></p> <p>The Committee recommends that the ACT Government publicly release the role descriptions of the ACT Chief Psychiatrist and the Coordinator-General of the Office of Mental Health and Wellbeing.</p>	<p><b>Agreed</b></p> <p>The roles and responsibilities of both positions are publicly available -</p> <ul style="list-style-type: none"> <li>• The Chief Psychiatrist is a Statutory Position with the responsibilities of the role outlined in the Mental Health Act 2015; and</li> <li>• The responsibilities of the Coordinator-General of the Office of Mental Health and Wellbeing are publicly available at <a href="https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing">https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing</a></li> </ul>	<p>The Chief Psychiatrist is a Statutory Position with the responsibilities of the role outlined in the <a href="#">Mental Health Act 2015</a>.</p> <p>The responsibilities of the Coordinator-General of the OMHW are publicly available at: <a href="https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing">https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing</a>.</p>	Complete
<p><b>Recommendation 9</b></p> <p>The Committee recommends that the ACT Government investigate the implementation of an updated and improved system to handle and process complaints about mental health issues and to review the current processes applied in this matter.</p>	<p><b>Agreed in principle</b></p> <p>The Government will review the current mental health services complaint systems and make recommendations for improvement.</p>	Not commenced.	In progress

Recommendation	Government response	Update	Status
<p><b>Recommendation 11</b></p> <p>The Committee recommends that the ACT Government provide updates to the Legislative Assembly on development of a Disability Health Strategy by the end of 2022.</p>	<p><b>Agreed</b></p> <p>The Government is committed to delivering a Disability Health Strategy in close consultation with the community. Initial scoping and early consultation activities have commenced, with further consultation and development of the strategy planned for 2022.</p>	<p>Phase Two of the ACT Disability Health Strategy (DHS) Project has commenced and involves development of the ACT DHS and the First Action Plan. Development of both documents will be informed by the Scoping Paper and Listening Report developed as part of Phase One, together with further and extensive consultation. It will be guided by the ACT DHS Steering Committee.</p>	<p>In progress</p>
<p><b>Recommendation 15</b></p> <p>The Committee recommends the ACT Government develop a health workforce strategy and provide an update before the end of Financial Year 2021-2022.</p>	<p><b>Agreed in principle</b></p> <p><i>Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030</i> identifies the key strategies and plans that will shape the future direction of ACT health services over the decade, including a health workforce strategy. The strategy will be developed following finalisation of related documents, including the Territory Wide Health Services Plan. Preliminary work is underway across the ACT public health system to consider alignment, scope and lead responsibility for the strategy.</p>	<p>The Directorate has commenced work to develop an ACT Health Workforce Strategy 2022–2032 and Plan 2023–33.</p>	<p>In progress</p>
<p><b>Recommendation 16</b></p> <p>The Committee recommends that the ACT Government publicly release the human rights compatibility statement on vaccination requirements for all health directions as recommended by the ACT Human Rights Commission.</p>	<p><b>Agreed</b></p> <p>Human rights were a key consideration of the Chief Health Officer in issuing these directions. The Chief Health Officer issued a human rights statement in October 2021 which broadly addressed the human rights considerations made in relation to the public health directions issued to date.</p> <p>The full statement is publicly available here <a href="https://www.covid19.act.gov.au/_data/assets/pdf_file/0008/1870901/COVID-19-Human-Rights-Act-statement-2021-update.pdf">https://www.covid19.act.gov.au/_data/assets/pdf_file/0008/1870901/COVID-19-Human-Rights-Act-statement-2021-update.pdf</a></p>	<p>The Chief Health Officer’s human rights statement on the ACT Government COVID-19 website addressed the human rights considerations undertaken when making public health directions.</p> <p>Following the passage of amendments to the <i>Public Health Act 1997</i>, made through the <a href="#">Public Health Amendment Bill 2021 (No. 2)</a>, should the Minister for Health transition from a Public Health Emergency to a COVID-19 Management Declaration, human rights statements will be released in relation to any public health management directions issued.</p>	<p>Complete</p>



Recommendation	Government response	Update	Status
<p><b>Recommendation 17</b></p> <p>The Committee recommends that the ACT Government investigate and report on the viability of providing risk-based streaming, such as seniors streaming, in Emergency Departments.</p>	<p><b>Agreed in principle</b></p> <p>Risk-based streaming in Emergency Departments is adopted where feasible by Canberra Hospital and Calvary Public Hospital (Bruce) within current infrastructure.</p> <p>Within the new Critical Services Building at the Canberra Hospital there will be a dedicated facility to stream the following groups of patients who require specific care and oversight:</p> <ul style="list-style-type: none"> <li>• Paediatrics – a dedicated bespoke unit will allow paediatric patients, carers and families to be co-located in an appropriate environment, separate to the rest of the ED. This includes an overnight short stay unit.</li> <li>• Behaviour Assessment Unit – this dedicated facility will be based in the ED but have specific modifications to allow vulnerable patients to be cared for in a low intensity environment to support specific needs. This will include people presenting with autism, mental health concerns, disability and other vulnerable client groups.</li> <li>• Seniors/Older patient groups – a specific area will be developed within the acute pod of the new ED to care for patients requiring assessment for frailty and ongoing care needs.</li> </ul> <p>The viability of risk-based streaming for other cohorts at the Emergency Departments at Canberra Hospital and Calvary Public Hospital (Bruce) will be further examined.</p>	<p>The Directorate will consult with CPHB towards commencing a project in the second half of 2022 to on risk-based streaming models, including the option of adapting the approach taken by CHS to the CPHB setting.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 19</b></p> <p>The Committee recommends that the ACT Government should ensure that any external consultants commissioned to implement the recommendations of the LGBTIQ+ scoping study demonstrate connection to the LGBTIQ+ community and the service sector that surrounds it.</p>	<p><b>Agreed</b></p> <p>The Government is committed to ensuring that the commissioned consultants supporting the implementation of the LGBTIQ+ Health Scoping Study are familiar with working with LGBTIQ+ communities on sensitive issues. The Request for Quote that was submitted to market highlighted the importance of this expertise and an understanding of health systems and the barriers to high quality healthcare ACT LGBTIQ+ community members and their families may experience.</p>	<p>The Directorate has executed the work order for the consultant to lead the co-design of a gender focused health service and develop a costed implementation plan for the LGBTIQ+ Health Scoping Study recommendations, with a start date of Monday 17 January 2022. KPMG has been engaged, and will subcontract Collective Action to complete this work. As the value of this procurement is over \$25,000, a copy of the work order will be published on the ACT Government Contracts Register.</p> <p>The team at KPMG includes members from KPMG's National Health and Human Services Advisory practice, KPMG's Pride network and KPMG's Indigenous consulting practice, Arilla. Additionally, KPMG will leverage the lived experience and expertise of their Challenge Panel which consists of LGBTIQ+ health specialists who will provide insight into the health-related challenges faced by the LGBTIQ+ communities.</p> <p>Collective Action is a Canberra based consultancy with specialists in developing and evaluating programs for gender equality, social inclusion and LGBTIQ+ inclusion. As a whole, this team has an understanding of the sector supports for the LGBTIQ+ communities in the ACT and the challenges faced by community members of all ages in accessing safe and appropriate care in a timely and coordinated manner.</p>	<p>Complete</p>

**Table 26: Government Response to the Select Committee on the COVID-19 2021 Pandemic Response – Report on the Inquiry into the COVID-19 Pandemic Response**

<b>Reporting entity</b>	<b>Select Committee on the COVID-19 2021 pandemic response</b>
Report number	December 2021
Report title	Inquiry into the COVID-19 2021 pandemic response
Link to report	<a href="https://www.parliament.act.gov.au/data/assets/pdf_file/0017/1910132/Report-Inquiry-into-the-COVID-19-2021-pandemic-response-.pdf">https://www.parliament.act.gov.au/data/assets/pdf_file/0017/1910132/Report-Inquiry-into-the-COVID-19-2021-pandemic-response-.pdf</a>
Government response title	Government Response to the Select Committee on the COVID-19 2021 Pandemic Response – Report on the Inquiry into the COVID-19 Pandemic Response
Date tabled	22 March 2022

<b>Recommendation</b>	<b>Government response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 8</b></p> <p>The Committee recommends that the ACT Government work with businesses to ensure the application and implementation of public health directions are as clear and transparent as possible.</p>	<p><b>Agreed</b></p> <p>Since March 2020, Access Canberra and the Health Protection Service have supported a joint proactive COVID-19 compliance program within the ACT. This has included support to businesses to assist them in understanding their requirements under the Public Health Directions through direct engagement, business forums, industry targeted emails, online and hard copy educational material, and webinars.</p> <p>Communication occurs regularly between Government agencies and relevant stakeholder forums to advise of any changes to public health directions on each occasion they are imposed or amended. Materials are translated into multiple languages where appropriate to further support the business sector’s understanding.</p>	<p>The ACT Government’s engagement with businesses relating to the application and implementation of public health directions is ongoing.</p> <p>Targeted communications will be developed to communicate any future changes to public health directions.</p>	Complete

Recommendation	Government response	Update	Status
	<p>Positive feedback has been received from businesses in response to information and advice provided by compliance inspectors. Feedback regarding implementation of Public Health Directions and/or any inconsistencies is directly advised to the Office of the Chief Health Officer to ensure requirements are made as clear and transparent as possible.</p> <p>Additionally, the Access Canberra Business Liaison line (02) 6205 0900 and COVID-19 Helpline (02) 6207 7244 have continued to operate and have provided timely advice and guidance to businesses and the Canberra community.</p>		
<p><b>Recommendation 15</b></p> <p>The Committee recommends that the ACT Government continue to work with the hospitality sector and take into consideration industry-specific density limitations when determining the application of public health directions and industry-specific business support measures.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government will continue to work with the hospitality sector when implementing public health directions related to business and event restrictions through the whole of government communication networks.</p> <p>The Office of the Chief Health Officer works closely with Economic Development Division within the Chief Minister, Treasury and Economic Development Directorate to understand the impacts of public health directions on all businesses, including those in the hospitality industry.</p> <p>ACT Health understands the impact of density limits on businesses, particularly hospitality, and will continue to consider these as public health directions are implemented, noting that the ACT’s Public Health and Social Measures are implemented in line with the National Plan to Transition Australia’s National COVID-19 Response.</p>	<p>The ACT Government’s engagement with the hospitality industry is ongoing.</p> <p>The Directorate will consider previous feedback from the sector if any new public health restrictions are required to reduce the risk of COVID-19, noting the ACT is currently operating with low-level public health and social measures.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 17</b></p> <p>The Committee recommends that the ACT Government continue to work with all stakeholders, so they are fully aware of decisions that impact their industries, including those who made those decisions, any assessment undertaken, and reasons for decisions.</p>	<p><b>Agreed</b></p> <p>The ACT Government undertakes a whole of government approach in engaging with stakeholders and industries impacted by public health directions and advice related to COVID-19. Individual directorates seek views of their respective stakeholders and provide feedback directly to ACT Health Directorate to take into consideration in the making of public health directions.</p> <p>ACT Health Directorate and the Community Services Directorate worked closely to ensure community sector partners remained well-supported during the pandemic, the consequent public health measures and their impacts on community service provision. This included advice to support organisations to plan the continuation of essential services during lockdown periods.</p> <p>Contractual reporting obligations were relaxed for community sector partners during the lockdown periods, and they were encouraged and supported by the Community Services Directorate to be flexible in how deliverables were met.</p>	<p>The ACT Government continues to work with all stakeholders impacted by COVID-19 related public health directions.</p> <p>The Directorate regularly engages with community sector partners to inform the ongoing public health response.</p>	<p>Complete</p>
<p><b>Recommendation 23</b></p> <p>The Committee recommends that the ACT Government disseminate lessons learnt on the effective partnership between the ACT Government, Capital Health Network and the Alcohol Tobacco and Other Drug (ATOD) sector in reaching priority populations with the broader NGO sector.</p>	<p><b>Agreed</b></p> <p>The collaborative partnership model used between ACT Government and the community sector to support people from vulnerable populations resulted in many lessons learnt and reflections from this collaboration.</p> <p>The Government is supportive of disseminating lessons learnt in reaching priority populations with the broader non-government organisation (NGO) as available from NGO and government evaluations.</p>	<p>NGO stakeholders have been invited to find opportunities to present these lessons in a range of research settings.</p> <p>The Directorate is already utilising the principles learned and taking new opportunities to work closely with NGO partners.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>The ACT Health Directorate is working with stakeholders including the Alcohol and Tobacco and Other Drug Association ACT and Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) to achieve this. CAHMA has already presented at a national conference and ACT Health will continue to work with NGOs on sharing lessons learnt locally, including on the most effective mechanisms to disseminate this information.</p>		
<p><b>Recommendation 26</b></p> <p>The Committee recommends that the ACT Government adequately support Access Canberra to ensure compliance of owners' corporations and managers with the Workplace Health and Safety Act 2011 in relation to COVID-19.</p>	<p><b>Agreed in principle</b></p> <p>ACT Health Directorate is finalising guidance material to support owners' corporations and managers to develop COVID Safety Plans and mitigate risk in their properties/facilities. The ACT Government has engaged with owners' corporations and industry to ensure they are aware of the necessary risk mitigation measures and obligations under public health directions.</p>	<p>The Directorate, in collaboration with Access Canberra, WorkSafe ACT and Economic Development, has published a number of industry materials, including various COVID-19 Safety Plan Guides for businesses and specifically owners' corporations.</p> <p>The Directorate, in partnership with Access Canberra, regularly engages various business sectors, including owners' corporations, to inform the ongoing public health response. The Directorate engaged with owners' corporations, including representatives of the strata community on several occasions, including in 2022, with regards to the development of guidance material and dissemination of information.</p>	<p>Complete</p>
<p><b>Recommendation 27</b></p> <p>The Committee recommends that the ACT Government work with Commonwealth and other State and Territory jurisdictions to progress national priorities for suicide prevention following the COVID-19 pandemic, including implementation of the new National Mental Health and Suicide Prevention Agreement.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government has agreed in principle to the draft of the National Mental Health and Suicide Prevention Agreement presented by the Commonwealth in December 2021. The Agreement is expected to be finalised in the first quarter of 2022.</p>	<p>The National Mental Health and Suicide Prevention Agreement has been finalised and signed by the ACT Government. The ACT and Commonwealth Bilateral Agreement on Mental Health and Suicide Prevention has also been signed and includes a commitment to jointly fund \$6 million to support universal suicide aftercare and prevention services.</p> <p>The ACT Government has endorsed the National Disasters Mental Health Response Plan and will progress an implementation plan.</p>	<p>Complete</p>

**Table 27: ACT Government Response to the Select Committee Report on the Inquiry into Drugs of Dependence (Personal Use) Bill 2021**

<b>Reporting entity</b>	<b>Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021</b>
Report number	November 2021
Report title	Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021
Link to report	<a href="https://www.parliament.act.gov.au/_data/assets/pdf_file/0006/1908789/Report-Inquiry-into-the-Drugs-of-Dependence-Personal-Use-Amendment-Bill-2021-with-dissenting-report.pdf">https://www.parliament.act.gov.au/_data/assets/pdf_file/0006/1908789/Report-Inquiry-into-the-Drugs-of-Dependence-Personal-Use-Amendment-Bill-2021-with-dissenting-report.pdf</a>
Government response title	ACT Government Response to the Select Committee Report on the Inquiry into Drugs of Dependence (Personal Use) Bill 2021
Date tabled	9 June 2022

<b>Recommendation</b>	<b>Government response</b>	<b>Update</b>	<b>Status</b>
<p><b>Recommendation 1</b></p> <p>The Assembly should pass the Drugs of Dependence (Personal Use) Amendment Bill 2021.</p>	<p><b>Agreed</b></p> <p>The Government supports the intent of the Bill and will propose amendments to ensure that it best meets its stated objectives, and that possible unintended consequences are minimised. These proposed amendments include:</p> <ul style="list-style-type: none"> <li>• changes to place the existing (unlegislated) Illicit Drug Diversion Program on an equal legislative footing to the proposed Simple Drug Offence Notice;</li> <li>• changing the name of the “Personal Possession Limit” proposed in the Private Member’s Bill to “small quantity” to better describe its purpose;</li> <li>• making the “small quantity” amounts more consistent across different drugs and more reflective of evidence of consumption patterns;</li> <li>• adjusting the list of drugs eligible for reduced penalties;</li> </ul>	<p>Work is underway to provide Government amendments to the Assembly.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<ul style="list-style-type: none"> <li>• establishing the list of drugs eligible for reduced penalties in regulation, rather than in legislation, so that it can be more easily amended to take account of changing trends in future;</li> <li>• reducing the maximum prison sentence for personal possession offences for all illicit drugs; and</li> <li>• providing for review of the changes after three years of operation.</li> </ul>		
<p><b>Recommendation 2</b></p> <p>The ACT Government should commission an independent evaluation of the provisions enacted by the <i>Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019</i> and the enacted <i>Drugs of Dependence (Personal Use) Amendment Bill 2021</i>.</p>	<p><b>Agreed in principle</b></p> <p>The Government has previously made a commitment to review the operation of the <i>Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019</i> three years after it came into effect (being February 2023).</p> <p>The Government amendments to the Bill provide that the operation of the enacted <i>Drugs of Dependence (Personal Use) Amendment Bill 2021</i> must be reviewed after three years. This will ensure that the legislation is fit for purpose and has not had unintended consequences. In addition, the Government regularly monitors, and will continue to monitor, data on drug use trends and emerging patterns of harms.</p>	<p>Work is underway to provide Government amendments to the Assembly, including in-principle support for an appropriate review.</p>	<p>In progress</p>
<p><b>Recommendation 3</b></p> <p>The ACT Government should amend the Bill to include a ‘catch-all’ clause (potentially acknowledging the Therapeutic Goods Association scheduled prohibited drugs) to include emerging drug trends.</p>	<p><b>Agreed in principle</b></p> <p>The Bill includes amendments that relate to 11 drugs. The proposed Government amendments will propose small quantity amounts for 10 of these drugs (removing only methadone, which is regulated as a pharmaceutical drug).</p> <p>The Criminal Code Regulation 2005 lists trafficable quantities for 75 controlled drugs, 185 prohibited substances, and 24 controlled</p>	<p>Work is underway to provide Government amendments to the Assembly.</p>	<p>In progress</p>



Recommendation	Government response	Update	Status
	<p>plants. The Regulation also includes “catch-all” clauses for related drugs. The Government amendments propose reduced maximum penalties for offences relating to all the drugs in this list. ACT police officers already have discretion to divert people away from the criminal justice system to assessment, education and potential treatment under the existing Illicit Drug Diversion program for the full list contained in the Regulation and related drugs.</p> <p>The scientific evidence for the effects of many infrequently used drugs is incomplete. There are potential risks in defining “small quantities” for the more than 270 additional substances not contained in the Private Member’s Bill, and their derivatives. The list contained in the Bill essentially describes the best studied substances, for which ACT information on consumption patterns is also available.</p> <p>While supportive in principle of the catch-all approach, due to the risks of applying a formulaic approach to define small quantity amounts, and the fact that diversion to health-based treatments for a broader range of drugs already exists, the Government prefers a staged approach to potential inclusion of additional drugs based on evidence of use, police possession apprehensions in the ACT, and increased monitoring of emerging drug trends. The Government amendments define the list of drugs eligible for a Simple Drug</p> <p>Offence Notice in regulation rather than legislation, so that it can be more easily amended to respond to emerging data and trends.</p>		

Recommendation	Government response	Update	Status
<p><b>Recommendation 4</b></p> <p>The ACT Government should review the drug possession limits in the Bill to ensure they reflect the evidence on patterns of consumption for personal use.</p>	<p><b>Agreed</b></p> <p>The patterns of consumption have been considered alongside other factors, including potential personal drug sharing, and drug dealing. The evidence provided by annual interviews with regular drug users on their consumption patterns reported by the National Drug and Alcohol Research Centre Drug Trends reports has been carefully considered in developing amendments to define small quantity amounts.</p>	<p>Work is underway to provide Government amendments to the Assembly.</p>	<p>In progress</p>
<p><b>Recommendation 5</b></p> <p>The ACT Government should provide alternative options to a fine such as attending an information session on drug harm reduction, a peer support service or alcohol and other drug treatment, or, in specific situations, to completely waive the fine.</p>	<p><b>Agreed</b></p> <p>The ACT has an existing illicit drug diversion program which provides diversions to education and assessment for drug possession offences at the discretion of ACT police officers.</p> <p>The Government is working with ACT Policing on flexible options for discharging fines if a person experiences difficulties in paying. The proposed Government amendments include an option to discharge a simple drug offence notice via the illicit drug diversion program.</p>	<p>Work is underway to provide Government amendments to the Assembly.</p>	<p>In progress</p>
<p><b>Recommendation 6</b></p> <p>The ACT Government should, through ACT Policing, enact a policy to provide information about treatment services available with a Simple Offence Notice.</p>	<p><b>Agreed</b></p> <p>The Government agrees that service information should be provided with a Simple Drug Offence Notice. The exact form that this takes will be determined in collaboration with ACT Policing. It is expected that the Simple Drug Offence Notice will include standard information about treatment options.</p>	<p>Work is underway to provide Government amendments to the Assembly.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 7</b></p> <p>The ACT Government should significantly increase its investment in alcohol and other drug services.</p>	<p><b>Agreed</b></p> <p>The Government has invested nearly \$20 million in new funding for drug treatment and harm reduction services through the 2019-20, 2020-21 and 2021-22 Budgets, supporting implementation of the ACT Drug Strategy Action Plan 2018-2021. This includes:</p> <ul style="list-style-type: none"> <li>• expanding the capacity of Canberra Health Services’ drug diversion service;</li> <li>• expanding drug treatment capacity at the Alexander Maconochie Centre;</li> <li>• increasing funding for distribution of the opioid overdose reversal drug naloxone and sterile injecting equipment to reduce harms from drug use;</li> <li>• increasing funding to the alcohol and other drug treatment and support service sector to provide treatment services to the ACT Drug and Alcohol Court;</li> <li>• joint funding of a mobile clinic operated by Directions Health Services to provide alcohol and drug, mental health and primary care services to disadvantaged community groups; and</li> <li>• establishing a northside Opioid Maintenance Treatment Clinic.</li> </ul> <p>The Government has also committed to constructing a new Aboriginal and Torres Strait Islander residential rehabilitation facility, and to redeveloping the ACT youth alcohol and other drug residential rehabilitation facility in Watson. The ACT will also pilot a fixed-site pill testing service, and funding was committed in the 2021-22 Budget for further consideration of a medically supervised injecting facility.</p> <p>The ACT Government also secured \$4.3 million in grant funding from the Australian</p>	<p>This work will continue through the upcoming Budget and commissioning process.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>Government to improve the infrastructure of ACT alcohol and other drug services.</p> <p>ACT Health Directorate is undertaking a process of commissioning of alcohol and other drug treatment services within the existing funding envelope, in collaboration with the alcohol and other drug sector. Any potential additional funding for these services would be subject to future Budget considerations.</p> <p>Funding for drug treatment in the ACT is also provided by the Australian Government through channels such as Capital Health Network, the Pharmaceutical Benefits Scheme and the Medicare Benefits Schedule.</p>		
<p><b>Recommendation 8</b></p> <p>The ACT Government should continue its commitment to establish and fund an Aboriginal Community Controlled residential rehabilitation facility and increase the number of First Nations alcohol and other drugs Peer Support Workers.</p>	<p><b>Agreed</b></p> <p>The Government is undertaking collaborative planning work with Winnunga Nimmityjah Aboriginal Community Health Services for construction of an Aboriginal community-controlled alcohol and other drug residential rehabilitation facility in Watson.</p> <p>Consideration will also be given to the best ways of increasing the number of Aboriginal and Torres Strait Islander alcohol and other drug workers, including peer support workers.</p>	<p>Work to develop the Winnunga rehabilitation facility is in the early stages of both capital and service planning.</p>	<p>In progress</p>
<p><b>Recommendation 9</b></p> <p>The ACT Government should invest in housing options for people who use alcohol and other drugs and are at-risk or experiencing homelessness.</p>	<p><b>Agreed in principle</b></p> <p>The Government continues to be supportive of providing appropriate housing solutions and recent initiatives are focused on a Housing First approach, including the Axial Housing Program. Many people experiencing homelessness have multiple and complex needs. This means they are likely to require more than one episode of support. The Government remains committed to ensuring the homelessness services sector, AOD</p>	<p>A range of work continues with ACT Housing and service providers.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	treatment services and mental health services work together in a holistic manner.		
<p><b>Recommendation 11</b></p> <p>The ACT Government should refresh the Drug and Alcohol Services Planning tool.</p>	<p><b>Agreed</b></p> <p>In mid-2021 Capital Health Network commissioned the Alcohol, Tobacco and Other Drug Association ACT (ATODA) to update the Drug and Alcohol Service Planning tool specifically for ACT use, in collaboration with the University of New South Wales. This work is now completed.</p> <p>The developers of the tool did not intend it to be used as a standalone model, but as one piece of information among others to be used in planning treatment services. The ACT Health Directorate will consider the estimates of demand and resources generated by the planning tool, alongside service and other data and information gathered from current service planning and collaborative re-commissioning processes</p>	<p>Work to update the Drug and Alcohol Service Planning tool specifically for ACT use has been completed and is being used as one of a range of tools to inform the ongoing commissioning process for AOD treatment services.</p>	<p>Complete</p>
<p><b>Recommendation 12</b></p> <p>The ACT Government should fund the alcohol and other drug sector to provide counselling support to children of their clients.</p>	<p><b>Agreed in principle</b></p> <p>The Government supports in principle increased support for the children of alcohol and other drug treatment clients. However, it is not clear that the alcohol and drug treatment sector is best placed to provide this service. This issue will be considered as part of commissioning work for alcohol and other drug services.</p>	<p>This issue will be reviewed during the upcoming commissioning process and future Budget processes.</p>	<p>In progress</p>
<p><b>Recommendation 13</b></p> <p>The ACT Government should review current ACT drug education programs and implement an evidence-informed school drug education program, appropriately funded, for ACT school students and their teachers.</p>	<p><b>Agreed in principle</b></p> <p>ACT schools implement the Australian Curriculum. The ACT Government, through the Education Directorate, provides a range of resources to support delivery of alcohol and drug education and the delivery of the Australian Curriculum in ACT public schools.</p>	<p>Ongoing review through the Education Directorate, with the national curriculum.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>The Australian Curriculum is currently being revised, with the updated version due for publication in 2022. When the revised Australian Curriculum is released, the ACT Government will further consider these resources and how best to support any curriculum variation in the relevant learning areas.</p> <p>The ACT Government continues to strengthen the professional learning offerings that are available to allied health services staff in ACT public schools. The School Youth Health Nurses support ACT school communities to adopt a whole school approach to address health and social issues that face young people and their families. The goal is to help young people have a safe and healthy transition into adulthood.</p>		
<p><b>Recommendation 14</b></p> <p>The ACT Government should review current alcohol and other drugs training for frontline health and emergency services workers and community services providers to ensure best-practice harm reduction practice.</p>	<p><b>Agreed in principle</b></p> <p>The Government agrees that all members of the Canberra community should have access to high-quality and non-discriminatory healthcare, and that measures to reduced stigma about drug and alcohol use and health problems arising from this use are important to achieving this outcome.</p> <p>The Government notes that additional training may be welcomed by frontline workers. However, many frontline workers, such as paramedics and emergency department clinicians, are highly experienced in working with people with AOD use issues and receive significant ongoing training. The Government also notes that a new iteration of the National Alcohol and Other Drug Workforce Development Strategy is currently being drafted, which will provide guidance on national priorities for workforce training in the coming years.</p>	<p>Any legislation changes relating to the <a href="#">Drugs of Dependence Act 1989</a> will include appropriate training for ACT Policing.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 15</b></p> <p>The ACT Government should work collaboratively with the sector and industry experts in a co-design process to expand capacity, address infrastructure constraints and develop new models of care. Specialised models for consideration include:</p> <ul style="list-style-type: none"> <li>• intersection of mental health and alcohol and other drugs services (no wrong door approach);</li> <li>• specialised methamphetamine services;</li> <li>• southside peer-based model of care (Canberra Alliance for Harm Minimisation &amp; Advocacy);</li> <li>• women’s day detox/rehab program;</li> <li>• family member support services;</li> <li>• an alcohol and other drugs Police, Ambulance and Clinical Emergency Response service;</li> <li>• the We CAN program through Alcohol Tobacco and Other Drug Association to target smoking amongst injecting drug users;</li> <li>• continue to support the distribution of naloxone and training in its administration to people likely to witness an overdose (cf Canberra Alliance for Harm Minimisation &amp; Advocacy program);</li> <li>• trials and research on medicinal drug use (such as ketamine, psilocybin and MDMA) for treatment of mental health and PTSD issues; and</li> <li>• trials and research on a Hydromorphone Assisted Treatment program.</li> </ul>	<p><b>Agreed in principle</b></p> <p>The Government notes the specific suggestions made by the Select Committee.</p> <p>The ACT Health Directorate is currently undertaking a process of planning and commissioning of ACT alcohol and other drug services, which involves consultation with experts and the specialist service sector. Services will be prioritised through this process in line with available funding. All Government procurements are subject to probity requirements, including competitive procurement processes in most cases.</p> <p>In relation to naloxone, the ACT has been a nation leader, with the Canberra Alliance for Harm Minimisation and Advocacy program commencing in 2012, providing overdose recognition training and the life-saving reversal agents to those most at risk of experiencing or witnessing an opioid overdose. The ACT Government committed further ongoing funding to increasing naloxone availability in the community, providing \$1.226 million over four years, and ongoing funding through the 2019-20 Budget. Additionally, the Australian Government recently announced the roll out of a national take-home naloxone program following a successful pilot program. The ACT was not included in the pilot phase of the project but will benefit from full roll out of the national program.</p>	<p>The Directorate is currently undertaking a process of planning and commissioning of ACT AOD services, which involves consultation with experts and the specialist service sector.</p> <p>Services will be prioritised through this process in line with available funding. All Government procurements are subject to probity requirements, including competitive procurement processes in most cases.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 16</b></p> <p>The ACT Government should revise the ACT Drug Strategy Action Plan. Part of that revision should include:</p> <ul style="list-style-type: none"> <li>• development of a whole-of-government action plan/s;</li> <li>• an expert advisory committee that includes alcohol and other drugs experts and people with lived experience;</li> <li>• engagement with the Commonwealth Government to ensure consistency of ACT and Commonwealth Law; and</li> <li>• a provision for a steering group to oversee the implementation of the Amendment Bill.</li> </ul>	<p><b>Agreed in principle</b></p> <p>The Government is currently developing the next iteration of the Drug Strategy Action Plan for 2022 and beyond, in collaboration with relevant stakeholders. The previous Action Plan expired at the end of 2021. The development process for the next iteration of the Action Plan includes consideration of the recommendations of the Select Committee Inquiry, and the establishment of appropriate governance arrangements. Both the content of the Action Plan and the proposed governance arrangements may be subject to change as this process progresses.</p> <p>The ACT Government will engage with the Australian Government regarding the Bill, and a steering group will be established to oversee implementation of the Bill.</p>	<p>The new ACT Drug Strategy Action Plan has been drafted and will be available for public comment in coming months and published by the end of 2022.</p>	<p>In progress</p>
<p><b>Recommendation 17</b></p> <p>The ACT Government should provide training to ACT Police on the cultural transition to a decriminalisation model, as well as the practical implications of the implementation of the legislation.</p>	<p><b>Agreed</b></p> <p>Personal drug possession offences are already eligible for diversion in the ACT under the Illicit Drug Diversion, Simple Cannabis Offence Notice and Youth Alcohol Diversion programs. The ACT has the second highest rate of diversion for drug offences in Australia after South Australia.</p> <p>A Memorandum of Understanding exists between ACT Health Directorate and ACT Policing through which ACT Health Directorate funds training of police officers in the principles of drug diversion and the implementation of the Illicit Drug Diversion Program. This MOU expires in 2022 and will be adapted in line with changes introduced by legislative amendments to the <i>Drugs of Dependence Act 1989</i>.</p>	<p>Any legislation changes relating to the <i>Drugs of Dependence Act 1989</i> will include appropriate training for ACT Policing.</p>	<p>In progress</p>



Recommendation	Government response	Update	Status
	The Government supports an extended implementation period for the Bill, to ensure a high-quality implementation process, including appropriate training for police officers and development of effective engagement and communication materials for impacted communities. This is also supported by ACT Policing.		

**Table 28: Government Response to Standing Committee on Health and Community Wellbeing – Report 4 – Inquiry into the Public Health Amendment Bill 2021 (No. 2)**

Reporting entity	Standing Committee on Health and Community Wellbeing
Report number	4
Report title	Inquiry into the Public Health Amendment Bill 2021 (No 2)
Link to report	<a href="https://www.parliament.act.gov.au/_data/assets/pdf_file/0006/1957380/Report-4-Inquiry-into-the-Public-Health-Amendment-Bill-2021-No-2.pdf">https://www.parliament.act.gov.au/_data/assets/pdf_file/0006/1957380/Report-4-Inquiry-into-the-Public-Health-Amendment-Bill-2021-No-2.pdf</a>
Government response title	Government Response to Standing Committee on Health and Community Wellbeing – Report 4 – Inquiry into the Public Health Amendment Bill 2021 (No. 2)
Date tabled	22 March 2022

Recommendation	Government response	Update	Status
<p><b>Recommendation 2</b></p> <p>The Committee recommends that the COVID-19 declaration and other notifiable directions be disallowable instruments.</p>	<p><b>Agreed in part</b></p> <p>The Bill currently provides that a COVID-19 management declaration would be a disallowable instrument.</p> <p>The ACT Government does not support public health directions, whether these are made by the Minister for Health or Chief Health Officer, to be subject to disallowance.</p>	<p>The <a href="#">Public Health Amendment Bill 2021 (No. 2)</a> passed the Legislative Assembly on 7 June 2022. The amendments contained in the Bill commenced under the <i>Public Health Act 1997</i> on 24 June 2022.</p> <p>A COVID-19 Management Declaration and any Vaccination Direction would be a disallowable instrument. A Ministerial or Chief Health Officer Direction would be a notifiable instrument.</p>	Complete

Recommendation	Government response	Update	Status
	<p>The Bill contains several safeguards to ensure scrutiny of the public health directions, including requirements for the Chief Health Officer to provide formal advice, consultation requirements (including with the Human Rights Commission) and regular review requirements and public notification.</p> <p>The Bill also provides that the relevant standing committee must report to the Assembly about human rights issues raised by Ministerial and Chief Health Officer Directions in section 118ZQ (1).</p>		
<p><b>Recommendation 3</b></p> <p>The Committee recommends that the length of a COVID-19 declaration be reduced to four weeks, with provision for four-week approved extensions</p>	<p><b>Agreed in part</b></p> <p>The ACT Government accepts the Committee’s position that the timeframes for the length of a COVID-19 management declaration should be reduced from six months, however a four-week period is not supported.</p> <p>The ACT Government will move amendments to the length of a COVID-19 management declaration to a period of three months (90 days), with a report to be provided by the Chief Health Officer to the Executive every 30 days (rather than every 60 days).</p> <p>This is consistent with the amendment previously agreed by the Assembly in relation to a Public Health Emergency Declaration for COVID-19.</p>	<p>The <a href="#">Public Health Amendment Bill 2021 (No. 2)</a> passed the Legislative Assembly on 7 June 2022. The amendments contained in the Bill commenced under the <i>Public Health Act 1997</i> on 24 June 2022.</p> <p>Under the new COVID-19 Management provisions, a COVID-19 Management Declaration can be implemented for up to 90 days and extended for up to 90 days at a time.</p> <p>The Chief Health Officer would provide advice to the Executive every 30 days while a COVID-19 Management Declaration is in effect.</p>	<p>Complete</p>
<p><b>Recommendation 5</b></p> <p>The Committee recommends that express provision in the Bill should be made for internal and external review rights in relation to vaccine directions.</p>	<p><b>Agreed in part</b></p> <p>The ACT Government notes the Committee’s recommendation is concerned about unintended consequences that may impact an affected person’s wellbeing.</p>	<p>Government amendments to the <a href="#">Public Health Amendment Bill 2021 (No. 2)</a> enabled internal review rights for Vaccination Directions.</p> <p>The amendments were passed as part of the <a href="#">Public Health Amendment Bill 2021 (No. 2)</a> on 7 June and commenced on 24 June 2022.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>The ACT Government will move an amendment to the Bill to allow a person to apply for an internal review in relation to a decision to refuse a vaccination exemption on a ground described under a Vaccination Direction Exemption Guideline made under section 118ZM.</p> <p>The ACT Government is of the view that allowing a person to seek an internal review, together with other existing safeguards in the Bill will address the possibility of unintended consequences. These safeguards include that vaccination directions are to be made by the Executive as a disallowable instrument, exemptions may be provided on medical and other grounds determined by the Executive, exemption guidelines will be notifiable, and consultation must take place with the ACT Human Rights Commissioner. Directions are time limited to 90 days and must be reviewed by the Chief Health Officer every 30 days to determine whether the direction is still justified.</p> <p>The ACT Government also notes that that judicial review options are available where the applicant has standing.</p>		
<p><b>Recommendation 6</b></p> <p>The Committee recommends that there be minimum entitlements and supports which must be provided to community service providers and individuals (particularly vulnerable and disadvantaged persons), subject to quarantine and isolation directions.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government provides a range of supports to ensure that a person subject to a quarantine or isolation direction understands the requirements, has access to urgent medical and other services and is able to access food and other essential items. Wellbeing services are also provided to individuals in quarantine or isolation.</p>	<p>The ACT Government continues to provide support to individuals who are required to isolate and quarantine due to COVID-19, and community service organisations who support these individuals.</p> <p>Under a COVID-19 Management Declaration, the provision of this support would continue.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	Where a person is required to isolate and does not have a safe place to do so, the ACT Government facilitates access to appropriate accommodation for the period of the person's isolation.		
<p><b>Recommendation 7</b></p> <p>The Committee recommends that the ACT Government establish clear communications channels for community groups and service providers to include provision of guidance, information and materials in formats relevant to the specific needs of those recipients and their clients.</p>	<p><b>Agreed</b></p> <p>The ACT Government continues to work with community groups and non-government service providers to ensure that there is clear communication with organisations and individuals about public health directions and the Government's response to the COVID-19 pandemic.</p>	<p>The ACT Government's engagement with community groups and non-government service providers is ongoing.</p>	<p>Complete</p>
<p><b>Recommendation 8</b></p> <p>The Committee recommends that, if directions are given to individuals involving detention, they be notified to an appropriate oversight entity.</p>	<p><b>Agreed</b></p> <p>The Government will move amendments to the Bill to require notification to the Public Advocate where an individual person is given a direction by the Chief Health Officer requiring the person to isolate.</p>	<p>The Government amendment to enable notification to the Public Advocate where an individual person is given a direction by the Chief Health Officer requiring isolation passed as part of the <a href="#">Public Health Amendment Bill 2021 (No. 2)</a>.</p>	<p>Complete</p>
<p><b>Recommendation 9</b></p> <p>The Committee recommends that the Bill should expressly specify that oversight agencies must be able to conduct visits to places of detention in a COVID-safe manner.</p>	<p><b>Agreed</b></p> <p>The ACT Government will move an amendment to the Bill to remove any doubt that nothing in Part 6C is intended to interfere with an oversight agency's functions under the <i>Auditor-General Act 1996</i>, <i>Children and Young People Act 2007</i>, <i>Corrections Management Act 2007</i>, <i>Human Right Commission Act 2005</i>, <i>Mental Health Act 2015</i>, <i>Mental Health (Secure Facilities) Act 2016</i>, <i>Monitoring of Places of Detention (Optional Protocol to the Convention Against Torture) Act 2018</i> and the <i>Official Visitors Act 2012</i> to the extent the requirements of a Chief Health Officer, Ministerial and Vaccination Directions are met.</p>	<p>The Government amendment to clarify that an oversight agency's ability to exercise their functions would not be impacted was passed as part of the <a href="#">Public Health Amendment Bill 2021 (No. 2)</a>.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 10</b></p> <p>The Committee recommends that the ACT Government consult with, and report outcomes on/to, industry sectors and community groups most heavily impacted by new health directives.</p>	<p><b>Agreed in part</b></p> <p>The ACT Government continues to work with industry sectors and community groups to ensure impacts of new or changed public health directions are understood. Any feedback on the impacts of public health directions will also continue to be considered together with risks to public health as part of ongoing planning for COVID-19 directions and operational responses.</p>	<p>The ACT Government's engagement with industry sectors and community groups on this matter is ongoing.</p>	<p>Complete</p>

**Table 29: Government Response to Standing Committee Reports on Appropriation Bill 2021–2022 and Appropriation (Office of the Legislative Assembly) Bill 2021–2022**

Reporting entity	Standing Committee on Justice and Community Safety
Report number	3
Report title	Appropriation Bill 2021–2022 and Appropriation (Office of The Legislative Assembly) Bill 2021–2022
Link to report	<a href="https://www.parliament.act.gov.au/_data/assets/pdf_file/0009/1898928/JCS-Report-3-Appropriation-Bill-2021-2022-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2021-2022.pdf">https://www.parliament.act.gov.au/_data/assets/pdf_file/0009/1898928/JCS-Report-3-Appropriation-Bill-2021-2022-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2021-2022.pdf</a>
Government response title	Government Response to Standing Committee Reports on Appropriation Bill 2021–2022 and Appropriation (Office of the Legislative Assembly) Bill 2021–2022
Date tabled	23 November 2021

Recommendation	Government response	Update	Status
<p><b>Recommendation 19</b></p> <p>The Committee recommends the Police, Ambulance and Clinician Early Response (PACER) model be evaluated, and expanded if the early reports of beneficial outcomes are proven.</p>	<p><b>Agreed in principle</b></p> <p>ACT Health is the lead agency for this initiative, with support from ACT Ambulance Service and ACT Policing. The PACER team comprises 29 highly trained first responders across the three agencies to call on for its daily 2:00pm to midnight shifts, seven days a week.</p>	<p>The ACT Government is engaging a consultant to undertake an evaluation of the PACER program. This evaluation will analyse the performance and user and carer experience of the PACER program, including the second PACER team</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	The Government has announced \$14.1 million to continue funding for PACER's operation for the next four years.	introduced in February 2022. It is anticipated that the evaluation will be completed in the second half of 2022.	

**Table 30: Government Response to Auditor-General's Report Number 5 of 2015 Integrity of Data in the Health Directorate**

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

Recommendation	Government response	Update	Status
<p><b>Recommendation 2</b></p> <p>Outcome measures for data quality, including metrics, should be developed and incorporated into the Information Management Strategy. These should be monitored to ensure the adequacy of data integrity, particularly related to ABF data</p>	<p><b>Agreed</b></p> <p>The Data Credentialing Framework, which is referred to in the Information Management Strategy, includes the development of key performance measures for data quality and data quality assurance processes.</p> <p>These measures will provide quality assessments of all major ACT data sets, including data submitted for ABF purposes.</p>	<p>Significant improvement has been made in both the integrity and quality of the Directorate's data holdings. The Directorate has utilised the implementation of data validation processes for the improvement of data quality for national submissions to measure this improvement.</p> <p>The Directorate will continue to improve the quality of its data through its validation and quality assurance processes on current data holdings, and as a key component of the transition to the Digital Health Record.</p> <p>Plans are in place to continue this work as part of the Data Analytics Branch Work Plan in 2022–23.</p>	In progress

Recommendation	Government response	Update	Status
		A closure report on this recommendation will be presented to the Audit and Risk Management Committee in the second half of 2022.	
<p><b>Recommendation 3</b></p> <p>ACT Health’s Information Management Strategy should clearly articulate the following:</p> <ul style="list-style-type: none"> <li>• Key data risks associated with ABF-related data and submissions to national bodies;</li> <li>• Frequency, scope of control assessments and other assurance activities that will be undertaken to provide assurance in relation to ABF data integrity</li> </ul> <p>The ABF data integrity risks and control assessments will need to be updated from year to year as national submission requirements change.</p>	<p><b>Agreed</b></p> <p>ACT Health will amend its Information Management Strategy to ensure that key data risks and control assessments for ABF data is implicit within the Document. At present, the Strategy provides details about data quality control processes. However, additional specific references will be made in relation to ABF data validation and quality assurance processes.</p>	<p>Quality assurance processes are embedded into business-as-usual data management practices. As part of the transition to the Digital Health Record, data quality processes are being reassessed and will be updated to continue to ensure the quality and integrity of data produced by the Directorate.</p> <p>A closure report on this recommendation will be presented to the Audit and Risk Management Committee in the second half of 2022.</p>	<p>In progress</p>
<p><b>Recommendation 8</b></p> <p><b>HIGH PRIORITY RECOMMENDATION</b></p> <p>ACT Health should finalise and implement the Non-admitted Patient Activity Data Standards.</p>	<p><b>Agreed</b></p> <p>ACT Health has commenced implementing the non-admitted standards. As noted in the report, data standards for Non-admitted data are less mature than in other domains of health activity and relevant areas of ACT Health will continue to develop and implement the standards as requirements change over time.</p>	<p>The Directorate has implemented the national data standards for non-admitted patient care in its national reporting.</p> <p>A closure report on this recommendation will be presented to the Audit and Risk Management Committee in the second half of 2022.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 9</b></p> <p><b>HIGH PRIORITY RECOMMENDATION</b></p> <p>ACT Health should develop and implement overarching policies and procedures related to data validation processes and activities. These should provide a consistent framework that is flexible and adaptable when needed to reflect local processes and organisational structure.</p>	<p><b>Agreed</b></p> <p>ACT Health established a new Data Credentialing Framework in 2014 which includes greater access to data validation processes and improved data validation and quality assurance systems. The main issues within the framework have been addressed and the programme of work will continue as the capability of ACT Health's reporting infrastructure expands.</p>	<p>The Directorate has implemented data validation processes and activities as part of business-as-usual data management practices.</p> <p>Data validation processes and activities will continue as the Directorate transitions to the Digital Health Record.</p> <p>A closure report on this recommendation will be presented to the Audit and Risk Management Committee in the second half of 2022.</p>	In progress
<p><b>Recommendation 11</b></p> <p><b>HIGH PRIORITY RECOMMENDATION</b></p> <p>ACT Health should develop KPIs for the validation of data that can be supported by information from the data warehouse.</p>	<p><b>Agreed</b></p> <p>The establishment of KPIs and reports is incorporated within the Data Credentialing Framework.</p> <p>This framework also includes an escalation process to ensure that data issues are addressed as required.</p>	<p>The Directorate uses the national submission error rate as a measure of the quality of its data.</p> <p>A closure report on this recommendation will be presented to the Audit and Risk Management Committee in the second half of 2022.</p>	In progress

**Table 31: Government Response to Auditor-General's Report Number 7 of 2020 – Management of Care for People Living with Serious and Continuing Illness**

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



Recommendation	Government response	Update	Status
<p><b>Recommendation 1</b></p> <p>The ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) should determine what ACT-specific response is warranted to the ACT Government’s commitment to the National Strategic Framework for Chronic Conditions (2017), how this should be achieved, and by whom. In order to do this, ACT-specific challenges and priorities should be identified and responded to.</p>	<p>The ACTHD and CHS will work together to develop an ACT specific response to the National Strategic Framework for Chronic Conditions (2017) (the National Framework). The Chronic Conditions Working Group will develop a coordinated and strategic approach to improve health care for Canberran’s with chronic conditions (to replace the ACT Chronic Conditions Strategy 2013–18). The ACT response will reflect an integrated model of care.</p>	<p>An ACT-specific response to the National Strategic Framework for Chronic Conditions (National Framework), which was informed by a Map and Gap exercise on ACT activities against the National Framework, will be finalised in 2022. Health Policy and Strategy Branch (the Directorate) has prepared the draft ACT response for internal consultation and feedback from the Chronic Conditions Working Group. The newly formed Integrated Care Working Group, under the ACT Health and Wellbeing Partnership Board, will oversee this ACT response.</p>	<p>In progress</p>
<p><b>Recommendation 2</b></p> <p>As part of the ACT’s response to the National Strategic Framework for Chronic Conditions (2017) the ACTHD and CHS should identify and promote the development of partnership arrangements that are capable of implementing chronic disease management improvement strategies in the ACT. In doing so they should:</p> <ul style="list-style-type: none"> <li>• identify the organisational and mutual goals and objectives to be achieved from the different partnership arrangements and their contribution to chronic disease management in the ACT; and</li> <li>• clearly identify roles and responsibilities of the various groups and fora that have been established through these partnership arrangements.</li> </ul>	<p>Improved integrated care relies on effective partnerships between all levels of government, Non-Government Organisations (NGOs), private sector, industry, researchers, academics, communities, individuals, carers and families.</p> <p>ACTHD and CHS will build on existing collaborative relationships internal and external to ACT Government, in addition to forging new collaborations to achieve better outcomes for Canberrans with chronic conditions and identify opportunities to improve the operation of the ACT health system.</p> <p>The Chronic Conditions Working Group will oversee the strategic direction and management of work in relation to chronic conditions, with a particular focus on the roles and responsibilities of each directorate, supporting NGO, and group/fora.</p>	<p>A range of partnership arrangements to implement chronic disease management improvement strategies in the ACT are being pursued in the Directorate and CHS. These include the CHS Integrated Care Program, the Delivering Better Care integrated care budget initiative, the ACT Health Services Plan, the Integrated Care Working Group, and partnerships fostered by the Centre for Health and Medical Research.</p> <p>The Integrated Care Working Group commenced in March 2022 and has assumed the overall strategic direction and oversight of integrated chronic conditions programs and services in the ACT public health system.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p><b>Recommendation 5</b></p> <p>CHS and the ACTHD should develop and implement a model for working in partnership with non-government and community-based organisations for the delivery of chronic disease management programs and services.</p> <p>The model should identify and articulate the agencies' intention to:</p> <ul style="list-style-type: none"> <li>• provide visible leadership and invest commensurate time and effort where commitments have been made to working in partnership;</li> <li>• undertake shared planning;</li> <li>• facilitate joint responsibility;</li> <li>• achieve equal commitment to activities;</li> <li>• hold a shared vision of the program or service's outcomes; and</li> <li>• develop high-level trust across partners, based on knowledge and expertise.</li> </ul>	<p>ACTHD and CHS will lead a collaboration with consumers, carers, the Capital Health Network, the Royal Australian College of General Practitioners and community health service providers to address these systemic issues. This will include consultation for the development of a model of integrated care, being developed in partnership between ACTHD and CHS, which will occur in late 2020 and early 2021</p> <p>The delivery of chronic disease management programs and services in the ACT is often achieved through NGOs. Stakeholder consultation for the co-design of a commissioning process for the chronic conditions and primary care subsector, as part of the ACTHD NGO Procurement Project, will occur in 2021. The procurement and subsequent contracting process will be finalised by June 2022.</p> <p>The commissioning/procurement of services focusing on chronic conditions will seek to achieve a shared vision and be aligned with the National Framework, and with a number of complementary ACT plans and priorities. Consistent with the National Framework, the procurement of services addressing chronic conditions will prioritise those services aimed at prevention, support and priority populations.</p>	<p>The Directorate is conducting commissioning consultations in 2022 with NGO services to strategise, design and procure services for the prevention and management of chronic conditions. Two roundtables were conducted in February and April 2022, with a third to be held in the second half of 2022.</p> <p>The procured services will be outcomes-focused and client-centred, and implemented in genuine collaboration with NGO sector partners, service users and other key stakeholders.</p> <p>Chronic conditions NGOs funded by the Directorate have received extensions for two years until 30 June 2024. After this time, new contract arrangements, agreed during the commissioning process, will commence.</p>	<p>In progress</p>

## B.4 Risk management

### Overview

The Directorate has in place effective risk management practices, with a framework, plan and guide that align with the ACT Government policy. Known and emerging organisational risks are monitored by the Executive Board.

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

### Developing the Risk Management Plan

The Directorate's Risk Management Framework, plan and associated documents remain unchanged from last year, with a comprehensive review currently in progress. Development of the plan considers the ACT Government Risk Management requirements and consultation with business units and is monitored through governance committees.

### Approach and arrangements of risk management

Operational and financial risks are captured in each division's risk register and business plan. These documents are linked to the Directorate's Strategic Plan and Objectives.

At the business unit level, each manager is required to:

- manage risk within their span of control
- support staff in assessing risk and identifying risk owners, while ensuring that staff adopt and utilise the Directorate's Risk Management Framework
- ensure that risk registers for which they are responsible are maintained, reviewed and updated where appropriate, and that relevant changes that may affect the Organisational Risk Register are communicated to the Director, Enterprise Risk Management, Governance and Risk Branch
- assist with the identification (when required) of broadly based risks that could impact on the Directorate as a whole.

Directorate executives and relevant committees oversee risk management activities across the Directorate. As such, they determine the Directorate's risk appetite and tolerance; assessing, monitoring and reviewing identified, emerging and key organisational and strategic risks.

### Identifying and responding to emerging risk

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

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

### Risk awareness training

The Directorate continues to encourage and support staff to attend relevant risk management training courses.

In November 2021, a series of risk management workshops were held with senior directors and directors to identify key risks and educate staff about their documentation and monitoring and reporting responsibilities.

Risk management is a key item in the staff induction sessions and staff now have access to several e-learning programs via the Human Resource Information Management System (HRIMS) platform.

The number of the Directorate’s staff who have attended the Risk Awareness and Training courses offered in 2021–22 is shown in Table 32.

**Table 32: Training courses offered to the Directorate staff in 2021–22**

Training course	Number of staff
ACT Government Probity in Procurement Training	15
ACT Government Procurement Module 1 (e-learning)	7
Practical Application of Risk Management	2
Protective Security Policy Framework Awareness Program (face-to-face and e-learning)	19
Culture and People Strategy Workshop	9
<b>Total</b>	<b>52</b>

Source: ACT Insurance Authority (ACTIA) and ACT Health Human Resources (HR).

**Contact details:** For more information, contact [ACTHealthCorporate&G@act.gov.au](mailto:ACTHealthCorporate&G@act.gov.au).

## B.5 Internal audit

### Overview

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

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

Five audits remained in progress at the end of 2021–22:

- ICT Program Governance and Digital Health Strategy
- Management of Conflict of Interest
- Protective Security
- Management of Scholarships
- Drug Strategy Action Plan 2018–21.

### Audit and Risk Management Committee

During 2021–22, the ARMC Charter and Internal Audit Charter were endorsed by the ARMC and approved by the Director-General. The ARMC Charter and Internal Audit Charter both reflect ACT Government requirements and the Institute of Internal Auditors better practice guides. The ARMC Charter governs its operations and details the Committee's responsibilities as providing assurance to the Director-General on governance arrangements and oversight on:

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

During 2021–22, the Committee's members included:

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

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

The ARMC met six times during 2021–22. The Committee membership and attendance are displayed in Table 33.

**Table 33: Committee members and attendances**

Name of member	Position	Meetings attended
Mr Geoff Knuckey	Independent Chair	6
Mr Jeremy Chandler	External Member and Deputy Chair	6
Ms Janine McMinn*	External Member	4
Ms Jane Madden**	External Member	1
Ms Jacinta George	Directorate Internal Representative	6
Ms Liz Lopa	Directorate Internal Representative	5

\* Ms Janine McMinn's term ended on 30 December 2021.

\*\* Ms Jane Madden was engaged as a new member on 22 June 2022 and therefore only attended the June 2022 meeting.

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

**Contact details:** For more information, contact [ACTHealthCorporate&G@act.gov.au](mailto:ACTHealthCorporate&G@act.gov.au).

## B.6 Fraud prevention

### Overview

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

Two senior executives are appointed by the Director-General to the role of Senior Executive Responsible for Business Integrity Risk (SERBIR), one primary and one to act as the alternate SERBIR if required. SERBIRs are responsible for championing integrity in the workplace and report directly to the ARMC and the Director-General.

During 2021–22, the Directorate strengthened its approach to fraud prevention through several key activities, including:

- continuous improvements and updates to the Directorate's 'Integrity' intranet page, to ensure relevant information and guidance material is readily accessible to all staff
- engagement with, and promotion of, new ACT Public Service (ACTPS) policy and guidance on integrity
- review of the Directorate's Fraud and Corruption Control Plan and associated fraud risk assessments
- an ACT Integrity Commission presentation to the Directorate's senior executives
- an ACT Integrity Commission presentation to an all-staff forum.

During 2021–22, one report of possible fraud or corruption was received by the SERBIR, which was referred to the ACT Integrity Commission.

### Risk assessments conducted

Fraud risk assessments were reviewed across the organisation during 2021–22. The review included confirming potential fraud and corruption risk exposures and risk ratings, the assessment of controls, treatments, and reporting requirements.

### Fraud control plans

The Fraud and Corruption Control Plan (FCC Plan) is available to all staff via the intranet. The FCC Plan is reviewed every two years, with a review undertaken towards the end of 2021–22 and expected to be completed early in 2022–23. The FCC Plan continues to manifest the Directorate's commitment to integrity by outlining the planned approach to preventing, detecting and reporting suspected fraud and corruption.

### Fraud awareness training

A Fraud and Ethical Behaviour eLearning module was formally released in May 2021. In 2021–22, 44 staff completed the module.

The SERBIR is active in promoting awareness of the ACTPS Integrity Framework and associated policies and processes to detect and investigate fraud and corruption.

## Fraud prevention strategies

In addition to the FCC Plan, the Directorate's fraud prevention strategies include:

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

**Contact details:** For more information, contact [ACTHealthCorporate&G@act.gov.au](mailto:ACTHealthCorporate&G@act.gov.au).



## B.7 Freedom of information

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

- government information is freely and publicly available to everyone
- personal information held by the territory is accurate, complete, up-to-date and not misleading.

The Freedom of Information (FOI) Application Form can be accessed at:

<https://www.health.act.gov.au/about-our-health-system/freedom-information>

The FOI Disclosure Log for the Directorate can be accessed at:

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

The Directorate's responses regarding FOI access applications are presented in Table 34.

**Table 34: Freedom of Information**

Access applications		
Overall		
Data	Agency response	Notes and explanation
Number of access applications on hand at the beginning of the reporting period	5	
Number of access applications received during the reporting period	68	
Number of access applications transferred to another agency	0	
Number of access applications finalised	57	
Number of access applications finalised by not being dealt with after more than 3 months suspended during the reporting period	2	
Number of access applications on hand at the end of the reporting period	8	The Directorate had six applications that were withdrawn by the applicant or where information was provided informally under section 8.

Access applications		
Timeliness		
Data	Agency response	Notes and explanation
Number of access applications decided within the time to decide under section 40 of the Act	56	One application was decided within the extension of time under section 41.
Number of access applications not decided within the time under sections 40, 41 and 42 (deemed decisions)	0	
Of the access applications not decided within the time (deemed decisions), number of access applications decided:		
• within 35 days	0	
• within 60 days	0	
• over 60 days	0	

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

Access applications		
Outcomes		
Data	Agency response	Notes and explanation
Number of access applications with a decision which:		
• gave full access	15	
• gave partial access	26	
• refused access	16	Four refused as contrary to the public interest and 12 technical refusals as agency held no documents within the scope of the request.

Access applications		
Ombudsman/ACT Civil and Administrative Tribunal (ACAT) review		
Data	Agency response	Notes and explanation
Number of applications for Ombudsman review	3	There were two Ombudsman reviews that were pending at the beginning of the reporting period.
Number of applications made to ACAT	0	

Access applications		
Outcome of Ombudsman reviews		
Data	Agency response	Notes and explanation
Number of decisions confirmed through Ombudsman review	0	There were two Ombudsman reviews that were pending at the end of the reporting period.
Number of decisions set aside and substituted through Ombudsman review	1	
Number of decisions varied through Ombudsman review	2	

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

Open access information scheme		
Open access		
Data	Agency response	Notes and explanation
Number of decisions to publish open access information	77	
Number of decisions not to publish open access information	2	
Number of decisions not to publish a description of open access information	0	

**Contact details:** For more information, contact [ACTHealthCorporate&G@act.gov.au](mailto:ACTHealthCorporate&G@act.gov.au).

## B.8 Community engagement and support

### Community engagement activities

Maintaining an effective healthcare system requires commitment to developing programs and policies by engaging with the broader ACT community.

The Directorate's community engagement activities align with a broader whole-of-government communication and engagement framework. This ensures activities are coordinated, focused, and aligned with key government priorities.

The Directorate's community engagement activities are listed in Table 35.

**Table 35: Community Engagement Activities**

Engagement activity (description) and timing	Objective/purpose	Approximate number of people and organisations that participated in the engagement	Outcomes/results of the engagement	How the results have been used (or will be used to influence decision making)	Type of engagement: <ul style="list-style-type: none"> <li>Major or significant</li> <li>Not major or significant</li> </ul>
Aboriginal and Torres Strait Islander policy development/Business Case development	To identify, develop and fund implementation of policies for accessible, appropriate Aboriginal and Torres Strait Islander health and wellbeing services	Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga Nimmityjah)  Gugan Gulwan Youth Aboriginal Corporation (Gugan Gulwan)	Policy development/ Business case development	Informs policy development and funding of services for community-controlled and self-determined outcomes for Aboriginal and Torres Strait Islander health and wellbeing	Major/significant

Engagement activity (description) and timing	Objective/purpose	Approximate number of people and organisations that participated in the engagement	Outcomes/results of the engagement	How the results have been used (or will be used to influence decision making)	Type of engagement: <ul style="list-style-type: none"> <li>Major or significant</li> <li>Not major or significant</li> </ul>
<p>Aboriginal and Torres Strait Islander Suicide and Mental Health Suicide Prevention Community Webinar</p> <p>10 September 2021</p>	<p>For the Minister for Mental Health and the Office for Mental Health and Wellbeing, to provide an update to the Canberra region Aboriginal and Torres Strait Islander Community on the current initiatives relating to Indigenous Mental Health and Suicide Prevention in the ACT.</p> <p>To provide an opportunity for the Canberra community to provide feedback regarding future directions and priorities in relation to Indigenous Mental Health and Suicide Prevention</p>	<p>50 attendees</p> <ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander peoples of the Canberra region, and other interested parties (services)</li> </ul>	<p>Identified increased need for mental health support for ACT Aboriginal and Torres Strait Islander peoples since COVID-19, and the need for appropriate action.</p> <p>Identified the need to work together to address Aboriginal and Torres Strait Islander suicide and mental health problems as a matter of priority</p>	<p>Feedback to service and policy development</p>	<p>Not major or significant</p>
<p>Aboriginal and Torres Strait Islander System Improvement</p>	<p>To develop improved Aboriginal and Torres Strait Islander data</p>	<ul style="list-style-type: none"> <li>Winnunga Nimmityjah</li> <li>ANU</li> <li>Elected Body</li> </ul>	<p>Development and understanding of collective approach and importance of developing improved data and data sovereignty</p>	<p>Informs policy development for self-governed and ethical use of Aboriginal and Torres Strait Islander data and information</p>	<p>Major/significant</p>

Engagement activity (description) and timing	Objective/purpose	Approximate number of people and organisations that participated in the engagement	Outcomes/results of the engagement	How the results have been used (or will be used to influence decision making)	Type of engagement: <ul style="list-style-type: none"> <li>Major or significant</li> <li>Not major or significant</li> </ul>
ACT Aboriginal and Torres Strait Islander Agreement	To implement national and local policy objectives	<ul style="list-style-type: none"> <li>Elected Body</li> <li>Office for Aboriginal and Torres Strait Islander Affairs (OATSIA)</li> <li>Indigenous Design Charter (IDC)</li> <li>CHS</li> <li>Community Services Directorate (CSD)</li> <li>community</li> </ul>	<p>Development of improved metrics to measure outcomes against policy commitments (Closing the Gap (CTG) and ACT Agreement).</p> <p>Development of refined and new Directorate actions in alignment with CTG and ACT Agreement priorities/focus areas</p>	Informs whole-of-Government and Directorate policy development and funding of Aboriginal and Torres Strait Islander services and programs	Major/significant
ACT Disability Health Strategy (ACT DHS) and First Action Plan (FAP): YourSay website	To work in collaboration with Canberra’s disability community to co-design the ACT DHS and FAP	<ul style="list-style-type: none"> <li>people with disability</li> <li>families and carers</li> <li>disability sector</li> <li>community organisations</li> <li>industry representatives</li> <li>subject matter experts</li> </ul>	Engagement with a wide range of people with disability (and their families, carers, and allies), as well as disability services providers and advocacy groups, to ensure diversity of views and experiences	Informs development of the ACT DHS and FAP, with the aim of ensuring better health outcomes for people with disability	Major/significant

Engagement activity (description) and timing	Objective/purpose	Approximate number of people and organisations that participated in the engagement	Outcomes/results of the engagement	How the results have been used (or will be used to influence decision making)	Type of engagement: <ul style="list-style-type: none"> <li>Major or significant</li> <li>Not major or significant</li> </ul>
<p>ACT Government Response to the ACT Legislative Assembly Resolution on Assisted Reproductive Technology (ART) – Regulation and Access</p> <p>March to May 2022</p>	<p>To understand the use of ART services in the ACT and to consider the regulation and accessibility of ART</p>	<p>Views were sought from ART consumers, fertility providers, donor-conceived people and government officials.</p> <p>Stakeholders from community and government agencies, as well as representatives from LGBTIQ+ organisations, health, research and fertility specialists participated.</p> <p>The Directorate also engaged Women’s Health Matters (WHM) to conduct a public survey, which received 175 responses. WHM also conducted a focus group with six participants, and separately interviewed three people who were unable to participate in the focus group</p>	<p>Input from the consultation process was incorporated into the ACT Government Response</p>	<p>Inform the ACT Government Response to the Assembly Resolution on ART</p>	<p>Major/significant</p>
<p>ACT mental health workforce strategy</p> <p>Community consultations</p>	<p>To identify the ACT mental health workforce and sectors’ shared objectives, values, principles and priority areas for reform</p>	<p>65 attendees</p>	<p>Co-design of the ACT Mental Health Workforce Strategy: A Framework for Change</p>	<p>Feedback was used to develop the strategy</p>	<p>Major/significant</p>

Engagement activity (description) and timing	Objective/purpose	Approximate number of people and organisations that participated in the engagement	Outcomes/results of the engagement	How the results have been used (or will be used to influence decision making)	Type of engagement: <ul style="list-style-type: none"> <li>Major or significant</li> <li>Not major or significant</li> </ul>
ACT Quality Strategy 2018–2028 Review	To provide clinicians and consumers the opportunity to provide feedback on progress towards the implementation of the ACT Quality Strategy 2018–2028	Representatives from 11 organisations including ACT public hospitals, ACT Government, consumer and community groups	A jurisdiction-wide clinical system governance process to be developed, including the establishment of a peak clinical system governance committee	Eight recommendations have been developed as outlined in the Quality Strategy 2018–2028 Review Report	Major/significant
Adolescents with complex needs scoping project	To learn about the needs of adolescents with complex needs and the current therapeutic responses, to inform the design of improved therapeutic responses across the ACT	66 community and government agencies, youth, health, education, housing, and justice sectors participated	<p>Scoping report identified and addressed gaps in service responses with a focus on the need for:</p> <ul style="list-style-type: none"> <li>a trauma service for adolescents</li> <li>an integrated approach that addresses mental health, substance use and trauma needs</li> <li>a wraparound approach that provides holistic support</li> </ul>	A Youth at Risk Program has been funded, and will be developed, under the Bilateral Agreement between the ACT and Commonwealth Government	Major/significant



Engagement activity (description) and timing	Objective/purpose	Approximate number of people and organisations that participated in the engagement	Outcomes/results of the engagement	How the results have been used (or will be used to influence decision making)	Type of engagement: <ul style="list-style-type: none"> <li>Major or significant</li> <li>Not major or significant</li> </ul>
Broad sexually transmissible infections and blood borne viruses (STIBBV) stakeholder group for commissioning  Ad hoc	To provide input into commissioning discussions and workshops to inform the future procurement of non-government STIBBV services	<ul style="list-style-type: none"> <li>Stakeholders from STIBBV Health Advisory Committee and:</li> <li>Companion House</li> <li>Multicultural Hub Canberra</li> <li>Directions Health</li> <li>ACT Health School Youth Health Nurse Program</li> <li>Gugan Gulwan</li> <li>ACT Health Women’s Health Service</li> </ul>	Outcomes/results of the engagement help shape the STIBBV health needs assessment and the collaborative design phase of the commissioning cycle	Results will be used to inform the future procurement of non-government STIBBV services	Major/significant
Canberra Hospital Master Plan  Phase Two community and stakeholder consultation – 23 July through 1 September 2021	<p>The focus of Phase Two consultation was to gather feedback on the draft options.</p> <p>The results were also provided publicly via a listening report on the YourSay consultation portal</p>	<p>The consultation and engagement campaign for the Master Plan is one of the largest undertaken in the ACT. It included:</p> <ul style="list-style-type: none"> <li>a YourSay campaign, including a total of over 6,000 views</li> <li>11 meetings with the ACT’s community councils</li> <li>six pop-up sessions in six locations and six drop-in sessions for the community to visit and comment on the plan in Phase Two</li> </ul>	The final Canberra Hospital Master Plan was launched by the Minister for Health, Rachel Stephen-Smith MLA on 1 December 2021	Based on the feedback received during Phase One consultation and a range of specialist studies and research, two options were developed for the Canberra Hospital Master Plan	Major/significant

Engagement activity (description) and timing	Objective/purpose	Approximate number of people and organisations that participated in the engagement	Outcomes/results of the engagement	How the results have been used (or will be used to influence decision making)	Type of engagement: <ul style="list-style-type: none"> <li>Major or significant</li> <li>Not major or significant</li> </ul>
<p>Chronic Conditions Commissioning Roundtables</p> <p>Meetings with individual non-government organisations (NGOs) receiving recurring Directorate funding for chronic conditions services</p>	<p>To consult regarding commissioning with all NGOs (funded and unfunded) and other stakeholders involved in chronic conditions service delivery and policy</p>	<ul style="list-style-type: none"> <li>2,800 flyers distributed to local residents and door knocking of close residents over both phases of consultation</li> <li>over 1,800 pieces of feedback received from members of the public</li> <li>over 50 direct engagement and one-on-one meetings</li> </ul> <ul style="list-style-type: none"> <li>September to October 2021: <ul style="list-style-type: none"> <li>Meetings with individual NGOs – 12 participants</li> </ul> </li> <li>14 February 2022: <ul style="list-style-type: none"> <li>Roundtable One with funded NGOs – 12 participants</li> </ul> </li> <li>06 April 2022: <ul style="list-style-type: none"> <li>Roundtable Two with broader sector stakeholders – 25 participants</li> </ul> </li> </ul> <p>Participants included representatives from relevant NGOs, ACT Government, community groups and consumer groups</p>	<p>Engagement is ongoing throughout the commissioning process.</p> <p>Engagement to date is helping to inform the Needs Assessment (in preparation)</p>	<p>Input, feedback to and collaboration with Commissioning Process for Chronic Conditions</p>	<p>Major/significant</p>

Engagement activity (description) and timing	Objective/purpose	Approximate number of people and organisations that participated in the engagement	Outcomes/results of the engagement	How the results have been used (or will be used to influence decision making)	Type of engagement: <ul style="list-style-type: none"> <li>Major or significant</li> <li>Not major or significant</li> </ul>
Commissioning Health Services for Young People  March – June 2022	To inform the Strategise phase of the Commissioning Health Services for Young People project	<ul style="list-style-type: none"> <li>ACT Youth Coalition</li> <li>Directions Health Service</li> <li>Young Women’s Christian Association (YWCA) Canberra</li> <li>The Junction</li> <li>Barnardo’s</li> <li>Woden Community Services</li> <li>Youth Coalition</li> <li>Teen Clinic</li> <li>Capital Region Community Services</li> </ul>	The outcome was deeper understanding of gaps and barriers, and facilitators to access current and emerging need to deliver health services to young people	This consultation will provide data for a Listening Report, which will be produced during the Strategise phase of Commissioning Health Services for young people. This data will be used to inform the Design phase of Commissioning	Not major or significant
Consultation on access to non-clinical palliative (and other) care support services	To gather stakeholder views on best model for coordination of access to non-clinical community support services	Palliative Care and End of Life Care Consumer Reference Group  Operational Management Group (Canberra Hospital and Clare Holland House Hospice palliative care nursing and geriatricians’ staff)	Stakeholders provided information on their experiences accessing and/arranging access to non-clinical palliative care services in the ACT	Stakeholder feedback informed the immediate approach to contract management for non-clinical palliative care support services in the ACT, and will further inform future policy and commissioning options for these services	Not major or significant
Digital Health Record (DHR) Consumer Engagement Steering Committee  Monthly, July 2021 to June 2022	To provide consumer organisations with visibility of the DHR and to assist with decision making for the consumer facing aspects of the DHR	<ul style="list-style-type: none"> <li>Health Care Consumers' Association (HCCA)</li> <li>Carers ACT</li> <li>mental health consumers</li> <li>Meridian</li> <li>people with disabilities</li> <li>Advocacy for Inclusion</li> <li>Youth Coalition</li> </ul>	Provided consumer advocacy groups with the opportunity to co-design the future IT systems used across the ACT public health services	Decision making on consumer facing elements of the DHR	Major/significant

Engagement activity (description) and timing	Objective/purpose	Approximate number of people and organisations that participated in the engagement	Outcomes/results of the engagement	How the results have been used (or will be used to influence decision making)	Type of engagement: <ul style="list-style-type: none"> <li>Major or significant</li> <li>Not major or significant</li> </ul>
Food Regulation Reference Group (FRRG)  Twice yearly meetings	The FRRG provides advice to the Directorate on food regulatory issues and increases transparency in ACT food regulation through a consultative stakeholder approach	18–24 attendees: <ul style="list-style-type: none"> <li>Public Health Association of Australia</li> <li>Nutrition Australia</li> <li>Australian Food and Grocery Council</li> <li>ClubsACT</li> <li>Australian Hotels Association ACT Branch</li> <li>Canberra Business Chamber</li> <li>Restaurant &amp; Catering ACT Branch</li> <li>Health Care Consumers Association</li> <li>various government agencies</li> </ul>	The Directorate is committed to providing greater transparency of food regulatory processes and fostering greater communication through active stakeholder engagement. Since 2014, FRRG has successfully provided stakeholders the opportunity to discuss a diverse range of items with regulatory agencies	Feedback considered to inform regulatory activities and implementation of new regulatory requirements	Major/significant
LGBTIQ+ Health Scoping Study (Scoping Study) implementation – co-design of a gender-focused health service and development of a costed implementation plan  KPMG has been engaged to deliver this work from January to July 2022	To co-design a gender-focused health service with NGOs, ACT Government directorates, and public and private health service providers.  KPMG is also developing a costed implementation plan for the Scoping Study’s recommendations.	<ul style="list-style-type: none"> <li>Representatives from LGBTIQ+ community and advocacy groups</li> <li>ACT Government representatives</li> <li>ACT Capital Health Network (ACTCHN)</li> <li>Companion House</li> <li>Directions Health Services</li> <li>HCCA</li> <li>National Ethnic Disability Alliance</li> <li>The Junction</li> </ul>	Co-design of a gender-focused health service.  Costed implementation plan for the Scoping Study’s recommendations	Inform the model of service for the gender-focused health service.  Inform the development of the costed implementation plan for the Scoping Study’s recommendations	Major/significant

Engagement activity (description) and timing	Objective/purpose	Approximate number of people and organisations that participated in the engagement	Outcomes/results of the engagement	How the results have been used (or will be used to influence decision making)	Type of engagement: <ul style="list-style-type: none"> <li>Major or significant</li> <li>Not major or significant</li> </ul>
	<p>Input has been sought from relevant stakeholders to inform the implementation plan and its costings.</p> <p>It is expected there will be further consultation (as determined by the implementation plan) with stakeholders as the Scoping Study recommendations are implemented</p>	<ul style="list-style-type: none"> <li>Winnunga Nimmityjah</li> <li>YWCA A-Z Program</li> <li>Independent Psychologists</li> <li>Independent Urologist</li> <li>Hobart Place General Practice</li> </ul>			
Scope of practice of the Nurse Practitioner – report to the Minister of Health	The Office of the Chief Nursing and Midwifery Officer consulted with key stakeholders on proposed changes to legislation that would enable a ‘right-touch’ regulatory approach to nurse practitioners working in the ACT	32 organisations were invited to respond to a consultation document, ranging from regulatory bodies to consumer associations	The outcomes of the consultation were included in the final report sent to the Minister for Health	The results informed the final report, including recommendations made by the stakeholders	Major/significant
Southside Hydrotherapy Facility Project	The 2021 ACT Government stimulus program provided \$250,000 to develop early design and costings work for the development of a new Southside Hydrotherapy Pool.	<p>Two workshops were held in July 2021. Stakeholders included:</p> <ul style="list-style-type: none"> <li>Arthritis ACT</li> <li>HCCA</li> <li>Tuggeranong Community Council</li> <li>Sharing Places</li> </ul>	<p>Key outcomes of this approach confirmed:</p> <ul style="list-style-type: none"> <li>Tuggeranong Lakeside Leisure Centre as a suitable location</li> <li>feedback on important issues relating to design and accessibility</li> </ul>	<p>Informed:</p> <ul style="list-style-type: none"> <li>the development of the 2022–23 Budget business case</li> <li>site selection and highlighted key issues relating to design and accessibility</li> <li>future operational model of the facility</li> </ul>	Not major or significant

Engagement activity (description) and timing	Objective/purpose	Approximate number of people and organisations that participated in the engagement	Outcomes/results of the engagement	How the results have been used (or will be used to influence decision making)	Type of engagement: <ul style="list-style-type: none"> <li>Major or significant</li> <li>Not major or significant</li> </ul>
	This work included targeted community consultation	<ul style="list-style-type: none"> <li>small number of community members.</li> </ul> <p>In March 2022, two additional workshops were held to support community and stakeholder input into the operation of a future southside hydrotherapy pool (workshops were attended by nine people in total)</p>			
The Chief Nurse and Midwifery Consumer Recognition award	To give the wider Canberra community an opportunity to nominate a nurse or midwife in the ACT, both private and public, who had cared for them or a member of their family, and had provided excellent care	Advertising of this initiative was made across the Directorate's social media channels, health consumer organisations and professional nursing and midwifery networks	<p>Approximately 40 nominations were received.</p> <p>On 12 May 2022, at the ACT Nursing and Midwifery Excellence Awards, six recognition awards were presented – three to individual nurses and midwives and three to teams</p>	This is a 'good news' story designed to acknowledge the work of nurses and midwives. It has been disseminated across the Directorate social media channels. This initiative has been very well received by consumer organisations	Not major or significant
Youth Advisory Council  September 2021 October 2021	Consultation and user testing for MindMap	<10 young people	MindMap was built for young people using the feedback provided in consultation	Final design of the MindMap portal	Not major or significant

Engagement activity (description) and timing	Objective/purpose	Approximate number of people and organisations that participated in the engagement	Outcomes/results of the engagement	How the results have been used (or will be used to influence decision making)	Type of engagement: <ul style="list-style-type: none"> <li>Major or significant</li> <li>Not major or significant</li> </ul>
Youth Coalition engagement of young people for MindMap	Consultation and user testing of MindMap from diverse range of young people	12 individuals, including young people, professionals within the child, youth and family support sector, and parents/carers	MindMap was built for young people using the feedback provided in consultation	Final design of the MindMap portal	Not major or significant
Youth Modelling Workshops	To build a modelling system for youth mental health in the ACT	50+ community and government agencies, youth, health, education, housing, and justice sectors participated	Modelling system	Feedback to service and policy development	Not major or significant
31 March 2022 15 June 2022					

## Community support initiatives – grants and sponsorship

### Healthy Canberra Grants Program

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

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

**Table 36: Multiyear grants provided through Healthy Canberra Grants**

*This funding opportunity was for eligible community organisations to deliver programs that create supporting environments to improve the health of Canberrans, with a focus on preventing chronic disease.*

Recipient	Program purpose/Summary	Term of Grant (if applicable)	Amount (\$) provided in 2021–2022
Australian National University	The Building Positive Body Image program is for adults with a range of chronic diseases and aims to equip them with knowledge and skills to build a positive relationship with their body and hence promote health and wellbeing.	2021–2023	59,077
Australian National University	The ANU Kitchen Garden program aims to build social connectedness with students coming together to grow, cook and share food, as well as providing volunteering opportunities in the community. It also aims to assist students with mental health problems to access relevant support services.	2021–2023	70,977
Cancer Council ACT	ENRICHing Survivorship aims to restore physical and emotional wellbeing for people over 18 who have completed active cancer treatment. It is facilitated by an exercise physiologist/physiotherapist, dietitian, yoga instructor and Cancer Council volunteers.	2021–2023	41,044
Companion House Assisting Survivors of Torture and Trauma	Healthy Happy Life is an Arabic language-based program focused on encouraging physical activity and healthy eating for families with children and young people.	2020–2022	53,854
Companion House Assisting Survivors of Torture and Trauma	The Leading Healthy Communities program will work with people from refugee and asylum seeker backgrounds to positively influence their knowledge, attitudes, and behaviours to reduce the impact of chronic illnesses.	2021–2023	71,500
Dementia & Alzheimer's Australia	The Support for Carers of People Living with Frontotemporal Dementia program offers peer and psychological support, as well as information and education to those caring for people living with frontotemporal dementia in the ACT.	2021–2023	39,682
Global Organisation of People of Indian Origin (GOPIO) Canberra	The Healthy Community – Happy & Peaceful Life program aims to increase the social connectedness of people in the Indian community in the ACT, as well as raise awareness of the risk factors for chronic disease.	2021–2023	7,000



Recipient	Program purpose/Summary	Term of Grant (if applicable)	Amount (\$) provided in 2021–2022
Landcare ACT	The Recovery and Wellbeing through Nature program aims to improve mental health and increase social connectedness of Canberrans through therapeutic nature-based activities.	2021–2023	101,418
Macquarie Primary School	Building a Socially Connected and Mentally Healthy Community encompasses a range of activities designed to build stronger social connectedness amongst families and staff attached to the school. It will also contain specific activities to support students with mental health conditions to better manage their condition now and into the future.	2021–2023	28,110
MARSS Australia	Healthy Eating and Active Living (HEAL) is a nutrition education and physical activity program for migrants and refugees from various culturally and linguistically diverse backgrounds.	2020–2022	15,814
Mental Illness Education ACT	The My Mind, My Voice program aims to increase awareness of mental illness and empower vulnerable communities to actively pursue greater wellbeing and mental wellness, through a co-designed and peer led educational outreach initiative.	2021–2022	134,269
Northside Community Service	The Community Health Activation Network (CHANGE) program supports marginalised or at-risk members of the community to access, engage in and lead a healthy and active lifestyle.	2020–2022	168,442
Nutrition Australia ACT	Nourishing Little Minds in Early Childhood Settings is focused on creating a positive food and healthy eating culture within early childhood settings.	2020–2023	56,600
OzHarvest	Nutrition Education Skills Training (NEST) 2.0 includes a range of activities focused on improving the food literacy and dietary behaviours of vulnerable adults.	2020–2024	90,000
Prostate Cancer Foundation of Australia	MatesCONNECT is a phone-based peer support program for men in the ACT who are living with prostate cancer.	2021–2023	27,460
Rebus Theatre	Systems of Sanity is an extended community theatre program in which participants with lived experience of mental ill health will co-design, rehearse and perform two new theatre works.	2021–2023	51,998

Recipient	Program purpose/Summary	Term of Grant (if applicable)	Amount (\$) provided in 2021–2022
SHOUT	Healthy Living Inclusive Garden is an inclusive program for people living with chronic health conditions and aims to enhance their physical and mental health and wellbeing, as well as increase their social connectedness.	2021–2023	62,186
Spinal Cord Injuries Australia	The Creating peer-led networks for people with a spinal cord injury in the ACT program delivers a community-based peer and family support program for Canberrans living with a spinal cord injury, through lived experience, social connectedness, and health and wellbeing.	2021–2023	39,310
The Woden School	Stronger Us is a whole school community program primarily focused on creating an environment that provides healthy nutrition and physical activity opportunities.	2020–2023	19,720
Uniting Church Kippax	The United Healthy Ageing Project is a holistic program focused on supporting healthy ageing in adults aged 50 years and above.	2020–2023	53,375
Worldview Foundation	The Smoke, Booze and Drug Free Prison Post-Release program provides pre and post release alcohol and other drug related support to Aboriginal and Torres Strait Islander detainees at the Alexander Maconochie Centre.	2020–2022	76,158

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

*This funding opportunity was for eligible community organisations to deliver programs that create supporting environments to improve the health of Canberrans, with a focus on preventing and reducing harm from smoking.*

Recipient	Program purpose/Summary	Term of Grant (if applicable)	Amount (\$) provided in 2021–2022
Cancer Council ACT	Tackling Tobacco in the ACT addresses smoking in disadvantaged communities in partnership with not-for-profit community sector organisations, to increase their capacity to support people to stop smoking.	2021–2024	45,100
Directions Health Services	The Butt It Out! program addresses smoking in people with alcohol and other drug dependency and comorbid mental illness.	2021–2024	96,197

Recipient	Program purpose/Summary	Term of Grant (if applicable)	Amount (\$) provided in 2021–2022
Worldview Foundation	The Pre-Release Non-Indigenous Supplement along with Post Release Activity Support program targets approximately 50 detainees at the Alexander Maconochie Centre. It is an extension of Worldview Foundation’s existing Smoke, Booze, and Drug Free Prison Post-Release Program that works with Aboriginal and Torres Strait Islander detainees.	2021–2023	162,848

**Table 38: Multiyear grants provided through Healthy Canberra Grants: Focus on Reducing Risky Behaviours**

*This funding opportunity was for eligible community organisations to deliver programs that create supporting environments to improve the health of Canberrans, with a focus on preventing and reducing Risky Behaviours, particularly Sexual Transmissible Infections and Blood Borne Viruses.*

Recipient	Program purpose/Summary	Term of Grant (if applicable)	Amount (\$) provided in 2021–2022
Companion House	The Sharing and Learning program aims to prevent and reduce the harms associated with alcohol in the community.	2022–2024	30,729
Forcibly Displaced People Network	The Safe and Healthy program aims to increase the sexual health literacy of LGBTIQ+ migrants and refugees.	2022–2024	63,237
Hepatitis ACT	The Reach, Teach, Treat, Thrive program supports people living with hepatitis C to access and complete curative treatment in community-based settings by reducing barriers to care and increasing access to support. Participants also have access to peer support and education sessions aimed at improving their immediate and long-term health outcomes.	2022–2024	135,258
Meridian	The Community-Driven Campaign program aims to address gaps in sexual health information for key sub-population groups within the LGBTIQ+ population. It also aims to educate health practitioners about the specific sexual health needs of these sub-population groups.	2022–2024	109,193
Sexual Health and Family Planning ACT	The Interface program aims to enhance youth engagement to inform and shape sexual health and blood-borne virus health information and health promotion activities.	2022–2024	73,836

## Sexually Transmissible Infections and Blood Borne Virus Health Advisory Committee Innovation Grant

**Table 39: Grants provided through the Health Advisory Committee Innovation Grant**

Recipient	Project purpose/Summary	Term of Grant (if applicable)	Amount (\$)
Hepatitis ACT	Reach, Teach, Treat is a peer-led program run by Hepatitis ACT which seeks to engage marginalised and vulnerable population groups in testing and treatment for hepatitis C.	2021–2022	21,818

## National Aboriginal and Torres Strait Islander Health Academy in the ACT

**Table 40: Grants provided through the National Aboriginal and Torres Strait Islander Health Academy**

Recipient	Project purpose/Summary	Term of Grant (if applicable)	Amount (\$)
Indigenous Allied Health Australia	<p>Workforce development activities to support and deliver teaching resources, student materials and support to ACT Aboriginal and Torres Strait Islander high school students to become allied health professionals through:</p> <ul style="list-style-type: none"> <li>• completion of education and training qualifications</li> <li>• preparation for the workforce</li> <li>• building employability skills</li> <li>• undertaking work readiness through a health related Australian School Based Apprenticeship.</li> </ul>	30 June 2021 to 31 December 2023	50,000

## B.9 Aboriginal and Torres Strait Islander reporting

### New programs, projects and initiatives

#### Healthy community

##### COVID-19 pandemic response

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

The Directorate continues to work to ensure that the ACT Aboriginal and Torres Strait Islander community receives culturally appropriate services.

The COVID-19 Vaccination Equity to Access program commenced in September 2021 and ran until 30 June 2022. This program encouraged uptake of COVID-19 vaccinations among Aboriginal and Torres Strait Islanders and others who are at risk from severe health outcomes, by reducing barriers to service access. A series of pop-up vaccination clinics targeting Aboriginal and Torres Strait Islander adults and children were held at Yeddung Mura Aboriginal Corporation in Fadden, the Salvation Army Gungahlin and at Reconciliation Day celebrations at the National Arboretum. A community-focused COVID-19 Vaccination Day was also held at Boomanulla Oval featuring live entertainment and children's activities. Promotion for these events included commissioned artwork and testimonials of proud community members.

The ACT Government prioritised communication and engagement with Aboriginal and Torres Strait Islander peoples throughout the COVID-19 pandemic and rollout of the COVID-19 Vaccination Program. Aboriginal and Torres Strait Islander elders and community leaders were engaged to participate in and oversee the production of videos to communicate important messages about getting vaccinated, mask wearing and COVID Smart behaviours. Tailored communication pieces were produced, including social media posts and factsheets, as well as a dedicated section of the COVID-19 website. This information was shared with Aboriginal and Torres Strait Islander community organisations to reach this audience.

#### Safe, responsive, sustainable public health system

##### Aboriginal and Torres Strait Islander Alcohol and Drug residential rehabilitation facility

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

The ACT Government has committed to deliver a First Nations-led dedicated community-controlled rehabilitation service, for community, by community. The Directorate engaged Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga Nimmityjah) to develop a culturally appropriate Model of Care (MOC). The MOC was provided and accepted by the Directorate in 2021 to guide delivery of holistic and culturally appropriate services. In April 2022, the preparatory work for the concept design and floor plans commenced.

## **ACT Aboriginal and Torres Strait Islander Suicide Prevention, Intervention, Postvention and Aftercare Service**

During the 2021–22 financial year, the ACT Government funded a new culturally appropriate integrated Aboriginal and Torres Strait Islander Suicide Prevention, Intervention, Postvention and Aftercare Service for the ACT, the first of its kind in Australia.

Thirrili Limited, a national Aboriginal and Torres Strait Islander Suicide Postvention and Aftercare Service, has commenced delivery of this unique new service, in partnership with the Wayback Support Services within the Woden Community Services of the ACT.

The delivery of this new service is based upon close consultations and collaboration with key ACT Aboriginal and Torres Strait Islander community groups.

## **Trusted, transparent and accountable**

### **Community engagement**

The Directorate continually works with community organisations to advocate for, and raise awareness of Aboriginal and Torres Strait Islander health and wellbeing matters of importance. During 2021–22, this included:

- providing further information sessions and advice to Aboriginal Community Controlled Organisations regarding the commissioning of health services
- holding COVID -19 Vaccination clinics specifically for the Aboriginal and Torres Strait Islander community
- expanding the Ngunnawal Bush Healing Farm (NBHF) Board to include increased community representation, to support the collaboration and co-design processes, as part of a phased plan to transition to a residential program and non-government service provision.

## **High performing organisation that values our people**

### **Cultural development**

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

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

The Directorate has committed to developing a Cultural Integrity Framework (the Framework) under the ACT Aboriginal and Torres Strait Islander Agreement 2019–2028 (the ACT Agreement). The purpose of the Framework is to build an ACT Health Directorate that:

- is free of racism and inequality
- commissions services that are accessible, culturally appropriate and responsive
- oversees a health system comprised of an increasing Aboriginal and Torres Strait Islander workforce delivering culturally safe and responsive health care.

By establishing our current level (baseline) of cultural competence, the Directorate aims to establish a point of reference where continuous improvement activities and outcomes can be measured, and areas for growth and priority actions identified.

The assessment survey, due to commence in July 2022, will inform the Directorate where it lies on a cultural competence continuum and provide recommendations to be considered in developing the Framework. Through online surveys, the evaluation will assess the Directorate's:

- cultural baseline and General Cultural Competency Profile (organisational)
- Cultural Needs Scale for Aboriginal and Torres Strait Islander staff.

This will be supported by a desktop review of the Directorate's existing policies and strategies, followed by a series of focus groups to engage all Directorate staff in understanding deficit discourse and currents of culture, as it relates to understandings of Aboriginal and Torres Strait Islander peoples.

## Progress on existing programs, projects and initiatives

### Strategies for Aboriginal and Torres Strait Islander Health

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

- [National Agreement on Closing the Gap](#)
- [ACT Aboriginal and Torres Strait Islander Agreement 2019–2028](#)
- [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#)
- [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031](#).

### ACT Aboriginal and Torres Strait Islander Agreement 2019–2028

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

In 2021–22, progress included:

- accepting the MOC developed by Winnunga Nimmityjah for the ACT Aboriginal and Torres Strait Islander residential AOD rehabilitation facility
- awarding the contract to commence the first ACT Aboriginal and Torres Strait Islander Suicide Prevention, Intervention, Postvention and Aftercare Service
- finalising an Aboriginal and Torres Strait Islander Research Project to project ACT population growth and future health requirements for the Aboriginal and Torres Strait Islander community
- reviewing the NBHF operational model and increasing community representation on the NBHF Board, through an expression of interest process.

### Winnunga Nimmityjah Aboriginal Health and Community Services

The new purpose-built [Winnunga Nimmityjah](#) facility in Narrabundah became operational in early 2021 and is supporting Winnunga Nimmityjah to continue providing culturally safe, holistic primary health care services to the ACT and surrounding Aboriginal and Torres Strait Islander communities, now and into the future.

The Government continues to fund Winnunga Nimmityjah's full-time presence in the Alexander Maconochie Centre (AMC) and continues to work in partnership with CHS - Justice Health and Justice and Community Safety Directorate to further develop and expand the MOC at the AMC.

This program is the only example nationally of the delivery of culturally appropriate health services into a detention centre.

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

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

## **Gugan Gulwan Youth Aboriginal Corporation**

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

- preventative health programs, information and education, support and case management
- AOD harm reduction programs
- Street Beat Youth Outreach Service
- Early Intervention Mental Health and Wellbeing Outreach program.

## **Commissioning of Aboriginal and Torres Strait Islander health services**

Under existing Aboriginal and Torres Strait Islander community-controlled health sector contracts and the introduction of Health Commissioning, the Directorate in partnership with service providers has streamlined reporting frequencies to reduce administration burden and replication. This approach allows the sector to focus on organisational performance and outcomes while remaining compliant with data and reporting requirements.

## **Investing in future Aboriginal and Torres Strait Islander health workforce**

In 2021, the Directorate provided a grant of \$50,000 to Indigenous Allied Health Australia (IAHA) to deliver teaching resources, student materials and support to ACT Aboriginal and Torres Strait Islander secondary school students to:

- complete their education and training qualifications
- prepare for the workforce and build employability skills
- undertake work readiness through a health related Australian School-based Apprenticeship.

IAHA is leading the implementation of the National Aboriginal and Torres Strait Islander Health Academy program in the ACT with the support of the Directorate, Canberra Institute of Technology (CIT), University of Canberra (UC), Canberra Health Services (CHS), Chief Minister, Treasury and Economic Development Directorate (CMTEDD), and the ACT Education Directorate.

The IAHA program is designed to create opportunities for Aboriginal and Torres Strait Islander students considering a career in health. The program provides a wraparound culturally appropriate, supportive Australian School-based Apprenticeship model.



## Ngunnawal Bush Healing Farm

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

Two programs, each running for ten weeks, have been held at the NBHF during the reporting period, with a total of 11 programs held since the opening in 2017. Programs incorporated varying degrees of virtual components in continued response to COVID-19.

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

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

During 2021–22, the Directorate, guided by the NBHF Board, began several projects across key priority areas. Meeting at alternative locations across the community, improvements included:

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

**Contact details:** For more information, contact [atsihp@act.gov.au](mailto:atsihp@act.gov.au).

## B.10 Work health and safety

### Risk management

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

The action to address the key risks of psychological health, occupational violence, infection control, offsite safety, and laboratory safety, included:

- commencing the design of a wellbeing strategy
- implementing performance reporting in accordance with its Work Health and Safety (WHS) Performance Management Plan 2021–22
- developing WHS management system resources to support laboratory safety outcomes, including the implementation of procedures for:
  - hazardous chemicals
  - radiation safety management
  - the management of plant and equipment
  - health monitoring to protect workers from harmful exposures
- developing WHS protocols for staff who work at CHS workplaces
- completing a hazardous chemical WHS audit
- participating in the ACT Public Service (ACTPS) plant and equipment, and consultation and reporting audits
- supporting the Nurses and Midwives: Towards a Safer Culture Strategy that focusses on workplace culture and occupational violence
- providing behavioural de-escalation training programs.

### Injury and disease prevention and management

Injury and disease prevention actions included:

- promoting psychological health and wellbeing resources, including e-learning programs, such as Question, Persuade, Refer (QPR) training and communication from the Directorate’s Mental Health Champions
- providing early intervention support to prevent and manage injuries, including a greater focus on developing reasonable adjustment plans for mental health conditions
- undertaking consultation to develop a mandatory COVID-19 vaccination policy and associated risk assessments
- supporting staff and workplaces to implement safety actions in response to the COVID-19 pandemic, including:
  - undertaking safety observations and inspections to maintain physical distancing and hygiene measures
  - supporting working from home and hybrid work
  - providing onsite Employee Assistance Program (EAP) support for staff working on the COVID-19 response
  - establishing safety procedures for the COVID-19 response operations
- providing influenza vaccinations to minimise the transmission of vaccine preventable disease in the workplace.

## Work health and safety reporting 2021–22

Table 41 details the number of WHS incidents from 1 July 2021 to 30 June 2022. There was an increase in the number of incidents reported in 2021–22, as a result of an increase in the reporting of:

- telephone aggression incidents
- staff being in the workplace during their COVID-19 infectious period.

Most of these incidents were minor and did not result in an injury or disease.

Two incidents, one involving an electrical safety incident and one involving a chemical reaction, were notified to WorkSafe ACT.

**Table 41: WHS incidents**

Year	No. of WHS incidents submitted
1 July 2020 – 30 June 2021	101
1 July 2021 – 30 June 2022	143

Source: RiskMan – Staff Incident Register

## Worker consultation arrangements

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

## Health and safety representatives

The Directorate has 18 health and safety representatives (HSRs) to facilitate consultation with workers on WHS matters.

## Notifiable injuries, illness and incidents

Two incidents, one involving an electrical safety incident and one involving a chemical reaction, were notified to WorkSafe ACT, but did not require a regulatory inspection.

No notices were issued under the [Work Health and Safety Act 2011](#).

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

## Work health and safety reporting

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

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

Financial year	# new 5-day claims	Rate per 1,000 employees	Directorate target	ACTPS # new 5-day claims	Rate per 1,000 employees	ACTPS target
2012–13	4	9.54	3.84	274	13.42	10.08
2013–14	0	0.00	3.72	257	12.20	11.70
2014–15	2	4.24	3.60	228	10.49	11.33
2015–16	1	2.04	3.48	205	9.36	10.96
2016–17	1	1.99	3.37	243	10.91	10.58
2017–18	0	0.00	3.25	202	8.93	10.21
2018–19	1	1.85	3.13	201	8.50	9.84
2019–20	2	3.26	3.01	230	9.32	9.46
2020–21	4	5.61	2.86	325	12.46	9.09
2021–22	0	0.00	2.77	255	9.40	8.72

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

**Table 43: Incident rate of claims for MSD resulting in five days off work**

Financial year	# new 5-day MSD claims	Rate per 1,000 employees	Directorate target	ACTPS # new 5-day MSD claims	Rate per 1,000 employees	ACTPS target
2012–13	2	4.77	1.40	183	8.96	8.29
2013–14	0	0.00	1.35	175	8.31	8.03
2014–15	1	2.12	1.31	144	6.63	7.78
2015–16	1	2.04	1.27	146	6.67	7.52
2016–17	0	0.00	1.22	150	6.73	7.26
2017–18	0	0.00	1.18	128	5.66	7.01
2018–19	0	0.00	1.14	102	4.31	6.75
2019–20	0	0.00	1.09	126	5.09	6.49
2020–21	1	1.40	1.05	194	7.44	6.24
2021–22	0	0.00	1.01	118	4.30	5.98

**Notes:**

- With small numbers of claims submitted each year, the target result can vary significantly from year to year. The long-term trend over the period from 2012–13 to 2021–22 shows a sustained reduction in claims, with five of the last seven years producing a result better than target for all serious claims. The target for reducing the number of MSD claims incidence of injury was achieved in five of the last six years.
- The data:
  - includes accepted claims received by the Insurer in each financial year which result in one or more weeks off work
  - is taken at 30 June in each of the years, to allow for direct comparisons to be made
  - includes claims up to 30 June 2022.

**Contact details:** For more information, contact [ACTHealthCorporate&G@act.gov.au](mailto:ACTHealthCorporate&G@act.gov.au).

# B.11 Human resources management

## Overview

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

- people support services
- workplace capabilities and inclusion
- people analytics
- industrial relations
- workplace health and safety.

The focus for the People Strategy team in 2021–22 was to provide continued support to the Directorate's workforce who are predominantly working in hybrid ways. Initiatives undertaken by the People Strategy team related to organisational values, measuring cultural maturity, and designing wellbeing and learning and development strategies also directly contributed to improving workplace culture and the continuing work to implement the recommendations from the [Independent Review into the Workplace Culture within ACT Public Health Services](#).

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

In January 2022, the People Strategy and Culture Branch implemented a new structure to better support the strategic and operation objectives for the Directorate.

## People services

### Strengthened recruitment governance

The Branch continues to support improved Directorate recruitment processes and practices. This year, 50 employees completed the Best Practice Recruitment and Selection training program, bringing the total number of current employees trained to 243. This training has been provided face-to-face and remotely to support changing COVID-19 requirements.

Significant recruitment activity has been undertaken to support the COVID-19 Response Branch. Two temporary employment registers were also established; one to support the recruitment requirements of the Directorate and one for a casual program to support the Ngunnawal Bush Healing Farm.

An independent review of the Directorate recruitment processes was undertaken to evaluate progress made by the People Services team in progressing recruitment support and practice. The evaluation was also in response to one of the recommendations of the Independent Review into the Workplace Culture within ACT Public Health Services. Feedback from this process has been received and is being considered to help build a robust recruitment process aligned to the strategic objectives for the Directorate.

## Industrial Relations

The Directorate has established a specific Industrial Relations function to strategically lead the enterprise agreement bargaining processes for the ACT public health system, in addition to investing in enhancing staff participation in discussions about matters that impact the workforce. This has been demonstrated through the initiation of the Workplace Consultative Committee, which is a mechanism to enable discussion for staff by staff and that links into the Directorate Consultative Committee. The team also supports organisational alignment and engagement with unions.

## Human Resource Information Management System

The Directorate supported implementation of the Human Resource Information Management System Learning Management System (HRIMS Learning) through participation in the Steering Committee, Program Board and Design Council, and through working collaboratively with key stakeholders to support go-live for the new system. The Branch has provided ongoing support to administrators and users, including the development of a page on the Directorate intranet providing easy access to whole-of-ACT Public Service (ACTPS) HRIMS Learning resources such as user manuals and training.

## Graduate recruitment

The Directorate continues to participate in the ACTPS Graduate Program, placing three graduates in 2021 and 12 graduates in 2022. The 2021 graduates were placed in Health, Policy and Strategy Branch and Health Protection Services. In 2022, graduates worked in Corporate and Governance, Digital Solutions, Health System Planning and Evaluation, Health System Policy and Research, Office of the Director-General, Policy Partnerships and Programs and Strategic Infrastructure.

## Complaints and grievances

The People Strategy team has provided advice and support to managers and staff in relation to a number of complaints and grievances. Using whole-of-government processes, this allows the immediate manager to seek an early resolution to issues and ensures that employees feel that their issues are dealt with quickly, efficiently, and with procedural fairness. During the reporting period, one referral was made to the Professionals Standards Unit.

## Workplace strategies and culture

### Organisational Culture Improvement Model

In August 2021, the Directorate undertook its first self-assessment of cultural maturity using the Organisational Culture Improvement Model (OCIM) tool. The next measurement point will be in September 2022.

### Recognition

The Director-General Awards were held virtually in December 2021 to recognise employees and teams who have made an outstanding contribution to the Directorate. The award categories align with the ACTPS Values of Respect, Integrity, Collaboration and Innovation. An additional award is also presented for Excellence in Leadership.

### Senior Officer A/B and equivalent engagement

In June 2021, the Directorate ran a two-week survey for Senior Officer Group A, B and equivalent classifications, to assess their level of interest in being proactively engaged on broad matters that affect the organisation. The results indicated a strong desire by the Senior Officer Group to be engaged in decision-making.

The two priority areas identified for initial engagement were:

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

It is anticipated that the engagement will support the system-wide culture program by shaping the internal processes on people within the Directorate. Further, this will support the development of successful initiatives for the Directorate to be a truly great place to work, and in time, an employer of choice within the ACTPS.

## Diversity and inclusion

A whole-of-government review of the Respect Equity and Diversity (RED) Framework, Beyond RED, commenced in February 2021 to review the ACTPS diversity and inclusion landscape.

The project aimed to understand the current state of diversity, inclusion and belonging across ACTPS 10 years on from implementation of the RED Framework, to identify critical gaps and make recommendations.

In December 2021, the Beyond RED review and recommendations included new ACTPS diversity employment targets:

- 3 per cent Aboriginal and Torres Strait Islander people employed across the Service by 2026
- 5 per cent people with disability employed across the Service by 2026.

Following further recommendations in April 2022, an ACTPS workforce inclusion Key Performance Indicator (KPI) was introduced:

- The KPI has been set at 80 per cent of ACTPS staff to agree or strongly agree that their workplace is inclusive in the 2025 ACTPS Staff Survey.
- There was 77 per cent of the Directorate staff agreed or strongly agreed that their workplace is inclusive in the August 2021 ACTPS Staff Survey.

Although the growth of diversity has increased and continues across the ACTPS, the Beyond RED review acknowledged that there was a real need to pause and reflect on our collective approaches to diversity and highlighted the opportunity to focus on inclusion.

The Directorate, in response to the Beyond RED report findings and recommendations and in order to continue meeting its diversity and inclusion commitments, has been developing an Inclusion Strategy augmented by the Directorate's Diversity and Inclusion Governance Framework throughout 2022.

Due to the COVID-19 pandemic, the Directorate has continued to flexibly engage with our workforce and promote inclusion through regular initiatives via online means, for example, through Director-General Forums and targeted communications like internal intranet articles and weekly Director-General Friday Wrap newsletter. The following diversity and inclusion initiative annual milestones were acknowledged during the reporting period:

- Wear it Purple
- Celebrating Diwali
- Launch of LGBTIQ+ Health Scoping Study
- Ngunnawal Language Training – Acknowledgement of Country
- Transgender Awareness Week Launch of the guidance to support gender affirming care for mental health
- International Women's Day
- Harmony Week



- International Day Against Homophobia, Biphobia, Intersexism and Transphobia (IDAHOBIT)
- National Reconciliation Week
- NAIDOC Week.

**Figure 6: Celebrating IDAHOBIT day**



*(L-R) Pride Network Executive Sponsors Sandra Cook and Michael Culhane with Travis Wu (Pride Network Co-Chair) celebrating IDAHOBIT*

Diversity employment data in the reporting period shows the Directorate’s Aboriginal and Torres Strait Islander employee head count at 21 (1.98 per cent), an increase of three from the previous reporting period. Forty-seven Directorate employees (4.44 per cent) identify as having a disability, an increase of 20 from the previous reporting period. The number of employees with English as a second language was 245 (23.14 per cent), an increase of 62 from the previous period.

The Directorate continues to have inclusion statements on job advertisements, and each year Directorate staff are encouraged to update their diversity information held in the payroll system. It is anticipated that as our staff networks mature, an increase in self-reporting of diversity status will occur.

## Learning and development programs

The Directorate remains committed to building a capable and high performing workforce through its learning and development programs. Employees can access Directorate and ACTPS face-to-face and online training hosted on the new whole-of-ACTPS HRIMS Learning platform. The COVID-19 pandemic has seen a pivot towards webinars and other virtual learning.

The People Strategy and Culture Branch performs a fundamental role in:

- identifying training requirements
- procuring appropriate courses
- reporting and collaborating with whole-of-government working, learning and development groups and communities of practice.

During the reporting period, our staff participated in programs on:

- building management and leadership capability
- writing for government
- diversity and inclusion
- domestic and family violence
- job-specific technical training
- best recruitment and selection processes
- Ngunnawal language training.

### **Training in Focus – webinars**

A series of webinars was created to provide employees with new and updated information on processes relating to Ministerial and Government relations, writing comparative selection assessment reports and designing digital content.

### **Studies assistance**

The Directorate continued to support staff to undertake tertiary studies through the Studies Assistance Program. The Studies Assistance Program has provided employees with paid and unpaid study leave and financial assistance. Significant work was undertaken to update the Studies Assistance Guidelines which will be released in the third quarter of 2022.

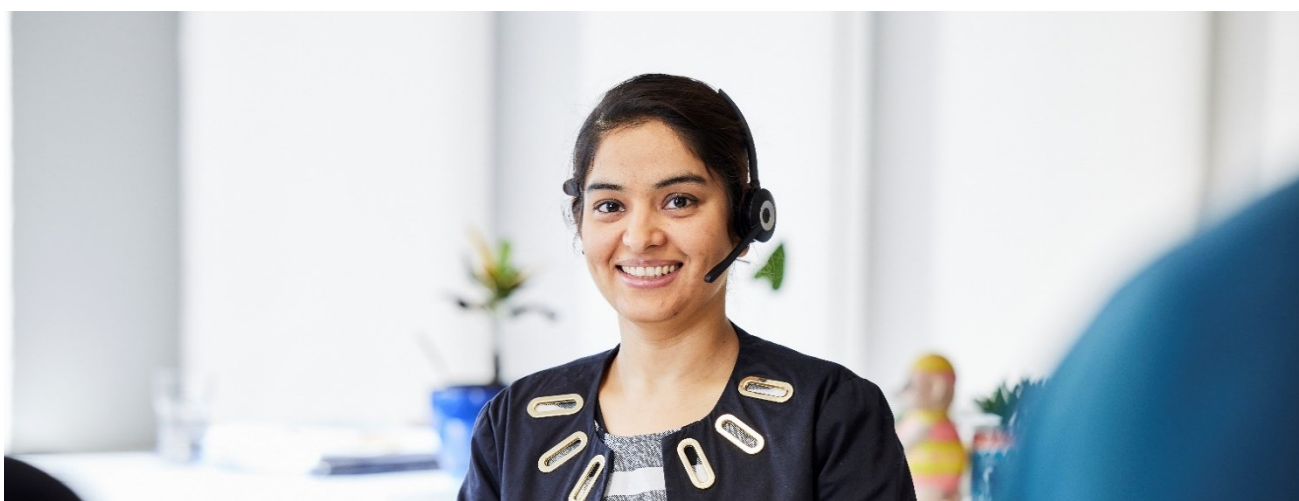
## **Staff wellbeing**

### **Wellbeing and Employee Assistance Program**

The Directorate values its people and is committed to their health, safety and wellbeing. In addition to working to create a safe, fair, respectful and inclusive workplace through policy and cultural changes, the Directorate provided a range of wellbeing resources, including:

- online mental health information, including the Mental Health Guru online learning program
- mental health awareness information sessions, e-learning modules and face-to-face training
- two mental health executive sponsors to promote mental health and wellbeing in the workplace.

Staff and their immediate family members can access the ACTPS Employee Assistance Program (EAP). The EAP providers offer free, professional and confidential counselling services to help staff experiencing work-related or personal issues. The EAP providers are also available to help managers and deliver programs to support teams. The People Strategy team provides advice to managers and teams to help them design and implement workplace support programs and initiatives.



## Respect, Equity and Diversity Contact Officer Network

The Respect, Equity and Diversity Contact Officer (REDCO) Network currently has five staff, including our RED Network Executive Sponsor. The REDCO Network has continued to provide confidential support and information to help resolve workplace issues and raise awareness of the ACTPS Values and Signature Behaviours.

REDCOs attend quarterly meetings managed by the ACT Health RED Network Coordinators to support their professional development by workshopping key issues raised by REDCOs and to share experiences, explore new initiatives to support RED and discuss any trends arising in the Directorate. These meetings are an opportunity for REDCOs to network and discover ways as a team to build a positive workplace culture.

## Our workforce

### Full-time equivalent and headcount by division

Table 44 shows full-time equivalent (FTE) and headcount by division in 2021–22.

**Table 44: Full-time equivalent and headcount by division**

Division	FTE	Headcount
Corporate and Governance Division	64.9	65
Digital Solutions Division	327.8	337
Health Directorate COVID-19	174.7	209
Health Systems, Policy and Research Group*	352.5	374
Office of the Director-General*	48.5	54
Strategic Infrastructure Division*	19.8	20
Total	988.2	1,059

**\*Note:** The Health Systems, Policy and Research Group has been separated into the Office of Professional Leadership and Education, Policy, Partnerships and Programs Division and Health System Planning and Evaluation Division. The Strategic Infrastructure Division has been realigned to include the Communications and Engagement branch previously part of the Office of the Director-General. FTE and headcount reflected above now reside in different reporting structures, however, numbers remain accurate.

### FTE and headcount by gender

Table 45 shows FTE and headcount by gender in 2021–22.

Please note that staff identifying as intersex/indeterminate/other gender are not included in gender-based results due to the low representation and potential for individuals to be identified.

**Table 45: FTE and headcount by gender**

	Female	Male	Total
FTE by gender	632.9	354.3	987.2
Headcount by gender	686	372	1,058
Percentage of workforce	64.8%	35.2%	100.0%

## Headcount by classification and gender

Table 46 shows headcount by classification and gender in 2021–22.

**Table 46: Headcount by classification and gender**

Classification group	Female	Male	Total
Administrative Officers	262	123	385
Senior Executives	19	9	28
General Service Officers and Equivalent	3	2	5
Health Professional Officers	70	37	107
Information Technology Officers	13	24	37
Legal Officers	0	1	1
Medical Officers	14	4	18
Nursing Staff	21	0	21
Senior Officers (includes Senior IT Officers)	283	171	454
Technical Officers	1	1	2
Total	686	372	1,058

## Headcount by employment category and gender

Table 47 shows headcount by employment category and gender in 2021–22.

**Table 47: Headcount by employment category and gender**

Employment category	Female	Male	Total
Casual	22	20	42
Permanent full-time	383	251	634
Permanent part-time	85	5	90
Temporary full-time	164	94	258
Temporary part-time	32	2	34
Total	686	372	1,058

## Headcount by diversity group

Table 48 shows headcount by diversity group in 2021–22.

**Table 48: Headcount by diversity group**

Diversity group	Headcount	Percentage of total staff
Aboriginal and/or Torres Strait Islander	21	2.0%
Culturally and linguistically diverse	245	23.1%
People with disability	47	4.4%

## Headcount by age group and gender

Table 49 shows headcount by age group and gender in 2021–22.

**Table 49: Headcount by age group and gender**

Age group	Female	Male	Total
Under 25	58	25	83
25–34	158	98	256
35–44	209	118	327
45–54	167	78	245
55 and over	94	53	147

## Average length of service by gender (headcount)

Table 50 shows the average length of service by gender (headcount) in 2021–22.

**Table 50: Average length of service by gender (headcount)**

Gender	Female	Male	Total
Average years of service	7.2	6.5	6.9

## Recruitment and separation rates

Table 51 shows recruitment and separation rates in 2020–21.

**Table 51: Recruitment and separation rates**

	Recruitment rate	Separation rate
Directorate	11.4%	7.2%

**Contact details:** For more information, contact [ACTHealthCorporate&G@act.gov.au](mailto:ACTHealthCorporate&G@act.gov.au).

## B.12 Ecologically sustainable development

### Overview

To achieve the ACT Government's target of net zero emissions by 2045, the Directorate continued to:

- embed a zero-emissions pathway into its activities
- work with partners across the health system to raise awareness of zero emissions.

The Directorate relied on the following documents to guide emissions reduction activities:

- [ACT Climate Change Strategy 2019–25](#)
- [The ACT's Transition to Zero Emission Vehicles – Action Plan 2018–21](#)
- [ACT Health Sustainability Strategy 2016–2020](#).

The Directorate reviewed the assets it owns and the premises it leases to support action 5.10 of the ACT Climate Change Strategy 2019–25. As the Directorate upgrades or refurbishes facilities, opportunities to remove emissions are examined.

### Transport

The Directorate complies with the ACT Climate Change Strategy 2019–25 and the ACT's Transition to Zero Emission Vehicles – Action Plan 2018–21. At 30 June 2022, the Directorate had 27 fleet vehicles, of which one was hydrogen, seven electric, and two hybrid (petrol and electric). In 2021–22, electric vehicle (EV) charge stations were upgraded at the Bowes Street building and installed at the Health Protection Service building to support the Directorate's electric fleet vehicles. Electronic logbooks are used to capture usage data, including fuel use.

During 2021–22, the Directorate continued planning for two major projects that will contribute to a zero-emissions health sector:

- the Canberra Hospital Master Plan (the Master Plan)
- a new hospital in Canberra's north.

On 1 December 2021, the Master Plan was launched by the Minister for Health, Rachel Stephen-Smith MLA. The Master Plan establishes a pathway for the Canberra Hospital campus to become net zero emissions by 2040. This includes how and when existing buildings can be retrofitted, refurbished, or replaced with all-electric services. Additionally, the Master Plan will identify opportunities to replace existing infrastructure with emerging technologies like hydrogen generators, battery storage and building management systems.

The Directorate continued its planning work for a new northside hospital during 2021–22. The ACT Government has committed to beginning construction by mid this decade. Current work is examining locations and scope; and planning is underway for new, environmentally friendly facilities that incorporate modern, energy-efficient features. The new hospital will be all-electric.

### Commissioner for Sustainability and the Environment

The Directorate updates the Commissioner for Sustainability and the Environment on progress to implement recommendations from completed reports and inquiries. These updates are incorporated into the Commissioner's annual report. In 2021–22, the Commissioner for Sustainability and the Environment did not investigate any Directorate activities.

## Sustainable development performance

Table 52: Sustainable development performance

Indicator as at 30 June	Unit	2021–22	2020–21	Percentage change
<b>Stationary energy usage</b>				
Electricity use	Kilowatt-hours	1,555,637	1,479,422	5.15
Natural gas use (non-transport) *	Megajoules	5,425,795	4,041,655	34.25
Diesel use (non-transport)	Kilolitres	0	0	
<b>Transport fuel usage</b>				
Electric vehicles	Number	7	7	0
Hybrid vehicles	Number	2	0	-
Hydrogen vehicles	Number	1	1	0
Total number of vehicles	Number	27	26	3.85
Fuel use – Petrol	Kilolitres	3.83	10.57	-63.77
Fuel use – Diesel	Kilolitres	14.00	14.30	-2.10
Fuel use – Liquid Petroleum Gas (LPG)	Kilolitres	0	0	
Fuel use – Compressed Natural Gas (CNG)	Gigajoules	0	0	
<b>Water usage</b>				
Water use	Kilolitres	5,437	4,433	22.65
<b>Resource efficiency and waste</b>				
Reams of paper purchased	Reams	1,809	2,541	-28.81
Recycled content of paper purchased	Percentage	55.66	54.60	1.95
Waste to landfill	Litres	114,413	170,667	-32.96
Co-mingled material recycled	Litres	958,841	861,905	11.25
Paper and cardboard recycled (including secure paper)	Litres	125,880	152,000	-17.18
Organic material recycled	Litres	68,012	33,236	104.63
<b>Greenhouse gas emissions</b>				
Emissions from electricity use	Tonnes CO <sub>2</sub> -e	0	0	
Emissions from natural gas use (non-transport) *	Tonnes CO <sub>2</sub> -e	279.59	208.26	34.25

Indicator as at 30 June	Unit	2021–22	2020–21	Percentage change
Emissions diesel use (non-transport)	Tonnes CO <sub>2</sub> -e	0	0	
Emissions from transport fuel use	Tonnes CO <sub>2</sub> -e	47.08	63.90	-26.32
Total emissions	Tonnes CO <sub>2</sub> -e	326.67	272.16	20.03

\* The increases in natural gas use and emissions from natural gas use are related to extended operating hours associated with the Directorate's COVID-19 pandemic response.

Please note that some data reported for FY 2020–21 in the table above may differ slightly from figures reported in the 2020–21 Annual Report. These are due to updates to agency occupancy and historical consumption data. Where actual data is not available, the Enterprise Sustainability Platform provides estimations using an accrual function. Accruals are calculated from the average annual daily consumption of the most current 12-month period applied for the number of days of missing data.

Emissions reported for stationary energy and transport fuels include Scope 1 and Scope 2 emissions only. Scope 1 are direct emissions from sources owned and operated by the government, including emissions from transport fuel and natural gas use. Scope 2 are indirect emissions from mains electricity.

Emission factors used to calculate natural gas and fleet fuel are based on the latest National Greenhouse Accounts factors.

Zero greenhouse gas emissions from electricity use are reported as the ACT Government purchases 100 per cent renewable electricity.

#### ***Treatment of plug-in hybrids***

A plug-in hybrid electric vehicle (PHEV) — also known as a range-extended vehicle — is fuelled by electricity, and has either a petrol or diesel tank to extend the range of the vehicle for long trips. PHEVs are considered zero emissions vehicles (ZEVs) under the ACT Government Fleet Procurement and Management Policy and are counted as ZEVs in reporting.

**Contact details:** For more information, contact [acthealthstrategicinfrastructure@act.gov.au](mailto:acthealthstrategicinfrastructure@act.gov.au).



# C

## Part C Financial Management Reporting



# C.1 Financial management analysis

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# Management Discussion & Analysis for the ACT Health Directorate

## For the Year Ended 30 June 2022

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### General Overview

#### Operations and Principal Activities

The ACT Health Directorate (the Directorate) provides strategic leadership, policy advice and oversight of the public health system, supporting and enabling clinical excellence and research across the public health system, to improve Territory-wide health care in the ACT. The Directorate engages with its partners and stakeholders to ensure better health outcomes for all in the ACT and surrounding regions.

The Directorate's key functions are:

- providing strategic leadership, policy advice, and oversight of the public health system;
- leading engagement and negotiation with other jurisdictions on health funding agreements and national policy initiatives;
- administering the ACT Government's legislative program on health matters;
- engaging with the Directorate's partners and stakeholders to ensure health outcomes and impacts are considered in whole-of-government policy and health services planning;
- supporting and enabling clinical excellence, safe high-quality care, and research across the public health system;
- delivering a range of health prevention, promotion, and protection services;
- implementing innovative digital technologies across the public health system and supporting Information and Communication Technology (ICT) solutions that enable person-centred care;
- delivering Territory-wide health infrastructure strategy and design, including public hospital campus planning and planning for the new public health services;
- commissioning value-based care that improves health outcomes; and
- monitoring and evaluating public health system performance to ensure it meets community expectations and performance criteria.

The Directorate's work and vision is underpinned by the *ACT Health Directorate Strategic Plan 2020-25*, which provides a foundation for our high performing organisation that values its people and reflects the way we work with our partner organisations.

#### Risk Management

The Directorate has in place effective risk management practices and remains guided by the *ACT Government Risk Management Policy 2021*. This year our risk management practices continued to evolve to embed risk management considerations into business planning and critical decision-making processes associated with the Directorate. The responsibility for managing strategic risk, risk appetite and other components of enterprise risk management, including business continuity and fraud and corruption prevention, is vested with the Executive Board.

Controls on strategic and divisional level risks are in place with mitigation continuing to improve as treatments and process are refined to manage risk exposure in the Directorate. These are reviewed by several governance related committees and processes.

## Risk Profile

The overarching strategic financial risk of not appropriately administering public money is managed through financial and governance controls that ensure the appropriate administration of public funds, such as governance oversight committees, financial reporting, the Directorate Fraud and Corruption Control Plan and associated risk register, the invoicing system controls, use of conflict-of-interest declarations and use of a gifts and benefits register.

The financial risks associated with significant project contracts and agreements are managed through governance structures and reported to appropriately skilled committees.

## Financial Performance

The following financial information is based on audited Financial Statements for 2020-21 and 2021-22, in addition to the forward estimates contained in the ACT 2022-23 Budget Statements.

### Total Net Cost of Services

Table 1: Total Net Cost of Services with Forward Estimates

	Actual 2020-21 \$m	Budget 2021-22 \$m	Actual 2021-22 \$m	Forward Estimate 2022-23 \$m	Forward Estimate 2023-24 \$m	Forward Estimate 2024-25 \$m	Forward Estimate 2025-26 \$m
Total Expenditure	395.1	450.4	538.6	469.6	458.1	469.9	481.8
Total Own Source Revenue	125.1	144.7	207.1	147.1	141.2	144.3	147.7
<b>Net Cost of Services</b>	<b>270.0</b>	<b>305.7</b>	<b>331.5</b>	<b>322.5</b>	<b>316.9</b>	<b>325.6</b>	<b>334.1</b>

### Comparison to 2021-22 Budget

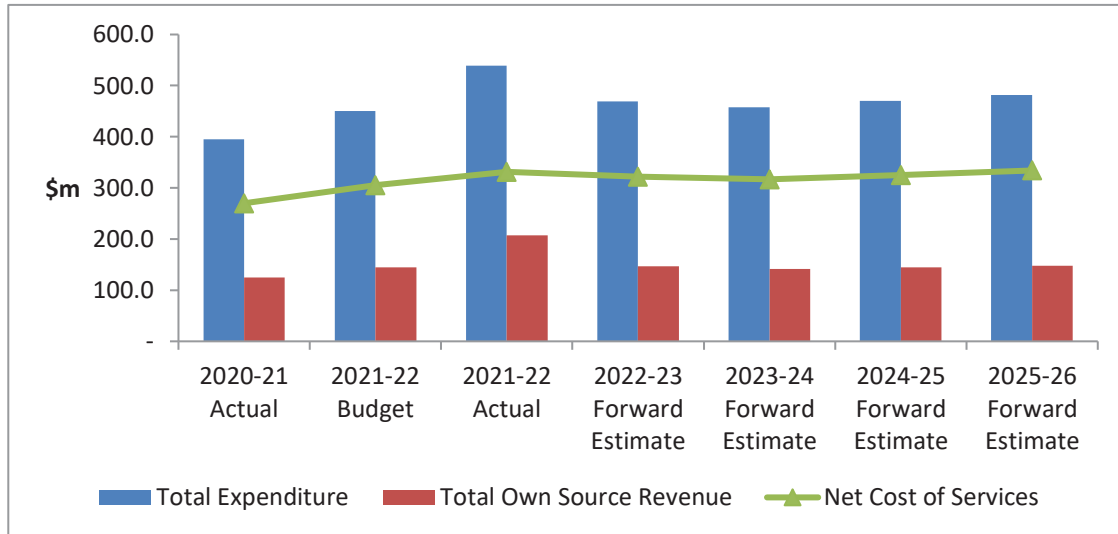
The Directorate's net cost of services for 2021-22 of **\$331.5 million** was **\$25.8 million** or **8.4 per cent** higher than the 2021-22 Budget. This is mainly due to higher than budgeted expenses that could not be anticipated at the time of budget relating to the ongoing public health emergency response to COVID-19 including the purchase of additional personal protective equipment, demand for pathology testing, and procuring facilities for COVID-19 quarantine, testing and vaccination centres. The Directorate also incurred higher Computer and Communications expenses relating to ICT projects, system upgrades, and maintenance of the 'Check In CBR' mobile application.

### Comparison to 2020-21 Actual Net Cost of Services

The Directorate's 2021-22 net cost of services increased by **\$61.5 million** or **22.8 per cent** due to higher expenses relating to the ongoing public health emergency response to COVID-19 for which expenditure has significantly increased since September 2021 due to the 'Omicron' outbreak, expenses relating to ICT projects including the Digital Health Record and an increase in expenses for the provision of ICT services to Canberra Health Services and Calvary Public Hospital.

**Future Trends**

Figure 1: Net Cost of Services



Net cost of services is expected to decrease in 2022-23 and 2023-24 followed by a gradual growth over time in line with projected indexation. Total expenditure and net cost of services for 2022-23 is expected to be dependent on demand for public health services relating to the ongoing response to COVID-19.

**Total Expenditure**

**Components of Expenditure**

The Directorate’s total expenditure for 2021-22 was **\$538.6 million**. Figure 2 - Components of Expenditure indicates that most of the expenditure relates to grants and purchased services (41.0 per cent), supplies and services (28.7 per cent) and employee and superannuation expenses (25.7 per cent).

Figure 2: Components of Expenditure

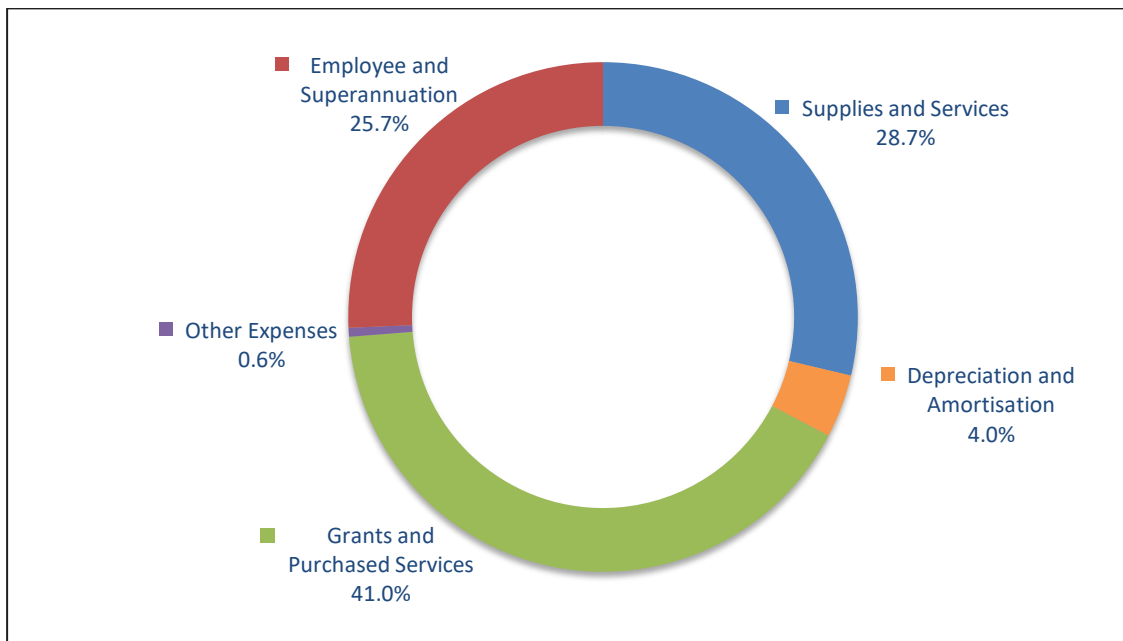


Table 2: 2021-22 Expenditure Variations from Budget

	Actual 2021 \$m	Actual 2022 \$m	Budget 2022 \$m	Budget Variance \$m
Employee and Superannuation <sup>b</sup>	101.4	138.3	115.1	(23.2)
Supplies and Services <sup>a</sup>	103.1	154.6	108.4	(46.2)
Depreciation and Amortisation	21.4	21.7	28.0	6.3
Grants and Purchased Services <sup>c</sup>	168.3	221.0	196.9	(24.1)
Other Expenses	0.9	3.0	2.0	(1.0)
<b>Total Expenditure</b>	<b>395.1</b>	<b>538.6</b>	<b>450.4</b>	<b>(88.2)</b>

### Comparison to 2021-22 Budget

Total expenditure of **\$538.6 million** was higher than the 2021-22 Budget by **\$88.2 million** or **19.6 per cent** primarily due to:

- higher 'Supplies and Services' expenses (\$46.2 million) relating to the public health emergency response to COVID-19 as outlined under 'Total Net Cost of Services'. The Directorate also incurred higher than budget Computer and Communications expenses relating to ICT systems upgrades and maintenance;
- higher 'Grants and Purchased Services' (\$24.1 million) mainly relating to higher 'Transfers to the ACT Local Hospital Network (LHN)' due to higher than expected Cross Border Health receipts being on-passed to the LHN resulting from a higher than anticipated number of interstate residents being treated in ACT public hospitals and multiple prior year reconciliations being completed with final back-adjustment payments being settled in 2021-22; and
- higher 'Employee and Superannuation' expenses (\$23.2 million) mainly due to additional staffing numbers and overtime support relating to the public health emergency response to COVID-19 and ICT operations.

### Comparison to 2020-21 Actual Expenditure

Expenditure for 2021-22 of **\$538.6 million** was higher than the 2020-21 expenditure by **\$143.5 million** or **36.3 per cent**. Significant variances include:

- higher 'Supplies and Services' (\$51.5 million) mainly due to higher expenses relating to:
  - the public health emergency response to COVID-19 (\$28.1 million); and
  - ICT projects including the Digital Health Record and ICT services provided to Canberra Health Services and Calvary Public Hospital (\$12.5 million);
- higher 'Employee and Superannuation' expenses (\$36.9 million) is mainly due to an increase in staff numbers (\$27.9 million) and Enterprise Agreement pay rises (\$0.9 million) and;
- higher 'Grants and Purchased Services' (\$52.7 million) mainly relating to higher 'Transfers to the ACT Local Hospital Network' due to 12-month of transactions for on-passing of Cross Border Health receipts being recognised in 2021-22 compared to 9-months of transactions being recognised in 2020-21, and an increase in the number of interstate residents treated in ACT public hospitals.

## Total Own Source Revenue

### Components of Own Source Revenue

The Directorate's total own source revenue for 2021-22 was **\$207.1 million**. *Figure 3 - Components of Own Source Revenue* indicates that most of the own source revenue related to grants and contributions (96.5 per cent).

Figure 3: Components of Own Source Revenue

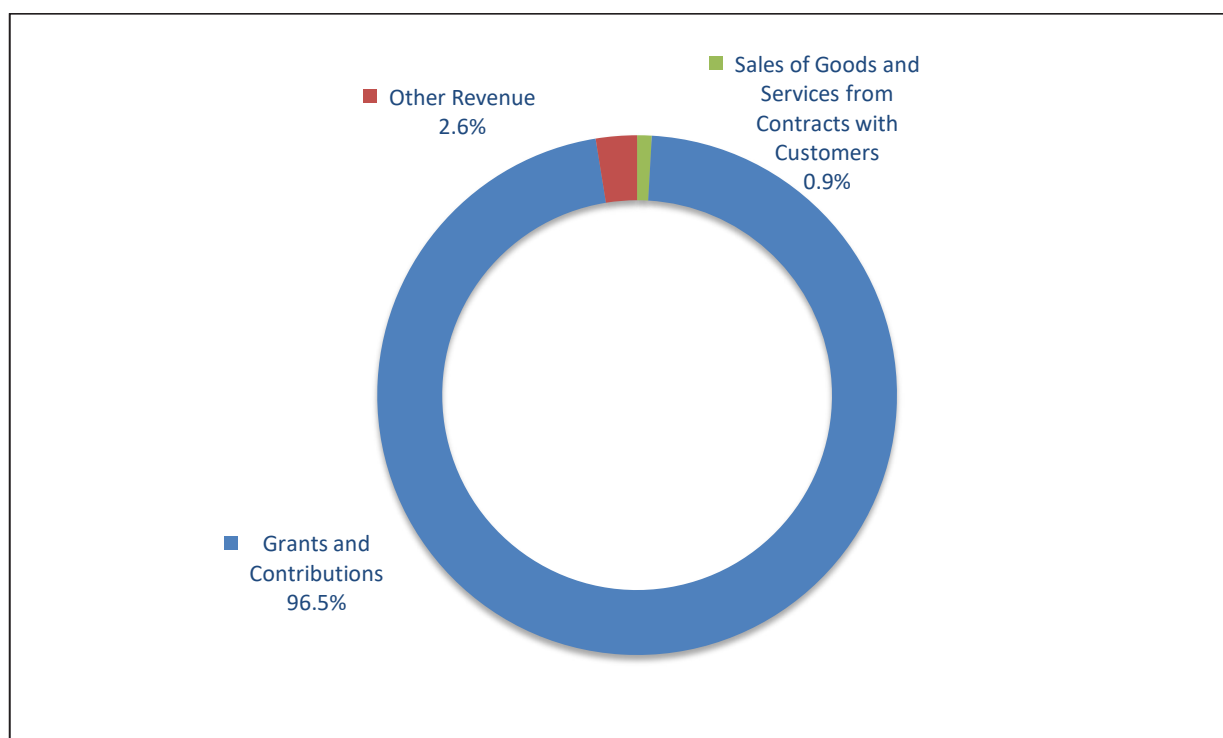


Table 3: 2021-22 Revenue Variations from Budget

	Actual 2021 \$m	Actual 2022 \$m	Budget 2022 \$m	Budget Variance \$m
Sales of Goods and Services from Contracts with Customers	2.1	1.9	9.9	(8.0)
Grants and Contributions <sup>a</sup>	116.6	199.9	2.8	197.1
Other Revenue	6.4	5.3	132.0	(126.7)
<b>Total Own Source Revenue</b>	<b>125.1</b>	<b>207.1</b>	<b>144.7</b>	<b>62.4</b>

### Comparison to 2021-22 Budget

Total own source revenue of **\$207.1 million** was higher than the 2021-22 Budget by **\$62.4 million** or **43.1 per cent**, mainly due to additional funding from the LHN under the terms of the *National Partnership on COVID-19 Response* (NPCR) agreement, cost recoveries from other ACT Government agencies for the provision of project related ICT services and an increase in Cross Border Health receipts resulting from a higher than anticipated number of interstate residents treated in ACT public hospitals and multiple prior year reconciliations being completed with final back-adjustment payments being settled in 2021-22. Budgets for Cross Border Health receipts were recorded under 'Other Revenue'.

### Comparison to 2020-21 Actual Own Source Revenue

Own source revenue for 2021-22 of **\$207.1 million** was higher than the 2020-21 revenue by **\$82.0 million** or **65.5 per cent**. Significant variances include:

- a) higher 'Grants and Contributions' (\$83.3 million) mainly due to:
  - the increase in 'Transfers from the ACT Local Hospital Network' due to 12 months of transactions relating to Cross Border Health receipts being recognised in 2021-22 compared to 9 months of transactions being recognised in 2020-21 and an increase in the number of interstate residents treated in ACT public hospitals (\$51.8 million); and
  - an increase in 'Local Hospital Network Funding' of \$21.8 million relating to the receipt of additional payments for the public health emergency response to COVID-19 under the terms of the NPCR.

### Directorate Financial Position

#### Total Assets

##### Components of Total Assets

Total Assets at 30 June 2022 were **\$205.4 million**. *Figure 4 – Total Assets* indicates that majority of the Directorate's assets relate to capital works in progress (44.0 per cent), property, plant and equipment (40.9 per cent), and intangible assets (8.3 per cent).

Figure 4: Total Assets

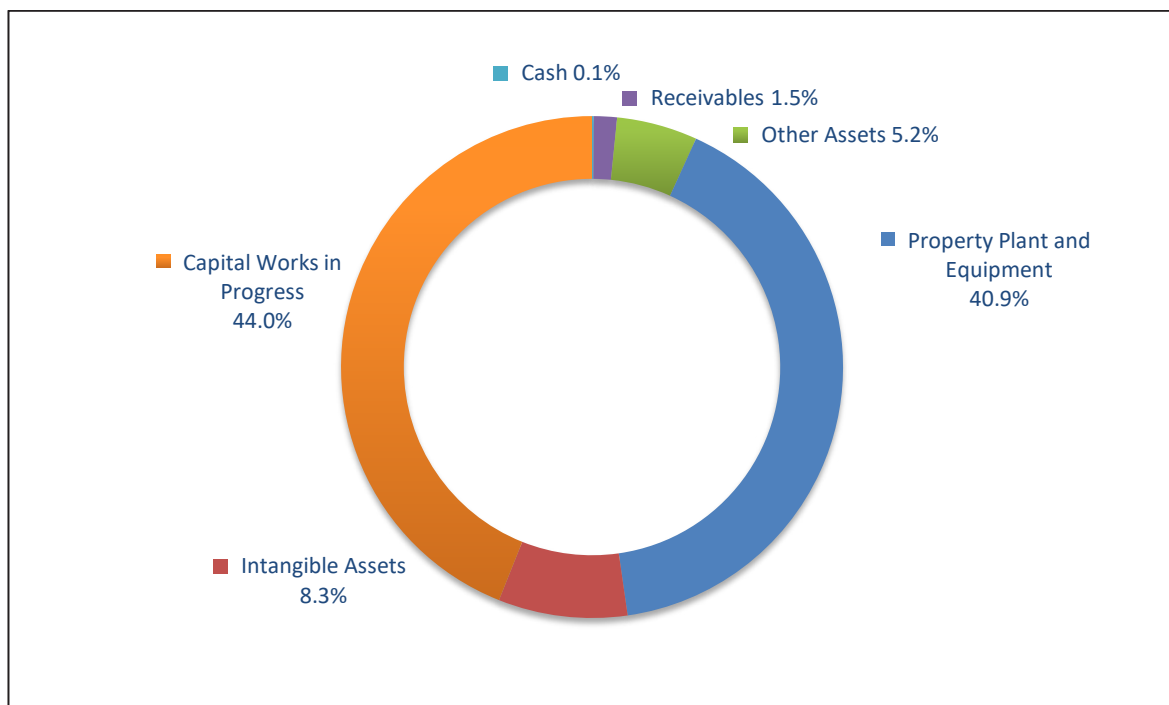




Table 4: 2021-22 Asset Variations from Budget

	Actual 2021 \$m	Actual 2022 \$m	Budget 2022 \$m	Budget Variance \$m
Cash <sup>d</sup>	17.7	0.2	17.5	(17.3)
Receivables	3.5	3.0	3.7	(0.7)
Property, Plant and Equipment <sup>c</sup>	76.4	84.1	84.3	(0.2)
Intangible Assets <sup>e</sup>	30.0	17.1	79.0	(61.9)
Capital Works in Progress <sup>a</sup>	52.2	90.3	29.8	60.5
Other Assets <sup>b</sup>	2.8	10.7	4.6	6.1
<b>Total Assets</b>	<b>182.6</b>	<b>205.4</b>	<b>218.9</b>	<b>(13.5)</b>

#### Comparison to 2021-22 Budget

Total assets at 30 June 2022 of **\$205.4 million** was **\$13.5 million** lower than the 2021-22 Budget of **\$218.9 million** mainly relating to lower 'Cash' balances due to majority of funding being disbursed for expenses incurred during the year and the settlement of outstanding invoices from 2020-21, partially offset by higher 'Other Assets' relating to payments for computer software licences and maintenance contracts.

#### Comparison to 2020-21 Total Assets

Total assets for 2021-22 of **\$205.4 million** was higher than the 2020-21 total assets by **\$22.8 million** or **12.5 per cent**, mainly due to:

- a) higher 'Capital Works in Progress' (\$38.1 million) relating to ongoing ICT and infrastructure projects including the Digital Health Record (\$33.6 million);
- b) higher 'Other Assets' (\$7.9 million) relating to upfront payments for computer software licences and maintenance contracts;
- c) higher 'Property, Plant and Equipment' (\$7.7 million) relating to the completion of various infrastructure projects including the expansion of Clare Holland House to Strengthen Palliative Care Services and an increase in the value of total land assets resulting from the 2021-22 valuation review; partially offset by
- d) lower 'Cash' (\$17.5 million) mainly due to majority of funding being disbursed for expenses incurred during the year and the settlement of outstanding invoices from 2020-21; and
- e) lower 'Intangible Assets' (\$12.9 million) due to the increase in accumulated amortisation.

## Total Liabilities

### Components of Total Liabilities

Total Liabilities at 30 June 2022 were **\$89.0 million**. *Figure 5 – Total Liabilities* indicates that most of the Directorate’s liabilities relate to employee benefits (47.1 per cent), payables (35.8 per cent) and other liabilities (12.2 per cent).

Figure 5: Total Liabilities

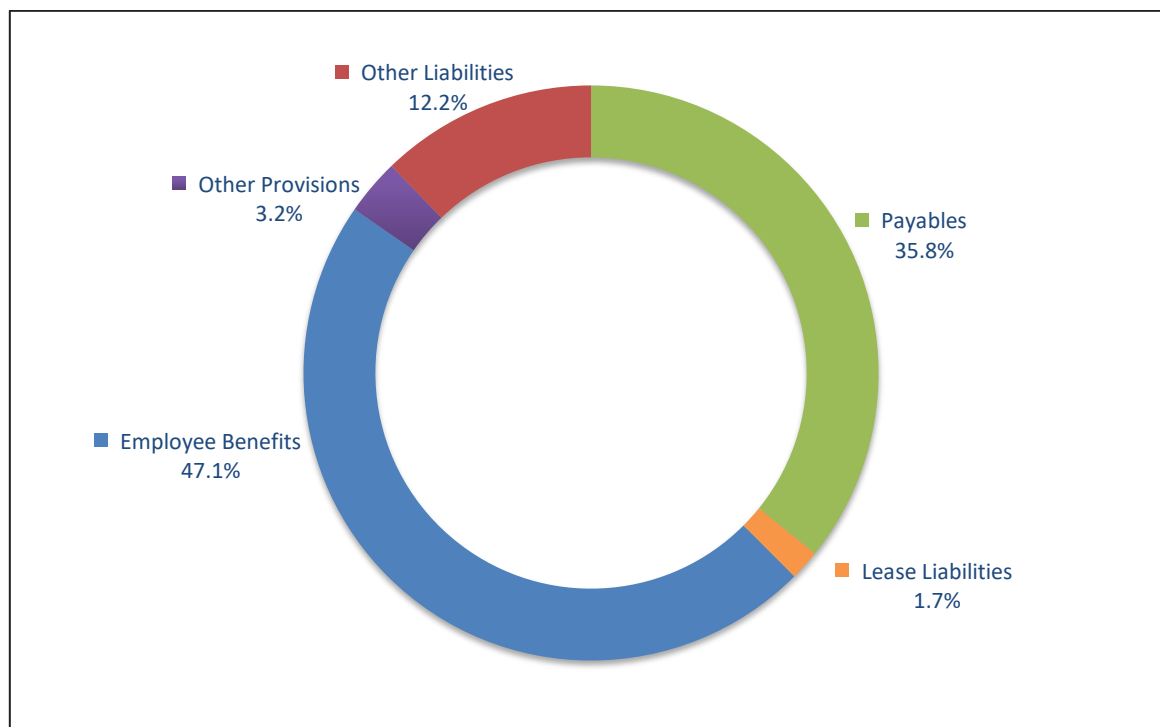


Table 5: 2020-21 Liability Variations from Budget

	Actual 2021 \$m	Actual 2022 \$m	Budget 2022 \$m	Budget Variance \$m
Payables <sup>a</sup>	19.9	31.9	21.9	(10.0)
Lease Liabilities	2.4	1.5	3.5	2.0
Employee Benefits <sup>b</sup>	35.0	41.9	41.2	(0.7)
Other Provisions <sup>c</sup>	0.1	2.8	0.1	(2.7)
Other Liabilities	11.9	10.9	10.3	(0.6)
<b>Total Liabilities</b>	<b>69.3</b>	<b>89.0</b>	<b>77.0</b>	<b>(12.0)</b>

### ***Comparison to 2021-22 Budget***

Liabilities at 30 June 2022 of **\$89.0 million** were **\$12.0 million** higher than the 2021-22 Budget of **\$77.0 million**, mainly due to:

- higher 'Payables' (\$10.0 million) relating to outstanding payments for ICT software licensing and support, rental payments and maintenance costs for the Directorate's office building, contractor fees and expenses associated with COVID-19 quarantine centres, pop-up testing clinics and pathology services; and
- higher 'Other Provisions' (\$2.7 million) relating to the increase in the provision for Make Good for estimated future costs to dismantle and dispose of the leasehold improvements in the Directorate's office building. The increase is reflective of recent upgrades to existing leasehold improvements in the building and current vendor costs for related services.

### ***Comparison to 2020-21 Total Liabilities***

Total liabilities for 2021-22 of **\$89.0 million** were higher than the 2020-21 total liabilities by **\$19.7 million** or **28.4 per cent**, mainly due to:

- a) higher 'Payables' (\$12.0 million) relating to outstanding payments for capital invoices and expenses associated with COVID-19 quarantine centres, pop-up testing clinics and pathology services;
- b) higher 'Employee Benefits' (\$6.9 million) due to the increase in staff numbers and leave earned exceeding leave taken during the year; and
- c) higher 'Other Provisions' (\$2.7 million) due to the increase in the provision for Make Good relating to the Directorate's office building.

### **Net Assets**

Net assets at 30 June 2022 were **\$116.4 million**. This was **\$25.5 million** lower than the **\$141.9 million** budgeted, due to the combined impact of the reasons listed above.

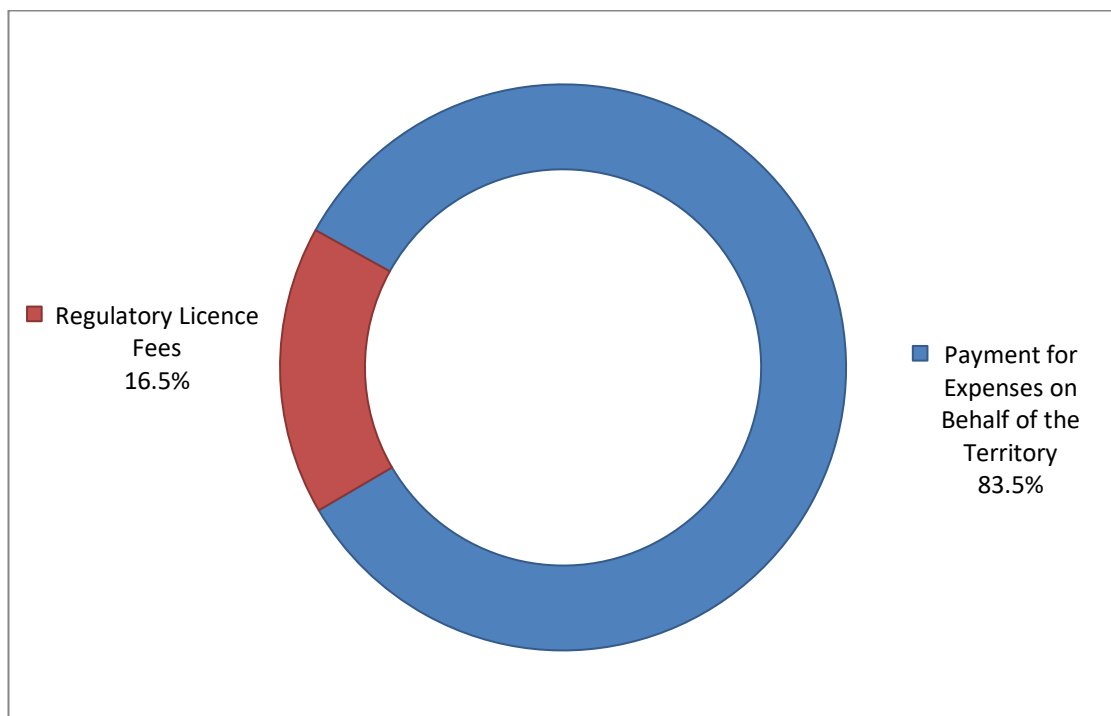
## Territorial Financial Statements

The activities whose funds flow through the Directorate's Territorial financial statements, represent the receipt of regulatory licence fees and the payment of monies for capital works to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

### Total Income

The total Territorial income for 2021-22 was **\$8.0 million**. *Figure 6 – Sources of Territorial Revenue* indicates that **83.5 per cent** of Territorial income relates to monies for capital works at Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service (expenses on behalf of the Territory) with the remaining income being regulatory licence fees.

Figure 6: Sources of Territorial Revenue



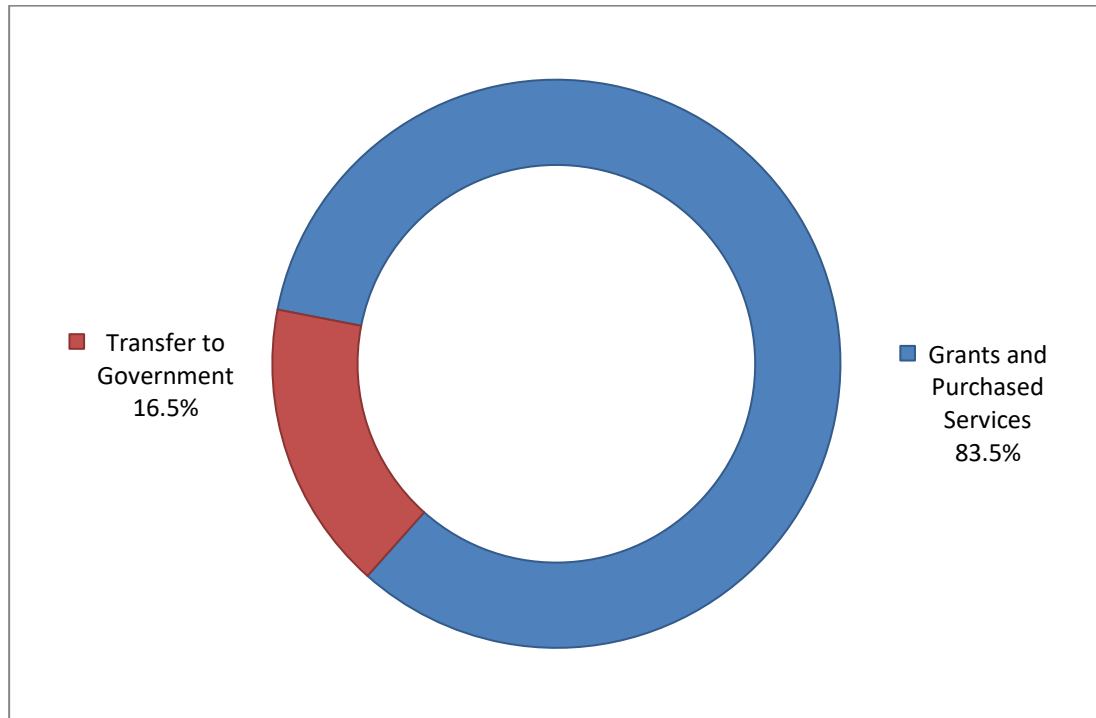
### Comparison to 2021-22 Budget and 2020-21 Actual Income

Total Territorial income of **\$8.0 million** was lower than the 2021-22 Budget of **\$18.0 million** by **\$10.0 million** and 2020-21 income of **\$9.9 million** by **\$1.9 million** mainly due to lower than anticipated appropriation drawn relating to the Calvary Critical Infrastructure project in line with amended project schedules.

### Total Expenses

The total Territorial expenditure for 2021-22 was **\$8.0 million**. *Figure 7 – Sources of Territorial Expenses* indicates that **83.5 per cent** of expenses incurred on behalf of the Territory relate to the payment of monies for capital works to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

*Figure 7: Sources of Territorial Expenses*



### *Comparison to 2021-22 Budget and 2020-21 Actual Expenses*

Total expenses of **\$8.0 million** was lower than the 2021-22 Budget by **\$10.0 million** and 2020-21 total expenses of **\$9.9 million** by **\$1.9 million** mainly due to lower than anticipated capital grants relating to the Calvary Critical Infrastructure project.

# C.2 Financial statements for the ACT Health Directorate for the year ended 30 June 2022

**ACT Health Directorate**

**Financial Statements**

**For The Year Ended**

**30 June 2022**

## INDEPENDENT AUDITOR'S REPORT

### To the Members of the ACT Legislative Assembly

#### Opinion

I have audited the financial statements of the ACT Health Directorate (Directorate) for the year ended 30 June 2022 which comprise the:

- Controlled financial statements – operating statement, balance sheet, statement of changes in equity, statement of cash flows and statement of appropriation;
- Territorial financial statements – statement of income and expenses on behalf of the Territory, statement of assets and liabilities on behalf of the Territory, statement of cash flows on behalf of the Territory and Territorial statement of appropriation; and
- Notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements:

- (i) present fairly, in all material respects, the Directorate's financial position as at 30 June 2022, and its financial performance and cash flows for the year then ended; and
- (ii) are presented in accordance with the *Financial Management Act 1996* and comply with Australian Accounting Standards.

#### Basis for opinion

I conducted the audit in accordance with the Australian Auditing Standards. My responsibilities under the standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of this report.

I am independent of the Directorate in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (Code). I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

#### Responsibilities of the Directorate for the financial statements

The Director-General is responsible for:

- preparing and fairly presenting the financial statements in accordance with the *Financial Management Act 1996* and relevant Australian Accounting Standards;
- determining the internal controls necessary for the preparation and fair presentation of the financial statements so that they are free from material misstatements, whether due to error or fraud; and
- assessing the ability of the Directorate to continue as a going concern and disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting in preparing the financial statements.



## Auditor's responsibilities for the audit of the financial statements

Under the *Financial Management Act 1996*, the Auditor-General is responsible for issuing an audit report that includes an independent opinion on the financial statements of the Directorate.

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the Directorate's internal controls;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directorate;
- conclude on the appropriateness of the Directorate's use of the going concern basis of accounting and, based on audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Directorate's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in this report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of this report. However, future events or conditions may cause the Directorate to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether they represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Directorate regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



Ajay Sharma  
Assistant Auditor-General, Financial Audit  
23 September 2022

**ACT HEALTH DIRECTORATE  
FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Statement of Responsibility**

In my opinion, the ACT Health Directorate's financial statements fairly reflect the financial operations for the year ended 30 June 2022 and its financial position on that date.



Rebecca Cross

Director-General

ACT Health Directorate

23 September 2022

**ACT HEALTH DIRECTORATE  
FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Statement by the Chief Finance Officer**

In my opinion, the ACT Health Directorate's financial statements have been prepared in accordance with the Australian Accounting Standards, ACT Accounting and Disclosure Policies and are in agreement with its accounts and records and fairly reflect its financial operations for the year ended 30 June 2022 and the financial position on that date.



Kate Chambers

Chief Finance Officer

ACT Health Directorate

23 September 2022

# **ACT Health Directorate**

## **Controlled Financial Statements**

**For the Year Ended  
30 June 2022**

# ACT HEALTH DIRECTORATE

## CONTENT OF CONTROLLED FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Financial Statements

Operating Statement

Balance Sheet

Statement of Changes in Equity

Statement of Cash Flows

Statement of Appropriation

#### Overview Notes

- Note 1 Objectives of the ACT Health Directorate
- Note 2 Basis of Preparation of the Financial Statements
- Note 3 Change in Accounting Estimates

#### Income Note

- Note 4 Grants and Contributions Revenue

#### Expense Notes

- Note 5 Employee and Superannuation Expenses
- Note 6 Supplies and Services
- Note 7 Grants and Purchased Services
- Note 8 Other Expenses

#### Asset Notes

- Note 9 Cash
- Note 10 Receivables
- Note 11 Property, Plant and Equipment
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- Note 14 Other Assets

#### Liability Notes

- Note 15 Payables
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#### Other Notes

- Note 19 Financial Instruments
- Note 20 Capital and Other Expenditure Commitments
- Note 21 Contingent Liabilities
- Note 22 Third Party Monies
- Note 23 Related Party Disclosures
- Note 24 Budgetary Reporting

**ACT HEALTH DIRECTORATE  
OPERATING STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2022**

	Note No.	Actual 2022 \$'000	Original Budget 2022 \$'000	Actual 2021 \$'000
<b>Income</b>				
<i>Revenue</i>				
Controlled Recurrent Payments	#	290 634	274 523	249 100
Sales of Goods and Services from Contracts with Customers		1 873	9 887	2 132
Grants and Contributions Revenue	4, 24	199 873	2 785	116 515
Other Revenue		5 287	131 991	6 406
<b>Total Revenue</b>		<b>497 667</b>	<b>419 186</b>	<b>374 153</b>
<b>Total Income</b>		<b>497 667</b>	<b>419 186</b>	<b>374 153</b>
<b>Expenses</b>				
Employee Expenses	5, 24	119 134	101 402	87 313
Superannuation Expenses	5	19 178	13 699	14 068
Supplies and Services	6, 24	154 563	108 376	103 069
Depreciation and Amortisation	11, 12	21 653	28 025	21 394
Grants and Purchased Services	7, 24	221 037	196 912	168 310
Other Expenses	8	3 021	2 033	894
<b>Total Expenses</b>		<b>538 586</b>	<b>450 447</b>	<b>395 048</b>
<b>Operating Result</b>		<b>(40 919)</b>	<b>(31 261)</b>	<b>(20 895)</b>
<b>Other Comprehensive Income</b>				
<i>Items that will not be reclassified subsequently to profit or loss</i>				
Increase/ (Decrease) in the Asset Revaluation Surplus	11	1 387	-	(484)
<b>Total Other Comprehensive Income/ (Deficit)</b>		<b>1 387</b>	<b>-</b>	<b>(484)</b>
<b>Total Comprehensive (Deficit)</b>		<b>(39 532)</b>	<b>(31 261)</b>	<b>(21 379)</b>

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

The Directorate has only one output class and as such the above Operating Statement is also the Directorate's Operating Statement for the Public Health Services output class. Functions of this output class involve undertaking planning of public health services, promoting physically and mentally healthy communities and supporting continuous improvement of the public health system. As a result, a separate output class Operating Statement and Summary of Agency output classes has not been included in these financial statements.

# Refer to the Statement of Appropriation.

**ACT HEALTH DIRECTORATE  
BALANCE SHEET  
As At 30 JUNE 2022**

	Note No.	Actual 2022 \$'000	Original Budget 2022 \$'000	Actual 2021 \$'000
<b>Current Assets</b>				
Cash	9	236	17 455	17 671
Receivables	10	3 096	3 749	3 512
Other Assets	14	10 693	4 597	2 846
<b>Total Current Assets</b>		<b>14 025</b>	<b>25 801</b>	<b>24 029</b>
<b>Non-Current Assets</b>				
Property, Plant and Equipment	11	84 061	84 302	76 398
Intangible Assets	12	17 072	79 030	30 011
Capital Works in Progress	13, 24	90 278	29 755	52 207
<b>Total Non-Current Assets</b>		<b>191 411</b>	<b>193 087</b>	<b>158 616</b>
<b>Total Assets</b>		<b>205 436</b>	<b>218 888</b>	<b>182 645</b>
<b>Current Liabilities</b>				
Payables	15	31 853	21 844	19 855
Lease Liabilities		868	2 797	1 703
Employee Benefits	16	39 927	39 632	33 432
Other Liabilities	17	1 726	700	1 739
<b>Total Current Liabilities</b>		<b>74 374</b>	<b>64 973</b>	<b>56 729</b>
<b>Non-Current Liabilities</b>				
Lease Liabilities		634	702	683
Employee Benefits	16	1 996	1 601	1 569
Other Provisions	18	2 832	110	110
Other Liabilities	17	9 131	9 617	10 170
<b>Total Non-Current Liabilities</b>		<b>14 593</b>	<b>12 030</b>	<b>12 532</b>
<b>Total Liabilities</b>		<b>88 967</b>	<b>77 003</b>	<b>69 261</b>
<b>Net Assets</b>		<b>116 469</b>	<b>141 885</b>	<b>113 384</b>
<b>Equity</b>				
Accumulated Funds	24	98 142	124 945	96 444
Asset Revaluation Surplus		18 327	16 940	16 940
<b>Total Equity</b>		<b>116 469</b>	<b>141 885</b>	<b>113 384</b>

The above Balance Sheet is to be read in conjunction with the accompanying notes.

The Directorate has only one output class and as such the above Balance Sheet is also the Directorate's Balance Sheet for the Public Health Services output class. A separate disaggregated disclosure statement has not been included in these financial statements.

**ACT HEALTH DIRECTORATE  
STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2022**

	Note No.	Accumulated Funds Actual 2022 \$'000	Asset Revaluation Surplus Actual 2022 \$'000	Total Equity Actual 2022 \$'000	Original Budget 2022 \$'000
<b>Balance at 1 July 2021</b>		96 444	16 940	113 384	113 386
<b>Comprehensive Income</b>					
Operating Result		(40 919)	-	(40 919)	(31 261)
Increase in the Asset Revaluation Surplus	11	-	1 387	1 387	-
<b>Total Comprehensive Result</b>		<b>(40 919)</b>	<b>1 387</b>	<b>(39 532)</b>	<b>(31 261)</b>
<b>Transactions Involving Owners Affecting Accumulated Funds</b>					
Capital Injections		42 430	-	42 430	59 760
Net Assets transferred in as part of Other Transfers <sup>a</sup>		187	-	187	-
<b>Total Transactions Involving Owners Affecting Accumulated Funds</b>		<b>42 617</b>	<b>-</b>	<b>42 617</b>	<b>59 760</b>
<b>Balance at 30 June 2022</b>		<b>98 142</b>	<b>18 327</b>	<b>116 469</b>	<b>141 885</b>

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

- a. 'Net Assets Transferred in as part of Other Transfers' relate to transfer of plant and equipment assets from Canberra Health Services.



**ACT HEALTH DIRECTORATE  
STATEMENT OF CHANGES IN EQUITY (CONTINUED)  
FOR THE YEAR ENDED 30 JUNE 2022**

	Accumulated Funds Actual 2021 \$'000	Asset Revaluation Surplus Actual 2021 \$'000	Total Equity Actual 2021 \$'000
Note No.			
<b>Balance at 1 July 2020</b>	<b>84 558</b>	<b>17 424</b>	<b>101 982</b>
<b>Comprehensive Income</b>			
Operating Result	(20 895)	-	(20 895)
(Decrease) in the Asset Revaluation Surplus	11 -	(484)	(484)
<b>Total Comprehensive Result</b>	<b>(20 895)</b>	<b>(484)</b>	<b>(21 379)</b>
<b>Transactions Involving Owners Affecting Accumulated Funds</b>			
Capital Injections	32 781	-	32 781
<b>Total Transactions Involving Owners Affecting Accumulated Funds</b>	<b>32 781</b>	<b>-</b>	<b>32 781</b>
<b>Balance at 30 June 2021</b>	<b>96 444</b>	<b>16 940</b>	<b>113 384</b>

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

**ACT HEALTH DIRECTORATE  
STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2022**

	Note No.	Actual 2022 \$'000	Original Budget 2022 \$'000	Actual 2021 \$'000
<b>Cash Flows from Operating Activities</b>				
<b>Receipts</b>				
Controlled Recurrent Payments		290 634	274 523	249 100
Sales of Goods and Services from Contracts with Customers		1 889	9 887	1 932
Grants and Contributions Receipts	24	191 389	127 932	117 610
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		17 487	14 801	15 899
Goods and Services Tax Collected from Customers		477	664	455
Other		5 140	4 062	6 729
<b>Total Receipts from Operating Activities</b>		<b>507 016</b>	<b>431 869</b>	<b>391 725</b>
<b>Payments</b>				
Employee Expenses	24	112 144	95 722	80 636
Superannuation	24	19 178	13 699	14 071
Supplies and Services	24	139 422	105 591	100 036
Grants and Purchased Services	24	224 592	196 912	160 504
Goods and Services Tax Paid to Suppliers		17 691	15 465	16 650
Other		2 926	2 033	2 047
<b>Total Payments from Operating Activities</b>		<b>515 953</b>	<b>429 422</b>	<b>373 944</b>
<b>Net Cash (Outflows)/ Inflows from Operating Activities</b>	<b>9</b>	<b>(8 937)</b>	<b>2 447</b>	<b>17 781</b>
<b>Cash Flows from Investing Activities</b>				
<b>Receipts</b>				
Proceeds from the Sale of Property, Plant and Equipment		184	-	31
<b>Total Receipts from Investing Activities</b>		<b>184</b>	<b>-</b>	<b>31</b>
<b>Payments</b>				
Purchase of Property, Plant and Equipment		169	6 626	596
Purchase of Capital Works		48 881	55 742	39 305
<b>Total Payments from Investing Activities</b>		<b>49 050</b>	<b>62 368</b>	<b>39 901</b>
<b>Net Cash (Outflows) from Investing Activities</b>		<b>(48 866)</b>	<b>(62 368)</b>	<b>(39 870)</b>

**ACT HEALTH DIRECTORATE  
STATEMENT OF CASH FLOWS (CONTINUED)  
FOR THE YEAR ENDED 30 JUNE 2022**

	Note No.	Actual 2022 \$'000	Original Budget 2022 \$'000	Actual 2021 \$'000
<b>Cash Flows from Financing Activities</b>				
<b>Receipts</b>				
Capital Injections	24	42 430	59 760	32 781
<b>Total Receipts from Financing Activities</b>		<b>42 430</b>	<b>59 760</b>	<b>32 781</b>
<b>Payments</b>				
Repayment of Lease Liabilities - Principal		2 063	55	2 038
<b>Total Payments from Financing Activities</b>		<b>2 063</b>	<b>55</b>	<b>2 038</b>
<b>Net Cash Inflows from Financing Activities</b>		<b>40 367</b>	<b>59 705</b>	<b>30 743</b>
<b>Net (Decrease)/ Increase in Cash</b>		<b>(17 435)</b>	<b>(216)</b>	<b>8 654</b>
Cash at the Beginning of the Reporting Period		17 671	17 671	9 017
<b>Cash at the End of the Reporting Period</b>	<b>9</b>	<b>236</b>	<b>17 455</b>	<b>17 671</b>

The above Statement of Cash Flows is to be read in conjunction with the accompanying notes.

# ACT HEALTH DIRECTORATE CONTROLLED STATEMENT OF APPROPRIATION FOR THE YEAR ENDED 30 JUNE 2022

## Description and Material Accounting Policies Relating to Controlled Recurrent Payments

Controlled Recurrent Payments (CRP) are revenue received from the ACT Government to fund the costs of delivering outputs.

CRP is recognised as revenue when the Directorate gains control over the funding which is obtained upon the receipt of cash, given they do not contain enforceable and sufficiently specific performance obligations as defined by *AASB 15 Revenue from Contracts with Customers*.

Capital injection appropriations are not recognised as income, but instead are recognised as equity injections and cash inflow which is used to purchase/build an asset(s) or to reduce a liability(s).

## Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Statement of Cash Flows in the Budget Papers. This amount also appears in the Statement of Cash Flows.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* column shows the total amount of appropriation received by the Directorate during the year. This amount appears in the Statement of Cash Flows.

	Original Budget 2022 \$'000	Total Appropriated 2022 \$'000	Appropriation Drawn 2022 \$'000	Appropriation Drawn 2021 \$'000
<b>Controlled</b>				
Controlled Recurrent Payments	274 523	295 440	290 634	249 100
Capital Injections	59 760	59 760	42 430	32 781
<b>Total Controlled Appropriation</b>	<b>334 283</b>	<b>355 200</b>	<b>333 064</b>	<b>281 881</b>

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

## COVID-19 Disclosure

In response to the COVID-19 pandemic, the Directorate received additional CRP of \$37.8 million to support the ongoing public health emergency response including the Health Emergency Control Centre (HECC) that provide resources and support required within the Chief Health Officer's responsibilities and directions. Activities included contact tracing surveillance, event advice and exemptions, epidemiology, testing policy and coordination, quarantine, compliance, site liaison, outbreak preparation and the government vaccination program.

These amounts were supplemented by the Commonwealth Government through the *National Partnership on COVID-19 Response* (NPCR) agreement with a matching contribution.

**ACT HEALTH DIRECTORATE  
CONTROLLED STATEMENT OF APPROPRIATION (CONTINUED)  
FOR THE YEAR ENDED 30 JUNE 2022**

<b>Reconciliation of Appropriation for 2021-22</b>	<b>Controlled Recurrent Payments \$'000</b>	<b>Capital Injections \$'000</b>
Original Budget Appropriation for 2021-22	274 523	59 760
Treasurer's Advance (FMA s.18)	20 917	-
<b>Total Appropriated</b>	<b>295 440</b>	<b>59 760</b>
<b>Controlled Appropriation Drawn</b>	<b>290 634</b>	<b>42 430</b>

**Controlled Recurrent Payments**

*Variations between 'Original Budget' and 'Total Appropriated'*

The difference between 'Original Budget' and 'Total Appropriated' of \$20.9 million is due to additional appropriation received through the Treasurer's Advance to supplement funding requirements relating to the ongoing public health emergency response to COVID-19 and the provision of ICT services.

*Variations between 'Total Appropriated' and 'Appropriation Drawn'*

The difference between 'Total Appropriated' and 'Appropriation Drawn' of \$4.8 million is mainly due to appropriation for multiple projects and initiatives being transferred from 2021-22 to 2022-23 including the Digital Health Record project, investing in medical and health research initiative and Implementation of Workplace Cultural Review due to delays in procurement activities and amended project schedules.

*Variations between '2021-22 Controlled Recurrent Payments Appropriation Drawn' and '2020-21 Controlled Recurrent Payments Appropriation Drawn'*

The increase in 'Appropriation Drawn' between 2020-21 and 2021-22 of \$41.5 million is mainly due to an increase for indexation, new initiatives, and additional funding provided to support the ongoing public health emergency response to COVID-19.

**Capital Injections**

*Variations between 'Total Appropriated' and 'Appropriation Drawn'*

The difference between 'Total Appropriated' and 'Appropriation Drawn' of \$17.3 million is mainly due to Capital Injections for multiple projects being transferred from 2021-22 to 2022-23 including the Notifiable Disease Response Management System, Digital Health Record project and Northside Hospital Development in-line with amended capital works programs.

# ACT HEALTH DIRECTORATE

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Note 1. Objectives of the ACT Health Directorate

##### Operations and Principal Activities

The ACT Health Directorate (the Directorate) provides strategic leadership, policy advice and oversight of the public health system, supporting and enabling clinical excellence and research across the public health system, to improve Territory-wide health care in the ACT. The Directorate engages with its partners and stakeholders to ensure better health outcomes for all in the ACT and surrounding regions.

The Directorate's key functions are:

- providing strategic leadership, policy advice, and oversight of the public health system;
- leading engagement and negotiation with other jurisdictions on health funding agreements and national policy initiatives;
- administering the ACT Government's legislative program on health matters;
- engaging with the Directorate's partners and stakeholders to ensure health outcomes and impacts are considered in whole-of-government policy and health services planning;
- supporting and enabling clinical excellence, safe high-quality care, and research across the public health system;
- delivering a range of health prevention, promotion, and protection services;
- implementing innovative digital technologies across the public health system and supporting Information and Communication Technology (ICT) solutions that enable person-centred care;
- delivering Territory-wide health infrastructure strategy and design, including public hospital campus planning and planning for the new public health services;
- commissioning value-based care that improves health outcomes; and
- monitoring and evaluating public health system performance to ensure it meets community expectations and performance criteria.

The Directorate's work and vision are underpinned with the *ACT Health Directorate Strategic Plan 2020-25*, which provides a foundation for our high performing organisation that values its people and reflects the way we work with our partner organisations.

# ACT HEALTH DIRECTORATE

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Note 2. Basis of Preparation of the Financial Statements

##### Legislative Requirement

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

The FMA and the *Financial Management Guidelines* issued under the Act, requires the ACT Health Directorate's (the Directorate's) financial statements to include:

- i. an Operating Statement for the reporting period;
- ii. a Balance Sheet at the end of the reporting period;
- iii. a Statement of Changes in Equity for the reporting period;
- iv. a Statement of Cash Flows for the reporting period;
- v. a Statement of Appropriation for the reporting period;
- vi. the material accounting policies adopted for the reporting period; and
- vii. other statements as necessary to fairly reflect the financial operations of the Directorate during the reporting period and its financial position at the end of the period.

These general-purpose financial statements have been prepared in accordance with:

- i. Australian Accounting Standards (as required by the FMA); and
- ii. ACT Accounting and Disclosure Policies.

##### Accrual Accounting

The financial statements have been prepared using the accrual basis of accounting. The financial statements are prepared according to the historical cost convention, except for property, plant and equipment, which are valued at fair value in accordance with (re)valuation policies applicable to the Directorate during the reporting period.

##### Currency

These financial statements are presented in Australian dollars.

##### Individual Not-For-Profit Reporting Entity

The Directorate is an individual not-for-profit reporting entity.

##### Controlled and Territorial Items

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

# ACT HEALTH DIRECTORATE

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### **Note 2. Basis of Preparation of the Financial Statements (Continued)**

##### **Controlled and Territorial Items (Continued)**

The purpose of the distinction between Controlled and Territorial is to enable an assessment of the Directorate's performance against the decisions it has made in relation to the resources it controls, while maintaining accountability for all resources under its responsibility.

The basis of preparation described applies to both Controlled and Territorial financial statements except where specified otherwise.

##### **Reporting Period**

These financial statements state the financial performance, changes in equity and cash flows of the Directorate for the year ended 30 June 2022 together with the financial position of the Directorate as at 30 June 2022.

##### **Comparative Figures**

###### ***Budget Figures***

To facilitate a comparison with the Budget Papers, as required by the FMA, budget information for 2021-22 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the 2021-22 Budget Papers.

###### ***Prior Year Comparative Figures***

Comparative information has been disclosed in respect of the previous period for amounts reported in the financial statements, except where an Australian Accounting Standard does not require comparative information to be disclosed.

Where the presentation or classification of items in the financial statements is amended, the comparative amounts have been reclassified where practical. Where a reclassification has occurred, the nature, amount and reason for the reclassification is provided.

###### ***Rounding***

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

##### **Going Concern**

The 2021-22 financial statements have been prepared on a going concern basis as the Directorate has been funded in the ACT Government 2022-23 Budget and Budget Papers include forward estimates for the Directorate.

##### **COVID-19 Impacts**

The Directorate has assessed the impact of the COVID-19 pandemic on its financial statements. From this assessment the Directorate has concluded that COVID-19 has had a material impact on certain aspects of its operations. The Directorate's own source revenue has been positively impacted when compared to pre-COVID-19 pandemic levels with a higher amount of grant funding being received from the Commonwealth Government through the ACT Local Hospital Network in recognition of the pandemic costs (\$34.0 million), and the provision of additional grants and higher amount of purchased services.

All material COVID-19 disclosures are included in the note to which they relate.



# ACT HEALTH DIRECTORATE

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Note 3. Change in Accounting Estimates

The ACT Health Directorate has reviewed its Make Good Provision at the end of the reporting period. It was determined that the estimated amount to dismantle and dispose of the leasehold improvements in its leased office building had increased from \$10 per square metre to a current estimate of \$225 per square metre resulting in an overall increase in the Make Good Provision by \$2.7 million. This increase in Make Good Provision is due to recently installed/upgraded leasehold improvements in the leased building which included refurbishment of media rooms, additional workstations for the Digital Health Record team, and other modification works that have been carried out to meet the Directorate's operational demands, especially after the COVID-19 outbreak. The higher costs per square metre was also due to an increased cost that vendors are now charging to demolish and remove fit out.

When reviewing the provision, the movement in the Consumer Price Index (CPI) and the government bond rate have also contributed to the increase in the Make Good Provision estimate.

#### Income Notes

##### Material Accounting Policies – Income

##### Income Recognition

The following material accounting policies relate to each income note unless stated otherwise in the individual note. Revenue is recognised in accordance with *AASB 15 Revenue from Contracts with Customers* where the contract is enforceable and contains sufficiently specific performance obligations, otherwise revenue is in the scope of *AASB 1058 Income of not-for-Profit Entities*.

##### **AASB 15**

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the entity expects to receive in exchange for those goods or services. Revenue is recognised by applying a five step model as follows:

1. identify the contract with the customer;
2. identify the performance obligations;
3. determine the transaction price;
4. allocate the transaction price; and
5. recognise revenue as or when control of the performance obligation is transferred to the customer.

Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Directorate have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

##### **AASB 1058**

Where revenue streams are in the scope of AASB 1058, the Directorate recognises the asset received (generally cash or other financial asset) at fair value, recognises any related amount (e.g. liability or equity) in accordance with an accounting standard and recognises revenue as the residual between the fair value of the asset and the related amount on receipt of the asset.

# ACT HEALTH DIRECTORATE

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### **Note 4. Grants and Contributions Revenue**

##### **Description and Material Accounting Policies Relating to Grants and Contributions Revenue**

##### **General Grants and Contributions Accounting Policy**

Where the Directorate receives an asset or services for significantly less than fair value then the transaction is in the scope of AASB 1058 and revenue is recognised on receipt of the asset/services. The related expense and/or asset is recognised in the line item to which it relates, when the services are received.

Goods and services received free of charge from ACT Government Agencies are recognised as resources received free of charge, whereas goods and services received free of charge from entities external to the ACT Government are recognised as grants, donations or contributions.

All the services listed below are recognised in the Operating Statement or Balance Sheet as appropriate as services received free of charge given they are reliably measurable and would have been purchased if not provided to the Directorate free of charge.

Contributions of services are recognised only if their fair value can be measured reliably, and the services would have been purchased if they had not been donated.

##### **Legal Services**

Legal Services were received free of charge from the ACT Government Solicitor's Office (GSO) and the ACT Parliamentary Counsel's Office (PSO). The GSO and PSO provided the Directorate with the fair value of the services provided.

##### **Financial and Human Resources processing services**

The Directorate is required by the ACT Government to use Shared Services for financial and human resources processing services. Given Shared Services is directly appropriated by the ACT Government to provide certain services at a fixed cost to the Directorate, it means that the Directorate does not have to pay for these services.

##### **COVID-19 Administration Support**

In 2021-22, the Directorate received administrative support from other ACT Government Agencies to supplement the on-going public health emergency response to COVID-19. Fair value of these services were provided by the respective Directorates.

##### **Other Resources Received Free of Charge**

'Other Resources Received Free of Charge' relates to multiple services received free of charge from other ACT Government Agencies including misconduct investigations services, whole of government communications and engagement services, records management, emergency network access, fleet care for emergency vehicles and ACT Land Information System search services. Fair value of these services were provided by the respective Directorates.

##### **Other Grants and Contributions**

The Directorate has determined that the agreements/arrangements relating to 'Other Grants and Contributions' line items included in this note are not enforceable and they do not contain sufficiently specific performance obligations for recognising revenue from contracts with customers under AASB 15. None of the arrangements require the Directorate to provide an equal amount in return for the consideration received. As such, AASB 1058 has been applied for recognising this revenue. This revenue is recognised upon receipt of the donation and the grant funding line item.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 4. Grants and Contributions Revenue (Continued)**

The Directorate received funding from the ACT Local Hospital Network (LHN) for the provision of public health services, health promotion and preventive activities and funding relating to the *National Partnership on COVID-19 Response* (NPCR) agreement.

The Directorate also received Cross Border (Interstate) Health revenue from the National Health Funding Pool on behalf of the LHN for the provision of public hospital services to interstate residents. This revenue is passed on to the LHN during the reporting period to be disbursed to the health service providers. These amounts are recorded as 'Transfers from the ACT Local Hospital Network' and 'Transfers to the ACT Local Hospital Network' in the financial statements.

'Local Hospital Network Funding' and 'Transfers from the ACT Local Hospital Network' are recognised as revenue when the Directorate gains control over the funding. Control over funding is obtained on the receipt of cash.

**COVID-19 Disclosure**

The Directorate received additional funding from the Commonwealth under the NPCR (\$34.0 million) to support on-going activities relating to the public health emergency response to COVID-19, including the vaccination program, coordinating quarantine facilities, pop-up testing clinics and additional special purpose cleaning services.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Resources Received Free of Charge</b>		
Legal Services <sup>a</sup>	1 651	1 121
Finance Services Provided by Shared Services	766	681
Human Resources Services Provided by Shared Services	1 100	755
COVID-19 Administration Support <sup>b</sup>	496	-
Other Resources Received Free of Charge	210	20
<b>Total Resources Received Free of Charge</b>	<b>4 223</b>	<b>2 577</b>
<b>Other Grants and Contributions</b>		
Local Hospital Network Funding <sup>c</sup>	41 770	20 020
Transfers from the ACT Local Hospital Network <sup>d</sup>	139 485	87 642
Grants without Sufficient Performance Obligations <sup>e</sup>	10 527	5 132
Donations	50	30
Contributions of ICT Services <sup>f</sup>	3 818	1 114
<b>Total Other Grants and Contributions</b>	<b>195 650</b>	<b>113 938</b>
<b>Total Grants and Contributions</b>	<b>199 873</b>	<b>116 515</b>
<b>Resources Provided Free of Charge</b>		
<b>Provided to Canberra Health Services</b>		
ICT services	68 356	59 538
<b>Total Provided to Canberra Health Services</b>	<b>68 356</b>	<b>59 538</b>
<b>Provided to Calvary Public Hospital</b>		
ICT services	11 352	9 185
<b>Total Provided to Calvary Public Hospital</b>	<b>11 352</b>	<b>9 185</b>
<b>Total Resources Provided Free of Charge <sup>g</sup></b>	<b>79 708</b>	<b>68 723</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 4. Grants and Contributions Revenue (Continued)**

- a. The increase in 'Legal Services' received free of charge of \$0.5 million is mainly due to additional services received from the ACT Parliamentary Counsel's Office for notifiable instruments issued relating to the public health emergency response to COVID-19.
- b. 'COVID-19 Administration Support' received free of charge mainly relates to staffing resources provided to the Health Emergency Coordination Centre by other ACT Government Agencies.
- c. The increase in 'Local Hospital Network Funding' of \$21.8 million relates to the receipt of additional payments for the public health emergency response to COVID-19 including the vaccination program, coordinating quarantine facilities, pop-up testing clinics and additional special purpose cleaning services under the terms set by the NPCR agreement.
- d. The increase in 'Transfers from the ACT Local Hospital Network' of \$51.8 million is mainly due to 12 months of transactions relating to Cross Border Health receipts being recognised in 2021-22 compared to 9 months of transactions being recognised in 2020-21 and an increase in the number of interstate residents treated in ACT public hospitals.
- e. The increase in 'Grants without Sufficient Performance Obligations' of \$5.4 million relates to the receipt of additional funding from the Territory for the public health emergency response to COVID-19.
- f. The increase in 'Contributions of ICT Services' of \$2.7 million is due to additional professional software support services received free of charge from EPIC Systems Melbourne Pty Ltd relating to the COVID-19 vaccination booking system.
- g. The increase in 'Total Resources Provided Free of Charge' of \$11.0 million is mainly due to the increase in ICT services provided to Canberra Health Services and Calvary Public Hospital relating to systems upgrades and maintenance.

# ACT HEALTH DIRECTORATE

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Note 5. Employee and Superannuation Expenses

##### Description and Material Accounting Policies Relating to Employee and Superannuation Expenses

Employee benefits include:

- short-term employee benefits such as wages and salaries, annual leave loading, and applicable on-costs, if expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related services;
- other long-term benefits such as long service leave and annual leave; and
- termination benefits.

On-costs include annual leave, long service leave, superannuation and other costs that are incurred when employees take annual and long service leave.

Employees of the Directorate will have different superannuation arrangements due to the type of superannuation schemes available at the time of commencing employment, including both defined benefit and defined contribution superannuation scheme arrangements.

For employees who are members of the defined benefit Commonwealth Superannuation Scheme (CSS) and Public Sector Superannuation Scheme (PSS) the Directorate makes employer superannuation contribution payments to the Territory Banking Account at a rate determined by the Chief Minister, Treasury and Economic Development Directorate. The Directorate also makes productivity superannuation contribution payments on behalf of these employees to the Commonwealth Superannuation Corporation, which is responsible for administration of the schemes.

For employees who are members of defined contribution superannuation schemes (the Public Sector Superannuation Scheme Accumulation Plan (PSSAP) and schemes of employee choice) the Directorate makes employer superannuation contribution payments directly to the employees' relevant superannuation fund.

All defined benefit employer superannuation contributions are recognised as expenses on the same basis as the employer superannuation contributions made to defined contribution schemes. The accruing superannuation liability obligations are expensed as they are incurred and extinguished as they are paid.

##### COVID-19 Disclosure

During 2021-22, an average of 192 full-time equivalent staff (FTE) were deployed by the Directorate as part of the ongoing public health emergency response to COVID-19 with a material impact on employee expenses of \$34.2 million.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 5. Employee and Superannuation Expenses (Continued)**

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Wages and Salaries <sup>a</sup>	107 317	76 960
Annual Leave Expense <sup>b</sup>	5 884	4 082
Long Service Leave Expense <sup>c</sup>	2 572	3 289
Workers' Compensation Insurance Premium	1 077	1 171
Termination Expense	336	183
Other Employee Benefits and On-Costs	1 948	1 628
Superannuation Contributions to the Territory Banking Account	8 000	6 248
Productivity Benefit	680	657
Superannuation to External Providers	10 498	7 163
<b>Total Employee and Superannuation Expenses</b>	<b>138 312</b>	<b>101 381</b>
<b>Split of Employee and Superannuation Expenses</b>		
Total Employee Expenses	119 134	87 313
Total Superannuation Expenses <sup>a</sup>	19 178	14 068
<b>Total Employee and Superannuation Expenses</b>	<b>138 312</b>	<b>101 381</b>
	<b>No.</b>	<b>No.</b>
Average full-time equivalent staff (FTE) staff levels during the year were:	968	713

- a. The increase in 'Wages and Salaries' of \$30.4 million and 'Total Superannuation Expenses' of \$5.1 million is mainly due to an increase in staffing numbers (\$27.9 million), additional overtime support relating to the public health emergency response to COVID-19 (\$6.2 million) and Enterprise Agreement pay rises (\$0.9 million).
- b. The increase in 'Annual Leave Expense' of \$1.8 million is mainly due to an increase in staffing numbers, staff commencements with high accumulated leave balances and growth in liabilities due to leave earned exceeding leave taken.
- c. The decrease in 'Long Service Leave Expense' of \$0.7 million is mainly due to a decrease in the rate used to estimate the present value of long service leave liabilities (from 108.7% to 95.3%) (\$3.1 million), partially offset by an increase in staffing numbers and staff commencements with high accumulated leave balances.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 6. Supplies and Services**

**Description and Material Accounting Policies Relating to Supplies and Services**

**General - Supplies and Services**

Purchases of Supplies and Services generally represent the day-to-day running costs incurred in normal operations, recognised in the reporting period in which these expenses are incurred.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Cleaning Services	1 291	864
Clinical Expenses/Medical Surgical Supplies <sup>a</sup>	17 060	1 403
Communications <sup>b</sup>	6 600	4 213
Computer Expenses <sup>c</sup>	76 208	63 680
Contractors and Consultants <sup>d</sup>	12 990	8 122
General Administration <sup>e</sup>	12 149	11 119
Hire Charges <sup>f</sup>	12 425	4
ICT Equipment and Rental Charges <sup>g</sup>	1 629	679
Lease Rental Payments	3 905	3 438
Legal Expenses	1 672	1 341
Repairs and Maintenance	3 314	2 840
Staff Development and Recruitment	1 858	2 592
Other	3 462	2 774
<b>Total Supplies and Services</b>	<b>154 563</b>	<b>103 069</b>

- a. The increase in 'Clinical Expenses/Medical Surgical Supplies' of \$15.7 million is mainly due to the purchase of additional personal protective equipment and higher demand for pathology testing services including genome sequencing relating to the public health emergency response to COVID-19.
- b. The increase in 'Communications' of \$2.4 million is mainly due to the utilisation of text messaging services to manage public notifications as part of the public health emergency response to COVID-19.
- c. The increase in 'Computer Expenses' of \$12.5 million is mainly due to additional costs relating to ICT projects including the Digital Health Record and increase in expenses for ICT services provided to Canberra Health Services and Calvary Public Hospital relating to system upgrades and maintenance.
- d. The increase in 'Contractors and Consultants' of \$4.9 million is mainly due to the procurement of specialist services for multiple ICT projects.
- e. The increase in 'General Administration' of \$1.4 million is mainly due to higher operating expenses relating to COVID-19 quarantine, testing and vaccination centres.
- f. The increase in 'Hire Charges' of \$12.4 million is mainly due to rental expenses relating to procuring facilities for COVID-19 quarantine, testing and vaccination centres including pop-up clinics.
- g. The increase in 'ICT Equipment and Rental charges' of \$1.0 million mainly relates to the procurement of additional desktop ICT equipment to facilitate the current hybrid working arrangements and the uplift in resourcing profile.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 7. Grants and Purchased Services**

**Description and Material Accounting Policies Relating to Grants and Purchased Services**

Grants are amounts provided to organisations or individuals for a specific purpose directed at achieving goals and objectives consistent with Government policy on health promotion.

Grants are goods or services that are provided to another entity without receiving approximately equal value in return. Recurrent Grants expenditure is generally recognised when the services have been performed by the grantee or the grant eligibility criteria has been satisfied.

Purchased Services are amounts paid to obtain services from other ACT Government Agencies and external parties. They may be for capital, current or recurrent purposes and subject to terms and conditions set out in a contract, agreement, or by legislation. These transactions are reciprocal in nature.

Purchased Services also include transfers to the Local Hospital Network relating to the on-passing of revenue received through the National Health Funding Pool for the provision of public hospital services to interstate residents.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Recurrent Grants</b>		
Grants <sup>a</sup>	8 344	10 884
<b>Total Grants</b>	<b>8 344</b>	<b>10 884</b>
<b>Purchased Services</b>		
Non-Government Organisations <sup>b</sup>	72 160	68 546
Payments to Service Providers	1 048	1 238
Transfers to the ACT Local Hospital Network <sup>c</sup>	139 485	87 642
<b>Total Purchased Services</b>	<b>212 693</b>	<b>157 426</b>
<b>Total Grants and Purchased Services</b>	<b>221 037</b>	<b>168 310</b>

- a. The decrease in 'Grants' of \$2.5 million is mainly due to higher expenses in 2020-21 relating to research grants for investing in medical and health research initiative (\$2.0 million).
- b. The increase in 'Non-Government Organisations' of \$3.6 million is mainly due to higher expenses relating to multiple initiatives including Delivering Better Care for Canberrans with Complex Needs Through General Practice, Meeting the Health Needs of Aboriginal and Torres Strait Islander Detainees at the Alexander Maconochie Centre Through the Winnunga Model of Care and the Transition Care program.
- c. The increase in 'Transfers to the ACT Local Hospital Network' of \$51.8 million is mainly due to 12 months of transactions relating to on-passing of Cross Border Health receipts being recognised in 2021-22 compared to 9 months of transactions being recognised in 2020-21 and an increase in the number of interstate residents treated in ACT public hospitals.



# ACT HEALTH DIRECTORATE

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Note 8. Other Expenses

##### Description and Material Accounting Policies Relating to Other Expenses

##### Expenses arising from a change in Make Good Provision Estimate

The ACT Health Directorate reviews its Make Good Provision at the end of each reporting period. As a result of its 2022 review, it was determined that the estimated future costs to dismantle and dispose of its leasehold improvement fit out in its leased office building had increased. The increase in the provision estimate was recognised as an expense given there was no Asset Revaluation Surplus to offset this movement. For further information in relation to the change in the Make Good Provision see *Note 3 Change in Accounting Estimates*.

##### Waivers

A waiver is the relinquishment of a legal claim to a debt. The Treasurer may in writing, waive the right to payment of an amount owing to the Territory. In the current financial year, the Treasurer has waived amounts owing from returning travellers for hotel quarantine. Waivers are expensed during the year in which the right to payment was waived.

##### Impairment Losses – Assets

Impairment loss expenses are recognised for property, plant and equipment when their carrying amount is higher than their recoverable amount, with the difference between the two being the amount of the impairment loss. Impairment losses for plant and equipment and leasehold improvements are recognised as an expense in the Operating Statement. Impairment losses for land, buildings and heritage assets, are only recognised as an expense when the amount of the impairment is greater than the balance in the Asset Revaluation Surplus for the relevant class of asset.

Expense impairment losses of assets includes Leasehold improvements and Plant and Equipment (See *Note 11 'Property, Plant and Equipment'*).

##### Impairment Losses and Write-Offs - Receivables

A matrix is used to calculate the amount of lifetime expected credit loss which factors practical and justifiable forward-looking information, including forecast economic changes expected to impact the Directorate's receivables (See *Note 10 Receivables*).

##### COVID-19 Impact

'Waivers' relate to the waiver of hotel quarantine charges from returning travellers due to demonstrated financial hardship. In 2021-22, there were 2 waivers (2020-21 – 15 waivers) granted under Section 131 of the *Financial Management Act 1996* with a total value of \$5 200 (2020-21 - \$51 000).

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 8. Other Expenses (Continued)**

	2022 \$'000	2021 \$'000
<b>Waivers</b>	5	51
<b>Impairment Losses</b>		
(Decrease)/Increase of Expected Credit Loss Expense (see <i>Note 10 Receivables</i> )	(70)	83
Increase of Impairment Loss on Plant and Equipment (see <i>Note 11 Plant and Equipment</i> )	19	22
<b>Write-offs</b>		
Irrecoverable Debts	120	32
<b>Losses from the Sale of Assets</b>	6	76
<b>Expenses arising from a change in Make Good Provision estimate <sup>a</sup></b>	2 722	3
<b>Other Expenses</b>	219	627
<b>Total Other Expenses</b>	<b>3 021</b>	<b>894</b>

- a. The increase in 'Expenses arising from a change in Make Good Provision estimate' of \$2.7 million relates to the increase in the provision for estimated future costs to dismantle and dispose of the leasehold improvements in the Directorate's leased office building. The increase is reflective of recent upgrades to existing leasehold improvements in the building and current vendor costs for related services.

	No.	2022 \$'000	No.	2021 \$'000
<b>Breakdown of Waivers</b>				
Waiver of Hotel Quarantine Charges	2	5	15	51
<b>Total Waivers</b>		<b>5</b>		<b>51</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**ASSET NOTES**

**Material Accounting Policies – Assets**

**Assets – Current and Non-Current**

Assets are classified as current where they are expected to be realised within 12 months after the reporting date. Assets, which do not fall within the current classification, are classified as non-current.

**Note 9. Cash**

**Description and Material Accounting Policies Relating to Cash**

**Cash**

The Directorate holds one of bank account with the Westpac Bank as part of the Whole-of-Government banking arrangements. As part of these arrangements, the Directorate does not receive any interest on this account, as the account held is a Set-Off Account. Cash includes cash at bank and cash on hand.

**(a) Cash Balances**

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current Cash</b>		
Cash on Hand	3	3
Deposits Held at Call with a Financial Institution <sup>a</sup>	233	17 668
<b>Total Cash</b>	<b>236</b>	<b>17 671</b>

- a. The decrease in 'Deposits Held at Call with a Financial Institution' of \$17.4 million is mainly due to the majority of funding being disbursed for expenses incurred during the year and the settlement of outstanding invoices from 2020-21.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 9. Cash (Continued)**

**(b) Reconciliation of Cash at the End of the Reporting Period in the Statement of Cash Flows to the Equivalent Items in the Balance Sheet.**

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Total Cash Recorded in the Balance Sheet	236	17 671
<b>Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows</b>	<b>236</b>	<b>17 671</b>

**(c) Reconciliation of the Operating Result to the Net Cash Inflows/(Outflows) from Operating Activities**

Operating Result	(40 919)	(20 895)
<b>Add/(Less) Non-Cash Items</b>		
Depreciation of Property, Plant and Equipment	5 707	6 319
Amortisation of Intangibles	15 947	15 075
Bad and Doubtful Debts	55	166
Finance Cost on Make Good	2 722	3
Lease Incentives	(1 039)	944
Assets transferred from Other ACT Government Entities	6	-
<b>Add/(Less) Items Classified as Investing or Financing</b>		
Net Gain on Disposal of Non-Current Assets	(90)	65
Finance Lease Charges	35	42
Gains from the Contribution of Assets	(68)	-
Accrual for Capital Works	(2 237)	(1 283)
Accrual for Property, Plant and Equipment	563	(224)
<b>Cash Before Changes in Operating Assets and Liabilities</b>	<b>(19 318)</b>	<b>212</b>
<b>Changes in Operating Assets and Liabilities</b>		
Decrease in Receivables	361	1 025
(Increase)/ Decrease in Other Assets	(7 847)	2 245
Increase in Payables	11 998	8 473
Increase in Employee Benefits	6 921	6 461
(Decrease) in Other Liabilities	(1 052)	(635)
<b>Net Changes in Operating Assets and Liabilities</b>	<b>10 381</b>	<b>17 569</b>
<b>Net Cash (Outflows)/Inflows from Operating Activities</b>	<b>(8 937)</b>	<b>17 781</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 9. Cash (Continued)**

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>(d) Non-Cash Financing and Investing Activities</b>		
Acquisition of Assets by Assuming Liabilities or by Means of a Lease	1 144	219
<b>(e) Reconciliation of Lease liabilities arising from financing activities</b>		
	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Carrying Amount at the Beginning of the Reporting Period	(2 365)	(4 200)
Cash Flow Changes:		
- Cash Paid	2 063	2 038
Non-Cash Changes:		
- New Leases	(1 144)	(219)
- Disposals	126	-
- Depreciation Writeback	(126)	-
- Other Movements	(56)	16
<b>Carrying Amount at the End of the Reporting Period</b>	<b>(1 502)</b>	<b>(2 365)</b>

# ACT HEALTH DIRECTORATE

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Note 10. Receivables

##### Description and Material Accounting Policies Relating to Receivables

##### Accounts Receivables

Accounts receivable (including trade receivables and other receivables) are measured at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement (see *Note 8 'Other Expenses'*). Receivables relating to the Sale of Goods and Services from Contracts with Customers are recognised when invoiced, as this is the point in time that the consideration is unconditional because only the passage of time is required before the payment.

##### Impairment Loss – Accounts Receivables

The allowance for expected credit losses represents the amount of trade receivables and other receivables the Directorate estimates will not be repaid. The allowance for expected credit losses is based on objective evidence and a review of overdue balances.

The Directorate measures expected credit losses of a financial instrument in a way that reflects:

- a) an unbiased and probability-weighted amount that is determined by evaluating a range of possible outcomes;
- b) the time value of money; and
- c) reasonable and supportable information that is available without undue cost or effort at the reporting date about past events, current conditions and forecasts of future economic conditions.

The amount of the expected credit loss is recognised in the Operating Statement (see *Note 8 'Other Expenses'*). Where the Directorate has no reasonable expectation of recovering an amount owed by a debtor and ceases action to collect the debt, as the cost to recover the debt is more than the debt is worth, the debt is written-off by directly reducing the receivable against the loss allowance.

The allowance for expected credit losses of accounts receivables is measured at the lifetime expected credit losses at each reporting date. The Directorate has established a provision matrix based on its historical credit loss experience, adjusted for forward looking factors specific to the debtors and the economic environment.

Loss rates are calculated separately for groupings of customers with similar loss patterns. The Directorate has determined there are two material groups for measuring expected credit losses based on the sale of services reflecting customer profiles for revenue streams. The calculations reflect historical observed default rates calculated using credit losses experienced on past sales transactions since the formation of the Directorate in October 2018. The historical default rates are then adjusted by reasonable and supportable forward-looking information for expected changes in macroeconomic indicators that affect the future recovery of those receivables.

Inter-agency loans and receivables between ACT Government agencies are expected to have low credit risks. Consequently, ACT Government policy is that Directorates, Territory Authorities and Territory-owned Corporations consolidated into the whole-of-Government financial statements will generally not measure any loss allowance for receivables collectible from other ACT Government agencies consolidated into the Whole-of-Government financial statements.

The Directorate has made a significant estimate in the calculation of the allowance for impairment losses for receivables in the Financial Statements. This estimate is based on a number of categorisations of receivables and the use of an expected credit loss provision matrix. These categorisations are considered by management to be appropriate and accurate.

##### Impairment loss – Trade Receivables

For trade receivables the Directorate applied the simplified approach under *AASB 9 Financial Instruments*, which uses a lifetime expected loss for all trade receivables. A provision matrix, based on its historical credit loss experience adjusted for forward looking factors, is used to calculate the expected credit loss.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 10. Receivables (Continued)**

**Impact of COVID-19**

The Directorate estimates the impact of COVID-19 on the recoverability of receivables remains low, this is mainly due to a majority of the receivable balances relating to debt owing from the Commonwealth Government and other ACT Government entities.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current Receivables</b>		
Trade and Other Receivables	1 962	2 350
Less: Expected Credit Loss Allowance	(16)	(86)
	<b>1 946</b>	<b>2 264</b>
Accrued Revenue	203	29
Net GST Receivable	947	1 219
<b>Total Current Receivables</b>	<b>3 096</b>	<b>3 512</b>
<b>Total Receivables</b>	<b>3 096</b>	<b>3 512</b>

**Expected Credit Loss Allowance Provision Matrix**

Ageing of Receivables	Total	Days Past Due				
		Not Overdue	1-30 Days	31-60 Days	61-90 days	>91 Days
<b>30 June 2022</b>						
Expected credit loss rate						
Trade Receivables		1.7%	3.1%	5.2%	12.6%	37.2%
Other Receivables		20.0%	41.4%	49.7%	59.7%	12.4%
Estimated total gross carrying amount at default (\$'000)	1 856	1 592	184	49	8	23
Expected credit loss allowance (\$'000)	(16)	(3)	(6)	(3)	(1)	(3)
<b>30 June 2021</b>						
Expected credit loss rate						
Trade Receivables		1.5%	3.5%	7.5%	26.0%	93.0%
Other Receivables		13.0%	26.0%	31.0%	38.0%	56.0%
Estimated total gross carrying amount at default (\$'000)	1 793	1 577	-	48	71	97
Expected credit loss allowance (\$'000)	(86)	-	-	(5)	(27)	(54)

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Reconciliation of the Expected Credit Loss Allowance for Receivables</b>		
Allowance for Expected Credit Losses at the Beginning of the Reporting Period	86	3
Expected Credit Loss Expense	21	148
Reduction in Expected Credit Losses Allowance from Amounts Recovered During the Reporting Period	(91)	(65)
<b>Allowance for Expected Credit Losses at the End of the Reporting Period</b>	<b>16</b>	<b>86</b>

The maximum exposure to credit risk at the end of the reporting period for Receivables is the carrying amount of the asset inclusive of any allowance for impairment as shown in the table above.

# ACT HEALTH DIRECTORATE

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Note 11. Property, Plant and Equipment

##### Description and Material Accounting Policies relating to Property, Plant and Equipment

Property, Plant and Equipment includes the following five classes of assets. Property, Plant and Equipment does not include assets held for sale or investment property. ACT Disclosure Policy is that Right-of-Use (ROU) assets recognised under *AASB 16 Leases* are disclosed under the relevant class of Property, Plant and Equipment.

- *Land* includes leasehold land held by the Directorate.
- *Buildings* are structures that are separately identifiable from the land they are constructed upon and include Land Improvements. Buildings held by the directorate include community health centres and Land Improvements include community health centres and car parks.
- *Leasehold improvements* are capital expenditure items incurred in relation to leased assets. Leasehold Improvements held by the directorate include fit-outs in leased buildings.
- *Plant and Equipment* includes Right-of-Use (ROU) ICT and motor vehicle assets, medical equipment, mobile plant, office and computer equipment, furniture and fittings, and other mechanical and electronic equipment.
- *Heritage assets* include works of art that have unique cultural and/or historical attributes and that the Directorate intends to preserve indefinitely because of those attributes. A common feature of heritage assets is that they cannot be replaced, and they are not usually available for sale or for redeployment. Heritage assets held by the Directorate include various public artworks located at Queen Elizabeth II Family Centre and the Bowes Street Office building.

##### Acquisition and Recognition of Property, Plant and Equipment

Property, Plant and Equipment are initially recorded at cost. Right-of-use assets are also measured at cost on initial recognition, where cost comprises the initial amount of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

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.

All Property, Plant and Equipment with a value of \$5,000 or more is capitalised.

##### 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, leasehold improvements and Heritage assets are measured at fair value. Plant and equipment are measured at cost.

After the commencement date, ROU assets are measured at cost, less any accumulated depreciation and accumulated losses, and adjusted for any remeasurement of the lease liability. Right-of-use assets are presented in Property, Plant and Equipment under the relevant asset class.

##### Valuation of Non-Current Assets

Aon Valuation Services, an independent valuer, performed all revaluations of the Directorate's assets. Aon Valuation Services hold a recognised and relevant professional qualification and have recent experience in the location and category of the assets involved. The last valuation of Land, Buildings and Leasehold Improvements was performed as at 30 June 2020. The next valuation will be undertaken during 2022-23.



**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 11. Property, Plant and Equipment (Continued)**

**Valuation of Non-Current Assets (Continued)**

Land, buildings, leasehold improvements and heritage assets 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.

Aon Valuation Services were engaged to undertake a desktop valuation review as part of the Directorate's fair value assessment for 2021-22. The review indicated a net increase in value of \$1.4 million (7.41%) relating to the Directorate's Land assets. This increment has been recognised through Other Comprehensive Income.

The Directorate has made a significant estimate regarding the fair value of its assets. Land and buildings have been recorded at the market value of similar properties as determined by an independent valuer. In some circumstances, buildings that are purpose built may in fact realise more or less in the market. The valuation uses significant judgements and estimates to determine fair value, including the appropriate indexation figure and quantum of assets held. The fair value of assets is subject to management assessment between formal valuations.

**Impairment of Assets**

At each reporting date, the Directorate assesses whether there is any indication that Property, Plant and Equipment may be impaired. Property, Plant and Equipment is also reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable.

Any resulting impairment losses for land, buildings, leasehold improvements and heritage assets are recognised as a decrease in the Asset Revaluation Surplus relating to these classes of assets. This is because these asset classes are measured at fair value and have an Asset Revaluation Surplus attached to them. 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 leasehold improvements are recognised in the Operating Statement, as plant and equipment is carried at cost, and leasehold improvements are carried at fair value, but do not have an Asset Revaluation Surplus attached to them. The carrying amount of the asset is reduced to its recoverable amount.

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

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 11. Property, Plant and Equipment (Continued)**

**Depreciation and Useful Life**

Depreciation is the systematic allocation of the cost of an asset less its residual value over its useful life.

Depreciation is applied to physical assets such as buildings, leasehold improvements and plant and equipment.

Land and Heritage assets have an unlimited useful life and is therefore not depreciated.

Right-of-use buildings, leasehold improvements and plant and equipment are depreciated over the estimated useful life of each asset, 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.

Depreciation for non-current assets is determined as follows:

<b>Class of Asset</b>	<b>Depreciation Method</b>	<b>Useful Life (Years)</b>
Buildings	Straight Line	40-80
Leasehold Improvements	Straight Line	2-10
Plant and Equipment	Straight Line	1-20

'Useful Life (Years)' listed in the above table remain unchanged compared to 2020-21.

The Directorate has made a significant estimate in determining the useful lives of its Property, Plant and Equipment. The estimation of useful lives of Property, Plant and Equipment is based on the historical experience of similar assets and in some cases has been based on valuations provided by Aon Valuation Services. The useful lives are assessed on an annual basis and adjustments are made when necessary.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 11. Property, Plant and Equipment (Continued)**

**Reconciliation of Property, Plant and Equipment – 2021-22**

	Land	Buildings	Leasehold Improvements	Plant and Equipment	Heritage Assets	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Carrying Amount at the Beginning of the Reporting Period</b>	<b>18 730</b>	<b>44 901</b>	<b>7 691</b>	<b>5 076</b>	<b>-</b>	<b>76 398</b>
Additions	-	7 417	-	4 087	-	11 504
Revaluation Increment recognised through Other Comprehensive Income	1 387	-	-	-	-	1 387
Acquisition from Transfers	-	-	-	193	63	256
Disposals	-	-	-	(847)	-	(847)
Depreciation	-	(1 779)	(714)	(3 213)	-	(5 706)
Depreciation Write Back for Asset Disposals	-	-	-	847	-	847
Impairment Losses Recognised through the Operating Statement	-	-	-	(19)	-	(19)
Other	-	-	-	241	-	241
<b>Carrying Amount at the End of the Reporting Period</b>	<b>20 117</b>	<b>50 539</b>	<b>6 977</b>	<b>6 365</b>	<b>63</b>	<b>84 061</b>

**Carrying Amount at the End of the Reporting Period, is represented by:**

Gross Book Value	20 117	54 142	8 454	20 630	63	103 406
Accumulated Depreciation	-	(3 603)	(1 477)	(15 754)	-	(20 834)
Carrying Amount of Right-of-Use Assets				1 489		1 489
<b>Carrying Amount at the End of the Reporting Period</b>	<b>20 117<sup>a</sup></b>	<b>50 539<sup>b</sup></b>	<b>6 977</b>	<b>6 365<sup>c</sup></b>	<b>63</b>	<b>84 061</b>

- a. The increase in 'Land' of \$1.4 million relates to the 2021-22 desktop valuation review.
- b. The increase in 'Buildings' of \$5.6 million is mainly due to the completion of various projects including the expansion of Clare Holland House to Strengthen Palliative Care services (\$6.1 million) partially offset by an increase in accumulated depreciation.
- c. The increase in 'Plant and Equipment' of \$1.3 million is mainly due to the acquisition of additional plant and equipment assets for various ICT initiatives including the Territory Radio Network, Webex Board System and Clinical Work Devices upgrade.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 11. Property, Plant and Equipment (Continued)**

**Reconciliation of Property, Plant and Equipment – 2020-21**

	Land	Buildings	Leasehold Improvements	Plant and Equipment	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Carrying Amount at the Beginning of the Reporting Period</b>	<b>18 730</b>	<b>45 596</b>	<b>8 228</b>	<b>8 168</b>	<b>80 722</b>
Additions	-	1 478	166	964	2 608
Revaluation (Decrement) Recognised through Other Comprehensive Income <sup>a</sup>	-	(484)	-	-	(484)
Disposals	-	-	-	(1 533)	(1 533)
Depreciation	-	(1 689)	(703)	(3 927)	(6 319)
Depreciation Write Back for Asset Disposals	-	-	-	1 426	1 426
Impairment Losses Recognised through the Operating Statement	-	-	-	(22)	(22)
<b>Carrying Amount at the End of the Reporting Period</b>	<b>18 730</b>	<b>44 901</b>	<b>7 691</b>	<b>5 076</b>	<b>76 398</b>

**Carrying Amount at the End of the Reporting Period, is represented by:**

Gross Book Value	18 730	46 725	8 453	17 990	91 898
Accumulated Depreciation	-	(1 824)	(762)	(15 279)	(17 865)
Carrying Amount of Right-of-Use Assets				2 365	2 365
<b>Carrying Amount at the End of the Reporting Period</b>	<b>18 730</b>	<b>44 901</b>	<b>7 691</b>	<b>5 076</b>	<b>76 398</b>

- a. Revaluation (Decrement) recognised through Other Comprehensive Income relates to an adjustment resulting from the 2019-20 revaluation review.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 11. Property, Plant and Equipment (Continued)**

**Fair Value Hierarchy**

The Fair Value Hierarchy below reflects the significance of the inputs used in determining fair value. The Fair Value Hierarchy is made up of the following three levels:

- Level 1 – quoted prices (unadjusted) in active markets for identical assets or liabilities that the Directorate can access at the measurement date;
- Level 2 – inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly; and
- Level 3 – inputs that are unobservable for particular assets or liabilities.

Details of the Directorate's Property, Plant and Equipment at fair value and information about the Fair Value Hierarchy as at 30 June 2022 and 30 June 2021 is as follows:

**Classification According to Fair Value Hierarchy 2022**

	Level 2 \$'000	Level 3 \$'000	Total \$'000
<b>Property, Plant and Equipment at Fair Value</b>			
Land	720	19 397	20 117
Buildings	380	50 159	50 539
Leasehold Improvements	-	6 977	6 977
Heritage Assets	-	63	63
	<b>1 100</b>	<b>76 596</b>	<b>77 696</b>

**Classification According to Fair Value Hierarchy 2021**

	Level 2 \$'000	Level 3 \$'000	Total \$'000
<b>Property, Plant and Equipment at Fair Value</b>			
Land	600	18 130	18 730
Buildings	390	44 511	44 901
Leasehold Improvements	-	7 691	7 691
	<b>990</b>	<b>70 332</b>	<b>71 322</b>

**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Note 11. Property, Plant and Equipment (Continued)**

**Transfers between Categories**

There have been no transfers between Levels 1, 2 and 3 during the current reporting period.

**Valuation Techniques, Inputs and processes**

***Level 2 Valuation Techniques and Inputs***

**Land and Buildings**

*Valuation Technique:* the valuation technique used to value land and buildings is the market approach that reflects recent transaction prices for similar properties and buildings (comparable in location and size).

*Significant Unobservable Inputs:* Prices and other relevant information generated by market transactions involving comparable land and buildings were considered. Regard was taken of the Crown Lease terms and tenure, the Australian Capital Territory Plan and the National Capital Plan, where applicable, as well as current zoning.

**Heritage Assets**

*Valuation technique:* The valuation technique applied to Heritage assets is the market approach. This approach uses sales prices and other relevant information generated by market transactions involving similar assets or works by artists with similar standing/style.

*Significant Unobservable Inputs:* Artworks' fair value is determined using a market value (comparable sales) where there is a market for the same or a similar item.

***Level 3 Valuation Techniques and Significant Unobservable Inputs***

**Land**

*Valuation Technique:* Land where there is no active market or significant restrictions is valued through the market approach.

*Significant Unobservable Inputs:* Selecting land with similar approximate utility. In determining the value of land with similar approximate utility significant adjustment to market based data was required.

**Building and Leasehold improvements**

*Valuation Technique:* Buildings and Leasehold Improvements were considered specialised assets by the Valuers and measured using the cost approach to fair value.

*Significant Unobservable Inputs:* Estimating the cost to a market participant to construct assets of comparable utility adjusted for obsolescence. For Buildings, historical cost per square metre of floor area was also used in measuring fair value. In determining the value of buildings and leasehold improvements assets regard was given to the age and condition of the assets, their estimated replacement cost and current use. This required the use of data internal to the ACT Health Directorate.

**Heritage Assets**

*Valuation technique:* Heritage assets where there is no active market (produced by non-recognised artists) are valued using unobservable inputs.

*Significant Unobservable Inputs:* In determining the value of these artworks, unobservable inputs were developed with regard given to aesthetic quality, medium, valuer knowledge of the market, and recent sales of works by artists with similar standing/style to the non-recognised artists.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 11. Property, Plant and Equipment (Continued)**

There has been no change to the above valuation techniques during the reporting period.

Transfers in and out of a fair value level are recognised on the date of the event or change in circumstances that caused the transfer.

**Fair Value Measurements using Significant Unobservable Inputs (Level 3)**

<b>2022</b>	<b>Land \$'000</b>	<b>Buildings \$'000</b>	<b>Leasehold Improvement \$'000</b>	<b>Heritage Assets \$'000</b>	<b>Total \$'000</b>
<b>Fair Value at the Beginning of the Reporting</b>	<b>18 130</b>	<b>44 511</b>	<b>7 691</b>	-	<b>70 332</b>
Additions	-	7 417	-	-	<b>7 417</b>
Acquisition from Transfers	-	-	-	63	<b>63</b>
Revaluation Increments Recognised through Other Comprehensive income	1 267	-	-	-	<b>1 267</b>
Depreciation	-	(1 769)	(714)	-	<b>(2 483)</b>
<b>Fair Value at the End of the Reporting Period</b>	<b>19 397</b>	<b>50 159</b>	<b>6 977</b>	<b>63</b>	<b>76 596</b>

<b>2021</b>	<b>Land \$'000</b>	<b>Buildings \$'000</b>	<b>Leasehold Improvement \$'000</b>	<b>Total \$'000</b>
<b>Fair Value at the Beginning of the Reporting</b>	<b>18 130</b>	<b>45 196</b>	<b>8 228</b>	<b>71 554</b>
Additions	-	1 478	166	<b>1 644</b>
Revaluation (Decrements) Recognised through Other Comprehensive Income	-	(484)	-	<b>(484)</b>
Depreciation	-	(1 679)	(703)	<b>(2 382)</b>
<b>Fair Value at the End of the Reporting Period</b>	<b>18 130</b>	<b>44 511</b>	<b>7 691</b>	<b>70 332</b>

**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Note 12. Intangible Assets**

**Description and Material Accounting Policies Relating to Intangible Assets**

The Directorate has internally generated software and externally purchased software. This consists of software systems which provide an on-going support to public health systems across the Territory.

**Recognition**

Intangible assets comprise internally generated and externally purchased software for internal use. Externally purchased software is recognised and capitalised when:

- it is probable that the expected future economic benefits that are attributable to the software will flow to the Directorate;
- the cost of the software can be measured reliably; and
- the acquisition cost is equal to or exceeds \$50,000.

Internally generated software is recognised when it meets the general recognition criteria outlined above and where it also meets the specific recognition criteria relating to intangible assets arising from the development phase of an internal project.

**Measurement**

Intangible Assets are measured at cost.

**Amortisation**

Capitalised software and other intangibles have a finite useful life. Amortisation is applied to intangible assets. Software is amortised on a straight-line basis over its useful life, over a period not exceeding 5 years.

**Impairment**

The Directorate assesses at each reporting date, whether there is any indication that an intangible asset may be impaired. Intangible 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.

Impairment losses for intangible assets are recognised in the Operating Statement, as intangibles are carried at cost. The carrying amount of the intangible asset is reduced to its recoverable amount.

Amortisation for intangible assets is determined at initial recognition as follows:

<b>Class of Asset</b>	<b>Amortisation Method</b>	<b>Useful Life (Years)</b>
Externally Purchased Intangibles	Straight Line	2-5
Internally Generated Intangibles	Straight Line	2-5



**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 12. Intangible Assets (Continued)**

**Reconciliation of Intangible Assets 2021-22**

	<b>Internally Generated Software \$'000</b>	<b>Externally Purchased Software \$'000</b>	<b>Total \$'000</b>
<b>Carrying Amount at the Beginning of the Reporting Period</b>	<b>6 709</b>	<b>23 302</b>	<b>30 011</b>
Additions	319	2 689	3 008
Amortisation	(4 873)	(11 074)	(15 947)
Disposals	-	(568)	(568)
Amortisation Write Back for Asset Disposals	-	568	568
<b>Carrying Amount at the End of the Reporting Period <sup>a</sup></b>	<b>2 155</b>	<b>14 917</b>	<b>17 072</b>

**Carrying Amount at the End of the Reporting Period, is represented by:**

Gross Book Value	90 032	62 262	<b>152 294</b>
Accumulated Amortisation	(87 877)	(47 345)	<b>(135 222)</b>
<b>Carrying Amount at the End of the Reporting Period</b>	<b>2 155</b>	<b>14 917</b>	<b>17 072</b>

- a. The decrease in 'Total Intangible Assets' of \$12.9 million is mainly due to the increase in accumulated amortisation.

**Reconciliation of Intangible Assets 2020-21**

	<b>Internally Generated Software \$'000</b>	<b>Externally Purchased Software \$'000</b>	<b>Total \$'000</b>
<b>Carrying Amount at the Beginning of the Reporting Period</b>	<b>8 775</b>	<b>30 835</b>	<b>39 610</b>
Additions	2 152	3 324	5 476
Amortisation	(4 218)	(10 857)	(15 075)
Disposals	-	(281)	281
Amortisation Write Back for Asset Disposals	-	281	(281)
<b>Carrying Amount at the End of the Reporting Period</b>	<b>6 709</b>	<b>23 302</b>	<b>30 011</b>

**Carrying Amount at the End of the Reporting Period, is represented by:**

Gross Book Value	89 712	60 143	<b>149 855</b>
Accumulated Amortisation	(83 003)	(36 841)	<b>(119 844)</b>
<b>Carrying Amount at the End of the Reporting Period</b>	<b>6 709</b>	<b>23 302</b>	<b>30 011</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 13. Capital Works in Progress**

**Description and Material Accounting Policies Relating to Capital Works in Progress**

Capital Works in Progress include buildings, plant and equipment and computer software under construction or development. Capital works in progress are recognised at the time the construction or development activity occurs. These assets are measured at the cost of constructing or developing the asset. The cost includes direct construction costs (e.g. direct materials and direct labour), and 'directly attributable' costs in bringing the asset to a location and condition ready for use, as well as the initial estimate of the costs of dismantling and removing the item and restoring the site on which it is located. Capital Works in Progress are not depreciated or amortised as the Directorate is not currently deriving any economic benefit from them.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Building Works in Progress <sup>a</sup>	4 772	6 907
Plant and Equipment Works in Progress <sup>b</sup>	8 349	938
Computer Software Works in Progress <sup>c</sup>	77 157	44 362
<b>Total Capital Works in Progress</b>	<b>90 278</b>	<b>52 207</b>

- a. The decrease in 'Building Works in Progress' of \$2.1 million is mainly due to the completion of the Clare Holland House Expansion project during the year (\$6.1 million) partially offset by balances relating to ongoing projects including Northside Hospital Development (\$1.6 million) upgrades to the Health Protection Services building (\$1.4 million) and other infrastructure upgrade projects.
- b. The increase in 'Plant and Equipment Works in Progress' of \$7.4 million is mainly due to the purchase of ICT hardware and servers for ongoing projects including the Digital Health Record (\$5.2 million) and Pathology Laboratory Information System Replacement (\$1.6 million).
- c. The increase in 'Computer Software Works in Progress' of \$32.8 million mainly relates to ongoing computer software development projects including the Digital Health Record (\$28.6 million), Notifiable Diseases Management System (\$2.5 million) and Pathology Laboratory Information System Replacement (\$1.9 million) partially offset by assets created relating to completed projects during the year.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 13. Capital Works in Progress (Continued)**

**Reconciliation of Capital Works in Progress 2021-22**

	<b>Building Works in Progress \$'000</b>	<b>Plant and Equipment Works in Progress \$'000</b>	<b>Computer Software Works in Progress \$'000</b>	<b>Total \$'000</b>
<b>Carrying Amount at the Beginning of the Reporting Period</b>	<b>6 907</b>	<b>938</b>	<b>44 362</b>	<b>52 207</b>
Additions	5 561	8 573	41 201	55 335
Capital Works in Progress				
Completed and Transferred to Property, Plant and Equipment and Intangible Assets	(7 616)	(1 050)	(4 519)	(13 185)
Capital Works Expensed	(80)	(113)	(3 886)	(4 079)
<b>Carrying Amount at the End of the Reporting Period</b>	<b>4 772</b>	<b>8 348</b>	<b>77 158</b>	<b>90 278</b>

**Reconciliation of Capital Works in Progress 2020-21**

	<b>Building Works in Progress \$'000</b>	<b>Plant and Equipment Works in Progress \$'000</b>	<b>Computer Software Works in Progress \$'000</b>	<b>Total \$'000</b>
<b>Carrying Amount at the Beginning of the Reporting Period</b>	<b>2 077</b>	<b>82</b>	<b>17 448</b>	<b>19 607</b>
Additions	6 255	892	34 380	41 527
Capital Works in Progress				
Completed and Transferred to Property, Plant and Equipment and Intangible Assets	(1 424)	(36)	(5 564)	(7 024)
Capital Works Expensed	(1)	-	(1 902)	(1 903)
<b>Carrying Amount at the End of the Reporting Period</b>	<b>6 907</b>	<b>938</b>	<b>44 362</b>	<b>52 207</b>

**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Note 14. Other Assets**

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current Other Assets</b>		
Prepayments <sup>a</sup>	10 693	2 846
<b>Total Current Other Assets</b>	<b>10 693</b>	<b>2 846</b>
<b>Total Other Assets</b>	<b>10 693</b>	<b>2 846</b>

- a. The increase in 'Prepayments' of \$7.8 million is mainly due to upfront payments for computer software licences and maintenance contracts including systems relating to the Digital Health Record project.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**LIABILITY NOTES**

**Material Accounting Policies – Liability**

**Liabilities – Current and Non-Current**

Liabilities are classified as current when they are due to be settled within 12 months after the reporting date or the Directorate does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date. Liabilities, which do not fall within the current classification, are classified as non-current.

**Note 15. Payables**

**Description and Material Accounting Policies Relating to Payables**

**Payables**

Payables include Trade Payables and Accrued Expenses.

Payables are initially recognised at fair value based on the transaction cost and subsequent to initial recognition at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. All amounts are now normally settled within 14 days after the invoice date, given the ACT Government accelerated the payments of invoices for local enterprises recognising the importance of cash flow to small and medium enterprises given the COVID-19 pandemic.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current Payables</b>		
Trade Payables <sup>a</sup>	4 841	439
Accrued Expenses <sup>b</sup>	27 012	19 416
<b>Total Payables</b>	<b>31 853</b>	<b>19 855</b>

- a. 'Trade Payables' of \$4.8 million mainly include outstanding payments relating to ICT systems development, licensing and support, rental payments, and maintenance costs for the Directorate's office building and contractor fees.
- b. The increase in 'Accrued Expenses' of \$7.6 million is mainly due to outstanding payments for expenses relating to COVID-19 quarantine centres, pop-up testing clinics, pathology services, ICT support (\$6.7 million) and capital works invoices.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Payables are aged as followed:</b>		
Not Overdue	28 735	19 542
Overdue for Less than 30 Days	3 025	296
Overdue for 30 to 60 Days	27	17
Overdue for More than 60 Days	66	-
<b>Total Payables</b>	<b>31 853</b>	<b>19 855</b>

# ACT HEALTH DIRECTORATE

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Note 16. Employee Benefits

##### Description and Material Accounting Policies Relating to Employee Benefits Liabilities

###### Accrued Wages and Salaries

Accrued wages and salaries are measured at the amount that remains unpaid to employees at the end of the reporting period.

###### Annual and Long Service Leave

Annual and long service leave including applicable on-costs that are not expected to be wholly settled before twelve months after the end of the reporting period, when the employees render the related service are measured at the present value. The present value is determined based on estimated future payments to be made in respect of services provided by employees up to the end of the reporting period.

Consideration is given to the future wage and salary levels, experience of employee departures and periods of service. At the end of each reporting period, the present value of future annual leave and long service leave payments is estimated using market yields on Commonwealth Government bonds with terms to maturity that match, as closely as possible, the estimated future cash flows.

Annual leave liabilities have been estimated on the assumption that they will be wholly settled within three years. In 2021-22 the rate used to estimate the present value of future:

- Annual leave payments is 101.8% (100.2% in 2020-21); and
- Payments for long service leave is 95.3% (108.7% in 2020-21).

The long service leave liability is estimated with reference to the minimum period of qualifying service. For employees with less than the required minimum period of 7 years of qualifying service, the probability that employees will reach the required minimum period has been taken into account in estimating the provision for long service leave and applicable on-costs.

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.

Significant judgements have been applied in estimating the liability for employee benefits. The estimated liability for annual and long service leave requires a consideration of the future wage and salary levels, experience of employee departures, probability that leave will be taken in service and periods of service. The estimate also includes an assessment of the probability that employees will meet the minimum service period required to qualify for long service leave and that on-costs will become payable.

The significant judgements and assumptions included in the estimation of annual and long service leave liabilities include an assessment by an actuary. The Australian Government Actuary performed this assessment in December 2021, with the next review expected to be undertaken by early 2025.

Annual leave and long service leave liabilities are classified as current liabilities in the Balance Sheet where there are no unconditional rights to defer the settlement of the liability for at least 12 months. Conditional long service leave liabilities are classified as non-current because the agency has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 16. Employee Benefits (Continued)**

**Description and Material Accounting Policies Relating to Employee Benefits Liabilities (Continued)**

**Superannuation Liability**

The employer superannuation benefits payable to the Directorate employees, who are members of the defined benefit CSS or PSS Schemes, are recognised in the financial statements of the Superannuation Provision Account.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current Employee Benefits</b>		
Annual Leave <sup>a</sup>	16 541	12 576
Long Service Leave <sup>b</sup>	20 122	18 588
Accrued Salaries	3 264	2 268
<b>Total Current Employee Benefits</b>	<b>39 927</b>	<b>33 432</b>
<b>Non-Current Employee Benefits</b>		
Long Service Leave <sup>b</sup>	1 996	1 569
<b>Total Non-Current Employee Benefits</b>	<b>1 996</b>	<b>1 569</b>
<b>Total Employee Benefits</b>	<b>41 923</b>	<b>35 001</b>

At 30 June 2022, the Directorate employed 983 Full Time Equivalent (FTE) staff. There were 807 FTE at 30 June 2021.

- a. The increase in 'Annual Leave' of \$4.0 million is mainly due to an increase in staffing numbers, staff commencements with high accumulated leave balances and growth in liabilities due to leave earned exceeding leave taken.
- b. The decrease in 'Long Service Leave' of \$2.0 million mainly relates to a decrease in the rate used to estimate the present value of future long service liabilities (from 108.7% to 95.3%), partially offset by an increase in staffing numbers and staff commencements with high accumulated leave balances.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Estimate of when Employee Benefits are Payable</b>		
<b>Estimated Amount Payable within 12 months</b>		
Annual Leave	8 958	7 596
Long Service Leave	1 221	1 261
Accrued Salaries	3 264	2 268
<b>Total Employee Benefits Payable within 12 months</b>	<b>13 443</b>	<b>11 125</b>
<b>Estimated Amount Payable after 12 months</b>		
Annual Leave	7 583	4 980
Long Service Leave	20 897	18 896
<b>Total Employee Benefits Payable after 12 months</b>	<b>28 480</b>	<b>23 876</b>
<b>Total Employee Benefits</b>	<b>41 923</b>	<b>35 001</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 17. Other Liabilities**

**Description and Material Accounting Policies Relating to Other Liabilities**

**Revenue Received in Advance**

Revenue received in advance is recognised as a liability if there is a present obligation to return the funds received, otherwise all are recorded as revenue. Revenue received in advance arises from transactions that are not contracts with customers.

**Lease Incentive Liabilities**

Lease Incentives represent liability over the multi-year lease for the Directorate's office building at Bowes Street.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current Other Liabilities</b>		
Revenue Received in Advance	687	700
Lease Incentive Liabilities	1 039	1 039
<b>Total Current Other Liabilities</b>	<b>1 726</b>	<b>1 739</b>
<b>Non-Current Other Liabilities</b>		
Lease Incentive Liabilities	9 131	10 170
<b>Total Non-Current Other Liabilities</b>	<b>9 131</b>	<b>10 170</b>
<b>Total Other Liabilities</b>	<b>10 857</b>	<b>11 909</b>



**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 18. Other Provisions**

**Description and Material Accounting Policies Relating to Other Provisions**

**Provision for Make Good**

In 2016-17 the Directorate entered into a Memorandum of Understanding with the ACT Property Group for the lease of office space in Penrhyn House on Bowes Street in Woden. Before moving into the premises, the Directorate constructed leasehold improvements in the building. There are clauses within the agreement which require the Directorate, upon cessation of the tenancy, to return the office space to the condition it was in before it was leased (this is referred to as 'Make Good'). The tenancy runs for 15 years and ends in 2031-32.

The Provision for Make Good is measured at the present value of the estimated future expenditure required to remove the leasehold improvements. This is calculated by discounting its nominal value using a rate that reflects a current market assessment of the risk specific to the liability. This initial estimate of the restoration costs has been capitalised into the cost of the leasehold improvement.

At 30 June 2022 (the end of the 15 years tenancy) the approximate cost to meet the Make Good obligation would be \$4.1 million. The present value of \$4.1 million, using the 10 year Government bond rate as at 30 June 2022 (3.66%), is approximately \$2.8 million.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Non-Current Other Provisions</b>		
Provision for Make Good <sup>a</sup>	2 832	110
<b>Total Other Provisions</b>	<b>2 832</b>	<b>110</b>

<b>Reconciliation of Other Provisions – 2021-22</b>	<b>Provision for Make Good</b>
	<b>2022</b>
	<b>\$'000</b>
<b>Provision at the Beginning of the Reporting Period</b>	<b>110</b>
Increase in Provision	2 719
Unwinding of discount	3
<b>Provision at the End of the Reporting Period</b>	<b>2 832</b>

- a. The increase in 'Provision for Make Good' of \$2.7 million relates to the increase in the provision to reflect recent upgrades to existing leasehold improvements in the Directorate's leased office accommodation building and current vendor costs to demolish and remove fit out.

# ACT HEALTH DIRECTORATE

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Note 19. Financial Instruments

##### Material Accounting Policies Relating to Financial Instruments

Details of the material accounting 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 the note to which they relate. In addition to these policies, the following are also accounting policies relating to financial assets and liabilities.

Financial assets as subsequently measured at amortised cost, fair value through other comprehensive income or fair value through profit or loss on the basis of both:

- (a) the business model for managing the financial assets; and
- (b) the contractual cash flow characteristics of the financial assets.

The following are the classification of the Directorate's financial assets under AASB 9:

Items	Business Model Held to collect principal and interest/sell	Solely for payment of Principal and Interest SPPI Test (basic lending characteristics)	Classification
Cash	Held to collect	Yes	Amortised cost
Accounts Receivables	Held to collect	Yes	Amortised cost
Accrued Revenue	Held to collect	Yes	Amortised cost

Financial liabilities are measured at amortised cost.

##### Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the amount of the financial assets it holds net of any provision for impairment. Further, inter-agency receivables between ACT Government agencies are generally expected to have low credit risks. The Directorate expects to collect all financial assets that are not past due or impaired.

Credit risk is managed by the Directorate for cash at bank by holding bank balances with the ACT Government's banker, Westpac Banking Corporation (Westpac). Westpac holds an A+ issuer credit rating with Fitch Ratings. An A+ credit rating is defined as 'strong capacity to meet financial commitments'.

The Directorate's receivables are predominantly from other ACT Government entities and the Commonwealth Government. As the Commonwealth Government has a AAA credit rating, it is considered that there is a very low risk of default for those receivables.

Accounts receivables are always measured at lifetime expected credit losses (the simplified approach).

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

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 19. Financial Instruments (Continued)**

**Liquidity Risk**

Liquidity risk is the risk that the Directorate will encounter difficulties in meeting its financial obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

To limit its exposure to liquidity risk, the Directorate is able to draw down additional Controlled Recurrent Payments in the next reporting period to cover its financial liabilities when they fall due. This ensures the Directorate has enough liquidity to meet its emerging financial liabilities.

The Directorate's exposure to liquidity risk and the management of this risk has not changed since the previous reporting period.

**Carrying Amount and Fair Value of Financial Assets and Liabilities at the end of the reporting period.**

	Note	Carrying Amount 2022 \$'000	Fair Value Amount 2022 \$'000	Carrying Amount 2021 \$'000	Fair Value Amount 2021 \$'000
<b>Financial Assets</b>					
Cash	9	236	236	17 671	17 671
Receivables	10	2 149	2 149	2 293	2 293
<b>Total Financial Assets</b>		<b>2 385</b>	<b>2 385</b>	<b>19 964</b>	<b>19 964</b>
<b>Financial Liabilities</b>					
Payables	15	31 853	31 853	19 855	19 855
Lease Liabilities		1 502	1 502	2 386	2 386
<b>Total Financial Liabilities</b>		<b>33 355</b>	<b>33 355</b>	<b>22 241</b>	<b>22 241</b>

Note that the GST receivable/payable and the FBT Payable have not been included in the receivables/payables line item above given they are statutory assets/liabilities.

**Fair Value Hierarchy**

The Directorate's financial assets and liabilities are measured, subsequent to initial recognition, at amortised cost and as such are not subject to the Fair Value Hierarchy.

All financial liabilities of the Directorate are non-interest bearing and are shown on an undiscounted Cash Flow basis.

**Carrying Amount of Each Category of Financial Asset and Financial Liability**

	2022 \$'000	2021 \$'000
<b>Financial Assets</b>		
Financial Assets Measured at Amortised Cost	2 149	2 293
<b>Financial Liabilities</b>		
Financial Liabilities Measured at Amortised Cost	33 355	22 241

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 20. Capital and Other Expenditure Commitments**

**Capital Commitments**

Capital Commitments, contracted at reporting date, include security upgrades, feasibility study and new computer software, that have not been recognised as liabilities are as follows:

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Capital Commitments - Property, Plant and Equipment</b>		
Payable:		
Within one year	4 821	1 051
Later than one year but not later than five years	785	-
<b>Total Capital Commitments - Property, Plant and Equipment <sup>a</sup></b>	<b>5 606</b>	<b>1 051</b>
<b>Capital Commitments - Intangible Assets</b>		
Payable:		
Within One Year	22 486	22 402
Later than one year but not later than five years	11 075	22 669
<b>Total Capital Commitments - Intangible Assets <sup>b</sup></b>	<b>33 561</b>	<b>45 071</b>
<b>Total Capital Commitments</b>	<b>39 167</b>	<b>46 122</b>

- a. The increase in 'Capital Commitments for Property, Plant and Equipment' of \$4.6 million mainly relates to multiple infrastructure projects including the Watson Health Precinct Redevelopment, Northside Hospital Development and a new carpark at the Canberra Hospital.
- b. The decrease in 'Capital Commitments for Intangible Assets' of \$11.5 million is due to a number of contractual commitments for ICT projects being settled during the year including payments relating to the Digital Health Record and COVID-19 Notifiable Diseases Management System.

**Other Commitments - Non-Government Organisations (NGO's) and Information Communication Technology (ICT)**

Other commitments include payments to NGOs for the provision of public health services and payments to ICT suppliers. Services contracted at reporting date but not recognised as liabilities, are payable as follows:

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Non-cancellable other commitments are as follows:		
Within one year	83 397	69 138
Later than one year but not later than five years	123 161	38 282
Later than five years	29 555	37 360
<b>Total Other Commitments <sup>a</sup></b>	<b>236 113</b>	<b>144 780</b>

- a. The increase in 'Other Commitments' of \$91.3 million is mainly due to new multi year grants and ICT contracts being finalised in 2021-22.

**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Note 20. Capital and Other Expenditure Commitments (Continued)**

**Other Commitments – ICT Equipment and Accommodation**

The Directorate has several contractual commitments for payments related to buildings and computer assets.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Non-cancellable other commitments are as follows:		
Within one year	7 367	5 800
Later than one year but not later than five years	25 407	22 758
Later than five years	29 979	35 617
<b>Total Other Commitments - ICT Equipment and Accommodation</b>	<b>62 753</b>	<b>64 175</b>

**Other Commitments - Motor Vehicles**

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Non-cancellable other commitments are as follows:		
Within one year	10	50
Later than one year but not later than five years	-	75
<b>Total Other Commitments - Motor Vehicle</b>	<b>10</b>	<b>125</b>

Amounts for Capital Commitments, Other Commitments - NGO's and ICT and Other Commitments – Motor Vehicles are inclusive of GST.

Amounts for Other Commitments - ICT Equipment and Accommodation are exclusive of GST in line with the ACT Government policy excluding GST for payments between Government-Related Entities.

**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Note 21. Contingent Liabilities**

**Description and Material Accounting Policies Relating to Contingent Liabilities**

Contingent liabilities are not recognised in the Balance Sheet due to the uncertainty regarding any possible amount or timing of any underlying claim or obligation. Instead, they are disclosed and, if quantifiable, the best estimate is disclosed.

**Contingent Liabilities**

The Directorate is subject to 50 legal actions (2020-21 – 39 actions). The Directorate’s maximum exposure under the ACT Insurance Authority insurance policy is estimated at \$2,392,069 at 30 June 2022 (2020 -21 -\$1,895,000), which has not been provided for in the financial statements due to uncertainties relating to the liabilities at 30 June 2022.

**Note 22. Third Party Monies**

**Description and Material Accounting Policies Relating to Third Party Monies**

The Directorate held funds in trust relating to the activities of the Health Directorate Human Research Ethics Committee. There are no additional assets and liabilities other than cash in relation to the committee. Therefore, the below information only provides cash disclosures of activities during the year, and financial position at the reporting date. The trust bank account has been set up in accordance with section 51 of the *Financial Management Act 1996* to collect and hold the deposit.

	2022 \$'000	2021 \$'000
<b>Human Research Ethics Committee Account</b>		
<b>Balance at the Beginning of the Reporting Period</b>	<b>4</b>	<b>56</b>
Cash Receipts	114	59
Cash Payments	(109)	(111)
<b>Balance at the End of the Reporting Period</b>	<b>9</b>	<b>4</b>

# ACT HEALTH DIRECTORATE

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Note 23. Related Party Disclosures

##### Description and Material Accounting Policies Relating to Related Party Disclosures

A related party is a person that controls or has significant influence over the reporting entity, or is a member of the Key Management Personnel (KMP) of the reporting entity or its parent entity, and includes their close family members and entities in which the KMP and/or their close family members individually or jointly have controlling interests.

KMP are those persons having authority and responsibility for planning, directing and controlling the activities of the Directorate, directly or indirectly.

KMP of the Directorate are the Portfolio Minister, Director-General, Deputy Directors-General and Coordinator-General for Mental Health.

The Head of Service and the ACT Executive comprising the Cabinet Ministers are KMP of the ACT Government and therefore related parties of the Directorate.

This note does not include typical citizen transactions between the KMP and the Directorate that occur on terms and conditions no different to those applying to the general public.

##### (A) Controlling Entity

The ACT Health Directorate is an ACT Government controlled entity.

##### (B) Key Management Personnel

###### B.1 Compensation of Key Management Personnel

Compensation of all Cabinet Ministers, including the Portfolio Minister, is disclosed in the note on related party disclosures included in the ACT Executive's financial statements for the year ended 30 June 2022.

Compensation of the Head of Service is included in the note on related party disclosures included in the Chief Minister, Treasury and Economic Development Directorate's (CMTEDD) financial statements for the year ended 30 June 2022.

One of the above KMPs worked for the ACT Health Directorate on secondment from the Transport Canberra and City Services Directorate (TCCS) for 8 weeks of the current financial year, and as such, the amount of remuneration while on secondment is included in the table below. The compensation for the period where the KMP was not on secondment is included in the TCCS financial statements.

Compensation by ACT Health Directorate to KMP is set out below.

	2022	2021
	\$'000	\$'000
Short-term employee benefits	1 170	1 203
Post-employment benefit	233	225
Other long-term benefit	27	28
<b>Total Compensation by the ACT Health Directorate to KMP</b>	<b>1 430</b>	<b>1 456</b>

The total Full Time Equivalent of Key Management Personnel (KMP) included above is 3.1 (3.3 in 2020-21).

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 23. Related Party Disclosures (Continued)**

**B.2 Transactions with Key Management Personnel**

No disclosure is required for typical citizen transactions between the KMP and the Directorate that occur on terms and conditions no different to those applying to the general public, where no discretion is applied and no influence is exerted by the related parties over the terms and conditions of these transactions.

**B.3 Transactions with parties related to Key Management Personnel**

There were no transactions with parties related to KMP, including transactions with KMP's close family members or other related entities that were material to the financial statements of the Directorate.

**(C) Transactions with other ACT Government Controlled Entities**

The Directorate has entered into transactions with other ACT Government entities in 2021-22 consistent with day-to-day business operations provided under varying terms and conditions. The notes to the Financial Statements provide the details of transactions with other ACT Government Entities. Below is a summary of the Material transactions with Other ACT Government Entities.

**Revenue**

- Appropriation (Statement of Appropriation) - The Directorate's main ongoing source of funding is received from the ACT Government through the Territory Banking Account. This funding is in the form of CRP, Payments for Expenses on Behalf of the Territory (EBT) and Capital Injection (CI) appropriation. Total Appropriation drawn in 2021-22 includes CRP of \$290.6 million, EBT of \$6.7 million and CI of \$42.4 million.
- Grants and Contributions Revenue (Note 4) – The Directorate received multiple Grants and Contributions from other ACT Government Agencies including transfers from the ACT Local Hospital Network (LHN) relating to Cross Border Health Receipts (\$139.5 million), the provision of public health services and funding relating to the NPCR agreement (\$41.8 million) and other funding receipts from the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) to supplement the public health emergency response to COVID-19 (\$5.7 million). The Directorate also recognised revenue relating to resources received free of charge from other ACT Government Agencies (\$4.2 million).
- Other Revenue – The Directorate received revenue from Canberra Health Services (CHS) (\$1.4 million) and Major Projects Canberra (\$2.0 million) for the provision of project related ICT services.

**Expenses**

- Supplies and Services (Note 6) - The Directorate made payments of \$62.2 million in 2021-22 to other ACT Government Agencies for ICT services (\$51.0 million), pathology services and medical and surgical supplies (\$9.0 million) and rental and maintenance charges (\$6.7 million). The Directorate also recognised expenses relating to resources received free of charge from other ACT Government Agencies (\$4.2 million).
- Grants and Purchased Services (Note 7) – The Directorate transferred \$139.5 million to the LHN relating to the on-passing of Cross Border Health receipts. The Directorate also paid \$6.4 million to other ACT Government Agencies for additional special purpose cleaning services provided across the Territory under the terms set out in the NPCR and \$1.6 million to CHS relating to the Transition Care Program.



**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 23. Related Party Disclosures (Continued)**

**Assets**

- Receivables (Note 10) – The Directorate recognised \$1.1 million of receivables from other ACT Government Agencies at 30 June 2022 relating to charges for the provision of project related ICT services.

**Liabilities**

- Other Provisions (Note 18) – The Directorate recognised a Make Good Provision of \$2.8 million relating to the Directorate’s leased office accommodation building in line with the terms outlined in the Memorandum of Understanding with the ACT Property Group.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 24. Budgetary Reporting**

**Significant Accounting Judgements and Estimates – Budgetary Reporting**

Significant judgements have been applied in determining what variances are considered ‘major variances’. Variances are considered major if both of the following criteria are met:

- The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated actual category amount (Income, Expenses, Assets, liabilities and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and
- The variances (original budget to actual) are greater than plus (+) or minus (-) 10% and \$15 million for the financial statement line item.

Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period Budget Statements. These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

Note: # in the Line Item Variance % column represents a variance that is greater than 999 per cent or less than -999 per cent.

Operating Statement Line Items	Variance Explanation	Actual	Original	Variance \$'000	Variance %
		2022 \$'000	Budget 2022 \$'000		
<b>Revenue</b>					
Grants and Contributions	1	199 873	2 785	197 088	#
Other Revenue	1	5 287	131 991	(126 704)	(96)
<b>Expenses</b>					
Employee Expenses	2	119 134	101 402	17 732	17
Supplies and Services	3	154 563	108 376	46 187	43
Grants and Purchased Services	4	221 037	196 912	24 125	12

**Variance Explanations**

1. Grants and Contributions were higher than budget mainly due to the recognition of ‘Transfers from the ACT Local Hospital Network (LHN)’ relating to the Cross Border Health receipts which are being transacted through the ACT Health Directorate. Budget for these amounts were recorded under ‘Other Revenue’.
2. Employee Expenses were higher than budget mainly due to an increase in staffing numbers and additional overtime support relating to the COVID-19 public health emergency response.
3. Supplies and Services were higher than budget mainly due to higher operating expenses relating to the ongoing public health emergency response to COVID-19 including the purchase of additional personal protective equipment, higher demand for pathology testing and procuring facilities for COVID-19 quarantine, testing and vaccination centres. The Directorate also incurred higher Computer and Communications expenses relating to ICT projects, system upgrades and the development and maintenance.
4. Grants and Purchased Services were higher than budget mainly due to higher than expected Cross Border Health receipts being on-passed to the LHN driven by a higher number of interstate residents being treated in ACT Public Hospitals and due to a number of prior year reconciliations being completed with final back-adjustment payments being settled in 2021-22.

**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Note 24. Budgetary Reporting (Continued)**

Balance Sheet Line Items	Variance Explanation	Actual 2022 \$'000	Original Budget 2022 \$'000	Variance \$'000	Variance %
<b>Assets</b>					
Capital Works in Progress	1	90 278	29 755	60 523	203
<b>Equity</b>					
Accumulated Funds	2	99 003	124 945	(25 942)	(21)

**Variance Explanations**

- Capital Works in Progress were higher than budget mainly due to balances relating to ongoing software development projects including the ACT Health ICT upgrades, Digital Health Record and Pathology Laboratory Information Replacement resulting from amended project completion timeframes in-line with the capital works programme.
- Accumulated Funds were lower than budget mainly due to the lower than budgeted operating result.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 24. Budgetary Reporting (Continued)**

Statement of Cash Flows Line Items	Variance Explanation	Actual 2022 \$'000	Original Budget 2022 \$'000	Variance \$'000	Variance %
<b>Receipts</b>					
Grants and Contributions Receipts	1	191 389	127 932	63 457	50
<b>Payments</b>					
Employee	2	112 144	95 722	16 422	17
Supplies and Services	3	139 422	105 591	33 831	32
Grants and Purchased Services	4	224 592	196 912	27 680	14
Capital Injections	5	42 430	59 760	(17 330)	(29)

**Variance Explanations**

1. Grants and Contributions were higher than budget mainly due to the recognition of 'Transfers from the ACT Local Hospital Network (LHN)' relating to the Cross Border Health receipts which are being transacted through the ACT Health Directorate. Budget for these amounts were recorded under 'Other Revenue'.
2. Employee Expenses were higher than budget mainly due to higher staffing numbers and additional overtime support relating to the COVID-19 public health emergency response.
3. Supplies and Services were higher than budget mainly due to higher operational expenses relating to the ongoing public health emergency response to COVID-19 including the purchase of additional personal protective equipment, higher demand for pathology testing and procuring facilities for COVID-19 quarantine, testing and vaccination centres. The Directorate also incurred higher Computer and Communications expenses relating to ICT projects, system upgrades and the development and maintenance.
4. Grants and Purchased Services were higher than budget mainly relates to more than expected in Cross Border Health receipts being on-passed to the LHN driven by a higher number of interstate residents being treated in ACT Public Hospitals and due to a number of prior year reconciliations being completed with final back-adjustment payments being settled in 2021-22.
5. Capital injections were lower than budget mainly due to funding for multiple projects being transferred from 2021-22 to 2022-23.

# **ACT Health Directorate**

## **Territorial Financial Statements**

**For the Year Ended**

**30 June 2022**

# ACT HEALTH DIRECTORATE

## CONTENT OF TERRITORIAL FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Financial Statements

Statement of Income and Expenses on Behalf of the Territory

Statement of Assets and Liabilities on Behalf of the Territory

Statement of Changes in Equity on Behalf of the Territory

Statement of Cash Flows on Behalf of the Territory

Territorial Statement of Appropriation

#### Overview Note

Note 25 Basis of Preparation of the Financial Statements

#### Income Note

Note 26 Fees - Territorial

#### Expenses Notes

Note 27 Grants - Territorial

Note 28 Transfer Payments to Government - Territorial

#### Assets Notes

Note 29 Cash - Territorial

Note 30 Receivables - Territorial

#### Liabilities Notes

Note 31 Payables - Territorial

Note 32 Advance from the Territory Banking Account - Territorial

#### Other Notes

Note 33 Financial Instruments - Territorial

Note 34 Related Party Disclosures - Territorial

Note 35 Budgetary Reporting - Territorial

**ACT HEALTH DIRECTORATE**  
**STATEMENT OF INCOME AND EXPENSES ON BEHALF OF THE TERRITORY**  
**FOR THE YEAR ENDED 30 JUNE 2022**

	Note No.	Actual 2022 \$'000	Original Budget 2022 \$'000	Actual 2021 \$'000
<b>Income</b>				
<i>Revenue</i>				
Payment for Expenses on Behalf of the Territory	#, 35	6 681	16 475	8 807
Fees	26, 35	1 318	1 540	1 131
<i>Total Revenue</i>		<b>7 999</b>	<b>18 015</b>	<b>9 938</b>
<b>Total Income</b>		<b>7 999</b>	<b>18 015</b>	<b>9 938</b>
<b>Expenses</b>				
Grants	27, 35	6 699	16 475	8 807
Transfer Payments to Government	28, 35	1 300	1 540	1 132
<b>Total Expenses</b>		<b>7 999</b>	<b>18 015</b>	<b>9 939</b>
<b>Operating Result</b>		-	-	<b>(1)</b>

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

The funds which flow through the Directorate's Territorial accounts are the receipt of regulatory licence fees and the receipt and on-passing of monies for capital works at the Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

# Refer to the Territorial Statement of Appropriation.

**ACT HEALTH DIRECTORATE**  
**STATEMENT OF ASSETS AND LIABILITIES ON BEHALF OF THE TERRITORY**  
**As At 30 JUNE 2022**

	Note No.	Actual 2022 \$'000	Original Budget 2022 \$'000	Actual 2021 \$'000
<b>Current Assets</b>				
Cash	29, 35	594	210	210
Receivables	30	7	33	33
<b>Total Current Assets</b>		<b>601</b>	<b>243</b>	<b>243</b>
<b>Total Assets</b>		<b>601</b>	<b>243</b>	<b>243</b>
<b>Current Liabilities</b>				
Advance from the Territory Banking Account	32	244	244	244
Payables	31, 35	358	-	-
<b>Total Liabilities</b>		<b>602</b>	<b>244</b>	<b>244</b>
<b>Net (Liabilities)</b>		<b>(1)</b>	<b>(1)</b>	<b>(1)</b>
<b>Equity</b>				
Accumulated Deficits		(1)	(1)	(1)
<b>Total Equity</b>		<b>(1)</b>	<b>(1)</b>	<b>(1)</b>

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

Due to the nature of territorial accounting, the Statement of Assets and Liabilities on Behalf of the Territory includes (as applicable) liabilities to, and receivables from, the Territory Banking Account.



**ACT HEALTH DIRECTORATE**  
**STATEMENT OF CHANGES IN EQUITY ON BEHALF OF THE TERRITORY**  
**FOR THE YEAR ENDED 30 JUNE 2022**

	Accumulated Funds Actual 2022 \$'000	Total Equity Actual 2022 \$'000	Original Budget 2022 \$'000
<b>Balance at 1 July 2021</b>	<u>(1)</u>	<u>(1)</u>	<u>(1)</u>
<b>Comprehensive Income</b>			
Operating Result	-	-	-
<b>Total Comprehensive Income</b>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Balance at 30 June 2022</b>	<u><u>(1)</u></u>	<u><u>(1)</u></u>	<u><u>(1)</u></u>

	Accumulated Funds Actual 2021 \$'000	Total Equity Actual 2021 \$'000
<b>Balance at 1 July 2020</b>	<u>-</u>	<u>-</u>
<b>Comprehensive Income</b>		
Operating Result	(1)	(1)
<b>Total Comprehensive Income</b>	<u>(1)</u>	<u>(1)</u>
<b>Balance at 30 June 2021</b>	<u><u>(1)</u></u>	<u><u>(1)</u></u>

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

**ACT HEALTH DIRECTORATE**  
**STATEMENT OF CASH FLOWS ON BEHALF OF THE TERRITORY**  
**FOR THE YEAR ENDED 30 JUNE 2022**

	Note No.	Actual 2022 \$'000	Original Budget 2022 \$'000	Actual 2021 \$'000
<b>Cash Flows from Operating Activities</b>				
<b>Receipts</b>				
Payment for Expenses on Behalf of the Territory	35	6 681	16 475	8 807
Fees	35	1 318	1 540	1 131
Goods and Services Tax Collected from Customers		649	1 631	614
<b>Total Receipts from Operating Activities</b>		<b>8 648</b>	<b>19 646</b>	<b>10 552</b>
<b>Payments</b>				
Grants	35	6 341	16 475	8 807
Transfer of Territory Receipts to the ACT Government	35	1 300	1 540	1 132
Goods and Services Tax Paid to Suppliers		623	1 631	431
<b>Total Payments from Operating Activities</b>		<b>8 264</b>	<b>19 646</b>	<b>10 370</b>
<b>Net Cash Inflows from Operating Activities</b>	29	<b>384</b>	-	<b>182</b>
<b>Net Increase in Cash</b>				
		<b>384</b>	-	<b>182</b>
Cash at the Beginning of the Reporting Period		210	210	28
<b>Cash at the End of the Reporting Period</b>	29	<b>594</b>	<b>210</b>	<b>210</b>

The above Statement of Cash Flows on Behalf of the Territory is to be read in conjunction with the accompanying notes.

# ACT HEALTH DIRECTORATE TERRITORIAL STATEMENT OF APPROPRIATION FOR THE YEAR ENDED 30 JUNE 2022

## Description and Material Accounting Policies Relating to Payment for Expenses on Behalf of the Territory

The Directorate receives appropriation to fund a number of expenses incurred on behalf of the Territory, including payments relating to Calvary Critical Infrastructure project and Winnunga Nimmitjyah Aboriginal Health Services (See Note 27 Grants - Territorial).

Payment for Expenses on behalf of the Territory is recognised when the Directorate gains control over the funding which is normally obtained upon the receipt of cash, given they do not contain enforceable and sufficiently specific performance obligations as defined by AASB 15.

	Original Budget 2022 \$'000	Total Appropriated 2022 \$'000	Appropriation Drawn 2022 \$'000	Appropriation Drawn 2021 \$'000
<b>Territorial</b>				
Payments for Expenses on Behalf of the Territory	16 475	16 475	6 681	8 807
<b>Total Territorial Appropriation</b>	<b>16 475</b>	<b>16 475</b>	<b>6 681</b>	<b>8 807</b>

The above Territorial Statement of Appropriation is to read in conjunction with the notes below.

## Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Statement of Cash Flows in the Budget Papers. This amount also appears in the Statement of Cash Flows.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* column shows the total amount of appropriation received by the Directorate during the reporting period. These amounts appear in the Statement of Cash Flows on Behalf of the Territory.

<b>Reconciliation of Territorial Appropriation for 2021-22</b>	<b>Payment for Expenses on Behalf of the Territory \$'000</b>
Original Budget Appropriation for 2021-22	16 475
Total Appropriated	16 475
<b>Territorial Appropriation Drawn</b>	<b>6 681</b>

### *Variances between 'Total Appropriated' and 'Appropriation Drawn'*

The difference between 'Total Appropriated' and 'Appropriation Drawn' of \$9.8 million is mainly due to funding relating to the Calvary Critical Infrastructure Project being transferred from 2021-22 to 2022-23.

### *Variances between '2021-22 Payments for Expenses on Behalf of the Territory Appropriation Drawn' and '2020-21 Payments for Expenses on Behalf of the Territory Appropriation Drawn'*

The difference between '2021-22 Payments for Expenses on Behalf of the Territory Appropriation Drawn' and '2020-21 Payments for Expenses on Behalf of the Territory Appropriation Drawn' of \$2.1 million is mainly due to lower appropriation drawn relating to the Calvary Critical Infrastructure Project in line with amended project schedules.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 25. Basis of Preparation of the Financial Statements - Territorial**

The basis of preparation of the Directorate are contained in Note 2 *Basis of Preparation of the Financial Statements* and apply to both the Controlled and Territorial financial statements.

**Note 26. Fees – Territorial**

**Description and Material Accounting Policies Relating to Fees - Territorial**

The Directorate collects fees on behalf of the Territory.

**Fees**

Fees refers to the collection of licence fees, including from food businesses, smoke free places, boarding houses and for radiation equipment. Fees are recognised as revenue at the time of receipt.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Fees</b>		
Fees for Regulatory Services	1 318	1 131
<b>Total Fees</b>	<b>1 318</b>	<b>1 131</b>

**Note 27. Grants – Territorial**

**Description and Material Accounting Policies Relating to Grants – Territorial**

Grants are amounts provided, by the Directorate on behalf of the Territory, to non-ACT Government agencies 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.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Capital Grants</b>		
Capital Grants to External Parties <sup>a</sup>	6 699	8 807
<b>Total Capital Grants</b>	<b>6 699</b>	<b>8 807</b>

- a. The decrease in 'Capital Grants to External Parties' of \$2.1 million is mainly due to lower than anticipated payments relating to the Calvary Critical Infrastructure Project in line with amended project schedules.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 28. Transfer Payments to Government – Territorial**

**Description and Material Accounting Policies Relating to Transfer Payments to Government – Territorial**

‘Transfer Payments to Government’ represents the transfer of money, which the Directorate has collected on behalf of the Territory, to Government. The money collected by the Directorate on behalf of the Territory includes licence fees collected.

	<b>2022</b>	<b>2021</b>
	<b>\$’000</b>	<b>\$’000</b>
Payments to the Territory Banking Account	1 300	1 132
<b>Total Transfer Payments to Government</b>	<b>1 300</b>	<b>1 132</b>

**Note 29. Cash – Territorial**

**Description and Material Accounting Policies Relating to Cash – Territorial**

Under Whole of Government banking arrangements, given the Directorate holds a Set-Off Bank accounts, interest is not earned on ‘Deposits Held at Call with a Financial Institution’.

	<b>2022</b>	<b>2021</b>
	<b>\$’000</b>	<b>\$’000</b>
<b>(a) Cash Balance</b>		
Deposits Held at Call with a Financial Institution <sup>a</sup>	594	210
<b>Total Cash</b>	<b>594</b>	<b>210</b>

- a. The increase in ‘Deposits Held at Call with a Financial Institution’ of \$0.4 million mainly relates to funds which will be utilised in 2022-23 to settle outstanding payments to the Calvary Public Hospital.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 29. Cash – Territorial (Continued)**

(b) Reconciliation of Cash at the end of the Reporting Period in the Statement of Cash Flows on Behalf of the Territory to the Related Items in the Statement of Assets and Liabilities on Behalf of the Territory.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Total Cash Disclosed on the Statement of Assets and Liabilities on Behalf of the Territory	594	210
<b>Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows on Behalf of the Territory</b>	<b>594</b>	<b>210</b>
 (c) Reconciliation of the Operating Result to Net Cash Inflows from Operating Activities		
Operating Result	-	(1)
<b>Add/(Less) Non-Cash Items</b>		
<b>Cash Before Changes in Operating Assets and Liabilities</b>	<b>-</b>	<b>(1)</b>
 <b>Changes in Operating Assets and Liabilities</b>		
Decrease in Receivables	26	183
Increase in Payables	358	-
<b>Net Changes in Operating Assets and Liabilities</b>	<b>384</b>	<b>183</b>
 <b>Net Cash Inflows from Operating Activities</b>	<b>384</b>	<b>182</b>

**Note 30. Receivables – Territorial**

**Description and Material Accounting Policies Relating to Receivables - Territorial**

The Directorate's territorial receivables arise from the collection of GST. Receivables relating to the GST are recognised when the GST is incurred.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current Receivables</b>		
Net GST Receivable	7	33
<b>Total Current Receivables</b>	<b>7</b>	<b>33</b>
 <b>Total Receivables</b>	<b>7</b>	<b>33</b>

No receivables are past due or impaired. All receivables are from Non-ACT Government entities.

**ACT HEALTH DIRECTORATE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Note 31. Payables – Territorial**

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current Payables</b>		
Accrued Expenses <sup>a</sup>	358	-
<b>Total Current Payables</b>	<b>358</b>	-
<b>Total Payables</b>	<b>358</b>	-

a. 'Accrued expenses' relates to the outstanding capital grant payments to the Calvary Public Hospital.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Payables are aged as followed:</b>		
Not Overdue	358	-
<b>Total Payables</b>	<b>358</b>	-

**Note 32. Advance from the Territory Banking Account - Territorial**

**Description and Material Accounting Policies Relating to Advance from the Territory Banking Account – Territorial**

The cash advance is for the purpose of funding the Goods and Services Tax (GST) cash outlay due to the timing difference between the GST payment and receiving of refunds from the Australian Taxation Office. Capital upgrade funds transferred to Calvary Public Hospital attract GST, which is not appropriated.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Advance from the Territory Banking Account	244	244
<b>Total Advance from the Territory Banking Account</b>	<b>244</b>	<b>244</b>

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 33. Financial Instruments - Territorial**

**Material Accounting Policies Relating to Financial Instruments - Territorial**

Details of the material accounting 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 the note to which they relate. In addition to these policies, the following are also accounting policies relating to financial assets and liabilities.

Financial assets are subsequently 'measured at amortised cost', 'fair value through other comprehensive income' or 'fair value through profit or loss' on the basis of both:

- (a) the business model for managing the financial assets; and
- (b) the contractual cash flow characteristics of the financial assets.

All territorial financial assets and financial liabilities are measured at amortised cost. As such no Fair Value Hierarchy disclosures have been made.

**Credit Risk**

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the amount of the financial assets held less any provision for losses.

The Directorate's Territorial financial assets only consist of Cash.

Credit risk for Cash is managed by the Directorate by holding bank balances with the ACT Government's banker, Westpac Banking Corporation (Westpac). Westpac holds a A+ issuer credit rating with Standard and Poors.

**Liquidity Risk**

Liquidity risk is the risk that the Directorate will encounter difficulties in meeting its financial obligations as they fall due. The Directorate's only Territorial financial obligation relates to an advance received from the Territory Banking Account. The Directorate's exposure to liquidity risk is therefore insignificant.



**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 33. Financial Instruments – Territorial (Continued)**

	Note No.	Carrying Amount 2022 \$'000	Fair Value 2022 \$'000	Carrying Amount 2021 \$'000	Fair Value 2021 \$'000
<b>Financial Assets</b>					
Cash	29	594	594	210	210
<b>Total Financial Assets</b>		<b>594</b>	<b>594</b>	<b>210</b>	<b>210</b>
<b>Financial Liabilities</b>					
Advance from the Territory Banking Account	32	244	244	244	244
Payables		358	358	-	-
<b>Total Financial Liabilities</b>		<b>602</b>	<b>602</b>	<b>244</b>	<b>244</b>
<b>Net Financial (Liabilities)</b>		<b>(8)</b>	<b>(8)</b>	<b>(34)</b>	<b>(34)</b>

All financial assets and liabilities of the Directorate are non-interest-bearing and are shown on an undiscounted cash flow basis.

GST receivable is not included in financial assets due to being statutory in nature.

<b>Carrying Amount of Each Category of Financial Liability</b>	<b>2022 \$'000</b>	<b>2021 \$'000</b>
<b>Financial Liabilities</b>		
Financial Liabilities Measured at Amortised Cost	358	-

# ACT HEALTH DIRECTORATE

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Note 34. Related Party Disclosures – Territorial

Refer to Note 23 *Related Party Disclosures* for disclosures regarding related parties of the ACT Health Directorate.

#### Note 35. Budgetary Reporting - Territorial

##### Significant Accounting Judgements and Estimates – Budgetary Reporting – Territorial

Significant judgements have been applied in determining what variances are considered ‘major variances’. Variances are considered major if both of the following criteria are met:

- The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated actual category amount (Income, Expenses, Assets, liabilities and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and
- The variances (original budget to actual) are greater than plus (+) or minus (-) 10% for the financial statement line item.

Original budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period Budget Statements. These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

Note: # in the line item Variance % column represents a variance that is greater than 999 per cent or less than -999 per cent.

Operating Statement Line Items	Variance Explanation	Actual 2022 \$'000	Original Budget 2022 \$'000	Variance \$'000	Variance %
<b>Revenue</b>					
Payment for Expenses on Behalf of the Territory	1	6 681	16 475	(9 794)	(59)
Fees	2	1 318	1 540	(222)	(14)
<b>Expenses</b>					
Grants	3	6 699	16 475	9 776	59
Transfer Payments to Government	4	1 300	1 540	240	16

##### Variance Explanations

1. Payment for Expenses on Behalf of the Territory were lower than budget due to lower than anticipated appropriation drawn for Calvary Critical Infrastructure project, for which funding has been transferred from 2021-22 to 2022-23 in-line with amended project schedules.
2. Fees were lower than budget mainly due to lower revenue from food business registrations, outdoor dining and liquor licencing fees as a result of fee waivers extended to local businesses as part of ACT Government’s COVID-19 Economic Stimulus Initiative.
3. Grants were lower than budget due to lower than anticipated payments relating to the Calvary Critical Infrastructure project for which funding has been transferred from 2021-22 to 2022-23 in-line with amended project schedules.
4. Transfer Payments to Government were lower than budget mainly due to the flow on effects of lower revenue received from food business registrations, outdoor dining and liquor licencing fees during the year.

**ACT HEALTH DIRECTORATE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 35. Budgetary Reporting – Territorial - (Continued)**

Balance Sheet Line Items	Variance Explanation	Actual 2022 \$'000	Original Budget 2022 \$'000	Variance \$'000	Variance %
<b>Assets</b>					
Deposits Held at Call with a Financial Institution	1	594	210	384	183
<b>Liabilities</b>					
Payables	2	358	-	358	100

**Variance Explanations**

- Deposits Held at Call with a Financial Institution was higher than budget mainly due to the funds which will be utilised in 2022-23 to settle outstanding payments to the Calvary Public Hospital.
- Payables were higher than budget mainly due to outstanding capital grant payments to the Calvary Public Hospital.

Statement of Cash Flows on Behalf of the Territory Line Items	Variance Explanation	Actual 2022 \$'000	Original Budget 2022 \$'000	Variance \$'000	Variance %
<b>Receipts</b>					
Payment for Expenses on Behalf of the Territory	1	6 681	16 475	(9 794)	(59)
Fees	2	1 318	1 540	(222)	(14)
<b>Payments</b>					
Grants	3	6 341	16 475	(10 134)	(62)
Transfer of Territory Receipts to the ACT Government	4	1 300	1 540	(240)	(16)

**Variance Explanations**

- Payment for Expenses on Behalf of the Territory were lower than budget due to lower than anticipated appropriation drawn relating to the Calvary Critical Infrastructure project for which funding has been transferred from 2021-22 to 2022-23 in-line with amended project schedules.
- Fees receipts were lower than budget mainly due to lower revenue from food business registrations, outdoor dining and liquor licencing fees as a result of fee waivers extended to local businesses as part of ACT Government's COVID-19 Economic Stimulus Initiative.
- Grants were lower than budget due to lower than anticipated payments relating to the Calvary Critical Infrastructure project for which funding has been transferred from 2021-22 to 2022-23 in-line with amended project schedules.
- Transfer of Territory Receipts to the ACT Government were lower than budget mainly due to the flow on effects of lower revenue received from food business registrations, outdoor dining and liquor licencing fees during the year.

## C.3 Capital works

### Overview

In 2021–22, the Directorate’s funding for capital works was provided for:

- continuing to plan a hospital on the northside of Canberra. A business case will include concept design for a range of medical, surgical and specialty services, providing an opportunity to modernise the way healthcare is delivered on the northside
- infrastructure and ICT systems upgrades to multiple vaccination sites for the rollout of COVID-19 vaccinations
- ICT related safety upgrades at CPHB, including identity management and an electronic access control system
- design work for the Watson health precinct to construct new facilities for the Ted Noffs Foundation and Catholic Care
- capital upgrades to a range of critical infrastructure at CPHB. These projects are referenced in the Calvary Health Care ACT Ltd Annual Report 2021–22, page 414
- commencement of the implementation of the [Canberra Hospital Master Plan 2021–2041](#), including the early planning and concept design for a multistorey car park on Yamba Drive.

### Completed projects

- The Canberra Hospital Master Plan was launched on 1 December 2021 by the Minister for Health, Rachel Stephen-Smith MLA. The Master Plan outlines a path for the development of the Canberra Hospital campus over the coming 20 years. This transformation, staged over several phases of re-development, will deliver a world leading medical environment to support the best healthcare in the region
- Key features of the Master Plan include:
  - a campus that is accessible, safe, people focused and welcoming
  - seven distinct precincts to support efficiency and ease of navigation
  - improved car and bicycle parking, pedestrian and cycle paths, public transport, and supply distribution routes
  - expandable, flexible, and resilient services and supporting infrastructure
  - opportunities for compatible commercial activities, and private and allied health service delivery
  - the interweaving of the First Nations peoples culture through the built environment
  - integrated sustainability measures to facilitate net zero emissions by 2040 and minimal environmental impacts.
- The Master Plan was informed by one of the largest community and stakeholder engagement processes undertaken by the ACT Government
- 2021–22 funding for capital upgrades was used to extend the useful life, or improve the service delivery capacity of the Directorate owned facilities at CPHB
- Major works completed in 2021–22 included:
  - upgrading the outdoor cool room and under bench refrigeration units in the main kitchen at Burrangiri Respite Centre
  - installing conditioned fresh air in the bedroom suites at Tresillian Queen Elizabeth II Family Centre (QEII)
  - undertaking passive fire remediation works at Clare Holland House Hospice
  - external painting and electrical switchboard upgrades at Karralika Isabella Plains.

- The Outdoor Make Safe and Therapeutic Healing Garden Project at Karralika Fadden was completed in February 2022. The garden was designed to provide safe spaces for children and parents and includes a range of environments that cater for active children, as well as those with sensory needs. The garden creates an environment for parents and children to build a positive relationship and interact socially with others. The project, delivered by the ACT Government, received \$600,000 in funding through the federal Community Health and Hospitals Program and a \$60,000 donation from Riverview Developments



*The Outdoor Make Safe and Therapeutic Healing Garden Project at Karralika Fadden*

- A range of projects have been delivered under the Digital Health Record (DHR) Program, including the:
  - ACT Health app Ecosystem Transformative Healthcare Engine and Repository (AETHER) project, which has developed a new message integration engine to support communication between ACT Health systems
  - Power Billing and Revenue Collection (PBRC) project, which has delivered upgrades to the patient billing system for both CHS and CPHB to improve productivity and enable greater levels of vendor support
  - Geocluster project, which has replaced the physical hardware for the production servers of three server clusters which host health systems.

## Works in progress

### Investing in Public Health Infrastructure – a new hospital for the northside

In 2020, the Parliamentary and Governing Agreement for the Territory committed to ‘Continue the planning and design work for a new northside hospital, with the aim to start construction by mid-decade’. An ACT Health Directorate business case was funded in the 2021–22 ACT Budget, to continue the planning and design works for a new northside hospital, which will replace CPHB. ACT Health is preparing a business case for the northside hospital which will include concept design for a range of medical, surgical and specialty services, providing an opportunity to modernise the way healthcare is delivered on the northside.

### Alcohol and other drug residential rehabilitation expansion and modernisation

Commonwealth Government funding has been provided for community-based residential alcohol and other drugs (AOD) rehabilitation expansions and modernisations, with upgrades being progressed at two residential drug and alcohol treatment facilities: Karralika Isabella Plains and Karralika Fadden. Construction works commenced in 2021–22 and will continue through 2022–23.

### Community-based residential eating disorder treatment centre

The Directorate is planning for the construction of a community-based residential eating disorder treatment centre. The ACT Government received \$13.5 million from the Commonwealth Government for this project.

The ACT Government is committed to improving eating disorder services in the ACT so that people with eating disorders can access the best treatment and care when they need it, where they need it. Establishing a residential treatment centre forms part of ACT Government's commitment to strengthening the ACT eating disorder services system and creating a holistic system of care.

In 2021–22, a site for the centre was identified and proof of concept designs for the new centre were completed, with construction expected to begin in 2022–23.

## **Watson health precinct**

In 2021–22, the Directorate began design work for the construction of new facilities at Watson for the Ted Noffs Foundation and Catholic Care, which respectively offer youth alcohol and drug rehabilitation services and youth mental health services. The large bushland site of these services has been identified as a suitable location for a new AOD rehabilitation facility for Aboriginal and Torres Strait Islander persons, and the rebuilding of these services in the Watson site will create space for the new facility. In 2021–22, the Directorate provided funding to Winnunga Nimmitjiah to start design work on the new facility.

## **Implementation of the Canberra Hospital Master Plan**

In 2021–22, funding was provided to commence feasibility and design work for a new multistorey car park at the Canberra Hospital. This work is linked to the development application requirements for the Canberra Hospital Expansion project, and key feedback received through the Master Plan consultation process on the availability of, and access to, parking at the Canberra Hospital. Concept design work has commenced for a multistorey car park on Yamba Drive.

## **Notifiable diseases management system**

The Directorate is replacing the existing notifiable diseases management system which is no longer fit for purpose. A new notifiable diseases management system will deliver a more suitable and sustainable system to facilitate the effective management and reporting of all notifiable diseases in the ACT.

Phase One, the COVID-19 module, was delivered in 2021–22 and established the infrastructure to facilitate COVID-19 reporting. User acceptance testing for Phase Two has commenced and this module will be implemented in the first quarter of 2022–23.

## **ACT Pathology laboratory information system replacement**

The Directorate is continuing to deliver the ACT Pathology laboratory information system (LIS) replacement. Replacing outdated technology with a modern and supported system will ensure pathology services continue to meet the needs of the ACT. In June 2020, the Program Board agreed that the LIS would be procured and implemented with the DHR program of work. This approach will reduce unnecessary delays and increase the value of the investment in the DHR. The Pathology module is known as Beaker and is currently being delivered with the rest of the DHR.

## Digital Health Record

The Directorate is implementing core ICT systems that will align with the [Digital Health Strategy 2019–2029](#). This will:

- deliver new digital health capabilities for the ACT public health system to align with the Territory-wide Health Services Framework
- address limitations and high-risk systems in the current ICT environment
- support changes to the delivery of health care in the ACT.

The DHR Program will deliver a real-time, trusted, person-centred clinical record that can be accessed by the treating medical team regardless of their location. In 2021–22:

- an external Program Health Check was undertaken and provided an overall rating of Amber for the DHR program to deliver for a November 2022 Go Live date, with 26 recommendations for improvement
- the DHR business intelligence (BI) and Data project was established and work on mapping the data items required for mandatory submissions is progressing well
- the required 1,500 superusers have been identified across the health system
- the 160 DHR training courses have been loaded into the Whole of Government Learning Management System (LMS)
- the DHR production environment has been commissioned in preparation for Go Live on 12 November 2022.

**Figure 7: Integrated testing for DHR Program**



*Subject matter experts (SMEs) undertaking integrated testing for the Digital Health Record Program*

## Capital works tables

The Directorate's capital works program for 2021–22, detailing the completed projects at the end of the financial year, is shown in Table 53 and Table 54.

**Table 53: 2021–22 Capital Works Program**

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2021–22) expenditure \$'000	Total expenditure to date \$'000
<b>New works – 2021–22 new business case initiatives</b>						
Expanded COVID-19 Vaccination Program	Aug-22	480	480	0	432	432
Watson Health Precinct Redevelopment	Dec-24	300	300	0	0	0
A New carpark at Canberra Hospital	Dec-23	3,000	3,000	0	123	123
Northside Hospital Development	Dec-23	10,546	10,546	0	1,612	1,612
Calvary Infrastructure Upgrades phase 2 - Capital	Jun-23	2,439	2,439	0	269	269
<b>Better Infrastructure Fund</b>						
Better Infrastructure Fund 2021–22	Sep-22	466	466	0	352	352
<b>Works in progress – existing projects that continued in the 2021–22 financial year</b>						
COVID-19 Vaccination Program	Aug-22	4,485	4,485	986	3,393	4,379
COVID-19 Notifiable Diseases Management System	Aug-22	7,515	7,515	401	2,518	2,919
Digital Health Record	Jun-27	106,384	98,869	25,667	35,261	60,928
ACT Pathology LIS Replacement	Jun-27	6,716	6,716	1,942	3,632	5,574
Ngunnawal Bush Healing Farm	Jun-23	11,731	11,731	10,853	26	10,879
Alcohol & Other Residential Rehab Expansion & Modernisation	Jun-24	4,300	4,300	0	711	711



Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2021–22) expenditure \$'000	Total expenditure to date \$'000
Community-based residential eating disorder treatment centre	Dec-23	13,500	13,500	0	119	119
Implementing Real Time Prescription Monitoring	Jun-23	2,114	2,114	246	693	940
<b>Physically but not financially complete</b>						
Calvary Critical Infrastructure - Capital	Jun-22	2,904	866	0	864	864
<b>Completed projects – physically and financially complete</b>						
Better Infrastructure Fund 2020–21	Sep-21	457	457	485	-28	457
Expanding the Clare Holland House Hospice to strengthen palliative care	Jun-22	6,000	6,500	5,028	1,125	6,153
Fast track stage 3 – Hydrotherapy Pool in the South of Canberra - early planning	Dec-21	250	250	0	250	250
Fast track stage 3 – Ngunnawal Bush Healing Farm - upgrade to Water Tank Monitoring System	Dec-21	50	50	50	0	50
Fast track stage 3 – Queen Elizabeth II Family Centre Upgrades	Dec-21	65	65	36	29	65
City Health Centre - early planning	Jun-22	360	360	144	122	266
Protecting Canberrans from infectious diseases	Jun-21	398	398	353	45	398

**Table 54: 2021–22 Territorial Capital Works**

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2020–21) expenditure \$'000	Total expenditure to date \$'000
<b>New works</b>						
Expansion of Palliative Care Services at Clare Holland House Hospice	Dec-22	46	46	0	43	43
Calvary Infrastructure Upgrades phase 2	Jun-24	19,816	19,816	0	4,183	4,183
Watson Health Precinct Redevelopment - grant	Jun-22	250	250	0	250	250
<b>Works in progress</b>						
More urology services at Calvary Public Hospital	Jul-22	2,500	2,500	903	1,476	2,379
Calvary Critical Infrastructure phase 1	Dec-23	7,950	9,988	2,145	2,217	4,362
<b>Completed projects – physically and financially complete</b>						
Better facilities for Calvary Public Hospital	Aug-21	15,000	15,000	14,862	138	15,000
More surgical theatres at Calvary Public Hospital	Aug-21	654	654	564	90	654
Calvary critical assets upgrades	Aug-21	2,960	2,960	2,440	466	2,906
Better Infrastructure Facilities 2021–22	June 22	931	931	0	931	931
Better Infrastructure Facilities 2020–21	Sep-21	909	909	869	40	909

## Reconciliation of total current year financing

Table 55: 2021–22 Reconciliation schedule

Approved Capital Works Program financing to capital injections as per cash flow statement						
Project	Original \$'000	Section 16B \$'000	Variation \$'000	Deferred \$'000	Not drawn \$'000	Total Drawn \$'000
Capital works	6,819	0	0	-3,078	-1,555	2,186
ICT capital injections	51,810	0	0	-8,523	-3,919	39,368
Other capital injections	1,131	0	0	0	-255	876
Total Capital Injection	59,760	0	0	-11,601	-5,729	42,430
Total Territorial Grant	16,475	0	0	-9,148	-646	6,681

**Contact details:** For more information, contact [ACTHealthCorporate&G@act.gov.au](mailto:ACTHealthCorporate&G@act.gov.au).

## C.4 Asset management

### Overview

The Directorate managed building assets with an estimated asset replacement value of \$77.597 million.

At 30 June 2022, the Directorate's managed assets included:

- built property assets: \$50.540 million
- land: \$20.117 million
- leasehold improvements: \$6.976 million.

The property portfolio supports the delivery of services by non-government organisations (NGOs) and the Directorate, and includes:

- strategic asset management and lifecycle planning
- leasing and licensing coordination with NGOs, including condition assessments
- planned maintenance workplans
- reactive maintenance and repairs
- risk management and compliance
- hazard management reports
- strategic accommodation planning
- fleet management
- emergency and fire safety programs
- cleaning and domestic waste services
- capital upgrades and project management
- land management and bushfire operation planning.

### Assets managed

The Directorate's property assets are shown in Table 56.

**Table 56: The Directorate's property assets**

Building Asset	Location	Age	Area (m <sup>2</sup> )
Burrangiri Aged Care Respite Care Centre	Rivett	32	1,054
Howard Florey House	Holder	16	1,600
HPS Air Monitoring Station	Civic	17	18
HPS Air Monitoring Station	Florey	17	18
HPS Air Monitoring Station	Monash	17	18
Karralika	Fadden	42	534
Karralika	Isabella Plains	37	1,400
Wellways	O'Connor	47	200

Building Asset	Location	Age	Area (m <sup>2</sup> )
Ngunnawal Bush Healing Farm	Tharwa	6	715
Queen Elizabeth II Family Care Centre	Curtin	23	1,120
Watson Hostel	Watson	48	2,431
YMH Step Up Step Down	Kambah	10	279
Clare Holland House Hospice	Barton	22	1,600
Calvary Multi-storey carpark	Bruce	6	22,554

## Assets added to the asset register

No property assets were added to the asset register during the reporting period.

## Assets removed from the asset register

No property assets were removed from the asset register during the reporting period.

## Properties not being utilised by the Directorate

At 30 June 2022, the Directorate did not have any surplus properties.

## Assets maintenance and upgrade

### Asset upgrades

Asset upgrades (not including works funded and reported through the Capital Works Program) completed during the reporting period were:

- repairing and upgrading the roof at Karralika Isabella Plains
- upgrading the majority of electrical distribution boards at Karralika Isabella plains
- completing a minor office fitout at Health Protection Services
- installing storeroom ventilation at the CPHB carpark
- painting external timber at the Ngunnawal Bush Healing Farm
- installing heat extraction fans in plantroom at Health Protection Services
- installing additional Heating ventilation and air conditioning (HVAC) in the instrument laboratory at Health Protection Services
- removing and replacing external combustible cladding at Health Protection Services
- upgrading HVAC at all buildings at Karralika Fadden
- upgrading the kitchenette at Burrangiri Aged Respite Centre
- commencing preliminary self-harm remediation work for the CPHB carpark.

For built assets, expenditure on planned maintenance programs and unplanned repairs and maintenance through to 30 June 2022 was \$848,000 or approximately 0.65 per cent of the asset replacement value.

## Building audits

The Directorate conducted:

- two building condition and functionality assessments
- one passive fire audit report
- two mechanical engineering audit reports
- three non-intrusive hazardous materials building surveys, including a Risk Assessment and Management Plan.

An Asbestos Register of all Directorate building sites was established. It lists all identified asbestos along with the location, type and condition of the asbestos.

## Condition of assets

The Directorate commenced the development of a Strategic Asset Management Plan (SAMP). The plan includes:

- a summary of the physical condition assessment of existing assets and building infrastructure
- evaluation of compliance with statutory requirements
- review of the suitability to perform the required functions
- assessment of the asset's operational efficiency in delivering the required outcomes.

The SAMP is expected to be completed in 2022–23 and will inform the development of Asset Management Plans for each individual asset.

## Office accommodation

The Directorate employs 1,059 staff, occupying 9,716m<sup>2</sup> at the following sites:

- Bowes Street in Woden (leased) – 8,360m<sup>2</sup>
- Howard Florey House in Holder (owned) – 1,163m<sup>2</sup>
- Ngunnawal Bush Healing Farm (NBHF) in Tharwa (owned) – 125m<sup>2</sup>
- Hume Warehouse (leased) – 68m<sup>2</sup>.

The average area occupied by each employee is 12.3m<sup>2</sup>, excluding work points occupied by the Directorate staff at Canberra Health Services (CHS) sites.

Due to the COVID-19 pandemic, approximately 65 per cent of the Directorate staff worked from home during the 2021–22 period.

During this time, the Infrastructure, Communication and Engagement Division continued to provide accommodation support to the COVID-19 public health response team and Digital Solutions Division at the Bowes Street property.

**Contact details:** For more information, contact [ACTHealth.AssetManagement@act.gov.au](mailto:ACTHealth.AssetManagement@act.gov.au).

## C.5 Government contracting

### Procurement principles and processes

In 2021–22, the Directorate undertook procurement activities in accordance with the ACT Government procurement policies and procedures outlined in the:

- [Government Procurement Act 2001](#)
- [Government Procurement Regulation 2007](#).

To ensure compliance with ACT Government procurement legislation, the Directorate:

- sought advice on government procurement policies and procedures from Procurement ACT
- notified Procurement ACT of procurements over \$25,000 undertaken by the Directorate
- where relevant, appropriately referred procurements requiring single, restrictive or open tender procurement processes to Procurement ACT
- referred all procurements requiring Government Procurement Board consideration and/or approval to Procurement ACT.

In accordance with procurement legislation, the Directorate afforded the highest standard of probity and ethical behaviour towards tenderers. This included ensuring that tenderers were treated equally, impartially, transparently and fairly.

The Directorate complied with the procurement principle of value for money including that:

- a territory entity must pursue value for money in undertaking any procurement activity
- value for money means the best available procurement outcome
- in pursuing value for money, the entity must have regard to the following:
  - probity and ethical behaviour
  - management of risk
  - open and effective competition
  - optimising whole of life costs
  - anything else prescribed by regulation.

A competitive procurement process is conducted wherever possible; however, due to the specialised nature of some procurements, use of single-select and restricted select procurement methods is justified when:

- the procurement needs to be compatible with existing medical equipment, both hardware and software, within the clinical setting
- a limited number of providers have the specialised knowledge or expertise that can fulfil the Directorate's requirements
- timing may preclude a public tender process, for example, in situations that could result in disruption to medical services.

Single-select or restricted select procurement processes are completed in accordance with Government Procurement Regulation 2007 and are approved by the Director-General. This includes a statement of justification, as required by the *Government Procurement Act 2001*.

### Exemptions (under secure local jobs code)

In 2021–22, the Directorate did not seek any exemptions under the secure local jobs code.

## Aboriginal and Torres Strait Islander Procurement Policy

The Directorate is committed to the success of the Aboriginal and Torres Strait Islander Procurement Policy. This is achieved by:

- promoting the policy via the Directorate intranet site and within the procurement guidance documents
- engaging in training activities
- actively discussing opportunities at the beginning of a procurement activity.

Table 57 shows the Aboriginal and Torres Strait Islander Procurement Policy (ATSIPP) Performance Measures in the financial year 2021–22.

**Table 57: Outcomes against policy measures**

Measure	Description	Number
1	Number of unique Aboriginal and Torres Strait Islander enterprises that responded to Territory tender and quotation opportunities issued from an approved system	5
2	Number of unique Aboriginal and Torres Strait Islander enterprises that attributed a value of Addressable Spend	31
3	Percentage of the financial year's addressable spend which is spent with Aboriginal and Torres Strait Islander enterprises	6.8%

## Creative Services Panel

The Creative Services Panel is a whole-of-government arrangement for the purchase of creative services\*, including:

- from 1 July 2021 to 30 September 2021:
  - advertising
  - marketing
  - communications and engagement
  - digital
  - graphic design
  - photography and video
  - media buying
- from 1 October 2021 to 30 June 2022:
  - communications and engagement.

During 2021–22, the Directorate spent a total of \$353,965.00 through the panel. This included market testing campaigns, media, general and recruitment advertising, editing and photography services, and COVID-19 response activities. Major purchases through this panel are published online on the [ACT Government Contracts Register](#).

\*The services available through the panel changed on 1 October 2021.



## Goods, Services and Works

The online ACT Government Contracts Register records contracts with suppliers of goods, services and works, with a value of \$25,000 or more.

A full search of the Directorate's contracts notified with an execution date from 1 July 2021 to 30 June 2022 can be made at [Tenders ACT](#).

**Contact details:** For more information, contact [healthprocurement@act.gov.au](mailto:healthprocurement@act.gov.au).

# C.6 ACT Health Directorate Statement of performance for the year ended 30 June 2022

## INDEPENDENT LIMITED ASSURANCE REPORT

### To the Members of the ACT Legislative Assembly

#### Conclusion

I have undertaken a limited assurance engagement on the statement of performance of the ACT Health Directorate (Directorate) for the year ended 30 June 2022.

Based on the procedures performed and evidence obtained, nothing has come to my attention to indicate the results of the accountability indicators reported in the statement of performance for the year ended 30 June 2022 are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

#### Basis for conclusion

I have conducted the engagement in accordance with the Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information*. My responsibilities under the standard and legislation are described in the 'Auditor-General's responsibilities' section of this report.

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and the ACT Audit Office applies Australian Auditing Standard ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, Other Assurance Engagements and Related Services Engagements*.

I believe that sufficient and appropriate evidence was obtained to provide a basis for my conclusion.

#### The Directorate's responsibilities for the statement of performance

The Director-General is responsible for:

- preparing and fairly presenting the statement of performance in accordance with the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*; and
- determining the internal controls necessary for the preparation and fair presentation of the statement of performance so that the results of accountability indicators and accompanying information are free from material misstatements, whether due to error or fraud.

#### Auditor-General's responsibilities

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*, the Auditor-General is responsible for issuing a limited assurance report on the statement of performance of the Directorate.

My objective is to provide limited assurance on whether anything has come to my attention that indicates the results of the accountability indicators reported in the statement of performance are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

In a limited assurance engagement, I perform procedures such as making inquiries with representatives of the Directorate, performing analytical review procedures and examining selected evidence supporting the results of accountability indicators. The procedures used depend on my judgement, including the assessment of the risks of material misstatement of the results reported for the accountability indicators.

### **Limitations on the scope**

The procedures performed in a limited assurance engagement are less in extent than those required in a reasonable assurance engagement and consequently the level of assurance obtained is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. Accordingly, I do not express a reasonable assurance opinion on the statement of performance.

This limited assurance engagement does not provide assurance on the:

- relevance or appropriateness of the accountability indicators reported in the statement of performance or the related performance targets;
- accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations; or
- adequacy of controls implemented by the Directorate.



Ajay Sharma  
Assistant Auditor-General, Financial Audit  
23 September 2022

**ACT Health Directorate  
Statement of Performance  
For the Year Ended 30 June 2022**

**Statement of Responsibility**

In my opinion, the Statement of Performance is in agreement with the ACT Health Directorate's records and fairly reflects the service performance of the Directorate for the period 1 July 2021 to 30 June 2022 and also fairly reflects the judgements exercised in preparing it.



Rebecca Cross  
Director-General  
ACT Health Directorate

23 September 2022

# ACT Health Directorate

## Statement of Performance

### For the Year Ended 30 June 2022

<b>OUTPUT CLASS 1: Public Health Services</b>				
<b>OUTPUT 1.1: Improved Hospital Services</b>				
<b>Description:</b>				
The Directorate seeks to improve hospital services in collaboration with its service partners by:				
<ul style="list-style-type: none"> <li>• planning and delivering an ACT wide health system service model;</li> <li>• managing, developing, implementing and providing advice on health services planning processes across the system;</li> <li>• developing strategic policy for the health system, including working with the Commonwealth on key health improvement initiatives;</li> <li>• managing demand for and supply of health services across the Territory;</li> <li>• improving the health and wellbeing of the ACT population by promoting healthy behaviours and lifestyles and through ongoing monitoring and evaluation of health programs and policy;</li> <li>• preventing, and providing a timely response to, potential public health incidents;</li> <li>• leading the development of strategies and policies towards funding sustainability;</li> <li>• leading the health workforce and clinical training strategy including building strong partnerships with key academic institutions and training providers; and</li> <li>• commissioning and managing contracts for the provision of health services, including the public hospital provider through the Local Hospital Network, as well as partnerships with community sector organisations, peak bodies and advocacy groups.</li> </ul>				
Accountability Indicators	Original Target 2021-22	Actual Result 2021-22	Var. %	Notes
a. Percentage of all Emergency Department presentations treated within clinically appropriate timeframes	70%	48%	(31)	1
b. Percentage of Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes	100%	98%	(2)	
c. Percentage of Category 2 elective surgery patients admitted for surgery within clinically recommended timeframe	80%	56%	(30)	2
d. Percentage of Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes	93%	79%	(15)	2
<b>TOTAL COST (\$'000)</b>	98,465	109,589	11	3
<b>CONTROLLED RECURRENT PAYMENTS (\$'000)</b>	55,950	53,900	(4)	

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

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office as this is not required by the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

# ACT Health Directorate

## Statement of Performance

### For the Year Ended 30 June 2022

#### Output 1.1 Improved Hospital Services (continued)

##### Explanation of Measures

- a. Percentage of patients who are treated within the Australasian Triage Scale waiting times as recommended by the Australasian College of Emergency Medicine (Category 1 – immediate/within 2 minutes; Category 2 – within 10 minutes; Category 3 – within 30 minutes; Category 4 – within 60 minutes; Category 5 – within 120 minutes).
- b. Admission within 30 days is clinically recommended for Category 1 (urgent) elective surgery patients.
- c. Admission within 90 days is clinically recommended for Category 2 (semi-urgent) elective surgery patients.
- d. Admission within 365 days is clinically recommended for Category 3 (non-urgent) elective surgery patients.

##### Explanation of Material Variance (>5%)

1. The percentage of ACT Emergency Department (ED) presentations treated within clinically recommended timeframes in 2021-22 has not changed from 2020-21, remaining at 48 per cent. Timeliness initially improved at the start of the financial year but began a declining trend from January 2022 in the less urgent categories 3, 4 and 5, coincident with increasing pressure on the health system and the workforce associated with COVID-19 increased patient demand as well as staff absences due to sickness and isolation.
2. The percentage of Category 2 and Category 3 elective surgery patients being admitted on time declines as “long wait” patients of the same categories are admitted to surgery, as their total wait time is recorded upon admission. The relatively low result for Category 2 patients indicates that overdue patients in this category have been prioritised for surgery, consistent with their clinical urgency. Suspensions in elective surgeries due to COVID-19, as well as workforce shortages, have resulted in lengthened waitlists, waiting times and patients falling overdue against clinically recommended timeframes. As hospitals prioritise “long wait” patients, the percentage of patients treated on time will continue to remain below target.
3. The higher than target result relates mainly to an increase in cross border expenses flowing from prior year reconciliations.

**ACT Health Directorate**  
**Statement of Performance**  
**For the Year Ended 30 June 2022**

<b>OUTPUT CLASS 1: Public Health Services</b>				
<b>Output 1.2 Healthy Communities</b>				
<b>Description:</b>				
The Directorate seeks to improve the health of the ACT population through evidence-based promotion of healthy lifestyles and interventions to address the range of risk and protective factors that determine the health of our community. This includes influencing the social and environmental conditions that impact on population and individual health, comprising improved food and drink environments in schools, workplaces, food outlets and sporting clubs, monitoring of recreational and drinking water quality, food safety, communicable diseases control and general environmental health.				
<b>Accountability indicators</b>	<b>Original Target 2021-22</b>	<b>Actual Result 2021-22</b>	<b>Var. %</b>	<b>Notes</b>
a. Samples analysed	12,500	11,648	(7)	1
b. Total number of inspections and proactive site visits of food business	2,500	1,792	(28)	2
c. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	95%	96%	1	
d. Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population				
i. 12 to 15 months	95%	93%	(2)	
ii. 24 to 27 months	95%	91%	(4)	
iii. 60 to 63 months	95%	97%	2	
iv. All	95%	94%	(1)	
e. Number of businesses making a pledge as part of the Healthier Choices Canberra initiative	60	59	(2)	
<b>TOTAL COST (\$'000)</b>	<b>132,793</b>	<b>189,526</b>	<b>43</b>	<b>3</b>
<b>CONTROLLED RECURRENT PAYMENTS (\$'000)</b>	<b>81,578</b>	<b>101,338</b>	<b>24</b>	<b>4</b>

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

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office as this is not required by the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.



# ACT Health Directorate

## Statement of Performance

### For the Year Ended 30 June 2022

#### Output 1.2 Healthy Communities (Continued)

##### Explanation of Measures

- a. Number of samples analysed during the period by the ACT Government Analytical Laboratory.
- b. Total number of inspections where compliance has been assessed according to the *ACT Food Act 2001* and the Food Standards code, and proactive site visits of food businesses conducted by the Health Protection Service.
- c. Percentage of all 12-month-old children in the ACT who have been fully immunised in accordance with the Australian Childhood Immunisation Register.
- d. Percentage of ACT Aboriginal and Torres Strait Islander children - 12 to 15 months, 24 to 27 months, 60 to 63 months and all children who have been fully immunised in accordance with the Australian Childhood Immunisation Register.
- e. This measure represents the cumulative number of businesses who have signed-up to make a pledge as part of up to the Healthier Choices Canberra Initiative. Participation in this program is voluntary and businesses can select to sign-up to the initiative and leave in the same financial year.

##### Explanation of Material Variance (>5%)

1. The lower than target result relates mainly to staff shortages due to COVID-19 and flu-related illness, which has restricted the number of samples processed with June 2022 being particularly impacted.
2. The lower than target result is a direct consequence of the COVID-19 lockdown, staff illnesses, unplanned leave and reduced availability of inspectorate staff due to them assisting in the COVID-19 response. Continuous training of new inspectorate staff also reduced inspections. Recruitment of inspectorate staff is currently being undertaken.
3. The higher than target result relates to the expansion of the COVID-19 health response following the Delta and Omicron variant outbreaks in the Territory and an increase in cross border expenses flowing from prior year reconciliations.
4. The higher than target result relates mainly to the expansion of the COVID-19 health response following the Delta and Omicron variant outbreaks in the Territory.

# ACT Health Directorate

## Statement of Performance

### For the Year Ended 30 June 2022

<b>OUTPUT CLASS 1: Public Health Services</b>				
<b>Output 1.3 Mentally Healthy Communities</b>				
<b>Description:</b>				
<p>The Directorate supports an integrated mental health system that allows people with access to appropriate treatment, care or support in a timely manner. The Directorate collaborates with stakeholders on strategic policy and service system planning, to ensure funding is targeted to provide safe, high quality programs and services that offer seamless transition through stepped care and interventions as needed. This comprehensive response includes:</p> <ul style="list-style-type: none"> <li>• leadership through the Office for Mental Health and Wellbeing to a whole of government approach to sustainable, effective and coordinated sector innovation;</li> <li>• promotion of mental health and social wellbeing for the community;</li> <li>• raising awareness of mental health, suicide and mental illness across the community to reduce stigma and discrimination, while at the individual level, encouraging people to seek help when needed;</li> <li>• prevention of suicide and attempted suicide;</li> <li>• early intervention to increase resilience and reduce the impact of mental health issues;</li> <li>• accessible and responsive primary, secondary and tertiary mental health services to meet the needs of people with mental health concerns, including severe mental illness; and</li> <li>• evaluation and research to support ongoing development and improvement of the programs and services available.</li> </ul>				
<b>Accountability Indicators</b>	<b>Original Target 2021-22</b>	<b>Actual Result 2021-22</b>	<b>Var. %</b>	<b>Notes</b>
a. Percentage of mental health clients with outcome measures completed	65%	83%	28	1
b. Annual progress report on the implementation of the Office for Mental Health and Wellbeing Workplan 2019-2021 published	1	1	-	
<b>TOTAL COST (\$'000)</b>	96,263	102,906	7	2
<b>CONTROLLED RECURRENT PAYMENTS (\$'000)</b>	56,553	55,628	(2)	

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

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office as this is not required by the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

# ACT Health Directorate

## Statement of Performance

### For the Year Ended 30 June 2022

#### Output 1.3 Mentally Healthy Communities (continued)

##### Explanation of Measures

- a. Proportion of eligible mental health registered clients receiving ongoing mental health care having clinical outcome measures completed. Service settings included are inpatient, community and residential care. All age groups included. Eligible clients are people receiving mental health services on an ongoing basis, have a case manager assigned and are in contact with mental health services in the reporting period.
- b. The annual progress report on the implementation of the office for Mental Health and Wellbeing Workplan is completed as a standalone component of Directorate's Annual Report.

##### Explanation of Material Variance (>5%)

1. The higher than target result is due to a continued focus from clinical services on completing outcome measures for eligible consumers.
2. The higher than target result relates mainly to an increase in cross border expenses flowing from prior year reconciliations.

# ACT Health Directorate

## Statement of Performance

### For the Year Ended 30 June 2022

<b>OUTPUT CLASS 1: Public Health Services</b>				
<b>Output 1.4 Continuous Improvement of the ACT Public Health System</b>				
<b>Description:</b> The Directorate provides strategic leadership and direction for the health system through development and administration of policies and legislation. This includes:				
<ul style="list-style-type: none"> <li>• developing Territory-wide plans for health services, workforce and major capital investment;</li> <li>• driving service improvement and innovation through a collaborative policy cycle;</li> <li>• providing responsive policy advice to government reflecting the changing nature of the health sector;</li> <li>• supporting delivery of high quality health services by building and maintaining intergovernmental partnerships; and</li> <li>• conducting research programs that translate research evidence into improved healthcare.</li> </ul>				
<b>Accountability Measures</b>	<b>Original Target 2021-22</b>	<b>Actual Result 2021-22</b>	<b>Var. %</b>	<b>Notes</b>
a. Biannual Report of progress in implementing the recommendations arising from the Independent Review into the Workplace Culture of ACT Public Health Services tabled in the Legislative Assembly	2	2	-	
b. ACT Public Health Services Quarterly Performance Report	4	4	-	
<b>TOTAL COST (\$'000)</b>	122,926	136,565	11	1
<b>CONTROLLED RECURRENT PAYMENTS (\$'000)</b>	80,442	79,768	(1)	

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

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office as this is not required by the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

#### Explanation of Measures

- a. The Biannual Report of progress on implementing the recommendations arising from the Independent Review into the Workplace Culture of ACT Public Health Services tabled in the Legislative Assembly.
- b. The number of ACT Public Health Service Quarterly Performance Reports published.

#### Explanation of Material Variance (>5%)

1. The higher than target result relates mainly to an increase in cross border expenses flowing from prior year reconciliations.

# 3

## Part 3 Reporting by Exception



# Notices of Non-Compliance

## Dangerous Substances

In 2021–22, the Directorate received no notices of non-compliance under section 200 of the [Dangerous Substances Act 2004](#).

## Medicines, Poisons and Therapeutic Goods

In 2021–22, the Directorate received no notices of non-compliance under section 177 of the [Medicines, Poisons and Therapeutic Goods Act 2008](#).

**Contact details:** For more information, contact [hps@act.gov.au](mailto:hps@act.gov.au).

# 4

## Part 4 Specific Reporting Entities



# Mental health

The Minister appoints the Chief Psychiatrist and ACT Care Coordinator under provisions of the [Mental Health Act 2015](#) (the Act).

## **Section 197 of the Act states:**

The Chief Psychiatrist has the following functions:

- to provide treatment, care or support, rehabilitation and protection for persons who have a mental illness;
- to make reports and recommendations to the Minister with respect to matters affecting the provision of treatment, care or support, control, accommodation, maintenance, and protection for persons who have a mental illness;
- to make guidelines for mental health facilities, mental health professionals or anyone else exercising a function under this Act, in relation to matters under this Act;
- any other function given to the Chief Psychiatrist under this Act.

## **Section 205 of the Act states:**

The Care Coordinator has the following functions:

- to coordinate the provision of treatment, care or support to people with a mental disorder in accordance with community care orders made by the ACAT;
- to coordinate the provision of appropriately trained people for the treatment, care or support of people with a mental disorder who are subject to community care orders;
- to coordinate the provision of appropriate residential or detention facilities for people with a mental disorder in relation to whom any of the following orders are in force:
  - i) a community care order;
  - ii) a restriction order with a community care order;
  - iii) a forensic community care order;
- to coordinate the provision of medication and anything else required to be done for people with a mental disorder in accordance with community care orders and restriction orders made by the ACAT;
- to make reports and recommendations to the Minister about matters affecting the provision of treatment, care or support, control, accommodation, maintenance, and protection for people with a mental disorder;
- any other function given to the care coordinator under this Act.

As the Chief Psychiatrist and ACT Care Coordinator are appointed under the Act, their annual reports are a requirement under the Annual Reports (Government Agencies) Directions 2022 and presented as annexes to this report. Please see the reports for information and statistics on people who have a mental illness or mental disorder:

- ACT Care Coordinator Annual Report 2021–22, page 365
- Chief Psychiatrist Annual Report 2021–22, page 424.

**Contact details:** For more information, contact Chief Psychiatrist on [ChiefPsychiatrist@act.gov.au](mailto:ChiefPsychiatrist@act.gov.au) and the Care Coordinator on [ACTHealthCMO@act.gov.au](mailto:ACTHealthCMO@act.gov.au).



# A

## Attachment A Annexed and Subsumed Reports





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

Dear Minister,

**2021–22 ACT Care Coordinator Annual Report**

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2022*.

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

I certify that the information in the attached report and information provided for whole-of-government reporting is an honest and accurate account, and that all material information on the operations of the ACT Care Coordinator has been included for the period 1 July 2021 to 30 June 2022.

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

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the Report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Yours sincerely

A handwritten signature in blue ink that reads 'Dinesh Arya'.

Dr Dinesh Arya  
Chief Psychiatrist  
Office of the Chief Psychiatrist

3 August 2022

# Compliance Statement – ACT Care Coordinator

The ACT Care Coordinator Annual Report 2021–22 must comply with the Annual Report Directions (the Directions) made under section 8 of the Annual Reports Act. The Directions are found at the ACT Legislation Register: [www.legislation.act.gov.au](http://www.legislation.act.gov.au).

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to the ACT Care Coordinator and the location of information that satisfies these requirements:

## Part 1 Directions Overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The ACT Care Coordinator Annual Report 2021–22 complies with all subsections of Part 1 under the Directions.

To meet Section 15 Feedback, Part 1 of the Directions, contact details for the ACT Care Coordinator are provided within the ACT Care Coordinator Annual Report 2021–22 to provide readers with the opportunity to provide feedback.

## Part 2 Reporting entity Annual Report Requirements

The requirements within Part 2 of the Directions are mandatory for all reporting entities and the ACT Care Coordinator complies with all subsections. The information that satisfies the requirements of Part 2 is found in the ACT Care Coordinator Annual Report 2021–22 as follows:

- A. Transmittal Certificate, see the previous page.
- B. Organisational Overview and Performance, see the next page. As the ACT Care Coordinator sits within the ACT Health Directorate, all other subsections in Section B, Part 2 of the Directions are contained with the ACT Health Directorate Annual Report.
- C. Financial Management Reporting, inclusive of all subsections, see Part C Financial management reporting of the ACT Health Directorate Annual Report.

## Part 3 Reporting by Exception

The ACT Care Coordinator has nil information to report by exception under Part 3 of the Directions for the 2021–22 reporting year.

## Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

The following subsections of Part 4 of the 2022 Directions are applicable to the ACT Care Coordinator and can be found within the ACT Health Directorate Annual Report:

- Mental Health, see page 360.

## Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the ACT Care Coordinator. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address:

[http://www.cmd.act.gov.au/open\\_government/report/annual\\_reports](http://www.cmd.act.gov.au/open_government/report/annual_reports).

# ACT Care Coordinator Annual Report 2021–22

The ACT Care Coordinator is a statutory appointment made by the Minister for Mental Health under section 204 (1) of the [Mental Health Act 2015](#) (the Act).

This report is being submitted in accordance with section 205 (e) of the Act.

The ACT Care Coordinator coordinates treatment, care and support for a person with a mental disorder for whom a Community Care Order or a Forensic Community Care Order is in force.

Community Care Orders and Forensic Community Care Orders can be made for those for whom guardianship is not sufficient. This includes people with:

- dementia
- intellectual disability
- an acquired brain injury
- personality disorders
- degenerative neurological disorders.

Community Care Orders and Forensic Community Care Orders are made by the ACT Civil and Administrative Tribunal (ACAT). The ACAT can also make a Restriction Order, which is an order that can restrict where a person lives, result in them being detained or impose other limitations.

Between 1 July 2021 and 30 June 2022, one man was subject to a Community Care Order. He was also subject to a Restriction Order. This man is currently receiving support for an intellectual disability.

Between 1 July 2021 and 30 June 2022, no one was subject to a Forensic Community Care Order.

## Summary for 2021–22

Category	Community Care Order	Forensic Community Care Order
Gender	Male: 1 Female: 0 Total: 1	Male: 0 Female: 0 Total: 0
Age	< 18 years: 0 19–29: 0 30–39: 1 40–49: 0 50–59: 0 60–69: 0 70–79: 0 80+ years: 0	< 18 years: 0 19–29: 0 30–39: 0 40–49: 0 50–59: 0 60–69: 0 70–79: 0 80+ years: 0
Condition	Intellectual Disability: 1	–
Restriction Orders	1	0

**Dr Dinesh Arya**

ACT Care Coordinator

[ACTHealthCMO@act.gov.au](mailto:ACTHealthCMO@act.gov.au)



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

Dear Minister

**2021-22 ACT Local Hospital Network Annual Report**

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2022*.

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

I certify that the information in the attached report and information provided for whole of government reporting is an honest and accurate account, and that all material information on the operations of the ACT Local Hospital Network has been included for the period 1 July 2021 to 30 June 2022.

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

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the Report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Yours sincerely

A handwritten signature in black ink that reads 'Rm Cross'.

Rebecca Cross  
**Director-General**

29 September 2022

# Compliance Statement – ACT Local Hospital Network

The ACT Local Hospital Network Directorate Annual Report 2021–22 must comply with the Annual Report Directions (the Directions) made under section 8 of the [Annual Reports \(Government Agencies\) Act 2004](#). The Directions are found at the ACT Legislation Register: [www.legislation.act.gov.au](http://www.legislation.act.gov.au).

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to the ACT Local Hospital Network Directorate and the location of information that satisfies these requirements:

## Part 1 Directions Overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The ACT Local Hospital Network Directorate Annual Report 2021–22 complies with all subsections of Part 1 under the Directions.

To meet Section 15 Feedback, Part 1 of the Directions, contact details for the ACT Local Hospital Network Directorate are provided within the ACT Local Hospital Network Directorate Annual Report 2021–22 to provide readers with the opportunity to provide feedback.

## Part 2 Reporting entity Annual Report Requirements

The requirements within Part 2 of the Directions are mandatory for all reporting entities and the ACT Local Hospital Network Directorate complies with all subsections. The information that satisfies the requirements of Part 2 is found in the ACT Local Hospital Network Directorate Annual Report 2021–22 as follows:

- A. Transmittal Certificate, see the previous page.
- B. Organisational Overview and Performance see the next page. As the ACT Local Hospital Network Directorate sits within the ACT Health Directorate, all other subsections in Section B, Part 2 of the Directions are contained with the ACT Health Directorate Annual Report.
- C. Financial Management Reporting, inclusive of all subsections, see pages 372-413.

## Part 3 Reporting by Exception

The ACT Local Hospital Network Directorate has nil information to report by exception under Part 3 of the Directions for the 2021–22 reporting year.

## Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

There are no specific annual report requirements for the ACT Local Hospital Network Directorate.

## Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the ACT Local Hospital Network Directorate. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address:

[http://www.cmd.act.gov.au/open\\_government/report/annual\\_reports](http://www.cmd.act.gov.au/open_government/report/annual_reports).



# ACT Local Hospital Network Annual Report 2021–22

The ACT Government manages system-wide public hospital and health service delivery, planning and performance, which includes funding public hospital and health services, and capital planning.

The ACT Local Hospital Network, established in accordance with the [National Health Reform Agreement](#), and managed in accordance with the [Health \(National Health Funding Pool and Administration\) Act 2013](#), is administered by the Director-General of the ACT Health Directorate (the Directorate). The ACT Local Hospital Network is supported by the Directorate's staff.

The ACT Local Hospital Network receives funding from the Commonwealth, and the ACT and other state and territory governments. In the last category, funding is mainly received from the NSW Government for patients accessing services from the surrounding NSW region.

The ACT Local Hospital Network funds public hospital and health services delivered by the following main providers:

- [Canberra Health Services](#) (CHS), which operates [Canberra Hospital](#), the [University of Canberra Hospital](#), and the network of community health centres and walk in centres
- [Calvary Health Care ACT Ltd](#), which operates [Calvary Public Hospital Bruce](#) (CPHB) under contract with the ACT Government, as well as [Clare Holland House Hospice](#) (CHHH)
- Tresillian Family Care Centres, which operate the [Queen Elizabeth II Family Centre](#) under contract with the ACT Government.

The ACT Local Hospital Network also purchases public elective surgery services from a range of private providers, including:

- Calvary Bruce Private Hospital
- Calvary John James Hospital
- Canberra Microsurgery
- Canberra Private Hospital
- Barton Private Hospital
- National Capital Private Hospital.

In accordance with the National Health Reform Agreement, the ACT Local Hospital Network had a formal annual service level agreement with the ACT Minister for Health in 2021–22. The ACT Local Hospital Network 2021–22 Service Level Agreement (the agreement) can be found under [Publications](#) on the ACT Health website.

Key elements of the agreement for the financial year were:

- the service providers and services provided by the ACT Local Hospital Network
- funding provided to the ACT Local Hospital Network to provide these services
- the main service priorities, performance indicators and agreed targets.

The key performance indicators in the Agreement included:

- the Directorate's strategic indicators
  - Strategic Indicator 2.1 – Performing more elective surgeries
  - Strategic Indicator 2.2 – Reducing the waiting list for elective surgery

- Strategic Indicator 2.3 – Improving timeliness of emergency department treatment
- Strategic Indicator 2.4 – Surgical complications requiring unplanned return to theatre
- Strategic Indicator 2.5 – Avoidable readmissions to hospital
- the Directorate’s accountability indicators for:
  - elective surgery admission timeliness and timeliness of commencing emergency department treatment under Output Class 1.1
  - mental health clients with outcome measures completed under Output Class 1.3
- the ACT Local Hospital Network’s Strategic Indicator 1 – Funding and Performance Agreements with all ACT Local Hospital Network non-government providers, and accountability indicators under Output Class 1.1 for activities measured in National Weighted Activity Units for:
  - Admitted Services
  - Non-admitted Services
  - Emergency Services
  - Acute Admitted Mental Health Services
  - Sub-Acute Services
  - Total in Scope.

Demand for hospital and health services in the ACT over 2021–22 was significantly affected by the continuing COVID-19 pandemic. The underlying trends in emergency department presentations, hospital admissions and outpatient services were again disrupted by the hospitals dealing with COVID-19 and, later in the year, influenza cases. Hospital and health service providers were also severely impacted by workforce absences due to illness and isolation requirements. Non-essential surgery was suspended over January – February 2022 at CPHB. Elective surgery delivery for the ACT overall was below target, mainly due to workforce shortages.

Work to improve access to high-quality and timely healthcare is ongoing, and the Directorate is partnering and collaborating with ACT Local Hospital Network service providers to manage the demand.

All service providers continued efforts to improve the timeliness, quality, and flow of patient care across all areas of the public health system, within workforce constraints.

As well as providing support for the continued response to the COVID-19 pandemic, in 2021–22, funding was provided to CHS and Calvary Health Care ACT Ltd for the following new initiatives:

- supporting the increase in demands for a range of key hospital services including:
  - emergency surgery
  - elective surgeries
  - endoscopy procedures
  - intensive care capacity
  - neonatology services at Centenary Hospital for Women and Children
  - both inpatient and community palliative care services at CHHH
  - acute and sub-acute admitted mental health services
  - expansion of medical imaging to a 24/7 service at CPHB, to meet additional emergency department demand
- increasing nursing and midwifery staffing ratios at CHS and CPHB
- supporting expanded community mental health services
- for people with chronic and complex conditions, supporting improved patient navigation to better coordinate care across the health system, including a Paediatric Nurse Liaison Service.

**Contact details:** For more information on this section, contact [LHNCoord@act.gov.au](mailto:LHNCoord@act.gov.au).

# ACT Local Hospital Network Strategic Objective

## Strategic Objective 1: Establishment of an integrated planning, funding and performance monitoring framework that drives coordinated, high-quality health care service delivery

**Table 58: Funding and Performance Agreements in place with all ACT Local Hospital Network non-government providers**

Strategic Indicator	2021–22 Target	2021–22 Outcome
Funding and performance agreements in place with all ACT Local Hospital Network non-government providers	100%	100%

This indicator measures funding and performance agreements in place with all ACT Local Hospital Network providers other than CHS. It covers non-government providers, including:

- Calvary Health Care ACT Ltd, for CPHB and CHHH
- Tresillian Family Care Centres, for the Queen Elizabeth II Family Centre
- private hospitals, for the elective surgery Private Provider Program and the Elective Joint Replacement Program.

CHS is excluded from this measure as the CHS Budget Statements and Annual Report is the mechanism for establishing CHS funding and performance accountability.

The Directorate, on behalf of the ACT Government, and Calvary Health Care ACT Ltd executed a Performance Plan in 2021–22, as per the requirements of the Calvary Network Agreement (CNA). The Performance Plan with Calvary is the mechanism for setting the annual funding, activity targets and key performance indicators for the services delivered through CPHB, in accordance with the CNA.

The Performance Plan includes funding and activity targets for the services delivered by Calvary through CHHH.

During the first quarter of 2021–22, the Directorate executed a service agreement with Tresillian Family Care Centres to deliver residential primary health care services for families of young children at the Queen Elizabeth II Family Centre. The service agreement covers the period from 1 October 2021 to 30 June 2026.

The elective surgery Private Provider Program ‘Panel for Elective Surgery Waitlist Reduction’ remained current during the financial year. The panel is due to expire in March 2023.

The ‘Elective Joint Replacement Program’ panel remained current during the financial year. The panel is due to expire in December 2025.

**Contact details:** For more information on this section, contact [LHNCoord@act.gov.au](mailto:LHNCoord@act.gov.au).

# **ACT Local Hospital Network management discussion and analysis for the year ended 30 June 2022**

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# Management Discussion and Analysis for the ACT Local Hospital Network For the Year Ended 30 June 2022

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## General Overview

### Purpose

The ACT Local Hospital Network (LHN), established in accordance with the *National Health Reform Agreement*, and managed in accordance with the *Health (National Health Funding Pool and Administration) Act 2013*, is administered by the Director-General of the ACT Health Directorate. The LHN is supported by the ACT Health Directorate's staff.

The LHN receives funding from the Commonwealth, the ACT and other State and Territory Governments. Funding from other State and Territory Governments is mainly received from the NSW Government for patients accessing services from the surrounding NSW region.

The LHN funds public hospital and health services provided through the following providers:

- Canberra Health Services (CHS), which includes Canberra Hospital and the University of Canberra Hospital;
- Calvary Health Care ACT Limited, through Calvary Public Hospital Bruce (CPH) and Clare Holland House Hospital (CHH); and
- Tresillian Family Care Centres, through the Queen Elizabeth II Family Centre (QEII).

### Risk Management

Under the *National Health Reform Agreement* (NHRA), there is a soft funding cap of 6.5 per cent on annual growth, if actual activity is lower than budgeted for in any particular financial year, this can result in lower Commonwealth revenue to the ACT Government in the subsequent financial year. In 2019-20 the Australian Government offered State and Territory Governments a minimum funding guarantee to address the consequences of changes in hospital activity and costs resulting from COVID-19 on the national public health funding model. The minimum funding guarantees were extended to the 2020-21 and 2021-22 financial years.

The Australian Government also partnered with States and Territories to respond in a unified approach, to implement a *National Partnership on COVID-19 Response* (NPCR) agreement for 2020-21.

In March 2020 (and subsequent amendments), the Australian Government and all States and Territories signed the NPCR, committing the parties to fund equally their share of COVID-19 in-scope expenses while the Australian Health Sector Emergency Response Plan for COVID-19 is activated, as declared by the Australian Health Protection Principal Committee (AHPPC).

The NPCR facilitates achievement of the following outcomes:

- the capacity of Australia's health system is lifted to effectively assess, diagnose, and treat people with COVID-19 while minimising the spread of the disease in the community;
- people at risk from COVID-19 can access essential health care in a way that reduces their potential exposure to infection;

- the roll out of a national immunisation program; and
- guarantee the viability of private hospitals, to retain capacity for responding to COVID-19 and enable them to resume operations at the end of the pandemic.

The NPCR envisages that COVID-19 responses may require the engagement of private hospitals in several ways:

- the provision of clinical services to support COVID-19 response at the direction of States and Territory health services;
- the provision of clinical services to support COVID-19 response at the direction of the Australian Government; and
- the provision of resources (personnel, equipment, or supplies) to support the State and Territory or Australian Government COVID-19 response.

In recognition of private hospital engagement and support for COVID-19 response, the NPCR makes provision for payments to be made to participating private hospitals to ensure their viability and retain their capacity during the pandemic.

### **Financial Performance**

The following financial information is based on audited Financial Statements for 2020-21 and 2021-22, in addition to the forward estimates contained in the ACT 2022-23 Budget Statements.

## Total Net Cost of Services

Table 1: Total Net Cost of Services

	Actual 2020-21 \$m	Budget 2021-22 \$m	Actual 2021-22 \$m	Forward Estimate 2022-23 \$m	Forward Estimate 2023-24 \$m	Forward Estimate 2024-25 \$m	Forward Estimate 2025-26 \$m
Total Expenses	1 494.4	1 606.6	1 692.2	1 657.7	1 662.5	1 684.3	1 710.2
Total Own Source Revenue	584.6	633.2	671.2	651.0	667.1	705.0	745.9
<b>Total Net Cost of Services</b>	<b>909.8</b>	<b>973.4</b>	<b>1 021.0</b>	<b>1 006.7</b>	<b>995.4</b>	<b>979.3</b>	<b>964.3</b>

### Comparison to 2021-22 Budget

The LHN's net cost of services for 2021-22 of **\$1 021.0 million** was **\$47.6 million** or **4.9 per cent** higher than the 2021-22 Budget. The increase was mainly due to:

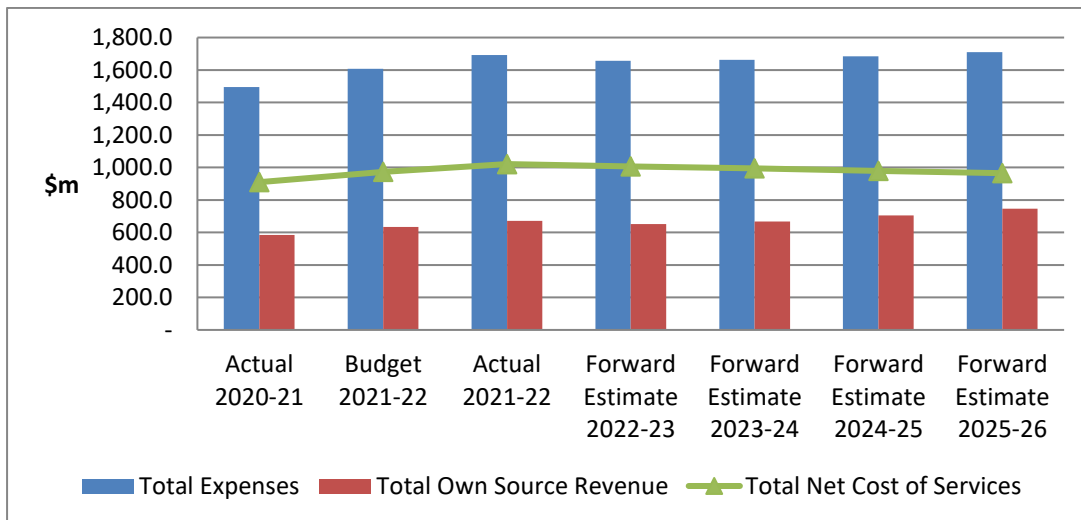
- higher payments to health service providers (\$63.5 million) and the ACT Health Directorate (\$22.1 million) driven by an increase in activities relating to COVID-19 including hospital services, coordinating quarantine facilities, pop-up testing clinics and additional special purpose cleaning services due to the 'Delta' and 'Omicron' outbreaks in the Territory; partially offset by
- the receipt of additional Commonwealth funding (\$38.0 million) relating to the NPCR, NHRA, and higher Cross Border Health revenue.

### Comparison to 2020-21 Actual Net Cost of Services

During 2021-22, net cost of services increased by **\$111.2 million** or **12.2 per cent** compared to the 2020-21 net cost of services of **\$909.8 million** mainly relating to higher payments to health service providers (\$176.0 million) and the ACT Health Directorate (\$21.8 million) due to growth in demand for services, indexation, new initiatives and the increase in activities relating to COVID-19. These expenses were partially offset by the receipt of additional Commonwealth funding through NPCR and NHRA agreements relating to the minimum funding guarantee (\$76.6 million) and higher Cross Border Health revenue (\$10.0 million).

## Future Trends

Figure 1: Net Cost of Services



Total own source revenue is expected to increase at a faster rate than the growth of total expenditure resulting in a decline in net cost of services over time. This is due to Commonwealth funding projections growing at a faster rate than the projected expenditure growth.

## Total Expenditure

### Components of Expenditure

Total expenditure for the Financial Year ended 30 June 2022 was **\$1 692.2 million**.

Figure 2 – Components of Expenditure, indicates that **97.5 per cent** of total expenditure relates to grants and purchased services.

Figure 2: Components of Expenditure

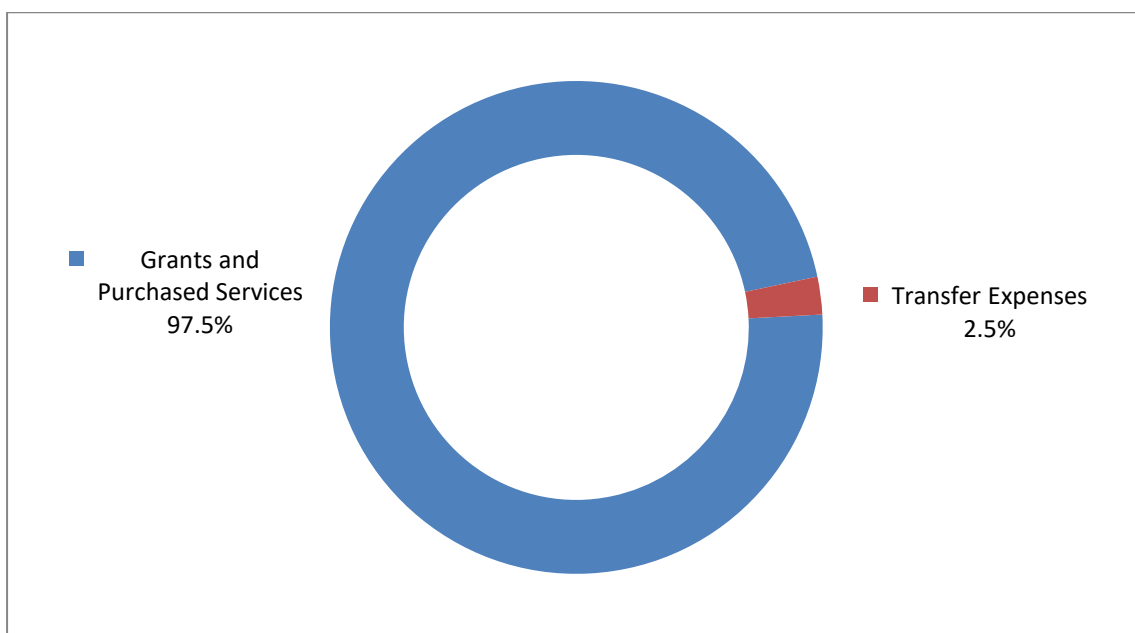




Table 2: 2021-22 Expenditure Variations from Budget

	Actual 2021 \$m	Actual 2022 \$m	Budget 2022 \$m	Budget Variance \$m
Grants and Purchased Services <sup>a</sup>	1 474.3	1 650.4	1 586.9	(63.5)
Transfer Expenses <sup>b</sup>	20.0	41.8	19.7	(22.1)
<b>Total Expenditure</b>	<b>1 494.3</b>	<b>1 692.2</b>	<b>1 606.6</b>	<b>(85.6)</b>

### Comparison to 2021-22 Budget

Total expenditure of **\$1 692.2 million** is **\$85.6 million** or **5.3 per cent** higher than the 2021-22 Budget. This was mainly due to:

- higher payments to the Canberra Health Services (\$45.9 million) and the Calvary Public Hospital (\$14.0 million) relating to the increase in hospital activities due to the COVID-19 'Delta' and 'Omicron' outbreaks in the Territory; and
- higher payments to the ACT Health Directorate to facilitate the public health emergency response to COVID-19 including coordinating quarantine facilities, pop-up testing clinics and additional special purpose cleaning services under the terms set by the NPCR (\$22.1 million).

### Comparison to 2020-21 Actual Expenses

Expenditure for 2021-22 was **\$197.9 million** or **13.2 per cent** higher than the 2020-21 expenditure of **\$1 494.3 million**. This was mainly due to higher expenses in:

- a) 'Grants and Purchased Services' (\$176.1 million) mainly relating to payments to health service providers for growth in demand for services, indexation, new initiatives and the increase in hospital services provided relating to the response to COVID-19; and
- b) 'Transfer Payments' mainly relating to payments made to the ACT Health Directorate to facilitate the public health emergency response to COVID-19 including coordinating quarantine facilities, pop-up testing clinics and additional special purpose cleaning services under the terms set by the NPCR (\$21.4 million).

### Total Own Source Revenue

#### Components of Own Source Revenue

Total own source revenue for 2021-22 was **\$671.2 million**. *Figure 3 - Components of Own Source Revenue*, indicates that **80.8 per cent** or **\$542.2 million** of total own source revenue relates to grants and contributions with the remaining revenue received from sales of goods and services from contracts with customers (\$129.0 million).

Figure 3: Components of Own Source Revenue

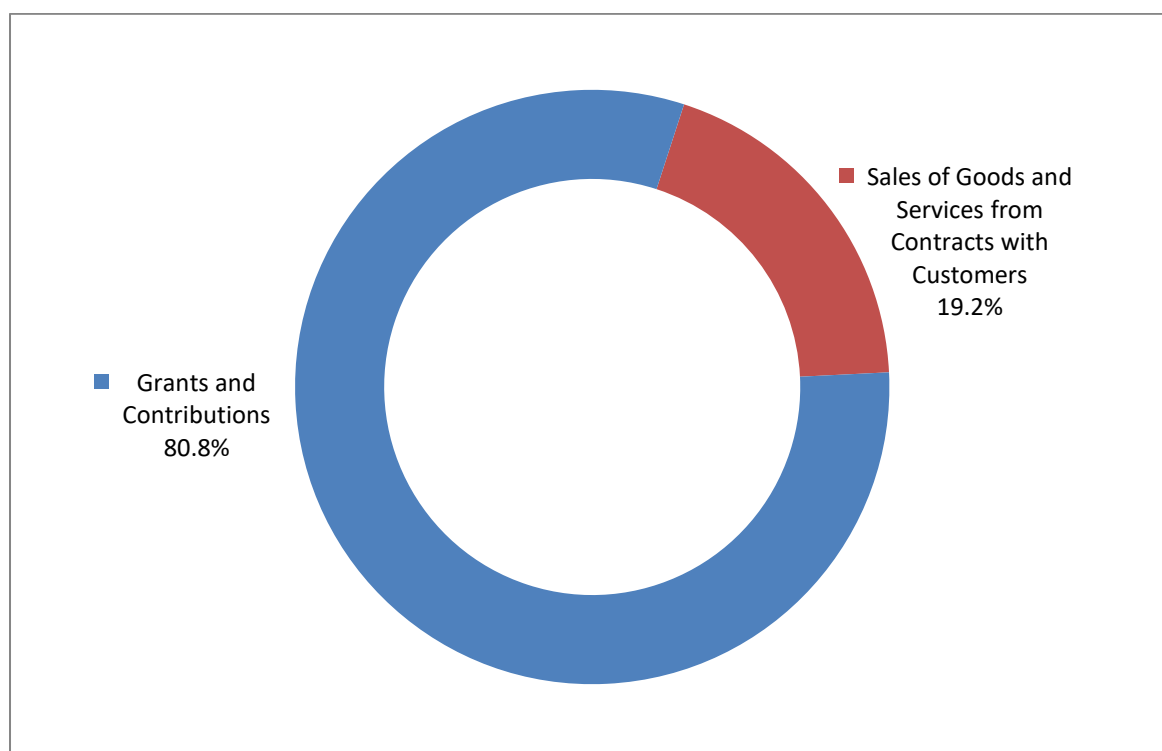


Table 3: 2021-22 Revenue Variations from Budget

	Actual 2021 \$m	Actual 2022 \$m	Budget 2022 \$m	Budget Variance \$m
Sales of Goods and Services from Contracts with Customers	119.0	129.0	116.2	12.8
Grants and Contributions	465.6	542.2	517.0	25.2
<b>Total Own Source Revenue</b>	<b>584.6</b>	<b>671.2</b>	<b>633.2</b>	<b>38.0</b>

#### Comparison to 2021-22 Budget

Own source revenue in 2021-22 of **\$671.2 million** was higher than the 2021-22 Budget by **\$38.0 million** or **6.0 per cent**, mainly due to:

- additional Commonwealth funding received to facilitate the public health emergency response to COVID-19 including hospital service payments, coordinating quarantine facilities, pop-up testing clinics and additional special purpose cleaning services under the terms set by the NPCR (\$25.2 million); and
- higher cross border revenue due to growth in health services provided to interstate residents (\$12.8 million) and multiple prior year reconciliations being completed with final back-adjustment payments being settled in 2021-22.

### Comparison to 2020-21 Actual Own Source Revenue

Own source revenue for 2021-22 was **\$86.5 million** or **14.8 per cent** higher than in 2020-21 mainly due to additional Commonwealth funding received through NPCR and NHRA agreements relating to the minimum funding guarantee and to support the ongoing public health emergency response to COVID-19, growth in demand for services, indexation, new initiatives and higher Cross Border Health revenue.

### Financial Position

#### Total Assets

Total assets at 30 June 2022 were **\$57.6 million**. *Figure 4 - Components of Assets* indicates that the majority of assets relate to receivables (96.2 per cent) with the remaining **3.8 per cent** being cash.

Figure 4: Components of Assets

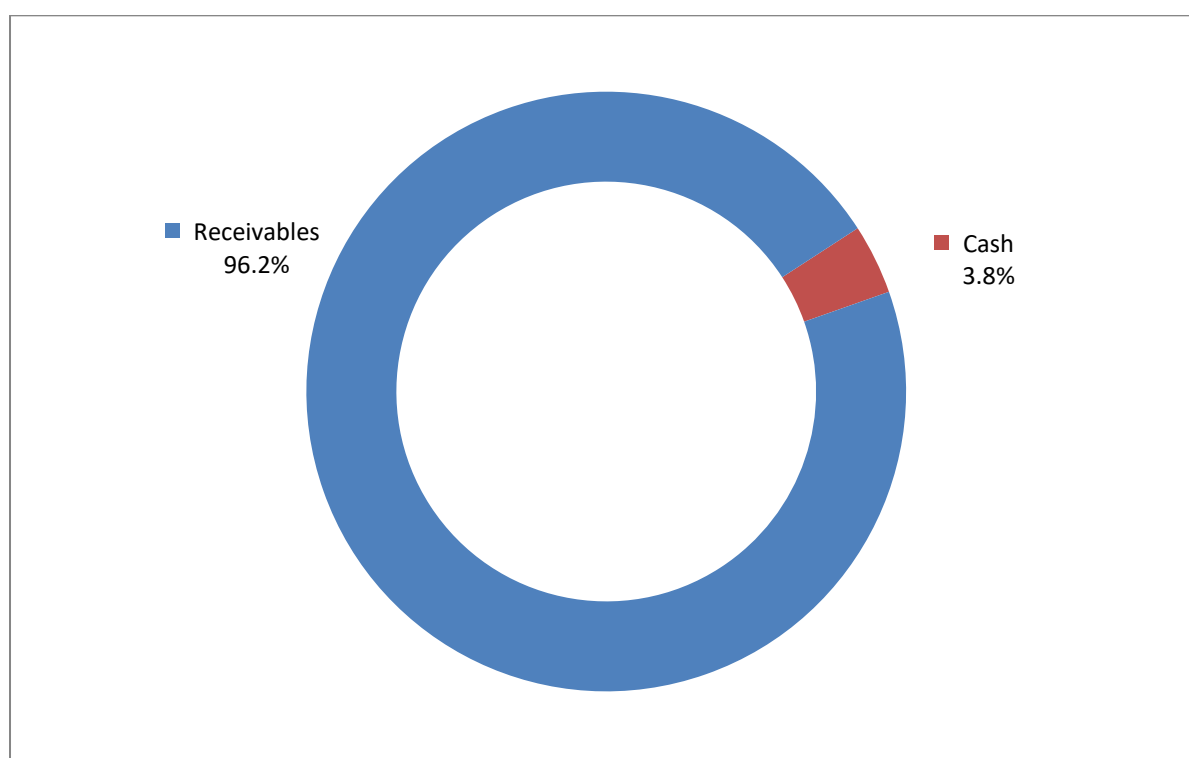


Table 4: 2021-22 Asset Variations from Budget

	Actual 2021 \$m	Actual 2022 \$m	Budget 2022 \$m	Budget Variance \$m
Cash	2.2	2.2	2.2	-
Receivables	65.9	55.4	62.0	(6.6)
<b>Total Assets</b>	<b>68.1</b>	<b>57.6</b>	<b>64.2</b>	<b>(6.6)</b>

### Comparison to 2021-22 Budget and 2020-21 Actual Total Assets

Total assets at 30 June 2022 of **\$57.6 million** were **\$6.6 million** lower than the 2021-22 Budget of **\$64.2 million** and 2020-21 actual result of **\$68.1 million** by **\$10.5 million** mainly relating to lower outstanding Cross Border Health receipts due to a number of prior year reconciliations being completed with final back-adjustment payments being settled in 2021-22.

### Total Liabilities

Figure 5: Components of Liabilities

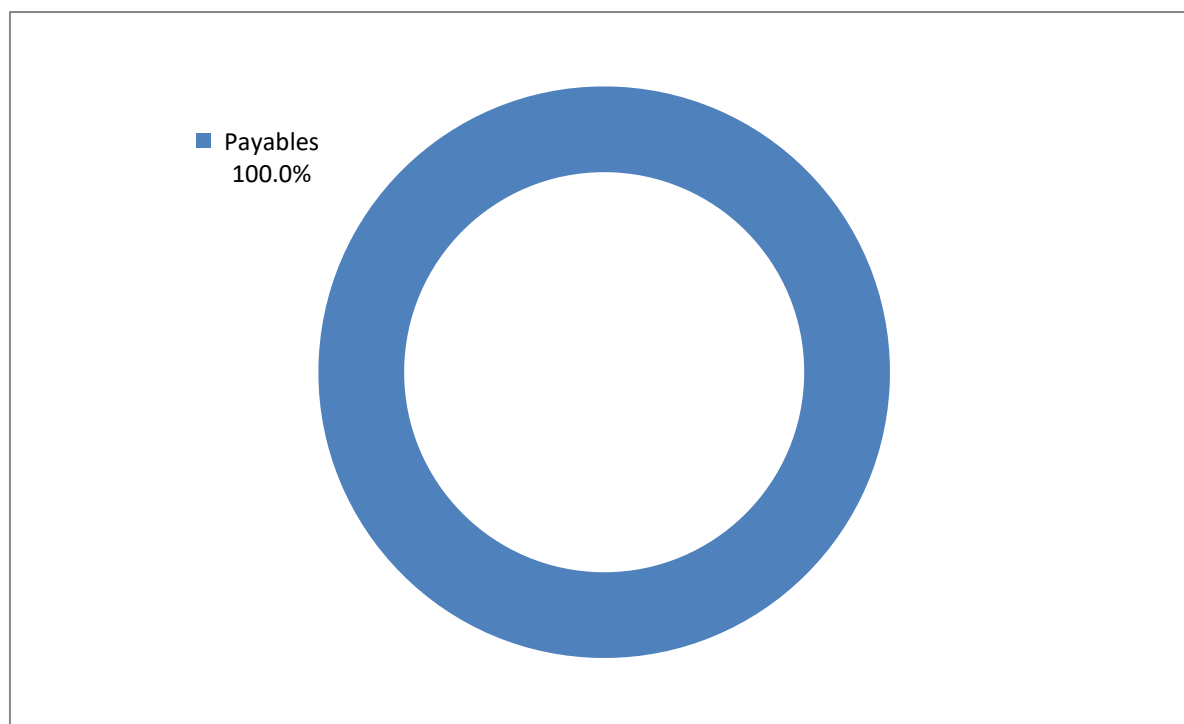


Table 5: 2021-22 Liability Variations from Budget

	Actual 2021 \$m	Actual 2022 \$m	Budget 2022 \$m	Budget Variance \$m
Payables	42.6	45.4	41.7	(3.7)
Other Liabilities	2.6	-	2.6	2.6
<b>Total Liabilities</b>	<b>45.2</b>	<b>45.4</b>	<b>44.3</b>	<b>(1.1)</b>

### Comparison to 2021-22 Budget and 2020-21 Actual Total Liabilities

Total liabilities as at 30 June 2022 of **\$45.4 million** were **\$1.1 million** higher than the 2021-22 Budget of **\$44.3 million** and higher than actual result at 30 June 2021 of **\$45.2 million** by **\$0.2 million**.

# ACT Local Hospital Network financial statements for the year ended 30 June 2022

# **ACT Local Hospital Network**

## **Financial Statements**

**For the Year Ended**

**30 June 2022**

## INDEPENDENT AUDITOR'S REPORT

### To the Members of the ACT Legislative Assembly

#### Opinion

I have audited the financial statements of the ACT Local Hospital Network Directorate (Directorate) for the year ended 30 June 2022 which comprise the operating statement, balance sheet, statement of changes in equity, statement of cash flows, statement of appropriation and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements:

- (i) present fairly, in all material respects, the Directorate's financial position as at 30 June 2022, and its financial performance and cash flows for the year then ended; and
- (ii) are presented in accordance with the *Financial Management Act 1996* and comply with Australian Accounting Standards.

#### Basis for opinion

I conducted the audit in accordance with the Australian Auditing Standards. My responsibilities under the standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of this report.

I am independent of the Directorate in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (Code). I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

#### Responsibilities of the Directorate for the financial statements

The Director-General of the ACT Health Directorate is responsible for:

- preparing and fairly presenting the financial statements in accordance with the *Financial Management Act 1996* and relevant Australian Accounting Standards;
- determining the internal controls necessary for the preparation and fair presentation of the financial statements so that they are free from material misstatements, whether due to error or fraud; and
- assessing the ability of the Directorate to continue as a going concern and disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting in preparing the financial statements.

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## Auditor's responsibilities for the audit of the financial statements

Under the *Financial Management Act 1996*, the Auditor-General is responsible for issuing an audit report that includes an independent opinion on the financial statements of the Directorate.

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the Directorate's internal controls;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directorate;
- conclude on the appropriateness of the Directorate's use of the going concern basis of accounting and, based on audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Directorate's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in this report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of this report. However, future events or conditions may cause the Directorate to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether they represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Directorate regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



Ajay Sharma  
Assistant Auditor-General, Financial Audit  
23 September 2022



**ACT LOCAL HOSPITAL NETWORK  
FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Statement of Responsibility**

In my opinion, the ACT Local Hospital Network's financial statements fairly reflect the financial operations for the year ended 30 June 2022 and its financial position on that date.



Rebecca Cross

Director-General

ACT Health Directorate

23 September 2022

**ACT LOCAL HOSPITAL NETWORK  
FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Statement by the Chief Finance Officer**

In my opinion, the ACT Local Hospital Network's financial statements have been prepared in accordance with the Australian Accounting Standards, ACT Accounting and Disclosure Policies and are in agreement with its accounts and records and fairly reflect its financial operations for the year ended 30 June 2022 and the financial position on that date.



Kate Chambers

Chief Finance Officer

ACT Health Directorate

23 September 2022

# ACT LOCAL HOSPITAL NETWORK

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### FOR THE YEAR ENDED 30 JUNE 2022

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**ACT LOCAL HOSPITAL NETWORK  
OPERATING STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2022**

	Note No.	Actual 2022 \$'000	Original Budget 2022 \$'000	Actual 2021 \$'000
<b>Income</b>				
<i>Revenue</i>				
Controlled Recurrent Payments	#	1 010 421	973 456	907 735
Sales of Goods and Services from Contracts with Customers	3	128 952	116 219	118 991
Grants and Contributions Revenue	4	542 205	516 958	465 619
<i>Total Revenue</i>		<b>1 681 578</b>	<b>1 606 633</b>	<b>1 492 345</b>
<b>Total Income</b>		<b>1 681 578</b>	<b>1 606 633</b>	<b>1 492 345</b>
<b>Expenses</b>				
Grants and Purchased Services	5	1 650 390	1 586 945	1 474 346
Transfer Expenses	6	41 795	19 688	20 020
Other Expenses		40	-	-
<b>Total Expenses</b>		<b>1 692 225</b>	<b>1 606 633</b>	<b>1 494 366</b>
<b>Operating Result</b>		<b>(10 647)</b>	-	<b>(2 021)</b>
<b>Total Comprehensive (Deficit)</b>		<b>(10 647)</b>	-	<b>(2 021)</b>

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

The ACT Local Hospital Network has only one output class and as such the above Operating Statement is also the Operating Statement for the ACT Local Hospital Network output class.

# Refer to the Statement of Appropriation.

**ACT LOCAL HOSPITAL NETWORK  
BALANCE SHEET  
As At 30 JUNE 2022**

	Note No.	Actual 2022 \$'000	Original Budget 2022 \$'000	Actual 2021 \$'000
<b>Current Assets</b>				
Cash	7	2 171	2 178	2 177
Receivables	8	55 430	61 953	65 866
<b>Total Current Assets</b>		<b>57 601</b>	<b>64 131</b>	<b>68 043</b>
<b>Total Assets</b>		<b>57 601</b>	<b>64 131</b>	<b>68 043</b>
<b>Current Liabilities</b>				
Payables	9	45 408	41 687	42 619
Other Liabilities		-	2 584	2 584
<b>Total Current Liabilities</b>		<b>45 408</b>	<b>44 271</b>	<b>45 203</b>
<b>Total Liabilities</b>		<b>45 408</b>	<b>44 271</b>	<b>45 203</b>
<b>Net Assets</b>		<b>12 193</b>	<b>19 860</b>	<b>22 840</b>
<b>Equity</b>				
Accumulated Funds		12 193	19 860	22 840
<b>Total Equity</b>		<b>12 193</b>	<b>19 860</b>	<b>22 840</b>

The above Balance Sheet should be read in conjunction with the accompanying notes.

The ACT Local Hospital Network has one output class and as such the above Balance Sheet is also the Balance Sheet for the ACT Local Hospital Network output class.

**ACT LOCAL HOSPITAL NETWORK  
STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2022**

	Accumulated Funds Actual 2022 \$'000	Total Equity Actual 2022 \$'000	Original Budget 2022 \$'000
<b>Balance at 1 July 2021</b>	<u>22 840</u>	<u>22 840</u>	<u>19 860</u>
<b>Comprehensive Income</b>			
Operating Result	(10 647)	(10 647)	-
<b>Total Comprehensive (Deficit)</b>	<u>(10 647)</u>	<u>(10 647)</u>	<u>-</u>
<b>Balance at 30 June 2022</b>	<u><u>12 193</u></u>	<u><u>12 193</u></u>	<u><u>19 860</u></u>

	Accumulated Funds Actual 2021 \$'000	Total Equity Actual 2021 \$'000
<b>Balance at 1 July 2020</b>	<u>24 861</u>	<u>24 861</u>
<b>Comprehensive Income</b>		
Operating Result	(2 021)	(2 021)
<b>Total Comprehensive (Deficit)</b>	<u>(2 021)</u>	<u>(2 021)</u>
<b>Balance at 30 June 2021</b>	<u><u>22 840</u></u>	<u><u>22 840</u></u>

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

**ACT LOCAL HOSPITAL NETWORK  
STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2022**

	Note No.	Actual 2022 \$'000	Original Budget 2022 \$'000	Actual 2021 \$'000
<b>Cash Flows from Operating Activities</b>				
<b>Receipts</b>				
Controlled Recurrent Payments	#	1 010 421	973 456	907 735
Sales of Goods and Services from Contracts with Customers		139 694	116 219	116 816
Grants and Contributions Receipts		539 621	516 958	462 231
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		27 264	24 553	25 510
Transfers from ACT Health Directorate		139 694	116 219	87 642
<b>Total Receipts from Operating Activities</b>		<b>1 856 694</b>	<b>1 747 405</b>	<b>1 599 934</b>
<b>Payments</b>				
Grants and Purchased Services		1 688 097	1 605 742	1 490 866
Payments to Private Hospitals (State Directed)		1 148	891	-
Goods and Services Tax Paid to Suppliers		27 761	24 553	25 221
Transfers to ACT Health Directorate		139 694	116 219	87 642
<b>Total Payments from Operating Activities</b>		<b>1 856 700</b>	<b>1 747 405</b>	<b>1 603 729</b>
<b>Net Cash (Outflows) from Operating Activities</b>		<b>(6)</b>	<b>-</b>	<b>(3 795)</b>
<b>Net (Decrease) in Cash</b>		<b>(6)</b>	<b>-</b>	<b>(3 795)</b>
Cash at the Beginning of the Reporting Period		2 177	2 178	5 972
<b>Cash at the End of the Reporting Period</b>	<b>7</b>	<b>2 171</b>	<b>2 178</b>	<b>2 177</b>

The above Statement of Cash Flows should be read in conjunction with the accompanying notes.

# Refer to the Statement of Appropriation.

# ACT LOCAL HOSPITAL NETWORK STATEMENT OF APPROPRIATION FOR THE YEAR ENDED 30 JUNE 2022

## Description and Material Accounting Policies relating to Controlled Recurrent Payments

Controlled Recurrent Payments (CRP) are revenue received from the ACT Government to fund the costs of delivering outputs.

CRP is recognised as revenue when the ACT Local Hospital Network (LHN) gains control over the funding which is obtained upon the receipt of cash, given they do not contain enforceable and sufficiently specific performance obligations as defined by AASB 15.

## Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Statement of Cash Flows in the Budget Papers. This amount also appears in the Statement of Cash Flows.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* column shows the total amount of appropriation received by LHN during the year. This amount appears in the Statement of Cash Flows.

	Original Budget 2022 \$'000	Total Appropriated 2022 \$'000	Appropriation Drawn 2022 \$'000	Appropriation Drawn 2021 \$'000
Controlled Recurrent Payments	973 456	1 037 798	1 010 421	907 735
<b>Total Controlled Appropriation</b>	<b>973 456</b>	<b>1 037 798</b>	<b>1 010 421</b>	<b>907 735</b>

The above Statement of Appropriation is to be read in conjunction with the accompanying notes.

## COVID-19 Disclosure

In response to the COVID-19 pandemic, LHN received \$43.8 million to support hospital treatment and testing activities across both Canberra Health Services and Calvary Public Hospital. In addition, the LHN received \$20.2 million to continue the government run vaccination program.

These amounts were supplemented by the Commonwealth Government through the *National Partnership on COVID-19 Response* (NPCR) agreement.



**ACT LOCAL HOSPITAL NETWORK  
STATEMENT OF APPROPRIATION (CONTINUED)  
FOR THE YEAR ENDED 30 JUNE 2022**

<b>Reconciliation of Appropriation for 2021-22</b>	<b>Controlled Recurrent Payments \$'000</b>
Original Appropriation	973 456
Treasurer's Advance (FMA s.18)	64 342
<b>Total Appropriated</b>	<b>1 037 798</b>
<b>Controlled Appropriation Drawn</b>	<b>1 010 421</b>

**Variances between 'Original Budget', 'Total Appropriated' and 'Appropriation Drawn'.**

**Controlled Recurrent Payments**

*Variances between 'Original Budget' and 'Total Appropriated'*

The difference between 'Original Budget' and 'Total Appropriated' of \$64.3 million mainly relates to additional funding received through a Treasurer's Advance to support the continuing public health emergency response to COVID-19 for hospital treatment and testing activities across both Canberra Health Services and Calvary Public Hospital due to the COVID-19 Omicron outbreak, that could not be foreseen during the budget process.

*Variances between 'Total Appropriated' and 'Appropriation Drawn'*

The difference between 'Total Appropriated' and 'Appropriation Drawn' of \$27.4 million is mainly due to appropriation for multiple projects and initiatives being transferred from 2021-22 to 2022-23, whole of government savings and lower cash requirements than estimated at the time of submitting the Treasurer's Advance request.

*Variances between '2021-22 Controlled Recurrent Payments Appropriation Drawn' and '2020-21 Controlled Recurrent Payments Appropriation Drawn'*

The increase in 'Controlled Recurrent Payments' of \$102.7 million is mainly due to indexation, new initiatives and additional funding received to support the ongoing public health response to COVID-19 including hospital treatment, quarantine, testing and the vaccination program.

# ACT LOCAL HOSPITAL NETWORK

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Note 1. Objectives of the ACT Local Hospital Network

The ACT Local Hospital Network (LHN), established in accordance with the *National Health Reform Agreement 2020-25*, and managed in accordance with the *Health (National Health Funding Pool and Administration) Act 2013*, is administered by the Director-General of the ACT Health Directorate. The LHN is supported by the ACT Health Directorate's staff.

The LHN receives funding from the Commonwealth, the ACT and other state and territory governments. Funding from other state and territory governments is mainly received from the NSW Government for patients accessing services from the surrounding NSW region.

The LHN funds public hospital and health services provided through the following main providers:

- Canberra Health Services (CHS), which includes Canberra Hospital and the University of Canberra Hospital as well as the network of community health centres and walk-in-centres;
- Calvary Health Care ACT Limited, which includes Calvary Public Hospital Bruce and Clare Holland House Hospice; and
- Tresillian Family Care Centres, for the Queen Elizabeth II Family Centre.

The LHN also funds services provided under contract through a number of private hospitals in the ACT.

#### Note 2. Basis of Preparation of the Financial Statements

##### Legislative Requirement

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

The FMA and the *Financial Management Guidelines* issued under the Act, require the LHN's financial statements to include:

- i. an Operating Statement for the year;
- ii. a Balance Sheet at the end of the year;
- iii. a Statement of Changes in Equity for the year;
- iv. a Statement of Cash Flows for the year;
- v. a Statement of Appropriation for the year;
- vi. the material accounting policies adopted for the year; and
- vii. other statements as necessary to fairly reflect the financial operations of the LHN during the year and its financial position at the end of the year.

These general-purpose financial statements have been prepared in accordance with:

- i. Australian Accounting Standards (as required by the FMA); and
- ii. ACT Accounting and Disclosure Policies.

**ACT LOCAL HOSPITAL NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 2. Basis of Preparation of the Financial Statements (Continued)**

**Accrual Accounting**

The financial statements have been prepared using the accrual basis of accounting.

**Currency**

These financial statements are presented in Australian dollars.

**Individual Not-For-Profit Reporting Entity**

The LHN is an individual not-for-profit reporting entity.

**Reporting Period**

These financial statements state the financial performance, changes in equity and cash flows of the LHN for the year ended 30 June 2022 together with the financial position of the LHN as at 30 June 2022.

**Comparative Figures**

***Budget Figures***

To facilitate a comparison with the Budget Statements, as required by the FMA, budget information for 2021-22 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the 2021-22 Budget Papers.

***Comparative Figures***

Comparative information has been disclosed in respect of the previous period for amounts reported in the financial statements, except where an Australian Accounting Standard does not require comparative information to be disclosed.

Where the presentation or classification of items in the financial statements is amended, the comparative amounts have been reclassified where practical. Where a reclassification has occurred, the nature, amount and reason for the reclassification is provided.

***Rounding***

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

**Going Concern**

The 2021-22 financial statements have been prepared on a going concern basis as the LHN has been funded in the ACT Government 2022-23 Budget and the Budget Papers including forward estimates for the LHN.

As at 30 June 2022, the LHN has sufficient current assets to meet its short-term liabilities.

**COVID-19 Impacts**

The LHN experienced material financial impacts relating to both Income and Expenses as a result of the COVID-19 health emergency in 2021-22. The impacts are represented through figures and comments in *Statement of Appropriation, Note 4 - Grants and Contributions, Note 5 - Grants and Purchased Services and Note 6 – Transfer Expenses.*

# ACT LOCAL HOSPITAL NETWORK

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

## Income Notes

### Material Accounting Policies - Income

#### Income Recognition

The following material accounting policies relate to each income note unless stated otherwise in the individual note. Revenue is recognised in accordance with AASB 15 *Revenue from Contracts with Customers* where the contract is enforceable and contains sufficiently specific performance obligations, otherwise revenue is in the scope of AASB 1058 *Income of Not-for-Profit Entities*.

#### **AASB 15**

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the entity expects to receive in exchange for those goods or services. Revenue is recognised by applying a five step model as follows:

1. identify the contract with the customer;
2. identify the performance obligations;
3. determine the transaction price;
4. allocate the transaction price; and
5. recognise revenue as or when control of the performance obligation is transferred to the customer.

Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the LHN has any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

#### **AASB 1058**

Where revenue streams are in the scope of AASB 1058, the LHN recognises the asset received (generally cash or other financial assets) at fair value, recognises any related amount (e.g. liability or equity) in accordance with an accounting standard and recognises revenue as the residual between the fair value of the asset and the related amount on receipt of the asset.

**ACT LOCAL HOSPITAL NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Note 3. Sales of Goods and Services from Contracts with Customers**

**Description and Material Accounting Policies Relating to the Sale of Goods and Services**

The LHN earns revenue from providing public health services to residents of other States and Territories. The LHN undertakes an annual review to determine whether the services it provides need to be classified as revenue from contracts with customers in accordance with AASB 15. The LHN has assessed its revenue from contracts with customers to determine the timing and nature of the satisfaction of performance obligations. As a result, the LHN determined the services to be classified as revenue from contracts with customers which have been included in this note as Cross Border (Interstate) Health Revenue.

Public hospital services are dependent on patient numbers and complexities of treatments provided and are quantified as national weighted activity units (NWAU). The final price payable for services each year is calculated using the price per NWAU determined by the Independent Hospital Pricing Authority (IHPA) and the services provided.

Initial revenue from Cross Border (Interstate) Health services for the current year is recognised over time on a monthly basis on patient numbers estimated from projected growth of prior year actuals. Thereafter revenue for actual patient numbers and complexities of treatments provided are recognised following an acquittal process undertaken in subsequent years. Variations to the revenue recognised are accounted for in the year of settlement.

The *National Health Reform Agreement* (NHRA) specifies that each jurisdiction will make funding contributions through the *National Health Funding Pool* for services provided by other jurisdictions to its residents either on an ad hoc basis reflecting actual activity, or on a regular basis as scheduled through a Cross Border agreement.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Non-ACT Government Customers</b>		
Cross Border (Interstate) Health Revenue	128 952	118 991
<b>Total Sales of Goods and Services from Non-ACT Government Customers</b>	<b>128 952</b>	<b>118 991</b>
<b>Total Sales of Goods and Services from Contracts with Customers</b>	<b>128 952</b>	<b>118 991</b>

**ACT LOCAL HOSPITAL NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Note 4. Grants and Contributions Revenue**

**Description and Material Accounting Policies Relating to Grants and Contributions Revenue**

Commonwealth Grants relate to Activity Based Funding, Block Funding and Public Health Funding under the NHRA and funding received under the *National Partnership on COVID-19 Response* (NPCR) agreement.

Activity Based Funding refers to a national system for funding public hospital services using national classifications, national weighted activity unit (NWAU) and a national efficient price (NEP).

Activity Based Funding covers all admitted, non-admitted and emergency department services that meet the Independent Hospital Pricing Authority (IHPA) criteria for inclusion on the 'General List of In-Scope Public Hospital Services'.

Block Funding is provided to support other public hospital functions that are recognised by IHPA as services acceptable to be funded on this basis and that conform to IHPA's national pricing model.

Public Health funding is provided to fund health promotion and preventive activities undertaken by the State/Territory Health Department.

In March 2020, the Australian Government and all Australian States and Territories signed the NPCR in order to proactively mitigate the impacts of COVID-19 and support the Australian health system to respond effectively to the outbreak. The NPCR has subsequently been varied to include private hospitals, the COVID-19 vaccination program and aged care preparedness.

**Significant Accounting Judgement and Estimates – Grants from the Commonwealth**

Actual NWAUs are settled following an acquittal process undertaken in the following financial year and variations to the revenue recognised are accounted for in the year of settlement.

Commonwealth Grants are calculated and paid using estimates of NWAU activity. These estimates are based on expected number of patients treated during the year and are recognised as revenue upon receipt. Grants from the Commonwealth are recognised as revenue when the LHN gains control over the funding.

LHN has determined that the agreements/arrangements relating to 'Grants from the Commonwealth' line items included in this note do not contain sufficiently specific performance obligations for recognising revenue from contracts with customers under AASB 15. None of the arrangements require LHN to provide an equal amount in return for the consideration received. As such, AASB 1058 has been applied for recognising this revenue.

	2022 \$'000	2021 \$'000
<b>Non-ACT Government Grants and Contributions</b>		
Grants from the Commonwealth <sup>a</sup>	542 205	465 619
<b>Total Non-ACT Government Grants and Contributions</b>	<b>542 205</b>	<b>465 619</b>
<b>Total Grants and Contributions</b>	<b>542 205</b>	<b>465 619</b>

- a. The increase in 'Grants from the Commonwealth' of (\$76.6 million) is mainly due to additional funding received through the NPCR (\$45.0 million) and NHRA (\$31.6 million) agreements relating to indexation, new initiatives, growth in services and additional funding provided for the Territory's response to COVID-19.

**ACT LOCAL HOSPITAL NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 5. Grants and Purchased Services**

**Description and Material Accounting Policies Relating to Grants and Purchased Services**

Grants and Purchased Services reflect public hospital payments to Canberra Health Services, Calvary Public Hospital (including Clare Holland House), Queen Elizabeth II Hospital, private hospitals in the ACT and to States and the Northern Territory for Cross Border patient services.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Grants and Purchased Services</b>		
Payments to Service Providers		
- Canberra Health Services <sup>a</sup>	1 333 880	1 196 634
- Calvary Public Hospital <sup>a</sup>	276 960	243 770
- Queen Elizabeth II Hospital	3 922	3 695
- Private Hospital Financial Viability Payments <sup>b</sup>	6 975	2 313
- Private Hospitals (State Directed) <sup>c</sup>	1 148	-
Cross Border (Interstate) Health Costs	27 505	27 934
<b>Total Grants and Purchased Services</b>	<b>1 650 390</b>	<b>1 474 346</b>

- a. The increase in payments to Canberra Health Services (\$137.2 million) and Calvary Public Hospital (\$33.2 million) mainly relates to growth in demand for services, indexation and the increase in hospital activities due to the COVID-19 Delta and Omicron outbreaks.
- b. 'Private Hospital Financial Viability Payments' (FVP) relate to the NPCR commitment that saw the Commonwealth provide 100 per cent FVP to guarantee ongoing minimum viability for private hospitals. The higher payment in 2021-22 of \$4.7 million is mainly due to increased restrictions and deferred surgeries resulting from the 'Delta' and 'Omicron' COVID-19 outbreaks in the Territory. This is in recognition that private hospitals were expected to retain their full workforce as at 31 March 2020, including medical, nursing, other clinical and ancillary staff, for service delivery or redeployment as needed at the direction of the Territory.
- c. 'Private Hospitals (State Directed)' relates to the purchase of public hospital services from private hospitals to supplement the increase in demand for health services due to the COVID-19 pandemic.

**ACT LOCAL HOSPITAL NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Note 6. Transfer Expenses**

**Description and Material Accounting Policies Relating to Transfer Expenses**

The Commonwealth Government’s contribution to public health funding through the NHRA and the NPCR, is passed through to the ACT Health Directorate. Public health payments fund health promotion, preventive activities and the Chief Health Officer’s response to COVID-19 in the Territory, for which activities are undertaken by State and Territory Health Departments.

	<b>2022</b>	<b>2021</b>
	<b>\$’000</b>	<b>\$’000</b>
Transfer Expenses <sup>a</sup>	41 795	20 020
<b>Total Transfer Expenses</b>	<b>41 795</b>	<b>20 020</b>

- a. The increase in ‘Transfer Expenses’ of \$21.8 million relates to additional payments to ACT Health Directorate to facilitate the public health emergency response to COVID-19 including coordinating quarantine facilities, pop-up testing clinics and additional special purpose cleaning services under the terms set by the NPCR.

**ASSET NOTES**

**Material Accounting Policies – Assets**

**Assets – Current and Non-Current**

Assets are classified as current where they are expected to be realised within 12 months after the reporting date. Assets, which do not fall within the current classification, are classified as non-current.



**ACT LOCAL HOSPITAL NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 7. Cash**

**Description and Material Accounting Policies Relating to Cash**

Cash includes cash at bank.

The LHN operates three bank accounts, two with Westpac Banking Corporation as part of the Whole of Government banking arrangements and the other with the Reserve Bank of Australia as part of the requirements under the NHRA. The LHN does not receive any interest on these accounts.

<b>(a) Cash Balances</b>	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current Cash</b>		
Deposits Held at Call with a Financial Institution	2 171	2 177
<b>Total Cash</b>	<b>2 171</b>	<b>2 177</b>
<b>(b) Reconciliation of Cash at the End of the Reporting Period in the Statement of Cash Flows to the Equivalent Items in the Balance Sheet</b>		
	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Total Cash Recorded in the Balance Sheet	2 171	2 177
<b>Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows</b>	<b>2 171</b>	<b>2 177</b>
<b>(c) Reconciliation of Operating Result to Net Cash Inflows/(Outflows) from Operating Activities</b>		
	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Operating Result	(10 647)	(2 021)
<b>Cash Before Changes in Operating Assets and Liabilities</b>	<b>(10 647)</b>	<b>(2 021)</b>
<b>Changes in Operating Assets and Liabilities</b>		
Decrease/(Increase) in Receivables	10 436	(2 036)
Increase in Payables	2 789	3 650
(Decrease) in Other Liabilities	(2 584)	(3 388)
<b>Net Changes in Operating Assets and Liabilities</b>	<b>10 640</b>	<b>(1 774)</b>
<b>Net Cash (Outflows) from Operating Activities</b>	<b>(6)</b>	<b>(3 795)</b>

**ACT LOCAL HOSPITAL NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Note 8. Receivables**

**Description and Material Accounting Policies Relating to Receivables**

Accounts receivables are measured at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. Accrued Cross Border revenue relates to outstanding payments for the estimated number of interstate patients treated in ACT public hospitals.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current Receivables</b>		
Accrued Revenue <sup>a</sup>	53 310	64 203
Net GST Receivable	2 120	1 663
<b>Total Receivables</b>	<b>55 430</b>	<b>65 866</b>

No receivables are past due or impaired. All receivables are with other State and Territory Governments.

- a. The decrease in 'Accrued Revenue' of \$10.9 million mainly relates to lower outstanding Cross Border Health receipts due to a number of prior year reconciliations being completed with final back-adjustment payments being settled in 2021-22.

**ACT LOCAL HOSPITAL NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Liability Note**

**Material Accounting Policies – Liability**

**Liabilities – Current and Non-Current**

Liabilities are classified as current when they are due to be settled within 12 months after the reporting date or the LHN does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date. Liabilities, which do not fall within the current classification, are classified as non-current.

**Note 9. Payables**

**Description and Material Accounting Policies Relating to Payables**

Payables are initially recognised at fair value based on the transaction cost and subsequent to initial recognition at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. Accrued Expenses relate to outstanding payments for the estimated number of ACT residents treated in other State and Territory public hospitals and payments to Calvary Public Hospital for activities relating to the COVID-19.

Payables consist of Accrued Expenses.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current Payables</b>		
Accrued Expenses	45 408	42 619
<b>Total Payables</b>	<b>45 408</b>	<b>42 619</b>

No payables are overdue.

# ACT LOCAL HOSPITAL NETWORK

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### Note 10. Financial Instruments

##### Material Accounting Policies Relating to Financial Instruments

Details of the material accounting 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 the note to which they relate. In addition to these policies, the following are also accounting policies relating to financial assets and liabilities.

Financial assets as subsequently measured at amortised cost, fair value through other comprehensive income or fair value through profit or loss on the basis of both:

- (a) the business model for managing the financial assets; and
- (b) the contractual cash flow characteristics of the financial assets.

The following are the classification of the LHN's financial assets under AASB 9:

Items	Business Model Held to collect principal and interest/sell	Solely for payment of Principal and Interest SPPI Test (basic lending characteristics)	Classification
Cash	Held to collect	Yes	Amortised cost
Receivables	Held to collect	Yes	Amortised cost

Financial liabilities are measured at amortised cost.

##### Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The LHN's credit risk is limited to the amount of the financial assets it holds net of provision for impairment. The LHN's financial assets consist of cash and receivables.

Cash is held with the Westpac Banking Corporation and the Reserve Bank of Australia, both of which are high credit, quality financial institutions, in accordance with Whole of Government banking arrangements.

The LHN's receivables mainly consist of amounts owed by New South Wales Health and the Department of Health and Human Services in Victoria. As the New South Wales and the Victorian Governments have AAA and AA credit ratings respectively, it is considered that there is a very low risk of default for these receivables.

There have been no significant changes in credit risk exposure since the last reporting period.

##### Liquidity Risk

Liquidity risk is the risk that the LHN will encounter difficulties in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

The main source of cash to pay these obligations is appropriation from the ACT Government and Grants from the Commonwealth. The LHN manages its liquidity risk through forecasting Controlled Recurrent Payments drawdown to cover its financial liabilities when they fall due.

The LHN's exposure to liquidity risk and the management of this risk has not changed since the previous reporting period.

**ACT LOCAL HOSPITAL NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**Note 10. Financial Instruments (Continued)**

**Carrying Amounts and Fair Value of Financial Assets and Liabilities**

	Note No.	Carrying Amount 2022 \$'000	Fair Value 2022 \$'000	Carrying Amount 2021 \$'000	Fair Value 2021 \$'000
<b>Financial Assets</b>					
Cash	7	2 171	2 171	2 177	2 177
Receivables	8	53 310	53 310	64 203	64 203
<b>Total Financial Assets</b>		<b>55 481</b>	<b>55 481</b>	<b>66 380</b>	<b>66 380</b>
<b>Financial Liabilities</b>					
Payables	9	45 408	45 408	42 619	42 619
Other Liabilities		-	-	2 584	2 584
<b>Total Financial Liabilities</b>		<b>45 408</b>	<b>45 408</b>	<b>45 203</b>	<b>45 203</b>
<b>Net Financial Assets</b>		<b>10 073</b>	<b>10 073</b>	<b>21 177</b>	<b>21 177</b>

All financial assets and liabilities of the LHN are non-interest bearing and are shown on an undiscounted Cash Flow basis.

**Carrying Amount of Each Category of Financial Asset and Financial Liability**

	2022 \$'000	2021 \$'000
<b>Financial Assets</b>		
Financial Assets Measured at Amortised Cost	55 481	64 203
<b>Financial Liabilities</b>		
Financial Liabilities Measured at Amortised Cost	45 408	45 203

**ACT LOCAL HOSPITAL NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Note 11. Commitments**

Commitments contracted at reporting date but not recognised as liabilities are as follows:

	2022 \$'000	2021 \$'000
<b>Commitments</b>		
Payable:		
Within One Year	4 443	1 078
Later than one year but not later than five years	14 007	-
<b>Total Commitments<sup>a</sup></b>	<b>18 450</b>	<b>1 078</b>

Commitments relate to services provided under contract for the provision of residential primary health care for families of young children at the Queen Elizabeth II Family Centre.

- a. The increase in 'Commitments' of \$17.4 million is due to the recognition of future commitments as at 30 June 2022 to reflect the services contract being extended to June 2026.

All amounts shown in this note are inclusive of GST.

# ACT LOCAL HOSPITAL NETWORK

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2022

#### **Note 12. Related Party Disclosures**

##### **Description and Material Accounting Policies Relating to Related Party Disclosures**

A related party is a person that controls or has significant influence over the reporting entity or is a member of the Key Management Personnel (KMP) of the reporting entity or its parent entity and includes their close family members and entities in which the KMP and/or their close family members individually or jointly have controlling interests.

KMP are those persons having authority and responsibility for planning, directing and controlling the activities of the LHN, directly or indirectly.

KMP of the LHN are the Portfolio Minister, the Director-General of the ACT Health Directorate and individuals from the ACT Health Directorate with a significant influence in strategic decisions impacting the LHN.

The Head of Service and the ACT Executive comprising the Cabinet Ministers are KMP of the ACT Government and are therefore related parties of the LHN.

This note does not include typical citizen transactions between the KMP and the LHN that occur on terms and conditions no different to those applying to the general public.

##### **(A) Controlling Entity**

The LHN is an ACT Government controlled entity.

##### **(B) Key Management Personnel**

###### **B.1 Compensation of Key Management Personnel**

Compensation of all Cabinet Ministers, including the Portfolio Minister, is disclosed in the note on related party disclosures included in the ACT Executive's financial statements for the year ended 30 June 2022.

Compensation of the Head of Service is included in the note on related party disclosures included in the Chief Minister, Treasury and Economic Development Directorate's (CMTEDD) financial statements for the year ended 30 June 2022.

Key Management Personnel (KMP) of the LHN other than the Portfolio Minister are employees of the ACT Health Directorate and are compensated by the ACT Health Directorate. Compensation of these KMP is included in the note on related party disclosures included in the ACT Health Directorate's financial statements for the year ended 30 June 2022.

The LHN itself does not compensate any of its KMP.

###### **B.2 Transactions with Key Management Personnel**

No disclosure is required for typical citizen transactions between the KMP and the Directorate that occur on terms and conditions no different to those applying to the general public, where no discretion is applied and no influence is exerted by the related parties over the terms and conditions of these transactions.

###### **B.3 Transactions with parties related to Key Management Personnel**

There were no transactions with parties related to KMP, including transactions with KMP's close family members or other related entities that were material to the financial statements of the Directorate.

**ACT LOCAL HOSPITAL NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2022**

**Note 12. Related Party Disclosures (Continued)**

**(C) Transactions with other ACT Government Controlled Entities**

The LHN has entered into transactions with other ACT Government Entities in 2021-2022 consistent with day-to-day business operations provided under varying terms and conditions. The notes to the Financial Statements provide the details of transactions with other ACT Government Entities.



# ACT Local Hospital Network statement of performance for the year ended 30 June 2022

## INDEPENDENT LIMITED ASSURANCE REPORT

### To the Members of the ACT Legislative Assembly

#### Conclusion

I have undertaken a limited assurance engagement on the statement of performance of the ACT Local Hospital Network Directorate (Directorate) for the year ended 30 June 2022.

Based on the procedures performed and evidence obtained, nothing has come to my attention to indicate the results of the accountability indicators reported in the statement of performance for the year ended 30 June 2022 are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

#### Basis for conclusion

I have conducted the engagement in accordance with the Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information*. My responsibilities under the standard and legislation are described in the 'Auditor-General's responsibilities' section of this report.

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and the ACT Audit Office applies Australian Auditing Standard ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, Other Assurance Engagements and Related Services Engagements*.

I believe that sufficient and appropriate evidence was obtained to provide a basis for my conclusion.

#### The Directorate's responsibilities for the statement of performance

The Director-General of the ACT Health Directorate is responsible for:

- preparing and fairly presenting the statement of performance in accordance with the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*; and
- determining the internal controls necessary for the preparation and fair presentation of the statement of performance so that the results of accountability indicators and accompanying information are free from material misstatements, whether due to error or fraud.

#### Auditor-General's responsibilities

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*, the Auditor-General is responsible for issuing a limited assurance report on the statement of performance of the Directorate.

My objective is to provide limited assurance on whether anything has come to my attention that indicates the results of the accountability indicators reported in the statement of performance are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

In a limited assurance engagement, I perform procedures such as making inquiries with representatives of the Directorate, performing analytical review procedures and examining selected evidence supporting the results of accountability indicators. The procedures used depend on my judgement, including the assessment of the risks of material misstatement of the results reported for the accountability indicators.

### **Limitations on the scope**

The procedures performed in a limited assurance engagement are less in extent than those required in a reasonable assurance engagement and consequently the level of assurance obtained is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. Accordingly, I do not express a reasonable assurance opinion on the statement of performance.

This limited assurance engagement does not provide assurance on the:

- relevance or appropriateness of the accountability indicators reported in the statement of performance or the related performance targets;
- accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations; or
- adequacy of controls implemented by the Directorate.



Ajay Sharma  
Assistant Auditor-General, Financial Audit  
23 September 2022

**ACT Local Hospital Network  
Statement of Performance  
For the Year Ended 30 June 2022**

**Statement of Responsibility**

In my opinion, the Statement of Performance is in agreement with the ACT Local Hospital Network Directorate's records and fairly reflects the service performance of the Directorate for the period 1 July 2021 to 30 June 2022 and also fairly reflects the judgements exercised in preparing it.



Rebecca Cross  
Director-General  
ACT Health Directorate

23 September 2022

# ACT Local Hospital Network Statement of Performance For the Year Ended 30 June 2022

<b>OUTPUT CLASS 1: Public Health Services</b>				
<b>Output 1.1 ACT Local Hospital Network</b>				
<b>Description:</b> The ACT Local Hospital Network receives funding under the National Health Reform Agreement (NHRA) and purchases public hospital services from the Canberra Hospital, University of Canberra Hospital, Calvary Public Hospital, Clare Holland House and Queen Elizabeth II Family Centre.				
<b>Accountability Indicators</b>	<b>Original Target 2021-22</b>	<b>Actual Result 2021-22</b>	<b>Var. %</b>	<b>Notes</b>
	<b>NWAW {21}</b>	<b>NWAW {21}</b>		
a) Admitted Services	105,100	101,401	(4)	
b) Non-Admitted Services	31,600	24,060	(24)	1
c) Emergency Services	20,300	18,667	(8)	2
d) Acute Admitted Mental Health Services	11,000	10,011	(9)	3
e) Sub-Acute Services	14,000	14,023	-	
f) Total in scope	182,000	168,162	(8)	4
<b>TOTAL COST (\$'000)</b>	1,695,079	1,692,225	-	
<b>CONTROLLED RECURRENT PAYMENTS (\$'000)</b>	1,031,598	1,010,421	(2)	

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

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office as this is not required by the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

### Explanation of Measures

Activity funded by the ACT Local Hospital Network is consistent with the criteria in the National Health Reform Agreement. National Weighted Activity Units (NWAW) {21} is the measure that is used to express the price weight for all services that are funded on an activity basis as defined by the Independent Hospital Pricing Authority's National Efficient Price Determination 2021-22. These measures combine the results for Canberra Hospital, Calvary Public Hospital, University of Canberra Hospital and Clare Holland House for services that meet the Independent Hospital Pricing Authority's criteria for inclusion on the 'General List of In-Scope Public Hospital Services'.

- a. Excludes mental health and sub-acute services.
- b. Excludes community mental health services.

### Explanation of Material Variance (>5%)

1. The lower than target result is mainly due to a reduced number of non-admitted (outpatient) episodes. This is a result of both non-presentation of patients on account of COVID-19 as well as the impact of the pandemic on workforce availability.
2. The lower than target result is mainly due to a reduced number of emergency department presentations, most likely on account of the COVID-19 Delta and Omicron variant outbreaks. A downturn in emergency department presentations has been experienced during the evolving COVID-19 situation in the ACT.
3. The lower than target result is affected by both number of inpatient episodes as well as the complexity of admitted patients.
4. The 'Total' number of NWAW is below target due to the above factors.

# Calvary Health Care ACT Ltd Annual Report 2021–22

Calvary Health Care ACT Ltd (Calvary) is a subsidiary entity of the Little Company of Mary Health Care Ltd, engaged and funded by the Territory through the ACT Health Directorate (the Directorate), to deliver public hospital and health services at [Calvary Public Hospital Bruce](#) (CPHB). Calvary also delivers publicly funded palliative care services through [Clare Holland House Hospice](#) (CHHH) in Barton.

The funding and provision of services is governed by the Calvary Network Agreement (CNA), which came into effect in February 2012. The CNA establishes Calvary as a service provider of the ACT Local Hospital Network (ACT LHN) for the services it provides at CPHB. The CNA sets out the requirements for annual performance plans between the Directorate and Calvary.

The 2021–22 Performance Plan:

- established service levels to be provided at CPHB and CHHH and Key Performance Indicators (KPIs) to be achieved
- stated the performance information Calvary is required to provide to the Directorate
- determined the annual funding provided by the Directorate from the ACT LHN to Calvary for the delivery of public health services.

As a service provider of the ACT LHN, Calvary delivers high-quality health care, providing comfort and healing to ACT residents and people from surrounding communities.

CPHB is a fully accredited general public hospital and a teaching hospital, located in the northside of Canberra. CPHB provides a 24 hour a day, seven day a week emergency department and medical, surgical, maternity, mental health and intensive care services, and is the base for the ACT's Geriatric Rapid Acute Care Evaluation (GRACE) service.

CHHH is home to the ACT Specialist Community Palliative Care Service, providing:

- an inpatient specialist palliative care unit that has a physical capacity for 27 beds
- palliative care outpatient clinics
- community-based palliative care services
- specialist outreach services, including partnerships with several retirement and aged care facilities, and a collaboration with the Winnunga Nimmityjah Care and Support Clinic team
- the Palliative Care Research Centre.

## 2021–22 overview and achievements

### Achievements

During 2021–22, Calvary delivered:

- more than 26,000 inpatient admissions at CPHB
- over 300 admissions to CHHH
- close to 57,000 emergency department presentations
- close to 6,300 elective surgery procedures

- over 4,500 emergency and other surgery or procedures<sup>1</sup>
- around 7,500 Hospital in the Home (HITH) and 6,350 GRACE visits
- support for more than 1,600 patients by the home-based palliative care team
- over 90,000 outpatient consultations
- more than 1,700 babies born.

## COVID-19 response

CPHB continued to play a pivotal role in the ACT's response to the COVID-19 pandemic. A new temporary COVID-19 Respiratory Assessment Unit (CRAU) was established at the hospital to provide enhanced safe health care to COVID-19 patients, in partnership with Canberra Health Services (CHS). CPHB has at all times been agile and responsive in its COVID-19 services and worked with the ACT Government to ensure patients were at the centre of the work.

CPHB also supported a temporary second COVID-19 vaccination hub onsite and successfully supported the vaccination program.

CPHB maintained registration and screening for all patients and visitors entering any area of the hospital, particularly throughout the COVID-19 outbreaks, ensuring visitor and support person numbers were managed in accordance with Public Health Directions.

## Care Close to Home

The CPHB HITH and GRACE services are part of the ACT Care Close to Home (CC2H) initiative.

The CPHB HITH has expanded under the CC2H Project over the past four years. In 2021–22, the HITH service delivered approximately 1,350 separations.

Key achievements included:

- expansion of the HITH multidisciplinary teams to include more nurses, doctors and allied health professionals – allowing a wider range of conditions to be treated
- expansion of the GRACE service offered to all residential aged care facilities in the ACT.

These programs are designed to provide individualised, timely and expert health services to patients who can be treated appropriately outside the inpatient setting, often avoiding an emergency department presentation or hospitalisation. Patients can be treated in the comfort of their own home for their hospital admission and attend day appointments at the hospital's HITH clinic.

## 24-hour medical imaging

In the second half of the year, CPHB expanded its existing medical imaging service to a full 24-hour service, replacing the on-call overnight service previously provided.

The new service provides CPHB patients with continuous and timely care, and will also meet the increasing emergency department demand. The service is seeing a steady increase in demand and, by the end of the financial year, was averaging approximately 35 scans per night.

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<sup>1</sup> Including planned obstetrics procedures.

## Funding

In 2021–22, the ACT Government provided Calvary with \$261 million in recurrent funding for the base services delivered through CPHB and CHHH.

In addition, Calvary continued to receive funding for COVID-19 expenses in accordance with the National Partnership on COVID-19 Response.

The ACT Government also provided Calvary with over \$6 million in capital grants to enable the continuation of capital works to enhance the CPHB and CHHH campuses and environments.

## Capital works

### Urology Clinic

The development of the Urology Clinic at CPHB was completed during the year and includes facilities for a new model of care for a specific cohort of urology patients. This new model of care improves both access to services and service efficiency.

The service enables patients that meet specific clinical criteria to receive a complete urological assessment and minor procedure, if required, in a single clinic attendance. This avoids the necessity for multiple presentations and enables the procedure to be performed in a clinic setting rather than a perioperative environment. Further work to increase activity through this service will continue in 2022–23.

### COVID-19 projects

A rapid and significant project was undertaken in the early stages of the COVID-19 pandemic to upgrade air circulation and air-conditioning systems in the Older Persons Mental Health Unit, enabling it to operate as the temporary CRAU for the management of COVID-19 patients. During the periods of operation of the CRAU, mental health patients were cared for at Calvary Bruce Private Hospital, under contract with the ACTHD.

### Information and communications technology

The progressive upgrade and expansion of existing Nurse-Call and Wi-Fi systems in the clinical wards across the hospital continued. The projected schedule for this project will see all areas upgraded in advance of the introduction of the ACT Digital Health Record in November 2022.

Work was commenced on the upgrade of Nurse-Call, Wi-Fi and cellular communications in the patient accommodation and clinic and administrative areas of CHHH.

### Improving infrastructure at Calvary

A number of upgrade project works identified in the CPHB Strategic Asset Management Plan (SAMP) were commenced, such as kitchen and bathroom, lighting, air-conditioning and the new hot water upgrade works. Fire system upgrades in numerous settings were completed, with this project continuing.

The refurbishment of the Sr Mark Maher Building was completed. This area has been upgraded to provide additional administrative space for future service expansion.

An ongoing program of refurbishment to various clinical, non-clinical and public spaces across CPHB was undertaken through the reporting period. This included replacing floor coverings, repainting areas to improve amenities for patients, staff and visitors, and replacing old lighting with more energy-efficient options.



## Performance

The results against KPIs agreed in the 2021–22 Performance Plan are outlined in the tables below.

### Emergency department

The CPHB emergency department operates 24 hours each day providing acute assessment and emergency care. Patients may self-present, be accompanied by family or support persons, or transferred by ambulance to the emergency department. Patients may also be referred by their primary care provider.

As was the case right across the health system, CPHB experienced pressures associated with the impacts of the COVID-19 pandemic, particularly in relation to capacity and workforce shortages.

CPHB continued to manage operations and patient flow of the emergency department during the year, with an increased focus on the implementation of COVID-19 practices. This included the establishment of isolated waiting and treatment areas for COVID-19 positive or suspected patients and designated “red zone” treatment areas for COVID-19 positive and/or symptomatic patients, and reduced visitor access to the hospital. The implementation of these practices impacted on patient access and flow, as well as on capacity, particularly in the short stay unit, and these impacts have also affected timeliness performance.

The percentage of people presenting to the emergency department whose length of stay is four hours or less measures the proportion of emergency department presentations who, in four hours or less, either leave the emergency department for hospital admission, are referred for treatment, or are discharged. In some instances, however, it may be clinically appropriate for patients to remain in the emergency department for more than four hours. The result in 2021–22 for CPHB was below the 90 per cent target<sup>2</sup>, at 52 per cent. The result decreased from 63 per cent in 2020–21.

The percentage of presentations whose length of stay is four hours or less is influenced by the ‘seen on time’ results for patients in the emergency department. The percentage of triage Category 3 and 4 patients who started treatment on time remained below target at CPHB in 2021–22. This can be attributed largely to the impact of the COVID-19 outbreaks through the year which saw reduced medical and nursing workforce, while the bed occupancy remained high. Category 3 and 4 patients who were not seen on time made up around 44 per cent of all emergency department presentations in the period.

Delays in patients being admitted from the emergency department can occur for reasons such as periods of high hospital occupancy rates and high rates of admissions. In 2021–22, the rate of admissions from the emergency department was lower in part due to the number of short stay unit beds being reduced to make space for the COVID-19 “red zone”.

There were close to 57,000 presentations to the CPHB emergency department in 2021–22, a decrease of around 6 per cent from 2020–21. Presentations were lower in 2021–22 every month from September to June compared to 2020–21.

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<sup>2</sup> The target of 90 per cent is based on the original national target agreed at the Council of Australian Governments when the National Emergency Access Target was introduced. The ACT has continued to retain 90 per cent as the target for this indicator despite it no longer being a national target.

## Elective surgery

CPHB delivered 6,293 elective surgeries for public patients in 2021–22. Elective surgery included general surgery, plastic surgery, orthopaedics, ophthalmology, gynaecology, urology, vascular and endoscopy procedures. This result was below the target of 6,960 surgeries.

Elective surgery delivery and timeliness performance were also impacted by the COVID-19 pandemic during the year. At the end of the 2021–22, there were 518 public patients overdue<sup>3</sup> for surgery at CPHB. The ability to reduce the number of overdue patients was also impacted by the COVID-19 pandemic throughout the year. The reduced availability of the clinical workforce resulted in the suspension of some non-essential elective surgeries in January and February 2022, and slowed delivery of surgeries overall.

## Total activity

The Performance Plan sets an activity target for CPHB measured in National Weighted Activity Units (NWAU) for each financial year, representing the expected value of NWAU to be delivered through the hospital's base-funded services.

In 2021–22, clinical activity delivered at CPHB measured 36,288 NWAU against the target of 38,200 NWAU.

The result is a decline from the 40,139<sup>4</sup> NWAU delivered in 2020–21, where demand was very high at CPHB and in the hospital system overall during the lull in pandemic waves. In 2021–22, activity levels across the hospital system were depressed due to the impacts of COVID-19 waves and reduced workforce availability. Temporary suspension of elective surgery and reduced emergency department short stay unit beds at CPHB were contributors to the reduced total activity as measured by NWAU over the course of the year.

**Table 59: Key Performance Indicators Set 1**

Key Performance Indicator	2021–22 Target	2021–22 Result
<b>Emergency department</b>		
Percentage of emergency department presentations whose length of stay in the emergency department is four hours or less	≥90%	52.4%
Percentage of Category 1 patients (resuscitation) seen immediately	100%	100%
Percentage of Category 2 patients (emergency) seen within 10 minutes	≥80%	67.3%
Percentage of Category 3 patients (urgent) seen within 30 minutes	≥75%	45.1%
Percentage of Category 4 patients (semi-urgent) seen within 60 minutes	≥70%	51.6%
Percentage of Category 5 patients (non-urgent) seen within 120 minutes	≥70%	79.8%
<b>Elective surgery</b>		
Number of base-funded elective surgeries performed	6,960	6,293
Number patients on the elective surgery waitlist who are overdue and ready for care	194	518

<sup>3</sup> This figure represents overdue patients waiting for surgery at Calvary Public Hospital Bruce only. Refer to ACT Health Directorate Strategic Indicator 2.2 on page 70 for the ACT results.

<sup>4</sup> Full year NWAU results are subject to change as validations are completed.

Key Performance Indicator	2021–22 Target	2021–22 Result
Percentage of Category 1 patients admitted for elective surgery within 30 days	100%	98.9%
Percentage of Category 2 patients admitted for elective surgery within 90 days	≥80%	64.2%
Percentage of Category 3 patients admitted for elective surgery within 365 days	≥93%	88.3%
<b>Quality and safety</b>		
Proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition	<0.5%	0.22%
Proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 days of their separation due to complications of their condition (where readmission was unforeseen at the time of separation)	<1.0%	0.72%
The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia Infection (SAB Infection) during their stay	<2	1.89
Estimated hand hygiene rate	>80%	78.6%
Patient experience (inpatient hospital average, excluding emergency department)	90%	93%

**Table 60: Key Performance Indicators Set 2**

Key Performance Indicator	2021–22 Target	2021–22 Result
National Weighted Activity Unit (NWAU)	38,200	36,288

**Table 61: Key Performance Indicators Set 3**

Key Performance Indicator	2021–22 Target	2021–22 Result
Accreditation against the National Safety and Quality Health Service Standards	Accredited	Accredited

## 2022–23 outlook

CPHB will continue to play a significant role in the ACT's response to the COVID-19 pandemic. Calvary is flexible and innovative around the management of COVID-19 patients in both inpatient and outpatient settings.

In the year ahead, CPHB will continue to respond to the needs of the Territory by providing hospital and health services to the growing population. The pattern of demand and hospital activity at CPHB will continue to be affected by the direction that the pandemic takes. The outlook carries uncertainty in this respect, and CPHB will continue to partner with the Directorate and CHS to be responsive to the circumstances.

Subject to the course of the pandemic, a priority for CPHB will be to achieve higher levels of activity in elective surgery and reduction in number of patients who have become overdue for their surgeries.

CPHB is a key contributor to palliative care in CHHH and the uptake of the Palliative Excellence in Alzheimer Care Efforts (PEACE) program.

CPHB will continue to support home and community-based services and care through the HITH and GRACE programs.

## Senior Executive review

During 2021–22, CPHB commenced a significant restructure of its Senior Executive organisational portfolio. This was a major undertaking to position the health service for future growth and provide a contemporary and responsive structure to support the organisation going forward. The implementation will be finalised in 2022–23 and will see CPHB with a new contemporary, responsive and supportive structure.

## Infrastructure

CPHB will continue to implement a range of infrastructure upgrades during 2022–23 under the SAMP. The SAMP is designed to maintain the safety and functionality of the CPHB buildings and ICT-related equipment while the Northside Hospital Project is carried out.

## ACT-wide initiatives

CPHB will continue to play a significant role in engagement on, and the implementation of, several key ACT programs and initiatives, including:

- Digital Health Record
- ACT Clinical Systems Governance
- Nurse and Midwives Ratios
- Nurses and Midwives: Towards a Safer Culture Strategy
- Maternity In Focus
- ACT Health Services Plan 2022–2030.



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

Dear Minister

**2021–22 Chief Psychiatrist Annual Report**

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2022*.

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

I certify that the information in the attached report and information provided for whole-of-government reporting, is an honest and accurate account and that all material information on the operations of the Chief Psychiatrist has been included for the period 1 July 2021 to 30 June 2022.

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

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the Report to the Legislative Assembly within 15 weeks after the end of the reporting year.

A handwritten signature in blue ink, appearing to read 'Dinesh K Arya'.

Dr Dinesh K Arya  
**Chief Psychiatrist**  
**Office of the Chief Psychiatrist**

18 July 2022

# Compliance Statement – Chief Psychiatrist

The Chief Psychiatrist Annual Report 2021–22 must comply with the Annual Report Directions (the Directions) made under section 8 of the Annual Reports Act. The Directions are found at the ACT Legislation Register: [www.legislation.act.gov.au](http://www.legislation.act.gov.au).

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to the Chief Psychiatrist and the location of information that satisfies these requirements:

## Part 1 Directions Overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The Chief Psychiatrist Annual Report 2021–22 complies with all subsections of Part 1 under the Directions.

To meet Section 15 Feedback, Part 1 of the Directions, contact details for the Chief Psychiatrist are provided within the Chief Psychiatrist Annual Report 2021–22 to provide readers with the opportunity to provide feedback.

## Part 2 Reporting entity Annual Report Requirements

The requirements within Part 2 of the Directions are mandatory for all reporting entities and the Chief Psychiatrist complies with all subsections. The information that satisfies the requirements of Part 2 is found in the Chief Psychiatrist Annual Report 2021–22 as follows:

- A. Transmittal Certificate, see the previous page.
- B. Organisational Overview and Performance, see the next page. As the Chief Psychiatrist sits within the ACT Health Directorate, all other subsections in Section B, Part 2 of the Directions are contained with the ACT Health Directorate Annual Report.
- C. Financial Management Reporting, inclusive of all subsections, see Part C Financial management reporting of the ACT Health Directorate Annual Report.

## Part 3 Reporting by Exception

The Chief Psychiatrist has nil information to report by exception under Part 3 of the Directions for the 2021–22 reporting year.

## Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

The following subsections of Part 4 of the 2022 Directions are applicable to the Chief Psychiatrist and can be found within the ACT Health Directorate Annual Report:

- Mental Health, see page 360.

## Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the Chief Psychiatrist. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address:

[http://www.cmd.act.gov.au/open\\_government/report/annual\\_reports](http://www.cmd.act.gov.au/open_government/report/annual_reports).

# Chief Psychiatrist Annual Report 2021–22

Under the [Mental Health Act 2015](#) (the Act), the Chief Psychiatrist is a statutory appointment made by, and reporting to, the Minister for Mental Health.

The Chief Psychiatrist has the following functions:

- to provide treatment, care or support, rehabilitation and protection for persons who have a mental illness
- to make reports and recommendations to the Minister with respect to matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for persons who have a mental illness
- to make guidelines for mental health facilities, mental health professionals or anyone else exercising a function under the Act
- any other function given to the Chief Psychiatrist under this Act.

## Apprehension

Under the Act, a person who is experiencing a mental health emergency may be taken to an approved mental health facility for an assessment to decide whether further treatment, care or support is necessary. If so, this can only be provided on an involuntary basis. This process of taking someone for an assessment is known as an apprehension.

Table 62 shows the number of apprehensions, including breakdown by the type of professional who apprehended the person.

An amendment to The *Mental Health Act 2015* (effective from February 2021) adjusted the criteria used by Authorised Ambulance Paramedics and Police Officers when apprehending a person. Apprehension now occurs only if the Authorised Ambulance Paramedics and Police Officers believe the person requires immediate examination by a doctor and the person does not agree to this. This explains the reason for the significant decrease in number of apprehensions by Authorised Ambulance Paramedics and Police Officers in 2020–21 and 2021–22.

**Table 62: Number of Apprehensions by Apprehending Professional 2017–22**

Apprehending Professional	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022
Authorised Ambulance Paramedics	273	1,171	1,470	1,037	387
Police Officer	678	620	652	505	393
Mental Health Officer	209	199	262	253	271
Medical Practitioner	111	69	86	74	79
Total Emergency Apprehensions	1,271	2,059	2,470	1,869	1,130



## Involuntary Detention

### Involuntary Detentions authorised for up to three days (ED3)

Following initial examination of a person apprehended and transported to an approved mental health facility, a doctor may authorise the involuntary detention and treatment, care or support of a person at an approved mental health facility for a period not exceeding three days. Table 63 shows the number of Involuntary Detentions authorised for up to three days (ED3).

**Table 63: Number of Involuntary Detentions authorised for up to three days (ED3), 2017–22**

	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022
Involuntary Detentions authorised for up to 3 days	945	1,056	1,264	1,325	1,157

There was a 12.7 per cent decrease in the number of people placed on an ED3 in 2021–22 compared to 2020–21.

It is important to note that the total number of ED3s written for the period does not correlate with the number of ED3s arising from the Apprehension pathway, as some people will come in voluntarily and get placed on an ED3 as part of their treatment.

### Involuntary Detentions authorised for up to a further 11 days (ED11)

Before the expiration of an ED3, an application for an extension of Involuntary Detention for a period of up to a further 11 days (ED11) can be made to the ACT Civil and Administrative Tribunal (ACAT) if this is considered necessary.

Table 64 shows that of the 1,157 ED3s granted, 613 (52.9 per cent) were allowed to lapse or were revoked. The remaining 544 (47.1 per cent) were approved by ACAT for an ED11.

**Table 64: Outcomes from an initial ED3 including number of ED11 orders, 2017–22**

	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022
Revocation of ED3 without further orders being made	496	557	729	761	613
Extensions of Involuntary Detention (ED11) granted by ACAT	449	499	535	564	544

Of the 544 people subject to an ED11, 207 (38.1 per cent) required further involuntary treatment, care and support via a Psychiatric Treatment Order (PTO).

## Psychiatric Treatment Order

For further treatment needed (beyond ED11), a PTO authorises the provision of involuntary mental health treatment, care and support, either as an inpatient or in the community. The maximum duration of a PTO is six months, but the order may be reviewed, renewed or revoked before it expires.

A Restriction Order (RO) can also be made by ACAT together with a PTO if the Tribunal is satisfied that a higher level of restriction is needed in relation to the person. Table 65 shows the number of PTOs and outcomes.

There were 1,093 PTO hearings held by ACAT during 2021–22, resulting in 788 PTOs being granted or continued and 305 PTOs ceased, or orders not granted. This represents a 4.1 per cent increase in the number of PTOs granted or continued compared to 2020–21. The number of PTOs revoked also increased by 10.2 per cent.

Contraventions of PTOs increased by 13.7 per cent, from 146 in 2020–21 to 166 in 2021–22. Forty-six people were brought to the Canberra Hospital for treatment or assessment purposes following a contravention. Fifteen people were admitted to hospital, with the remaining 101 (60.8 per cent) receiving treatment, care or support in a less restrictive environment. In four cases (2.4 per cent), the contravention was not enacted as the person’s PTO was either rescinded or the situation resolved before it could be acted on. These figures reflect emphasis on managing people in the least restrictive environment possible and assertive follow-up to promote their recovery.

Community mental health teams make every effort to anticipate and manage crises early. With successful community intervention, a contravention is often averted.

**Table 65: Number of authorised PTOs and outcomes, 2017–22**

	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022
PTOs made by ACAT	599	600	689	757	788
PTOs revoked by ACAT after a hearing	157	174	176	197	217
Contravention of PTO	80	81	115	156	166
ROs made by ACAT together with a PTO	0	5*	0	0	0

\* All ROs made were in relation to people also subject to an order under section 309 of the *Crimes Act 1900*.

## Forensic Psychiatric Treatment Orders

A Forensic Psychiatric Treatment Order (FPTO) may be made if a person has a mental illness and is detained in a correctional centre or is serving a community-based sentence. The maximum duration of a FPTO is three months, unless the person has been on consecutive orders for one year, when the maximum duration is one year. Each order may be reviewed, renewed or revoked before it expires. The number of authorised FPTOs is shown in Table 66.

**Table 66: Number of authorised FPTOs, 2017–22**

	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022
FPTOs made by ACAT	0	0	4	13	21
FPTOs revoked by ACAT	0	0	0	0	0

## Transfers from a correctional facility to Dhulwa Mental Health Unit

A detainee may be transferred from an ACT correctional facility (the Alexander Maconochie Centre (AMC) or Bimberi Youth Justice Centre (BYJC)) to Dhulwa Mental Health Unit (Dhulwa) in order to receive treatment, care and support for a mental illness. These people may or may not be under an involuntary Order (Table 67).

In 2021–22, four people were transferred from AMC/BYJC to Dhulwa who were under an involuntary order.

People who are subject to a PTO, but who are not detainees or involved in the criminal justice system may also be admitted to Dhulwa if this is considered appropriate. In 2021–22, 16 people in this category were admitted to Dhulwa.

**Table 67: Admissions to Dhulwa Mental Health Unit, 2017–22**

Status of Person	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022
Total transfers from correctional facilities to Dhulwa	11	8	10	6	4
• Detainees receiving voluntary mental health treatment, care or support	4	1	1	0	0
• Detainees receiving involuntary mental health treatment, care or support under a PTO	7	7	7	4	4
Non-detainees subject to a PTO admitted to Dhulwa	3	9	29	14	16

## Other matters

### Electroconvulsive therapy

The Act provides for the authorisation by ACAT of involuntary electroconvulsive therapy (ECT), including emergency ECT.

There were 44 ECT Orders authorised by ACAT in 2021–22, an increase of 41.9 per cent from the previous year. Applications for emergency ECT can only be sought in cases where ECT is required as a life-saving intervention. Five Emergency ECT Orders were made by ACAT. The number of Emergency ECT Orders was the same as the previous reporting period.

### Inter-jurisdictional transfers

During 2021–22, seven people under apprehension or involuntary orders were transferred from the ACT to NSW and one from NSW to ACT. There were no transfers into the ACT from other jurisdictions.

Information about ECT orders and inter-jurisdictional transfers is contained in Table 68.

**Table 68: Summary of other authorisations under the *Mental Health Act 2015*, 2017–22**

	July 2017– June 2018	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022
ECT Order made by ACAT	27	35	41	31	44
Emergency ECT Order made by ACAT	3	6	3	5	5
Interstate transfers	7	9	6	9	8
Court-ordered assessment of defendant—s. 309 of the <i>Crimes Act 1900</i>	112	137	138	103	122

### Section 309 of the *Crimes Act 1900*

Section 309 of the [Crimes Act 1900](#) provides for the Magistrates Court to order a criminal defendant to be taken to an approved mental health facility for the purposes of an emergency assessment, to determine whether immediate treatment and care are required.

The ACT Magistrates Court made 122 orders for assessment pursuant to section 309 of the *Crimes Act 1900*, an increase of 19 from 2020–21. Of these 122 referrals, 80 people (65.6 per cent) required admission to an approved mental health facility for assessment purposes, with 42 being returned to court on the same day. The Court Assessment Liaison Service, operated by Forensic Mental Health Services, continues to provide assessment and advice to the courts at the time of the hearing.

### Appointment of Mental Health Officers

Mental Health Officers are experienced ACT health service clinicians authorised to conduct Apprehension and Involuntary Detention, and apprehend people in contravention of a Mental Health Order. As of 30 June 2022, there were 88 active Mental Health Officers.

## Overall perspective

This data demonstrates some noteworthy trends in the application of the objectives and principles of the Act by providing treatment, care and support in a way that is least restrictive or intrusive. Specific examples include:

- Only 47.1 per cent of the people placed on an ED3 required further involuntary treatment, care or support via an ED11. This demonstrates that a very short period of treatment, care and support is often sufficient to stabilise a person, so that they can continue receiving care on a voluntary basis.
- Of the people who contravened their PTOs, 101 (60.8 per cent) were able to receive treatment, care or support in their own home, or at a community health centre.

**Dr Dinesh Arya**

Chief Psychiatrist

ChiefPsychiatrist@act.gov.au

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

Dear Minister,

**2021-22 ACT Health Human Research Ethics Committee Annual Report**

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2022*.

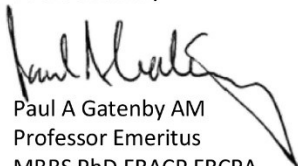
It has been prepared in conformity with other legislation applicable to the preparation of the Annual Report by the ACT Health Human Research Ethics Committee.

I certify that the information in the attached report and information provided for whole of government reporting, is an honest and accurate account and that all material information on the operations of the ACT Health Human Research Ethics Committee has been included for the period 1 July 2021 to 30 June 2022.

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

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the Report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Yours sincerely



Paul A Gatenby AM  
Professor Emeritus  
MBBS PhD FRACP FRCPA  
Chairman  
ACT Health Human Research Ethics Committee

27 July 2022

# Compliance Statement – Human Research Ethics Committee

The Human Research Ethics Committee Annual Report 2021–22 must comply with the Annual Report Directions (the Directions) made under section 8 of the Annual Reports Act. The Directions are found at the ACT Legislation Register: [www.legislation.act.gov.au](http://www.legislation.act.gov.au).

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to the Human Research Ethics Committee and the location of information that satisfies these requirements:

## Part 1 Directions Overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The Human Research Ethics Committee Annual Report 2021–22 complies with all subsections of Part 1 under the Directions.

To meet Section 15 Feedback, Part 1 of the Directions, contact details for the Human Research Ethics Committee are provided within the Human Research Ethics Committee Annual Report 2021–22 to provide readers with the opportunity to provide feedback.

## Part 2 Reporting entity Annual Report Requirements

The requirements within Part 2 of the Directions are mandatory for all reporting entities and the Human Research Ethics Committee complies with all subsections. The information that satisfies the requirements of Part 2 is found in the Human Research Ethics Committee Annual Report 2021–22 as follows:

- A. Transmittal Certificate, see the previous page.
- B. Organisational Overview and Performance, see the next page. As the Human Research Ethics Committee sits within the ACT Health Directorate, all other subsections in Section B, Part 2 of the Directions are contained with the ACT Health Directorate Annual Report.
- C. Financial Management Reporting, inclusive of all subsections, see Part C Financial management reporting of the ACT Health Directorate Annual Report.

## Part 3 Reporting by Exception

The Human Research Ethics Committee has nil information to report by exception under Part 3 of the Directions for the 2021–22 reporting year.

## Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

There are no specific annual requirements for the Human Research Ethics Committee.

## Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the Human Research Ethics Committee. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address:

[http://www.cmd.act.gov.au/open\\_government/report/annual\\_reports](http://www.cmd.act.gov.au/open_government/report/annual_reports).



# Human Research Ethics Committee Annual Report 2021–22

The ACT Health Human Research Ethics Committee (HREC) continues its work of reviewing human research proposals to ensure they meet the ethical standards set out in the [National Statement on Ethical Conduct in Human Research \(2007\)](#), which is jointly developed by the:

- National Health and Medical Research Council (NHMRC)
- Australian Research Council
- Australian Vice-Chancellors' Committee.

Senior Director of Human Research Ethics and Governance Unit of the Centre for Health and Medical Research, August Marchesi, has continued to represent the HREC and the ACT Health Directorate on the Jurisdictional Working Group that is managing the National Mutual Acceptance (NMA) of single scientific and ethical review for multi-centre health and medical research.

The Clinical Trials Subcommittee (CTSC) and the Social Research Subcommittee (SRSC) have continued to provide the HREC with expert advice on the research merit and integrity of research proposals. The Low Risk Subcommittee (LRSC) reviews and takes decisions on approximately two-thirds of all proposals received.

The HREC and its subcommittees draw on the expertise available in:

- ACT Health
- the wider ACT research community
- more broadly, the ACT community.

As of June 2022, the HREC comprised:

- 10 external members and
- seven internal ACT Health/Canberra Health Services (CHS) members.

I would like to thank the members of the HREC and its subcommittees for their hard work and dedication to the enterprise of ethical review. On behalf of the Committee, thanks is given to the Secretariat staff, August Marchesi, Sarah Marshall, Leah Medcraft-Smith and Annalise Liefing for their tireless work in keeping the ACT Health HREC and its processes operating at the highest standards.

Professor Paul Gatenby  
Chair

## Meetings of the Ethics Committee and its subcommittees

The ACT Health HREC met 11 times between 1 July 2021 and 30 June 2022. Meetings are held monthly between February and December of the calendar year.

The CTSC, under the chairmanship of Dr Phil Choi, met nine times during the year. In each instance, recommendations were made to the subsequent HREC meeting.

The SRSC, under the chairmanship of Dr Stewart Sutherland, met nine times during the year. In each instance, recommendations were made to the subsequent HREC meeting.

A total of 47 new human research projects were reviewed by the HREC during the reporting period. These included 30 social research projects and 17 clinical research projects.

Social research projects were conducted in the following areas:

- 10 in health services research, including focus areas of training evaluation, burnout, Aboriginal and Torres Strait Islander health and justice health
- eight in mental health, including focus areas of cancer, suicide, burnout and young people
- two in health intervention pill testing
- two in cancer research
- two in targeted Aboriginal and Torres Strait Islander health research
- one each in aged care, youth type 1 diabetes, palliative care in prisons, chronic pain and medical marijuana, holistic nursing and quality of life in chronic disease.

Social researchers reported using the following methodologies:

- surveys, interviews and focus groups
- data linkage
- epidemiology
- action research
- interventional research.

Clinical research proposals were submitted from the following areas:

- two in renal, including one with a focus on Aboriginal and Torres Strait Islander health
- two in endocrinology
- one project each in gastroenterology, urology, neonatology, intensive care, neurosurgery, trauma and orthopaedics, rheumatology, dementia, paediatrics, justice health with a focus on Aboriginal and Torres Strait Islander health, fitness to drive unit, medical oncology and orthodontics.

Clinical researchers reported using the following methodologies:

- exercise physiology
- biospecimen analysis
- interventional research
- clinical registry
- phase II clinical trial
- clinical trial other
- survey research
- epidemiological research.

Of the 47 proposals reviewed by the HREC, 45 were approved and one did not meet the ethical standards and was not approved. One proposal did meet the ethical standard, however, could not be approved due to the limitations of supported consent per the [Powers of Attorney Act 2006](#) and the [Guardianship and Management of Property Act 1991](#).

The LRSC met 23 times during the year and reviewed 114 new projects. The LRSC meets fortnightly to enable a faster decision-making process for projects 'in which the only foreseeable risk for participants is one of discomfort' (NHMRC National Statement, page 16).

Low risk research proposals were submitted from the following areas:

- aged care
- allied health
- anaesthesia and pain management
- cardiology
- COVID-19
- emergency medicine
- endocrinology
- epidemiology
- external organisations
- gastroenterology
- general medicine
- general surgery
- geriatrics
- haematology
- health services
- immunology
- infectious disease
- intensive care
- medical imaging
- medical oncology
- neonatology
- neurology
- obstetrics and gynaecology
- paediatrics and paediatric surgery
- palliative care
- pathology
- pharmacy
- psychiatry
- physiotherapy
- plastic surgery
- radiology
- respiratory medicine
- rehabilitation
- renal medicine
- rheumatology
- social work
- trauma and orthopaedics
- urology.

Of the 116 proposals reviewed by the LRSC, 95 were approved, 18 were considered quality assurance/improvement projects not requiring ethical approval, two did not meet the criteria of low-risk research and were referred to the HREC for further review, and one did not meet the criteria to be considered ethical low risk research and was not approved.

The LRSC again noted a trend in the submission of projects from general surgery with 10 projects submitted, the most from any department, and increase on the eight projects from that department in the last reporting period.

## Key points arising

The ACT Health HREC and its subcommittees continue to provide ethical review services for the National Capital Private Hospital, the Royal Flying Doctors Service and the Australian Government Department of Health.

The ACT Health HREC continues to hold recognition of review agreements with the Australian National University, the University of Canberra and Calvary Public Hospital Bruce.

The total number of new research proposals increased slightly from the previous year, with 163 projects reviewed compared to 162 in the previous reporting period.

# Office for Mental Health and Wellbeing Annual Report 2021–22

The Office for Mental Health and Wellbeing (the Office) supports the ACT Government’s commitment to a whole-of-community, integrated approach to mental health and wellbeing, and suicide and self-harm prevention. This year, the Office continued to progress actions outlined in the:

- [Office for Mental Health and Wellbeing Work Plan 2019–2021](#) (the Work Plan)
- [Review of Children and Young People in the ACT](#),

along with key projects targeting suicide and self-harm prevention.

The progress of our work and the connections we have continued to develop with government, non-government and community members has been guided by our shared vision of:

*A kind, connected, and informed community working together to promote and protect the mental health and wellbeing of all.*

## Working with others

During 2021–22, the Office actively facilitated a number of government and sector consultation mechanisms that enabled the collaborative work of the Office to progress.

**[ACT Mental Health Advisory Council \(the Council\)](#)**: The Council members provide advice to the Minister for Mental Health and the Coordinator-General, Office for Mental Health and Wellbeing. The Council met five times during 2021–22 and considered a range of topics. Information on the Council and meeting communiques are available on the Office website.

**Prevention, Mental Health & Wellbeing and Family Safety Inter-Directorate Committee**: This whole of ACT Government committee is managed by the Office and provides a coordinated approach to mental health and wellbeing across the ACT, addressing key systemic issues and social determinants of mental health. The committee also provides leadership and guidance on preventative health, mental health and wellbeing, and family safety initiatives across the ACT. This committee meets bi-monthly.

**Peak Mental Health Non-Government Organisations Committee**: The Office met with the peak bodies throughout 2021–22 to seek input to activities of the Office, consider joint activities, and identify the emerging trends and developments across the mental health sector.

**Children and Young People Community of Practice**: This group has members from government and non-government organisations (NGOs). The group met throughout the year to share information about and collaborate on mental health and wellbeing initiatives for children and young people in the ACT.

## Implementing the Office Work Plan

### Progress in 2021–22

The Office has continued to work on key projects outlined in the work plan including older persons mental health, key youth projects, suicide and self-harm prevention, and mental health workforce. With the impacts of the pandemic, some of the key deliverables in the work plan were delayed due to prioritisation of key actions across government; however the Office is continuing to fulfill these commitments during 2022. Over the past year, the Office has completed the review of Older Persons Mental Health and Wellbeing, contributed to a range of existing plans and commitments across government and is progressing work in relation to workforce. The Office has led important initiatives including the Gender Affirming Guidelines, the implementation of [MindMap - ACT Youth Portal](#), and has continued to increase the number of students accessing the Youth Aware of Mental Health (YAM) program in ACT schools.

### The year ahead

The Office's key priorities for 2022–23 are to:

- complete the current work plan in December 2022
- scope and develop the next Office work plan, as the key priority for the second half of 2022.

The new work plan will build on the first plan and look at areas identified through consultations and emerging needs in the ACT.

## Mentally healthy communities and workplaces

### Progress in 2021–22

#### Communication and community engagement activities

The Office is dedicated to ongoing mental health and wellbeing communication and community engagement activities. The [Office's website](#) provides a wide range of information and resources, including:

- the Office Newsletters, which are prepared quarterly to highlight key projects, provide information for the community on mental health and wellbeing, and promote links to relevant websites
- the Office Newsbytes, providing information on emerging issues.

The Office contributed to Mental Health Month by promoting and engaging in multiple activities during October 2021. The Office worked closely with the Mental Health Community Coalition ACT (MHCC ACT) on the Mental Health Month Awards and Grants Program.

Communication activities during 2021–22 continued to promote strategies to support mental health and wellbeing during the COVID-19 pandemic.

## Early support for children and young people

Following the 2020 Review of Children and Young People in the ACT, the Office has continued to progress key commitments that work to support the mental health and wellbeing of children and young people in the ACT. This has included the implementation of MindMap - ACT Youth Portal, which is now available online to support children, young people, and parents and carers to navigate the mental health services and supports available in the ACT. The Office engaged Marymead to manage the day-to-day operations following a procurement process in the previous financial year and has continued to work closely with youth groups and the MindMap Governance Committee to oversee the ongoing development of this key resource.

## ACT Mental Health Workforce Strategy

The Office has conducted a co-design process with the ACT mental health sector to develop the ACT Mental Health Workforce Strategy: A Framework for Change (the Framework). The Framework outlines the high-level needs of the ACT mental health workforce and sector, and provides a shared direction for future initiatives. The Framework includes a shared objective, values and principles, and four priority areas for reform. It will be used to guide the development of a more detailed strategy with a particular lens on specific sub-sectors. These will be subject to further consultation to identify actions against each priority area and to identify lead agencies to drive implementation.

## Suicide prevention

See report on suicide prevention on page 441.

## The year ahead

During 2022–23, the Office will:

- continue to provide positive community messaging to promote mental wellbeing, including through radio, websites and events, and Mental Health Month in October
- continue to develop the capacity and capability of MindMap for the community
- continue its priority focus on multifaceted approaches to suicide prevention in the ACT. This will include the continuation of the following strategies:
  - suicide prevention programs for young people
  - a major focus on Aboriginal and Torres Strait Islander suicide prevention, including supporting the development of the new culturally appropriate Aboriginal and Torres Strait Islander Suicide Prevention Service and offering further sessions of the culturally appropriate Aboriginal and Torres Strait Islander Suicide Prevention Train the Trainer course
  - increasing awareness in the general community about responding to suicide and self-harm.

## Support for individuals, families and carers

### Key activities in 2021–22

#### Co-design process for young people experiencing moderate to severe mental health concerns

The 2020 Review of Children and Young People in the ACT identified a need for services targeting children and young people with moderate mental illness. The Office, in partnership with the Youth Coalition of the ACT and the Capital Health Network (CHN), led a key project to identify challenges for young people experiencing moderate mental health concerns. This work involved undertaking a consultation process with key service providers to understand the challenges and issues this cohort of young people face. The project has been guided by a cross-sectoral working group with government and NGOs. The work has included:

- reviewing the research and services in other jurisdictions
- an in-depth analysis of the current service system working with this group
- identification of the current gaps and challenges.

The final report has been developed and will be available in September 2022.

### **Gender affirming care guidance**

The Office released the [Guidance to support gender affirming care for mental health](#) (the Guidance). The Guidance was officially launched during Transgender Awareness Week. The Guidance has been developed as a collaboration between the Office, the Office of LGBTIQ+ Affairs, ACT Health Directorate (the Directorate), A Gender Agenda (AGA), and Meridian.

This Guidance is a first of its kind in Australia and has been designed to support:

- providers of mental health care to deliver their services in a gender affirming way
- specific needs of trans and/or gender diverse people.

AGA commenced targeted training in April 2022 to health care practitioners in Canberra Health Services (CHS). The training will outline the key messages of the Guidance and how practitioners can become more gender affirming in their care to those seeking support for their mental health. The Office has commenced the Guidelines Implementation Advisory Working Group in April 2022, working with key stakeholders to make recommendations and share further strategies to implement the Guidance in practice.

### **Older persons mental health**

The Office is currently developing the Re-envisioning Older Persons Mental Health and Wellbeing in the ACT Strategy 2021–2025 (the Strategy). The Strategy will identify initiatives that can be implemented over the next two to five years to enhance the mental health and wellbeing of older Canberrans. The Strategy has been informed by consultation with a broad range of stakeholders including older people, mental health service providers, ACT Government agencies and the community sector, bringing together a range of perspectives on the key priorities. The Working group met regularly over the year to guide the direction of this work.

## **The year ahead**

During 2022–23, the Office will:

- establish a Child/Youth Mental Health Sector Network, to support the mental health sector in building connections and collaborating on key sector challenges and opportunities
- commence targeted training to outline the Guidance, to support gender affirming care to health care practitioners in CHS
- complete the Older Persons Mental Health and Wellbeing in the ACT Strategy 2021–2025 and commence implementation of identified actions
- continue its priority focus on multifaceted approaches to suicide prevention in the ACT through:
  - improving the skills and confidence of frontline workers in addressing suicidal ideation
  - ensuring a compassionate approach and the inclusion of the voice of lived experience in all our suicide prevention work.

## System capacity and workforce

### Key activities in 2021–22

#### Taking a Strategic Approach to mental health and developing a Mental Health Outcomes Framework

The Office continued work on an approach to mental health outcomes to be embedded under the Wellbeing Framework. This work identified the need to develop an overarching strategic approach on which to build an outcomes framework. The strategic approach was developed to inform reform and build on a whole-of-government and whole-of-community commitment to mental health. It will enable the consideration of success in achieving the vision. The Office drafted the strategic approach utilising the range of community consultations that occurred in the development of other initiatives, including the Office Work Plan and the ACT Mental Health and Suicide Prevention Plan. Government and sector agencies have provided further input into the development of the outcomes framework.

#### Youth Modelling – Right Care, first time, where you live

The Office has partnered with the University of Sydney’s Brain and Mind Centre and ACT community stakeholders to identify and respond to the unique needs of young people, by co-developing decision support tools using systems modelling and digital technology. The research program aims to guide investments in sustained, coordinated and digitally enhanced youth mental health care. This applied research program will support the ACT community leaders to navigate current challenges and coordinate the delivery of programs and services to support youth mental health in a responsive and dynamic way. The program aims to facilitate more young people getting back on a positive developmental trajectory towards enhanced social, educational, and vocational functioning – back to school, back to work and thriving in their communities. The model will be available later in 2022.

### The year ahead

During 2022–23, the Office will:

- finalise the Strategic Approach and Outcomes Framework for Mental Health in the ACT and progress the identification of the outcome measures to be used under the Framework — the first reporting is expected in the 2022–23 financial year
- continue to lead the ACT participation in the Right Care, first time, where you live project
- continue its priority focus on multifaceted approaches to suicide prevention in the ACT by supporting improvements in suicide and self-harm data and monitoring in the ACT, including progressing an ACT suicide register specific to the local region and the ACT.

## Research, evaluation and quality improvement

### Key activities in 2021–22

#### Review of academic literature on school based mental health programs for 8–12-year-olds

The Office completed a [Literature Review](#) on the school based mental health programs in primary schools (8–12-year-olds) and has commenced planning an analysis of the programs currently offered in ACT primary schools in partnership with the Australian National University (ANU). This project aims to develop guidance material for schools and will be available in late 2022.



## Promoting research and development

The Office has promoted and supported broader community surveys to include questions on the mental health and wellbeing of participants, particularly in relation to the impact of the COVID-19 pandemic. The results of these surveys have been used in policy and program development activities.

## Promoting quality improvement

The Office has continued to collaborate with the Centre for Health and Medical Research and Health Analytics Research Collaboration (HARC) to focus on Value Based Health Care through interactive [webinars](#), to explore and discuss the adaptation and update of a Value Based Healthcare model in the ACT. There have been four webinars in total with around 40 attendees from ANU, University of Canberra (UC), the Directorate, and CHS. The collaboration has created a strong bridge between research and practice in the ACT, fostering application of research to the health setting.

## The year ahead

During 2022–23, the Office will:

- continue to co-sponsor and promote mental health webinars on emerging research and current issues
- promote research findings and key developments in mental health
- identify further actions related to research evaluation and quality improvement for the next Office Work Plan.

## ACT Suicide Prevention

The three-year ACT Government implementation of the LifeSpan Suicide Prevention Framework with the Black Dog Institute (BDI) concluded on 30 June 2021. The [LifeSpan](#) model was developed by BDI in partnership with clinicians, researchers, community groups, and people with lived experience of suicide. BDI is completing a comprehensive evaluation of ACT LifeSpan as one of five high-fidelity research trial sites. Formal findings from the ACT trial are expected late in 2022.

The ACT Suicide Prevention Framework continued to build on the achievements of LifeSpan. Many of the initiatives started under LifeSpan continued to be implemented, including:

- suicide prevention programs for young people, frontline workers, and the general ACT community
- working in partnership with the Aboriginal and Torres Strait Islander community to implement suicide prevention initiatives.

There was a continued focus on:

- increasing awareness in the general community about tackling suicide and self-harm
- ensuring there is a compassionate approach and the inclusion of the voice of lived experience in our suicide prevention work.

A revised Suicide Prevention Structure was established to reflect and strengthen the commitment to continuing to work in partnership with key local partners to identify and respond to issues relating to suicide prevention. This included key suicide prevention stakeholders from across the ACT community, including health, education, frontline services, business, and the community.

The ACT LifeSpan Steering Committee was replaced by the ACT Suicide Prevention Coordinating Committee that provides collaborative leadership and promotes partnerships to reduce suicide in the ACT. The network of suicide prevention working groups has been revised to better reflect current ACT projects and strategies, while still maintaining a focus on different aspects of suicide prevention, enabling effective collaboration among stakeholders from across the ACT.

## Schools

In partnership with ACT Education, the [Youth Aware of Mental Health](#) (YAM) program has continued for Year 9 students in ACT high schools. During 2021–22, 2,733 students across ACT Public, Catholic and Independent high schools have completed the program.

In 2021, ACT schools participating in the YAM program were invited to take part in a research evaluation of YAM, led by BDI and ANU. The outcomes of the research will inform future directions in youth mental health programs in ACT schools. The research evaluation is expected to be finalised by BDI in mid-2022.

The School Working Group was replaced by the YAM Partnership Meeting comprising members from ANU, Catholic Education, the ACT Association of Independent Schools, Headspace, BDI, ACT Education and Mental Illness Education ACT (MIEACT), and schools participating in the YAM program. The YAM Partnership Meeting provided a platform for members to share their experiences of the YAM program, encourage engagement with YAM, and build networks within the youth mental health sector.

## Aboriginal and Torres Strait Islander peoples

The ACT LifeSpan Aboriginal and Torres Strait Islander Working Group became the ACT Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Working Group. This Working Group gave advice on culturally appropriate Aboriginal and Torres Strait Islander suicide prevention strategies and supported the development of a targeted approach to Aboriginal and Torres Strait Islander suicide prevention in the ACT.

The Working Group continued to provide advice and support throughout the development and procurement phase of the new culturally appropriate Aboriginal and Torres Strait Islander Suicide Prevention Service. The Working Group will continue to support the implementation of the new service as it commences operations in mid-2022.

The Working Group supported an ACT Webinar on Aboriginal and Torres Strait Islander mental health and suicide issues. This successful webinar was held on World Suicide Prevention Day, 10 September 2021. This was in lieu of a face-to-face Community Forum that was postponed several times due to the COVID-19 pandemic. The webinar was opened by the Minister for Mental Health, and was well attended by about 50 participants, most of whom were local and NSW Aboriginal and Torres Strait Islander peoples. A face-to-face forum will be held in 2022.

The Working Group also supported the delivery of the Wesley LifeForce Aboriginal and Torres Strait Islander Suicide Prevention Train the Trainer program. This program, first delivered in the ACT in 2020, will be returning in late 2022. Attendees will be members of the Aboriginal and Torres Strait Islander Community, who will then conduct suicide prevention workshops for the local community.

## Community

This year, suicide prevention training programs across the ACT community were promoted, including [Question, Persuade, Refer](#) (QPR) and [Applied Suicide Intervention Skills Training](#) (ASIST).

Over 2,500 community members completed the one-hour QPR free online gatekeeper training in suicide prevention – a program designed to improve their skills and confidence in supporting someone they have identified as being at risk.

Sixty ACT Education staff completed ASIST training to build skills in identifying and responding to a suicidal crisis. The two-day training builds skills in recognising when someone may be at risk of suicide, ensuring their immediate safety and making referrals to relevant supports. The implementation of ASIST was limited by the COVID-19 lockdown in Terms 3 and 4 2021 and COVID-19 restrictions in Term 1 2022.

## Health

Work with CHS and the Directorate has resulted in the continued implementation of Connecting with People (CwP) compassion-based suicide prevention training for health professionals, and BDI's RESTORE study. This included consideration of the implementation of 'Guidelines for integrated suicide-related crisis and follow-up care in emergency departments and other acute settings' by CHS.

Developed by Dr Alys Cole-King from [4 Mental Health](#) (4MH) United Kingdom (UK), CwP is a training approach to suicide prevention that challenges the traditional notions of risk quantification, prediction, and management of suicidality. Emphasis on the use of compassionate and informed engagement with those in suicidal distress is championed. CwP incorporates clinical tools which assists clinicians to accurately identify and mitigate individual risks leading to the creation of a Safety Plan. Procurement of CwP was via a single select process with 4MH UK.

Training commenced within Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) in March 2021, with significant stoppages due to COVID-19 lockdowns and clinical reprioritisation. Eighteen trainers from the Office, CHS, the Directorate, and the non-government sector have been trained. By June 2022, through attrition, personal circumstances and COVID-19 related redeployment, seven active trainers remained. A third cohort of eight trainers commenced trainer education on 30 June 2022. Fifty-five training sessions have been delivered in the ACT as of 30 June 2022, with approximately 200 CHS and NGO staff completing the four-module course, and more than 250 completing one or more modules. Planning for CwP training within ACT emergency departments, more broadly across CHS, and within the non-government sector has also commenced.

BDI's RESTORE study investigated the experience of care seekers, their carers and staff who have engaged with suicidal distress and self-harm in the Canberra Hospital and Calvary Public Hospital Bruce emergency departments. Care seekers and their carers' experiences were collected via survey, and staff experiences were collected via a series of in-person focus groups. A final report with recommendations for systemic improvement is due in mid-2022.

## Data and evaluation of suicide prevention activities

The LifeSpan Improving Public Safety Working Group was replaced by the ACT Suicide Prevention Data and Evaluation Working Group. The Working Group is chaired by the Centre for Mental Health Research (CMHR), and attendees include representatives from the Directorate, Australian Institute of Health and Welfare (AIHW), CHN, ACT Coroner, StandBy, MIEACT, ACT Education, Winnunga Nimmityjah, ACT Pharmacy Guild, ACT Police, ACT Ambulance, Woden Community Service, Safe Haven, and Higher Education. The focus of the Working Group is to promote high-quality data and evaluation of suicide prevention activities in the ACT. There have been continued improvements in suicide and self-harm data and monitoring in the ACT, including progressing work to set up an ACT suicide register and the BDI ACT Suicide Audit – a comprehensive overview of suicide and self-harm data for the ACT region.

## The mental health impact of the COVID-19 pandemic

In 2021–22, the COVID-19 pandemic continued to impact on the regular work program for the Office and required an ongoing response to understand, monitor and address the mental health needs of our community.

### Key activities in 2021–22

The Office continued to work closely with key ACT Government directorates and NGOs to develop mental health communication messages for the community, including for the Directorate and the COVID-19 specific websites. It promoted the messages through the Office [Newsletter](#) and Newsbytes.

The Office also:

- continued to monitor and interpret data to track the impacts on the population and at the clinical service system level
- participated in ACT Government whole-of-government planning for community recovery.

### The year ahead

In response to the ongoing COVID-19 pandemic, during 2022–23, the Office will continue to:

- monitor emerging trends in relation to the impact of the pandemic on mental health
- support communication messaging to respond to emerging mental health needs across the community
- contribute to the whole-of-government planning for community recovery.



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

Dear Minister,

**2021–22 Radiation Council Annual Report**

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2022*.

It has been prepared in conformity with other legislation applicable to the preparation of the Annual Report by the ACT Radiation Council.

I certify that the information in the attached report and information provided for whole-of-government reporting is an honest and accurate account, and that all material information on the operations of the ACT Radiation Council has been included for the period 1 July 2021 to 30 June 2022.

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the Report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'EM Croft'.

Elizabeth Croft  
Chair  
ACT Radiation Council

22 July 2022

# Compliance Statement – Radiation Council

The Radiation Council Annual Report 2021–22 must comply with the Annual Report Directions (the Directions) made under section 8 of the [Annual Reports \(Government Agencies\) Act 2004](#). The Directions are found at the ACT Legislation Register: [www.legislation.act.gov.au](http://www.legislation.act.gov.au).

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to the Radiation Council and the location of information that satisfies these requirements:

## Part 1 Directions Overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The Radiation Council Annual Report 2021–22 complies with all subsections of Part 1 under the Directions.

To meet Section 15 Feedback, Part 1 of the Directions, contact details for the Radiation Council are provided within the Radiation Council Annual Report 2021–22 to provide readers with the opportunity to provide feedback.

## Part 2 Reporting entity Annual Report Requirements

The requirements within Part 2 of the Directions are mandatory for all reporting entities and the Radiation Council complies with all subsections. The information that satisfies the requirements of Part 2 is found in the Radiation Council Annual Report 2021–22 as follows:

- A. Transmittal Certificate, see the previous page.
- B. Organisational Overview and Performance, see the next page. As the Radiation Council sits within the ACT Health Directorate, all other subsections in Section B, Part 2 of the Directions are contained with the ACT Health Directorate Annual Report.
- C. Financial Management Reporting, inclusive of all subsections, see Part C Financial management reporting of the ACT Health Directorate Annual Report.

## Part 3 Reporting by Exception

The Radiation Council has nil information to report by exception under Part 3 of the Directions for the 2021–22 reporting year.

## Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

There are no specific annual requirements for the Radiation Council.

## Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the Radiation Council. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address:

[http://www.cmd.act.gov.au/open\\_government/report/annual\\_reports](http://www.cmd.act.gov.au/open_government/report/annual_reports).

# Radiation Council Annual Report 2021–22

It is my pleasure to present the Annual Report of the Radiation Council (the Council) for 2021–22.

The Council has had another productive year, continuing to issue licences, register radiation sources and consider issues that may affect the ACT community with regards to radiation safety and protection.

I wish to express my gratitude to the members of the Council for their generous time commitment, the sharing of their significant skills, knowledge and experience, and their dedication to the safe and effective use and management of radiation sources within the ACT throughout 2021–22.

In particular, I would like to further acknowledge and express my appreciation to those members of the Council who are ACT Government employees and who provided their services without additional remuneration over the past year. The Radiation Council and ACT Health Protection Service are indebted to them for their significant expertise and contributions over the past 12 months.

Finally, I would like to express gratitude on behalf of the Council towards the staff of the Health Protection Service who have provided secretariat services over the past 12 months.

## Council functions

The [Radiation Protection Act 2006](#) (the Act) controls the safe use, storage, transportation and disposal of radioactive material and irradiating apparatus. The Council is established under Part 5 of the Act and has the following functions:

- issuing licences
- registering regulated radiation sources
- advising the Minister on radiation protection issues
- exercising any other function given to it under the Act or another territory law.

## Council membership

The composition of the Council is specified in section 65 of the Act. Seven members are currently appointed to the Council, as shown in Table 69, and the duration of appointments was extended by one year for all members.

**Table 69: Council members**

Name	Position held	Appointed until
Elizabeth Croft	Chair	30 September 2022
Fiona Jolly	Deputy Chair	30 September 2022
Donald McLean	Member	30 September 2022
Stephen Tims	Member	30 September 2022
Dayanethee Krishna	Member	30 September 2022
Bradley Whittaker	Member	30 September 2022
Jayanti Gupta	Member	30 September 2022



## Council meetings 2021–22

The Council meets approximately every six weeks and met nine times during 2021–22. Meetings were held in:

- July, September, October, November and December of 2021
- February, March, April and June of 2022.

## Regulatory standards

The Council refers to several standards, codes of practice, safety guides, and recommendations when:

- considering matters relating to radiation protection
- issuing licences and approving registrations under the Act.

This includes documents in the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Radiation Protection Series, which are available free of charge from [www.arpansa.gov.au](http://www.arpansa.gov.au).

## National Directory for Radiation Protection

The National Directory for Radiation Protection (the Directory) provides the basis for achieving uniformity of radiation protection practices across Australian jurisdictions and is an incorporated document under the Act. The Directory is designed to be regularly updated to reflect the best radiation protection practice of the time. The Directory is prepared by the ARPANSA Radiation Health Committee and is only updated in accordance with prescribed processes.

The Council is regularly briefed on developments about the work of the ARPANSA Radiation Health Committee. ACT Health has a jurisdictional representative appointed to the Committee.

## Council activities

The Council issued 195 new licences during 2021–22, bringing the total number of licence holders in the ACT to 1,681. This is a 4.1 per cent increase (66 licences) on last year. It is anticipated that the introduction of Automatic Mutual Recognition (AMR) from 1 July 2022 may result in a decrease in the total number of licence holders compared with 2021–22, as some licensees residing outside of the ACT may choose not to reapply for their ACT Radiation Licence.

The Council registered 54 new radiation sources during 2021–22, bringing the total number of registered radiation sources in the ACT to 807. This is a 4.7 per cent increase (36 sources) on last year.

## Council achievements

- The Council has completed its review of the Draft Code of Practice for compliance testing of radiation apparatus, in preparation for introducing periodic testing requirements in the ACT. The Code of Practice and the periodic testing frequencies have been developed with a view to increasing national uniformity in the regulatory requirements for radiation sources. Stakeholder input will be invited from ACT source registration holders and shielding designers prior to finalising the Code of Practice and introducing periodic testing requirements.
- The Council reviewed and endorsed updates to Radiation Safety webpages to replicate decisions made by the Council throughout the year.
- The Council has progressed the implementation of recommendations of the 2018 review of the *Radiation Protection Act 2006*, including contributing to an Amendment Bill to amend the Act

accordingly. The role of the Council may become advisory if the Amendment Bill is passed and the Act is amended.

## Radiation incidents

Twenty-nine radiation incidents, summarised in Table 70, were reported to the Council during the year and underwent further investigation. Eight were historical incidents reported following a change of reporting threshold for the organisation concerned.

**Table 70: Radiation incidents**

Incident type	No. of incidents	Details
Radiotherapy	0	N/A
Radiotherapy (pre-treatment imaging)	10	Repeat pre-treatment CBCT imaging required due to equipment malfunction or reference point/offset changes.
Radiology (X-ray)	4	Incorrect procedure carried out on one patient and the incorrect side imaged on three patients.
Radiology (CT)	9	Problems with the referral for five patients. Incorrect patient for one patient. Incorrect procedure for two patients. Incorrect positioning for one patient.
Nuclear Medicine	6	Problems with the referral for one patient. Cannula failure for one patient. Wrong type of carrier pharmaceutical administered for one patient. Malfunction of scanning equipment after the radionuclide had been administered for two patients. Patient unable to proceed after the radionuclide had been administered for one patient.

In line with the ACT Health Risk Management Guidelines, all 29 incidents were deemed insignificant. The areas involved undertook reviews of working systems and, where necessary, amended procedures to reduce the likelihood of similar incidents occurring in the future.

Following investigation, all 29 of these incidents have been reported to ARPANSA for inclusion on the Australian Radiation Incident Register (ARIR) in line with the reporting categories. The 29 incidents were considered to be of minor consequence.

## Enforcement and remedial actions by the Council

No legal proceedings were commenced in 2021–22.

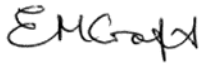
All correspondence should be addressed to the:

Secretariat  
Radiation Council  
C/- Health Protection Service  
Locked Bag 5005  
WESTON CREEK ACT 2611

Phone: (02) 5124 9700

Email: [hps@act.gov.au](mailto:hps@act.gov.au)

Website: [www.health.act.gov.au/businesses/radiation-safety](http://www.health.act.gov.au/businesses/radiation-safety)



Elizabeth Croft  
Chair

# Appendix A

## Compliance Statement



The ACT Health Directorate Annual Report must comply with the *Annual Reports (Government Agencies) Directions 2022* (the Directions) made under section 8 of the *Annual Reports (Government Agencies) Act 2004*. The Directions are found at the ACT Legislation Register: [www.legislation.act.gov.au](http://www.legislation.act.gov.au).

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to the ACT Health Directorate and the location of information that satisfies these requirements.

## Part 1 Directions Overview

The requirements under Part 1 of the Directions relate to the purpose, timing and distribution, and records keeping of annual reports. The ACT Health Directorate Annual Report 2021–22 complies with all subsections of Part 1 under the Directions.

To meet Section 15 Feedback, Part 1 of the Directions, contact details for the ACT Health Directorate are provided within the ACT Health Directorate Annual Report 2021–22 to provide readers with the opportunity to provide feedback.

## Part 2 Reporting entity Annual Report Requirements

The requirements within Part 2 of the Directions are mandatory for all reporting entities and the ACT Health Directorate complies with all subsections. The information that satisfies the requirements of Part 2 is found in the ACT Health Directorate Annual Report 2021–22 as follows:

- A. Transmittal Certificates, see page 28.
- B. Organisational Overview and Performance, inclusive of all subsections, see pages 33–240.
- C. Financial Management Reporting, inclusive of all subsections, see pages 241–356.

## Part 3 Reporting by Exception

The ACT Health Directorate has nil information to report by exception under Part 3 of the Directions for the 2021–22 reporting year.

## Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

The following subsection of Part 4 of the Directions is applicable to the ACT Health Directorate and can be found within the ACT Health Directorate Annual Report 2021–22:

- Mental Health, see page 360.

## Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the ACT Health Directorate. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service Directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address:

[https://www.cmtedd.act.gov.au/open\\_government/report/annual\\_reports](https://www.cmtedd.act.gov.au/open_government/report/annual_reports).

# Appendix B

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