



ACT
Government

ACT Health



Annual Report 2022-23

ACT Health Directorate



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Abbreviations and acronyms

Abbreviation/acronym	Meaning
ABF	Activity Based Funding
ACAT	ACT Civil and Administrative Tribunal
ACCO	Aboriginal Community Controlled Organisations
ACHS	Australian Council on Healthcare Standards
ACT DHS	ACT Disability Health Strategy
ACT LHN	ACT Local Hospital Network
ACTHD	ACT Health Directorate
ACTPS	ACT Public Service
ADS	Alcohol and Drug Services
AHPRA	Australian Health Practitioner Regulation Agency
AMC	Alexander Maconochie Centre
AOD	Alcohol and other drugs
ARMC	Audit and Risk Management Committee
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
ATOD	Alcohol Tobacco and Other Drug
ATODA	Alcohol Tobacco and Other Drug Association ACT
AusHFG	Australasian Health Facility Guidelines
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
CCO	Community Care Order
CHHP	Community Health and Hospitals Program
CHN	Capital Health Network
CHS	Canberra Health Services
City CRS	City Community Recovery Service
CMTEDD	Chief Minister, Treasury and Economic Development Directorate
CNA	Calvary Network Agreement
COAG	Council of Australian Government
CPHB	Calvary Public Hospital Bruce
CwP	Connecting with People compassion-based suicide prevention training
CYMHN	Children and Youth Mental Health Network
CYMHS	Children and Youth Mental Health Sector
DAC	Drug and Alcohol Court

Abbreviation/acronym	Meaning
DAIP	Disability Action and Inclusion Plan
DHR	Digital Health Record
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 3 days
EISED	Early Intervention Service for Eating Disorders
EPHSED	Expanding Public Healthcare Services for Eating Disorders
FAP	First Action Plan
FARE	Foundation of Alcohol Research and Education
FASD	Fetal Alcohol Spectrum Disorder
FCCO	Forensic Community Care Order
FOI	Freedom of Information
FPTO	Forensic Psychiatric Treatment Order
FTE	Full-time equivalent
GP	General Practitioner
GTM	Groovin' the Moo
HAART	Home Assessment Acute Response Team
HCE	Health Complaints Entity
HOT	Homelessness Outreach Team
HREC	Human Research Ethics Committee
HRIMS	Human Resource Information Management System
ICT	Information and Communications Technology
ICWG	Integrated Care Working Group
IHSS	Infrastructure Health Support Services
KPI	Key Performance Indicator
LGBTIQ+	Lesbian, gay, bisexual, transgender/gender diverse, intersex, queer, asexual and other sexually or gender diverse
MACR	Minimum age of criminal responsibility
MDMA	Methylenedioxymethamphetamine
MHJHADS	Mental Health, Justice Health and Alcohol and Drug Services
MHSP	Mental Health Services Plan
MindMap	MindMap – ACT Youth Portal
MOST	Moderated Online Social Therapy
MOU	Memorandum of Understanding
MSD	musculoskeletal disorders
NAIDOC	National Aborigines and Islanders Day Observance Committee
NDIS	National Disability Insurance Scheme

Abbreviation/acronym	Meaning
NGO	Non-government organisation
NHMRC	National Health and Medical Research Council
NSQHSS	National Safety and Quality Health Service Standards
OMHW	Office for Mental Health and Wellbeing
PACER	Police, Ambulance and Clinician Early Response
PCR	Polymerase Chain Reaction
PTO	Psychiatric Treatment Order
PTSD	Posttraumatic stress disorder
RAC	Radiation Advisory Committee
RAT	Rapid antigen test
RED	Respect Equity and Diversity
REDCO	Respect, Equity and Diversity Contact Officer
RO	Restriction Order
SEED	Early Intervention Service for Eating Disorders
SERBIR	Senior Executive Responsible for Business Integrity Risk
SPIRE	Surgical Procedures, Interventional Radiology and Emergency Centre
STI	Sexually transmitted infection
TGA	Therapeutic Goods Administration
the Directorate	the ACT Health Directorate
WHO	World Health Organization
WHS	Work Health and Safety
Winnunga Nimmityjah	Winnunga Nimmityjah Aboriginal Health and Community Services
YAM	Youth Aware of Mental Health

Glossary of technical terms

Term	Meaning
ACT Care Coordinator	A statutory appointment made by the Minister for Mental Health under section 204 (1) of the <i>Mental Health Act 2015</i> .
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 6 months but must be reviewed prior to its expiry date or at a time where it is no longer necessary.</p>
First Nations	The term First Nations is used to identify Aboriginal and Torres Strait Islander peoples.
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 3 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 3 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.

Other sources of information

Websites referenced in this report:

Name	Address
2020–25 National Health Reform Agreement	https://www.health.gov.au/our-work/2020-25-national-health-reform-agreement-nhra
Accessing ACT Public Health Services YourSay Conversation	https://yoursayconversations.act.gov.au/accessing-health-care
ACT Aboriginal and Torres Strait Islander Agreement 2019–2028	https://www.communityservices.act.gov.au/_data/assets/pdf_file/0015/1323132/ACT-Aboriginal-and-Torres-Strait-Islander-Agreement-2019-2028.pdf
ACT and Commonwealth Bilateral Agreement on Mental Health and Suicide Prevention 2022	https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-04/nmh_sp_bilateral_agreement_act.pdf
ACT Childhood Healthy Eating and Active Living Programs	https://www.audit.act.gov.au/_data/assets/pdf_file/0015/2104008/Report-No.-7-of-2022-ACT-Childhood-HEAL-Programs.pdf
ACT Climate Change Strategy 2019–25	https://www.environment.act.gov.au/_data/assets/pdf_file/0003/1414641/ACT-Climate-Change-Strategy-2019-2025.pdf
ACT Detainee Health and Wellbeing Strategy 2023–28	https://www.health.act.gov.au/sites/default/files/2023-08/ACT%20Detainee%20Health%20and%20Wellbeing%20Strategy%202023-2028.PDF
ACT Disability Health Strategy	https://www.health.act.gov.au/about-our-health-system/planning-future/act-disability-health-strategy
ACT Disability Health Strategy YourSay Conversation	https://yoursayconversations.act.gov.au/act-disability-health-strategy
ACT Drug Strategy Action Plan 2022–2026	https://health.act.gov.au/sites/default/files/2023-08/ACT%20Drug%20Strategy%20Action%20Plan%202022-26_Accessible%20version.pdf
ACT Drug Strategy Action Plan 2022–2026 YourSay Conversation	https://yoursayconversations.act.gov.au/act-drug-strategy-action-plan-2022-2026
ACT Government Contracts Register	https://www.procurement.act.gov.au/registers/contracts-register
ACT Health Directorate: Annual Report 2020–2021	https://www.health.act.gov.au/sites/default/files/2021-12/ACTH Annual Report 2020-21_Accessible.pdf
ACT Health Directorate: Annual Report 2021–2022	https://www.health.act.gov.au/sites/default/files/2022-10/ACTH_accessible.pdf
ACT Health Publications	https://health.act.gov.au/about-our-health-system/data-and-publications/publications?page=2
ACT Health Services Plan 2022–2030	https://www.health.act.gov.au/sites/default/files/2022-09/ACT%20Health%20Services%20Plan_2022%20to%202030.pdf
ACT Health website	https://health.act.gov.au/

Name	Address
ACT Health Workforce Strategy 2023–2032	https://health.act.gov.au/sites/default/files/2023-05/Workforce%20Strategy%202023%2020230501.pdf
ACT Mental Health Advisory Council	https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/act-mental-health-advisory-council
ACT Mental Health Workforce Strategy	https://health.act.gov.au/sites/default/files/2023-02/ACT%20Workforce%20Strategy%20Framework.PDF
ACT's Zero Emissions Vehicles Strategy 2022–30	https://www.climatechoices.act.gov.au/policy-programs/acts-zero-emissions-vehicles-strategy
Advice for high-risk settings	https://www.covid19.act.gov.au/stay-safe-and-healthy/advice-for-high-risk-settings
Annual and Financial Reports 2019–2020; Appropriation Bill 2020–2021 and Appropriation (Office of The Legislative Assembly) Bill 2020–2021	https://www.parliament.act.gov.au/__data/assets/pdf_file/0011/1738658/HCW-Report-1-AFR-2019-20-and-Budget-2020-21.pdf
<i>Annual Reports (Government Agencies) Act 2004</i>	https://www.legislation.act.gov.au/a/2004-8/
Appropriation Bill 2017–2018 and Appropriation (Office of the Legislative Assembly) Bill 2017–2018	https://www.parliament.act.gov.au/__data/assets/pdf_file/0003/1090164/Estimates-2017-18-FINAL-REPORT.pdf
Appropriation Bill 2018–2019 and Appropriation (Office of the Legislative Assembly) Bill 2018–2019	https://www.parliament.act.gov.au/__data/assets/pdf_file/0006/1227318/9th-Estimates-2018-2019-Appropriation-Bill-2018-2019-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2018-2019.pdf
Appropriation Bill 2019–2020 and Appropriation (Office of the Legislative Assembly) Bill 2019–2020	https://www.parliament.act.gov.au/__data/assets/pdf_file/0007/1392712/9th-Assembly-Estimates-2019-2020-Appropriation-Bill-2019-2020-and-Appropriation-Office-of-the-Legislative-Assembly-Bill-2019-2020.pdf
Appropriation Bill 2021–2022 and Appropriation (Office of The Legislative Assembly) Bill 2021–2022	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
Australian Capital Territory Remuneration Tribunal	https://www.remunerationtribunal.act.gov.au/
<i>Australian Radiation Protection and Nuclear Safety Act 1998</i>	https://www.legislation.gov.au/Series/C2004A00383
Australian Radiation Protection and Nuclear Safety Agency	https://www.arpansa.gov.au/
Be You	https://beyou.edu.au/
Calvary Health Care ACT	https://www.calvarycare.org.au/act/
Canberra Health Services	https://www.canberrahealthservices.act.gov.au/
Canberra Hospital	https://www.canberrahealthservices.act.gov.au/before-during-and-after-your-care/staying-at-canberra-hospital
Canberra Hospital Master Plan 2021–2041	https://www.health.act.gov.au/sites/default/files/2021-12/Canberra Hospital Master Plan.pdf

Name	Address
<i>Carers Recognition Act 2021</i>	https://www.legislation.act.gov.au/View/a/2021-34/current/html/2021-34.html
Chief Health Officer Updates	https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats/chief-health-officer-update-status-public
Childrens Health Services ACT Health website	https://www.health.act.gov.au/about-our-health-system/planning-future/new-plan-childrens-health-services
CHS Disability Action and Inclusion Plan 2022–2025	https://www.canberrahealthservices.act.gov.au/_data/assets/file/0017/2116007/CHS-Disability-Action-and-Inclusion-Plan.pdf
Clinical System Governance Committee Expression of Interest YourSay Conversation	https://yoursayconversations.act.gov.au/cs-gc-expression-interest
COVID Smart behaviours	https://www.covid19.act.gov.au/stay-safe-and-healthy/covid-smart-behaviours
COVID-19 Management Declaration	https://www.covid19.act.gov.au/management/public-health-declaration
COVID-19 website	https://www.covid19.act.gov.au/
<i>Crimes Act 1900</i>	https://www.legislation.act.gov.au/a/1900-40
Culture in the ACT public health system: Third and Final Annual Review	https://www.health.act.gov.au/sites/default/files/2023-03/Workplace%20Culture%20within%20the%20ACT%20Public%20Health%20System%20-%20Third%20and%20Final%20Annual%20Review%20-%20January%202023.pdf
<i>Dangerous Substances Act 2004</i>	https://www.legislation.act.gov.au/a/2004-7
<i>Drugs of Dependence (Personal Use) Amendment Act 2022</i>	https://www.legislation.act.gov.au/a/2022-20/
<i>Drugs of Dependence Act 1989</i>	https://www.legislation.act.gov.au/a/alt_a1989-11co
Final Report on Understanding the 'Missing Middle': Children and young people with moderate to severe mental health concerns who experience difficulties accessing services	https://health.act.gov.au/sites/default/files/2022-09/Understanding%20the%20Missing%20Middle%20Report.pdf
<i>Food Act 2001</i>	https://www.legislation.act.gov.au/a/2001-66/
Freedom of Information – Access to Records	https://www.health.act.gov.au/about-our-health-system/freedom-information
Freedom of Information – Disclosure Log	https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log
<i>Freedom of Information Act 2016</i>	http://www.legislation.act.gov.au/a/2016-55/
Gender Affirming Guidelines	https://health.act.gov.au/sites/default/files/2021-11/Guidance%20to%20support%20gender%20affirming%20care%20for%20mental%20health%20FINAL_0.pdf

Name	Address
Governance Principles Appointments, Boards and Committees in the ACT	https://www.cmtedd.act.gov.au/_data/assets/pdf_file/0004/1045984/Governance-Principles-Appointments,-Boards-and-Committees-2021-FINAL-VERSION.pdf
<i>Government Procurement Act 2001</i>	http://www.legislation.act.gov.au/a/2001-28/
Government Procurement Regulation 2007	http://www.legislation.act.gov.au/sl/2007-29/default.asp
Gugan Gulwan	https://gugan-gulwan.com.au/
<i>Health (National Health Funding Pool and Administration) Act 2013</i>	https://www.legislation.act.gov.au/a/2013-2/
Health Infrastructure Enabling Bill 2023	https://www.legislation.act.gov.au/b/db_67631/
Health Practitioner Regulation National Law (ACT)	https://www.legislation.act.gov.au/a/db_39269/
Independent Review into the Workplace Culture within ACT Public Health Services	https://www.health.act.gov.au/about-our-health-system/culture-review-implementation
Inquiry into Planning for the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) and The Canberra Hospital Campus and Immediate Surrounds	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1616056/9th-PUR-Report-14-Inquiry-into-Planning-for-the-Surgical-Procedures,-Interventional-Radiology-and-Emergency-Centre-SPIRE-and-The-Canberra-Hospital.pdf
Inquiry into the Appropriation Bill 2022-2023 and Appropriation (office of the legislative Assembly) Bill 2022-2023	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/2082625/Report-Inquiry-into-Appropriation-Bill-2022-2023-and-Appropriation-OLA-Bill-2022-2023.pdf
Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021	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
Inquiry into the Future Sustainability of Health Funding in the ACT	https://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1294844/9th-HACS-05-Inquiry-into-the-Future-Sustainability-of-Health-Funding-in-the-ACT.pdf
<i>Integrity Commission Act 2018</i>	https://www.legislation.act.gov.au/a/2018-52
Integrity of Data in the Health Directorate	https://www.audit.act.gov.au/_data/assets/pdf_file/0004/1179931/Report-No-5-of-2015-Integrity-of-Data-in-the-Health-Directorate.pdf
Interim Report 4 – Select Committee on the COVID-19 Pandemic Response	https://www.parliament.act.gov.au/_data/assets/pdf_file/0006/1619115/Select-Committee-on-the-COVID-19-pandemic-response-Interim-report-4.pdf
Leading Data Reform: The Way Forward – Outcomes of the ACT Health System-Wide Data Review	https://health.act.gov.au/sites/default/files/2018-09/System-Wide%20Data%20Review%20Outcomes%20Report.pdf
Management of Care for People Living with Serious and Continuing Illness	https://www.audit.act.gov.au/_data/assets/pdf_file/0007/1626037/Report-No.7-of-2020-Management-of-care-for-people-living-with-serious-and-continuing-illness.pdf

Name	Address
Maternity in Focus: First Action Plan 2022–2025	https://www.health.act.gov.au/sites/default/files/2022-06/Maternity%20in%20Focus%20-%20First%20Action%20Plan%202022-2025.pdf
Maternity in Focus: The ACT Public Maternity System Plan 2022–2032	https://www.health.act.gov.au/sites/default/files/2022-06/Maternity%20in%20Focus%20-%20ACT%20System%20Plan%202022-2032.pdf
<i>Medicines, Poisons and Therapeutic Goods Act 2008</i>	https://www.legislation.act.gov.au/a/2008-26
<i>Mental Health Act 2015</i>	https://www.legislation.act.gov.au/a/2015-38
Mental health Commissioning YourSay Conversation	https://yoursayconversations.act.gov.au/mental-health-commissioning
Mindmap – ACT Youth Portal	https://www.mindmap.act.gov.au/s/
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
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
National Agreement on Closing the Gap	https://www.closingthegap.gov.au/national-agreement
National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018–2028	https://www.health.gov.au/sites/default/files/national-fetal-alcohol-spectrum-disorder-fasd-strategic-action-plan-2018-2028.pdf
National Health Reform Agreement	https://www.publichospitalfunding.gov.au/public-hospital-funding/about-agreement
National Mental Health Workforce Plan	https://www.aihw.gov.au/getmedia/402bfe45-5fd2-49e2-9d30-3f9561db6f44/National-mental-health-workforce-plan-2011.pdf.aspx#:~:text=The%20aim%20of%20the%20National%20Mental%20Health%20Workforce.identifies%20specific%20activities%20in%20support%20of%20the%20strategy.
National Statement on Ethical Conduct in Human Research (2007)	https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018#block-views-block-file-attachments-content-block-1
Ngunnawal Bush Healing Farm	https://www.health.act.gov.au/services-and-programs/aboriginal-and-torres-strait-islander-health/health-and-wellbeing-service-0
Nurses and Midwives: Towards a Safer Culture Strategy	https://www.health.act.gov.au/sites/default/files/2018-12/Nurse_Midwives_Towards_a_Safer_Culture_-_The_First_Step_-_Strategy_FINAL_14.12.18_%28002%29.pdf
Office for Mental Health and Wellbeing – Resources	https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/resources
Office for Mental Health and Wellbeing Work Plan 2019–2021	https://www.health.act.gov.au/sites/default/files/2019-05/Office%20for%20Mental%20Health%20Work%20Plan%202019%20-%202021.pdf

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Office for Mental Health and Wellbeing Work Plan 2023–2024	https://health.act.gov.au/sites/default/files/2023-08/The%20Office%20for%20Mental%20Health%20and%20Wellbeing%20Work%20Plan%202023%E2%80%932024.pdf
Office of the Chief Psychiatrist	https://health.act.gov.au/services-and-programs/mental-health/office-of-the-chief-psychiatrist
Preventative Health YourSay Conversation	https://yoursayconversations.act.gov.au/preventive-health
Public Health (COVID-19 Management) Declaration	https://legislation.act.gov.au/di/2022-224/
Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 (No 8)	https://www.legislation.act.gov.au/ni/2022-440/
Public Health (Emergency) Declaration extension	https://www.legislation.act.gov.au/ni/2022-379/
<i>Public Interest Disclosure Act 2012</i>	https://www.legislation.act.gov.au/a/2012-43
Queen Elizabeth II Family Centre	https://www.tresillian.org.au/about-us/what-we-do/tresillian-queen-elizabeth-ii-family-centre/
Question, Persuade, Refer	https://health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/lifespan
<i>Radiation Protection Act 2006</i>	https://www.legislation.act.gov.au/a/2006-33/
Radiation Safety page of ACT Health website	https://www.health.act.gov.au/businesses/radiation-safety
Re-envisioning Older Persons Mental Health and Wellbeing in the ACT Strategy 2022–2026	https://www.health.act.gov.au/sites/default/files/2022-08/Older%20Persons_Mental%20Health%20and%20Wellbeing%20Strategy.pdf
Report on Annual and Financial Reports 2015–2016	http://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1058819/9th-HACS-01-Annual-Report-2015-16.pdf
Report on Annual and Financial Reports 2017–2018	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1332574/9th-HACS-06-Annual-Report-2017-18.pdf
Report on Inquiry into Maternity Services in the ACT	https://www.parliament.act.gov.au/_data/assets/pdf_file/0005/1555466/9th-HACS-10-Report-on-Inquiry-into-Maternity-Services-in-the-ACT-ver-dated-18-June-2020-revised.pdf
Review of ACT Health Programs – Children and young people and responses to Fetal Alcohol Spectrum Disorder (FASD)	https://www.parliament.act.gov.au/_data/assets/pdf_file/0009/1998153/HCW-Committee-report-V5-Tabling-3-May-2022.pdf
Review of Children and Young People in the ACT	https://health.act.gov.au/sites/default/files/2020-03/OMHW%20Children%20and%20Young%20People%20Report_0.pdf
Safe Haven	https://stride.com.au/mental-health-services/?type=Individual%20and%20Group%20Supports&id=0012w00000sbchuAAA
Strategic Framework for Transitioning COVID-19 Measures	https://federation.gov.au/sites/default/files/media/2022-12/strategic-framework-transitioning-covid-19.pdf

Name	Address
Take Action! Mental Health Complaints and Feedback in the ACT	https://www.hcca.org.au/publication/take-action-mental-health-complaints-and-feedback-in-the-act/
Tenders ACT	https://www.tenders.act.gov.au/contract/search
Territory-wide Model of Care for Eating Disorders	https://health.act.gov.au/sites/default/files/2023-06/Territory-Wide%20Model%20of%20Care%20for%20Eating%20Disorders.pdf
The Blue Tree Project	https://www.cityservices.act.gov.au/trees-and-nature/trees/canberras-blue-trees
The Final Report: Independent Review into the Workplace Culture within ACT Public Health Services	https://www.health.act.gov.au/sites/default/files/2019-03/Final%20Report%20Independent%20Review%20into%20Workplace%20Culture.pdf
University of Canberra Hospital	https://www.canberrahealthservices.act.gov.au/locations-and-directions/university-of-canberra-wards-and-facilities
Voluntary Assisted Dying Listening Report	https://hdp-au-prod-app-act-yoursay-files.s3.amazonaws.com/5016/8791/2515/FINAL_Listening_Report_VAD_for_publication_on_YourSay_-_27.06.23.pdf
Voluntary Assisted Dying YourSay Conversations	https://yoursayconversations.act.gov.au/voluntary-assisted-dying-in-ACT
Winnunga Nimmityjah	https://winnunga.org.au/
<i>Work Health and Safety Act 2011</i>	https://www.legislation.act.gov.au/a/2011-35/
Youth Aware of Mental Health (YAM)	https://www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/lifespan/youth-aware-mental-health-yam
Youth Mental Health in the ACT	https://www.parliament.act.gov.au/_data/assets/pdf_file/0007/1613518/EEYA-Report-9-Youth-Mental-Health-in-the-ACT.pdf

Part A

Transmittal certificates



ACT
Government

ACT Health

Office of the Director-General

Mr Andrew Barr MLA
Acting Minister for Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

2022–23 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 2023*. This is being presented to you in your capacity as acting Minister for Health.

This report 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 annual 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 2022 to 30 June 2023.

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, this being Friday 13 October 2023.

Yours sincerely

Rebecca Cross
Director-General

3 October 2023



ACT
Government

ACT Health

Office of the Director-General

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

Dear Minister

2022–23 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 2023*.

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Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that the Report be presented to the Legislative Assembly within 15 weeks after the end of the reporting year, this being Friday 13 October 2023. The Minister for Health will present ACT Health Directorate Annual Report.

Yours sincerely

Rebecca Cross
Director-General

3 October 2023

Director-General Foreword

I am pleased to present the ACT Health Directorate (the Directorate) Annual Report 2022–23.

The 2022–23 year has again been busy and productive for the entire Directorate. While we have started phasing down the structures that were established to manage the response to the COVID-19 pandemic, we have continued to deliver the ongoing business of the Directorate.

During the year, the Directorate progressed some significant work to ensure we are planning and delivering actions and improvements across the ACT health system.

Highlights include:

- launching the Digital Health Record across the ACT's health system in November 2022
- progressing plans for a new hospital in Canberra's North, including the transition of operations and services from Calvary Public Hospital Bruce to Canberra Health Services
- continuing to collaborate with the Community Services Directorate and the community sector on the important work of implementing Commissioning which will provide a new approach to delivering health and support services for Canberrans
- launching the ACT Health Services Plan 2022–2030, which provides an 8-year roadmap for improving the way our health services work together in the ACT
- in partnership with the Justice and Community Safety Directorate, conducting public consultations to inform a safe and accessible voluntary assisted dying model for the ACT
- delivering a collaborative nurse and midwife recruitment campaign for ACT public health services
- completing the development and engagement phases of an ACT Disability Health Strategy
- designing an activity based funding model to improve our management of health services across the ACT
- launching the ACT Health Workforce Strategy 2023-2032, which sets out the Territory-wide approach to building a sustainable health workforce and will support the Territory and surrounding regions to respond to workforce challenges
- engaging in public health protection activities, including preparing for the potential public health risk of Japanese Encephalitis Virus and Monkeypox virus following confirmed cases in other jurisdictions
- working with the Chief Minister, Treasury and Economic Development Directorate to protect the rights and choices of intersex people through legislation to reform their medical treatment
- supporting legislation to introduce a code of conduct for healthcare workers
- commencing the development of an online vaping, youth and health education package for high school and primary school students, and the development of a public information campaign about the harms of vaping

- delivering communication campaigns to help promote a healthy community, including winter wellness, summer safety and wellbeing, Healthier Choices Canberra and Gamechangers
- offering allied health postgraduate scholarships to 32 allied health professionals across 11 disciplines
- launching [Better together: A strategic plan for research in the ACT health system 2022–2030](#)
- collaborating with the University of Canberra on the SYNERGY Nursing and Midwifery Research Centre to support a nursing and midwifery research culture across the ACT
- commencing construction on a community-based residential eating disorder treatment centre in Coombs
- facilitating free of charge surgical and medical abortions, and long-acting reversible contraceptives at the time of abortion, for ACT residents
- completing the Culture Review Implementation Review, including the Third and Final Annual Review.

This year, to progress our work as a high-performing organisation that values our people, we continued to invest in our people through a number of initiatives, including:

- launching the Wellbeing at Work Strategy
- piloting Health Check to support employees in building a positive, high-performing and psychologically safe workplace
- developing a staff professional development action plan and learning tool, which will support current and future staff to:
 - enhance their capabilities and confidence
 - learn skills which will enable them to contribute to the goals of their division
 - contribute to the development plan cycle.

This year, the Directorate has started to explore what it means to be a system leader. This work will continue with the objective of developing a clear strategy and pathway to embed system leader thinking across the Directorate, and with our community and health partners.

I remain personally committed to ensuring our health system meets our community's needs. I 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 expectations to care for our community, day in and day out, in extraordinary circumstances.

Rebecca Cross
Director-General

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Part B

Organisational overview
and performance

B.1 Organisational overview

Our vision

Our vision is for 'A Healthier Canberra'. Our purpose is to provide strategic direction and leadership of the ACT health system. We develop strategies and set the direction to ensure services meet community needs and expectations, deliver improved health outcomes, and that the health system is innovative, effective and sustainable 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 provides strategic direction and leadership of the ACT health system.

The Directorate's key functions are:

- providing strategic leadership and policy advice regarding the whole of the ACT health system, beyond the acute 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 health system
- delivering a range of health prevention, promotion and protection services
- implementing innovative digital technologies across the health system and supporting Information and Communications Technology (ICT) solutions across the public health system that enable person-centred care and make it easier for clinicians to do their work
- conducting 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 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
- healthcare professionals, such as General Practitioners (GPs), allied health professionals, nurses, midwives and medical specialists who provide services to our community in the ACT health system – including privately, independently or in collaboration with the public health system

- health professional organisations, regulators and unions, which represent our workforce and advocate and advise on their behalf
- public hospital related services, including those provided by Canberra Health Services (CHS) at the Canberra Hospital, the University of Canberra Hospital, North Canberra Hospital (formerly Calvary Public Hospital Bruce), Clare Holland House, and services provided at Queen Elizabeth II Family Centre and by the Emergency Services Agency through the ACT Ambulance Service
- private hospitals and health facilities, which provide care and services to our community and work closely with the public health system
- 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
- 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
- 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
- Capital Health Network (CHN) – the ACT’s primary health network – that plans and commissions primary care services in the ACT.

Operating environment and planning framework

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

The 2023–24 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 4 strategic priorities and goals towards which we all work together:

- healthy community
- safe, responsive and sustainable 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 3 strategic goals for a high-performing, safe health system delivering person-centred services and safe and effective care:

- access
- accountability
- sustainability.

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

- Healthy Canberra ACT Preventive Health Plan 2020–2025
- Digital Health Strategy 2019–2029
- ACT Mental Health and Suicide Prevention Plan
- ACT Health Workforce Strategy 2023–2032
- Better together: A strategic plan for research in the ACT health system 2022–2030
- ACT Health Services Plan 2022–2030 and infrastructure planning.

Internal accountability

Executives in the public service are engaged under contract for periods not exceeding 5 years. Their remuneration is determined by the ACT Remuneration Tribunal.

Table 1 identifies the Senior Executives across the organisation as at 30 June 2023.

Table 1: Senior Executives

Senior executive	Position
Rebecca Cross	Director-General
Robyn Hudson	Deputy Director-General, Strategic Priorities and Reform
Liz Lopa	A/g Deputy Director-General, Infrastructure and Engagement
Dr Elizabeth Moore	Coordinator-General, Office for Mental Health and Wellbeing
Cheryl Garrett	Executive Branch Manager, Mental Health and Suicide Prevention Division
Ros Knox*	A/g 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

Senior executive	Position
Maria Travers	Executive Branch Manager, Health Policy and Strategy
Marcus Nicol	Executive Branch Manager and Chief Health Data Officer, Data Analytics
Jacinta George	Executive Group Manager, Health System Planning and Evaluation Division
Kate Chambers	Executive Branch Manager, LHN Commissioning
Christopher Wood	Executive Branch Manager, Health System Planning and Development
Dr Kerry Coleman*	Chief Health Officer, Population Health Division
Christine Murray	A/g Executive Group Manager, Population Health
Kristin Blume	A/g Executive Branch Manager, Population Health Policy
Dr Jade Redfern	A/g Executive Branch Manager, Promotion and Programs
Victor Martin	Executive Branch Manager, Health Protection Service
Dr Sally Singleton*	Deputy Chief Health Officer, Office of the Chief Health Officer
Vanessa Dal Molin	Executive Branch Manager, COVID-19 Policy and Support
Toby Keene	A/g Executive Branch Manager, Public Health Operations
Catherine Loft	A/g Executive Group Manager, Infrastructure, Communication and Engagement Division
Daniel Landon	A/g Executive Branch Manager, Strategic Infrastructure
Vacant	Executive Branch Manager, Communication and Engagement
Caitlin Bladin	A/g Executive Branch Manager, Strategic Infrastructure Planning
Sally-Anne Clark	A/g Executive Branch Manager, Northside Hospital Project Communications
Dr Holger Kaufmann	Executive Group Manager, Chief Information Officer, Digital Solutions Division
Sandra Cook	Executive Branch Manager, Application Support
Justine Spina	Executive Branch Manager, Future Capability and Governance
Ryan Mavin	A/g Executive Branch Manager, Technology Operations
Rebecca Heland*	Chief Nursing and Midwifery Information Officer
Associate Professor Rohan Essex*	Chief Medical Information Officer, Digital Health Record
Fiona Barbaro	Executive Group Manager, Corporate and Governance Division
Muku Ganeshalingam	Executive Branch Manager, Chief Finance Officer, Strategic Finance
Jacqui Bear	Executive Branch Manager, Governance and Risk
Jodie Junk-Gibson	Executive Branch Manager, People Strategy and Culture

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

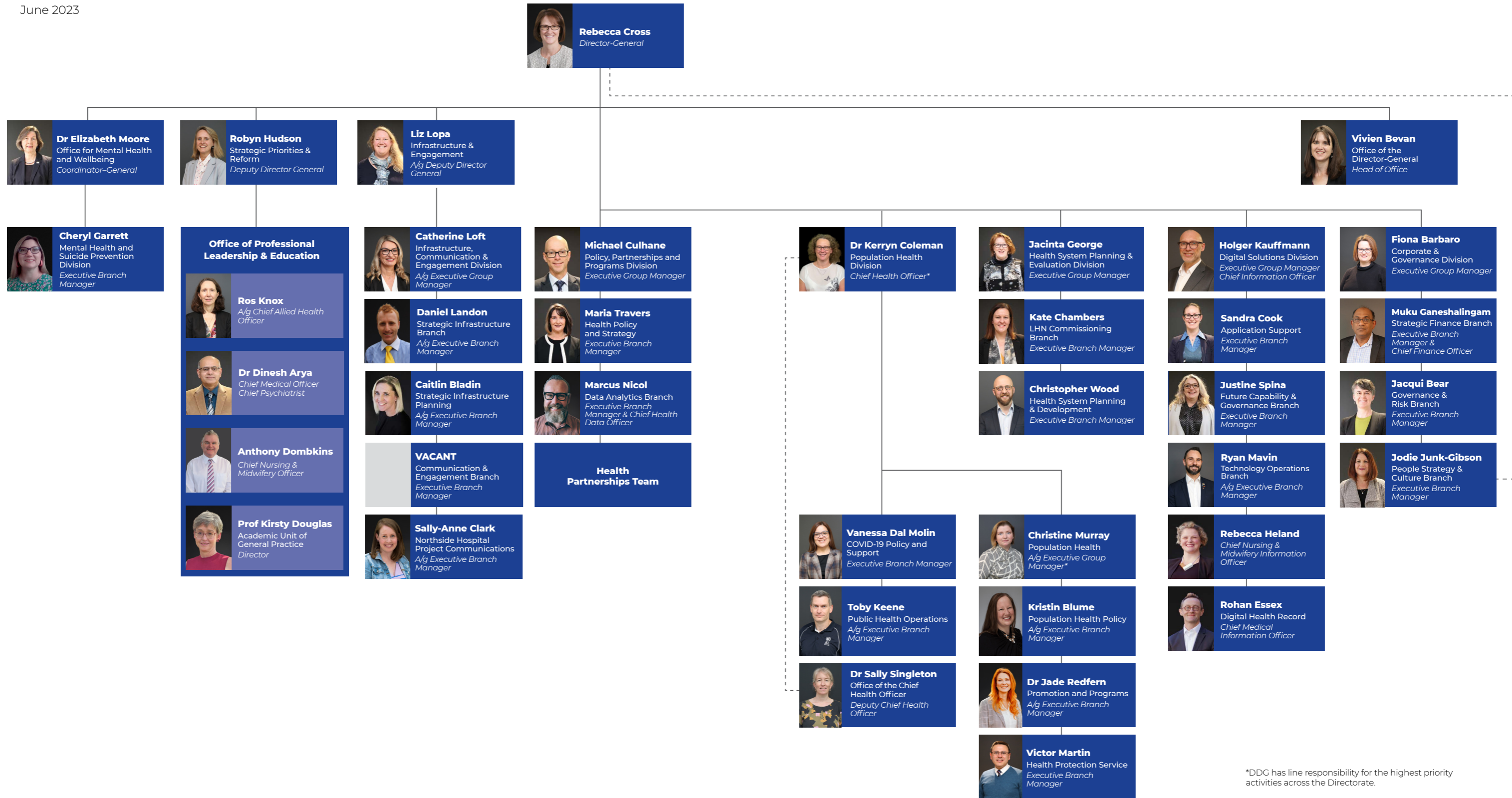
Organisational structure

The Directorate comprises:

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

ORGANISATIONAL CHART

June 2023



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

*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.

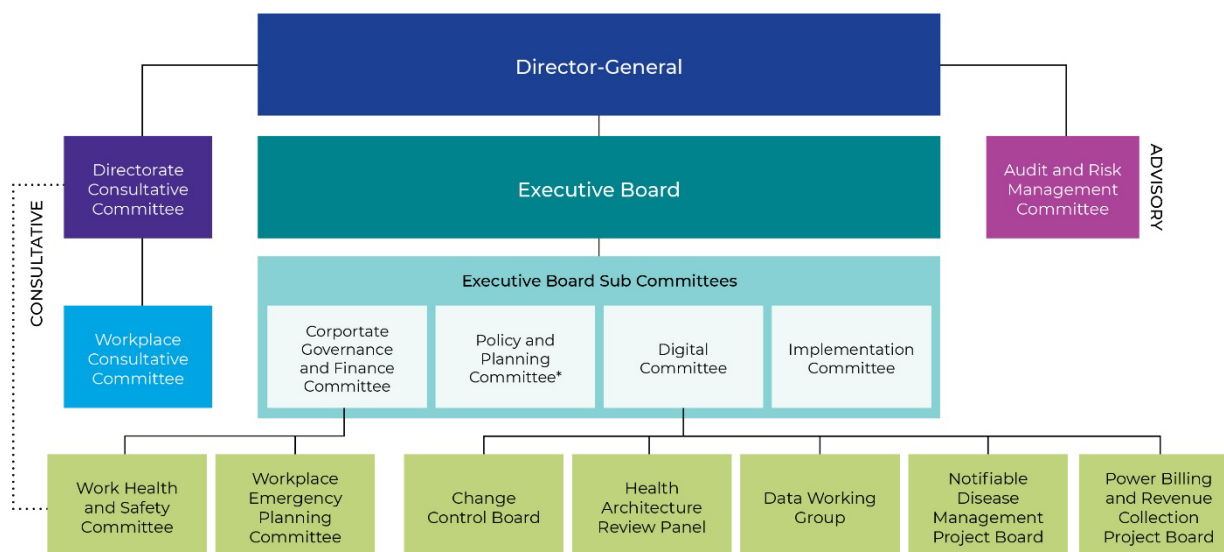
Governance structure

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 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 2023.

Figure 1: Governance Committee Structure



*This committee was put on hold in June 2023, pending review.

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 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 provides governance and oversight for the Directorate's corporate and governance services and functions, such as 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 Committee is co-chaired by the Executive Group Manager, Corporate and Governance and the Chief Information Officer.

Digital Committee

The Digital Committee provides executive leadership, oversight and direction on the Directorate's technology, data, records management and protective security functions, ensuring that they appropriately support the achievement of the ACT health strategic and operational objectives across the ACT public health system.

The Committee is chaired by the Deputy Director-General.

Implementation Committee

The Implementation Committee monitors the Directorate's progress against its commitments, with the aim of enabling accountability, risk management, prioritisation of resources and responses to emerging issues. The Committee is focused on promoting transparency and driving continuous improvement.

The Committee is co-chaired by the Executive Group Manager, Strategic Infrastructure and Corporate and Governance divisions.

Policy and Planning Committee

The Policy and Planning Committee provides executive leadership in the development of Territory-wide health care and services policy and planning.

Its role is to identify need for and support the design, refinement and implementation and evaluation of informed, evidence-based health policy and planning initiatives, through expert guidance, executive leadership, overseeing delivery of policy projects and programs, and overseeing stakeholder engagements.

Activities of this Committee were put on hold in June 2023, pending review of its functions.

The Committee is co-chaired by Deputy Director-General and Coordinator-General, Office for Mental Health and Wellbeing.

Directorate Consultative Committee

Chaired by the Director-General, the Directorate Consultative Committee 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 Directorate Consultative Committee are usually those that:

- impact the whole Directorate
- represent significant change, or
- are referred by the Workplace Consultative Committee.

Workplace Consultative Committee

The Workplace Consultative Committee 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 Directorate Consultative Committee, where possible.

The Committee is chaired by Executive Branch Manager, Governance and Risk.

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 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, it 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 Community Health Programs Committee

The Aboriginal and Torres Strait Islander Community Health Programs Committee advises the Directorate to ensure our targeted programs, whole-of-population programs and plans meet the needs of the First Nations community and are designed and implemented so that they work collaboratively where possible. The Committee ceased operating in March 2023 after feedback that the First Nations community preferred other collaboration mechanisms.

Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Partnership Group

The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Partnership Group provides advice to the Coordinator-General, Mental Health and Wellbeing on culturally appropriate First Nations suicide prevention strategies and mental health strategies and provide input into the implementation of these strategies.

ACT Bilateral Agreement Mental Health and Suicide Prevention – Quarterly Implementation Bilateral meeting

The ACT Bilateral Agreement Mental Health and Suicide Prevention – Quarterly Implementation Bilateral Meeting Group is the decision-making governance forum overseeing the implementation of the Mental Health and Suicide Prevention Bilateral Schedule between the Commonwealth and the ACT. The Bilateral Schedule sets out a range of initiatives that the Commonwealth and the ACT have agreed to deliver in partnership to support key reforms in the ACT's mental health and suicide prevention system.

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. The Steering Committee includes people with disability, carers of people with disability, service providers, advocacy groups and ACT Government representatives.

ACT Drugs of Dependence (Personal Use) Amendment Act 2022 Implementation Group

The ACT Drugs of Dependence (Personal Use) Amendment Act 2022 Implementation Group advises on the implementation of the [Drugs of Dependence \(Personal Use\) Amendment Act 2022](#). It includes representatives from across government as well as key non-government organisations (NGOs) from the Alcohol and Other Drug sector.

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.

The ACT Health and Wellbeing Partnership Board will be replaced in 2023–24 by a new ACT Health System Council.

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.

In 2023–24, the new ACT Health System Council will consider whether the Research Working Group should continue under its auspices.

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.

In 2023–24, the new ACT Health System Council will consider whether the Workforce Education and Training Working Group should continue under its auspices.

ACT Health and Wellbeing Integrated Care Working Group

The ACT Health and Wellbeing Integrated Care Working Group (ICWG) is a working group of the ACT Health and Wellbeing Partnership Board. Membership includes Commonwealth Department of Health and Aged Care, CHS, Calvary Public Hospital Bruce (CPHB), CHN, Health Care Consumers Association, Carers ACT, Southern NSW Local Health District, ACT Ambulance and universities. The group is 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 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, to the key leadership committees within the ACT public health system.

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 Commissioning Advisory Group

The ACT Mental Health Commissioning Advisory Group provides guidance and leadership in relation to mental health service commissioning in the ACT. The group has representatives from mental health care consumers, the ACT Mental Health Consumers Network, Carers ACT, CHN and people with lived experience.

ACT Mental Health Workforce Strategy Action Plan Working Group

A short-term ACT Mental Health Workforce Strategy Action Plan Working Group was convened to advise on the consultation process undertaken for the development of the [ACT Mental Health Workforce Strategy](#) action plans and to provide subject matter expertise on the contents of the first action plan. The group will disband in July 2023.

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 system, Canberra Script, meets the needs of ACT health practitioners to support their patient care. The group ensures Canberra Script is effectively implemented in the ACT and that ACT regulatory policies which support the system are based on clinical evidence and incorporate feedback from local stakeholders.

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 Sexually Transmissible Infection and Blood Borne Virus Health Advisory Committee

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

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, Mental Health and Wellbeing, and reports to ACT Prevention, Mental Health and Wellbeing and Family Safety Inter-Directorate Committee.

ACT Suicide Prevention Data and Evaluation Partnership Group

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

Activity Based Management Steering Committee

The Activity Based Management Steering Committee is responsible for introducing activity based funding to improve patient outcomes and drive efficiency across the ACT public health system.

Australian New Zealand Intensive Care Society

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

Canberra Region Medical Education Council

The Canberra Region Medical Education Council 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. The Council 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.

Child and Adolescent Clinical Services Expert Panel

The Child and Adolescent Clinical Services Expert Panel provides oversight of the finalisation of health system planning for children and adolescents, especially the most vulnerable, and makes recommendations to the Minister for Health on key priorities for clinical services in the ACT.

Chronic Conditions Working Group

The Chronic Conditions Working Group is focused 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 group provides advice to the Minister for Health on integration improvements for chronic condition services across the ACT health system. This working group has been subsumed into the ACT Health and Wellbeing ICWG.

Collaborative Working Group on Food at Schools

The Collaborative Working Group on Food at Schools coordinates the strategic approach to 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.

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. This group ceased meeting in February 2023.

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. This group ceased meeting February 2023.

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. The Board ceased meeting in March 2023.

Drug Treatment Working Group

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

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, Directorate staff, 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.

Hoarding Case Management Group

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

Human Resource Matters Working Group (including Early Intervention Working Group)

The Human Resource Matters and Early Intervention working groups were amalgamated as it was agreed by members that there was strong alignment between the purpose of the 2 forums. The combined group is responsible for addressing key system-wide issues for the ACT public health system from the Human Resource Function Review, including developing best practice approaches and establishing models to manage industrial issues.

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 Forms Committee

The Mental Health Act Forms Committee function is to review and simplify all forms required in the Mental Health Act 2015 and to ensure the forms are Digital Health Record (DHR) user-friendly.

Mental Health Act Oversight Committee

The Mental Health Act Oversight Committee function is to oversee the operation of the Mental Health Act 2015. 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.

Mental Health Coordinating Group

The Mental Health Coordinating Group provides a collaboration space for organisations delivering public mental health services in the ACT to meet and discuss key issues facing the ACT public mental health system. The Committee provides high-level advice to the ACT Government.

Mental Health and Suicide Prevention Senior Officers Group

The Mental Health and Suicide Prevention Senior Officials Group provides oversight for the implementation of the National Mental Health and Suicide Prevention Agreement (National Agreement).

Multicultural Health Reference Group

The Multicultural Health Reference Group provided future-focused strategic advice to the Directorate, CHS, CPHB and CHN on matters relevant to the provision of health services to people from culturally and linguistically diverse backgrounds. The Reference Group was disbanded in June 2023.

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.

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 Advisory Board

The Ngunnawal Bush Healing Farm Advisory Board advises the Director-General and the Directorate on matters related to the Ngunnawal Bush Healing Farm and its goal of providing best practice care and cultural healing for First Nations people. The Advisory Board has diverse cultural, community and government expertise.

Non-Government Organisation Leadership Group

The Non-Government Organisation (NGO) Leadership Group facilitates better integrated services and collaboration with NGOs in the ACT 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.

Northside Hospital Transition Project Steering Committee

The Northside Hospital Transition Project Steering Committee was established in May 2023 to provide senior executive oversight and advice on all facets of the Northside Hospital Transition Project. The Committee will ensure delivery of project outputs and achievement of project outcomes associated with the introduction, passing and implementation of the [Health Infrastructure Enabling Act 2023](#) and the transition of services, operations and employees from CPHB to CHS.

The Steering Committee also provides oversight on commercial and legal activities associated with the implementation of the Act.

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.

Online Youth Navigation Portal Governance Committee

The Online Youth Navigation Portal Governance Committee (MindMap Governance Committee) meets every 2 months to oversee the implementation and evaluation of the online youth navigation portal – [MindMap](#). The membership includes government and non-government representatives. The Committee provides advice and feedback to Office for Mental Health and Wellbeing on data, evaluation and marketing strategies to promote MindMap in the ACT community.

Oversight Group: COVID-19 Plans for People with Disability

This Oversight Group provided '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 supported 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. The Oversight Group disbanded in October 2022.

Pill Testing Working Group

The Pill Testing Working Group examines the broader public health, legal and social issues related to third-party pill testing (also known as drug checking) in the ACT.

Primary Care Emergency Response Working Group

The purpose of the ACT Primary Care Emergency Response Working Group is to facilitate good communication between primary care, public health and clinical emergency response efforts. The Working Group also promotes the effective utilisation of primary care clinicians in local emergency responses.

Professional Transition to Work Working Group

The Professional Transition to Work Working Group's role is to identify and support ACT-wide initiatives investing in the transition of students to health professionals, focusing on preparing students for work and implementing supports. The group also looks at research about supporting early career transitions.

Ratios Implementation Steering Committee

The Ratios Implementation Steering Committee oversees the implementation of nurse/midwife-to-patient ratios across the ACT. It leads the development and implementation of the [ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework](#). Committee membership includes staff from across ACT health services and the Australian Nursing and Midwifery Federation. The Committee is chaired by the ACT Chief Nursing and Midwifery Officer.

Southside Hydrotherapy Pool Project Control Group

The Southside Hydrotherapy Pool Project Control Group provides oversight for the design and construction of the new southside hydrotherapy pool, which will be built at the Lakeside Leisure Centre in Tuggeranong.

Voluntary Assisted Dying Oversight Group

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

Watson Youth Health Facilities Executive Steering Committee

The Watson Youth Health Facilities Executive Steering Committee provides oversight and leadership for the design and construction of new facilities for youth mental health rehabilitation and youth alcohol and other drug rehabilitation. The Committee also provides oversight for how the new youth facilities will relate to the new alcohol and other drug residential rehabilitation facility for First Nations people, which will be built on the same site.

Watson Youth Health Facilities Project Control Group

The Watson Youth Health Facilities Project Control Group provides input into the design and construction of the new youth mental health rehabilitation and youth alcohol and other drug rehabilitation facilities.

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

Summary of performance

During 2022–23, the Directorate has delivered on key government strategies and priorities.

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

Digital Health Record

The DHR is a single electronic record that:

- will capture all clinical interactions
- will provide consistent and accurate information, improved clinical decision support and a more complete view of patient information
- is person-centric.

DHR is the largest clinical transformation change for the ACT public health system and one of the largest ICT projects undertaken by the ACT Government.

Delivery of the DHR

The approach to implementation of the DHR was based on lessons learned through previous ICT system rollouts. A gradual implementation can create clinical risk by having concurrent electronic and paper-based processes in place. To mitigate this risk, the Directorate aimed to have the whole public health system using DHR from 12 November 2022.

Leading up to go live, we:

- conducted 115 direction setting sessions with over 500 subject matter experts from across the public health system
- held over 1,000 hours of working group sessions to determine the direction for build and configuration tasks
- completed 7,521 building blocks and 17,282 configuration tasks
- connected the 52 systems required for integration with the DHR system
- completed all application testing and 2 rounds of system integration testing
- converted data from 40 legacy data systems
- developed 160 training courses for 12,500 staff to be trained prior to go live.

To achieve a successful DHR implementation, the DHR team used decision-making principles that:

- put the patient first
- focused on coordinated and safe care
- improved accessibility of information and ease of use
- improved how we do things
- used the functionality of DHR
- met the timelines.

The DHR successfully went live on 12 November 2022.

Outcomes

The DHR has been implemented in all ACT public health services, including in:

- 3 public hospitals
- 5 walk-in centres
- 44 community health centres
- Justice Health.

Readiness teams were established within the health services to work with the DHR team. Collaboration played a vital part in the success of DHR implementation.

DHR has had a positive impact on clinical care. Table 2 describes the benefits that have been realised.

Table 2: Benefits resulting from DHR implementation

Benefit	Value from 12 November 2022 to 30 June 2023
Medication alerts and action taken	<p>930 medications were replaced after receiving a warning to check the dose</p> <p>16,911 medications were updated after receiving a warning that the drug contained an active or inactive ingredient that the patient was allergic to</p> <p>11,008 medications were removed after receiving a warning of a duplicate order</p> <p>26,900 therapy orders were removed after receiving a warning of a duplicate therapy</p>
Results released to patients	<p>347,402 results (87.57%) were sent directly to patient MyDHR accounts within 1 day of the test being completed</p>
Engagement with MyDHR	<p>Patients submitted 16,477 history questionnaires in MyDHR, enabling clinicians to provide better care</p> <p>Patients submitted 50,238 general questionnaires in MyDHR, enabling clinicians to provide better care, and pre-populating information in their charts</p> <p>Through MyDHR, 2,982 patients have consented to share their details with their GP. 36,349 patients in total have consented to share their details with their GP via MyDHR or during patient registration</p>

Benefit	Value from 12 November 2022 to 30 June 2023
Pathology draws saved	49,329 patients avoided additional blood being drawn for pathology tests when additional tests were added to an existing laboratory order via DHR
Increased communication among staff in the health services	866,373 messages have been sent via secure chat since DHR go live
Effectiveness of Rover (handheld device) via barcode medication administration	Nurses administered 835, 661 medications on the Rover handheld device 25.50% of all medications have been administered with Rover

Challenges

Business Intelligence and Data

DHR has replaced 40 legacy systems, resulting in key data sources for ACT reporting being replaced. This has required the development of new processes for collection and collation of health service data.

Rebuilding processes and models to deliver data required for national and operational territory reporting is a large and complex task that includes extensive validation and quality control.

We are re-designing data elements within the DHR and related systems required for the provision of core data models. These models are being built with future reporting needs in mind and a focus on quality and accessibility.

Once the processes and models have been refined and quality assurance of the data confirmed the 2022–23 health service data will be released.

Priorities for the DHR in 2023–24

In 2023–24, the top priority is building the data models to enable reporting of health service data.

Other priorities include embedding the DHR system into ACT public health system and creating a stable environment where we can focus on working with health services to optimise the DHR.

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

COVID-19 response

Throughout 2022–23, the Directorate continued to lead the ACT Government response to the COVID-19 pandemic. Significant work was carried out, through a staged step-down approach, to support a transition to managing COVID-19 in a similar way to other infectious diseases. During the reporting period, the ACT's COVID-19 response focused on:

- contingency and surge planning
- promoting COVID Smart behaviours
- integrating COVID-19 response functions into broader communicable disease and pandemic planning.

Information about the Directorate's COVID-19 response prior to this reporting period can be found in the Directorate's [2021–22 Annual Report](#) and [2020–21 Annual Report](#).

Throughout the pandemic and up to the revocation of the [Public Health \(COVID-19 Management\) Declaration](#) in February 2023, the ACT Chief Health Officer provided 30-day reports to the Minister for Health. The reports outlined the:

- status of the risk COVID-19 presented to the ACT community
- ACT's operational response during each 30-day reporting period.

The reports were tabled in the ACT Legislative Assembly and are available from the [ACT Health website](#).

The ACT's public health response to COVID-19 evolved significantly over the reporting period, in line with the:

- Australian Health Protection Principal Committee advice
- decisions of the National Cabinet
- Australian Technical Advisory Group on Immunisation advice on COVID-19 vaccinations
- Australian Government's [Strategic Framework for Transitioning COVID-19 Measures](#).

Early in the reporting period, the ACT continued to experience increased COVID-19 cases and high community transmission levels. In July 2022, between 600 and 900 cases per day were reported to the Directorate. This was a result of increasing movement and social interaction within the community, combined with low-level public health social measures. The more transmissible BA.2 sub-lineage of the Omicron variant of COVID-19 and the emergence of the BA.4 and BA.5 sub-lineages of the Omicron variant also contributed to an increase in case numbers.

From August to early November 2022, daily case numbers began to decrease markedly, from 600 to less than 100 cases per day. There was a wave of increased case numbers from late November into December 2022 which peaked at 379 cases per day. From January to 30 June 2023, under 100 cases were reported each day.

In February 2023, the Directorate undertook a review of COVID-19 related deaths in the ACT. This compared all COVID-19 deaths reported to the ACT Births, Deaths and Marriages Registry with COVID-19 cases reported to the Directorate over the course of the pandemic (since March 2020). The review identified 61 COVID-19 deaths where the certifying doctor listed COVID-19 on the person's death certificate but it had not been reported to the Directorate. These deaths have been added to the ACT's total lives lost figure.

As at 4pm on 30 June 2023, there was a total of:

- 243,779 COVID-19 cases in the ACT since March 2020
- 254 COVID-19 related deaths since March 2020.

Public health actions

The ACT, like other Australian jurisdictions, navigated an uncertain and complex period relating to the evolution of the pandemic during 2022–23. The ACT Government worked closely with other jurisdictions to implement significant decisions, made at a national level, to inform the future of the COVID-19 pandemic response.

During 2022–23, the review of long-standing public health emergency response measures continued. This ensured that measures remain proportionate to the risk presented by COVID-19. This saw changes to public health directions, which included changes to mandatory isolation and quarantine periods, and reductions in the definition of reinfection periods for people who had been diagnosed with COVID-19.

There was also a strong focus on maintaining clear community communications on COVID Smart behaviours as the response transitioned away from a strong government intervention framework.

Public Health Emergency Declaration extension

Reflecting the uncertain epidemiological situation, on 8 August 2022 the [Public Health Emergency Declaration](#) was extended until 30 September 2022. This extension allowed the Chief Health Officer to continue necessary actions aimed at reducing the threats to public health from COVID-19, particularly to those more at risk of severe outcomes. These actions included, for example, maintaining mask mandates in certain situations, and mandatory isolation and quarantine periods.

Revocation of the Public Health Emergency Declaration and associated Directions and implementation of the COVID-19 Management Declaration

Following a national shift to manage COVID-19 outside of emergency settings, the ACT's Public Health Emergency Declaration was revoked on 29 September 2022, more than 2.5 years after it was first enacted.

On 30 September 2022, the ACT Government transitioned the Territory's public health response to operate under the [Public Health \(COVID-19 Management\) Declaration](#). The COVID-19 Management Declaration and associated directions provide an appropriate mechanism to support the ongoing transition to a more sustainable COVID-19 response.

With implementation of the COVID-19 Management Declaration, the following changes came into effect:

- Face masks were no longer required to be worn on public and shared transport, including buses, light rail, taxis, ride share vehicles and hire cars.
- The ACT continued to recommend people wear a mask if it was not possible to physically distance.
- Household contacts were no longer required to report their status to the Directorate.

- COVID safety plans were no longer required for Canberra businesses and events. Planning and guidance tools remained available, and the Directorate continued to recommend businesses maintain an up-to-date COVID-19 safety plan to help manage the risk for staff, visitors and customers, and to support work health and safety obligations.
- Vaccine mandates no longer applied for workers in aged care facilities or disability care settings. Employers were asked to consider whether they wished to implement their own vaccination requirements in their employment policy or work health and safety settings.

The following requirements remained unchanged at the time:

- People that tested positive to a rapid antigen test (RAT) were required to report their test result to the Directorate.
- People that were diagnosed with COVID-19:
 - were required to self-isolate for 5 days and report their positive status to their household members as well as their workplace, childcare centre or school, hospital, aged care or disability care facility if they were present onsite in any of these settings when they may have been infectious
 - could not attend a high-risk setting on days 6 and 7 after their last positive COVID-19 test (unless to receive care or approved by the facility)
 - were required to wear a face mask when in indoor public spaces on days 6 and 7 after their positive COVID-19 test (if aged 12 years and older).
- Household contacts were required to quarantine for 7 days from the last time someone in their household tested positive for COVID-19, unless they are able to comply with specific risk mitigation strategies.
- People over the age of 12 were required to wear a face mask when visiting or working in hospitals, aged and disability care settings, and custodial or detention settings.

The changes and restrictions that remained in place recognised the need for the ACT Government to continue to provide ongoing surveillance and management of COVID-19.

End of mandatory isolation periods for COVID-19

On 30 September 2022, National Cabinet agreed to end mandatory isolation and quarantine requirements for persons diagnosed with COVID-19 and their contacts. To maintain national consistency, the ACT removed mandatory isolation requirements on 14 October 2022.

Switching off the Check in CBR app

Reflecting the ongoing transition for the COVID-19 response, the highly successful Check in CBR app was switched off on 1 December 2022. The app was originally launched on 9 September 2020 to provide a way for businesses and the community to support contact tracing and minimise the spread of COVID-19. The app was downloaded more than 1.25 million times and 117 million check-ins were recorded across more than 29,000 locations. It was a valued resource for workplaces and the broader community and assisted the Directorate in its response to outbreak and exposures.

Stepping down the ACT's COVID-19 Management Declaration

In a further step to manage COVID-19 like other infectious diseases, and consistent with actions of other jurisdictions, the ACT lifted the COVID-19 Management Declaration on 28 February 2023, together with all remaining public health directions.

This decision was made with consideration given to the:

- declining number of COVID-19 cases being reported in the ACT and nationally
- ACT's high vaccination coverage
- availability of oral antiviral therapies (particularly for older persons at greater risk of severe COVID-19 related disease)
- community's cooperation with recommended public health advice.

Continued implementation of the COVID-19 testing program

During the reporting period, COVID-19 testing in the ACT evolved to continue to best meet the needs of those most vulnerable in the ACT community, while also providing a balanced and proportionate response.

With the Australian Government's free RATs for pensioners scheme finishing on 31 July 2022, the ACT Government aimed to ensure that Canberrans most at need could continue to easily access COVID-19 testing.

From 9 August 2022, the Directorate worked together with the Transport Canberra and City Services Directorate to supply free RATs at ACT libraries to eligible concession card holders. The eligibility criteria expanded in March 2023 so that all Canberrans could collect free RATs from any ACT Government library (excluding the Heritage Library). As of 30 June 2023, over 53,000 RATs have been distributed to the community through ACT libraries.

RATs have also been made available to the wider community through a variety of public settings including:

- Access Canberra service centres
- CHS locations
- disability and aged care providers, community organisations and schools (the Directorate supplied RATs to the Community Services and Education Directorates for distribution).

As the ACT adjusted to living with COVID-19 in the community and RATs became readily accessible, the demand for Polymerase Chain Reaction (PCR) testing for COVID-19 reduced. As such, ACT Government COVID-19 testing services were consolidated.

COVID-19 Testing services

The Kambah COVID-19 testing site closed 30 September 2022, after conducting over

 **210,000**
PCR tests

since its re-opening on 17 August 2021.

The Mitchell COVID-19 testing site closed 28 October 2022, after conducting over

 **154,000**
PCR tests

and providing over

 **25,500**
free RATs

since its opening on 18 December 2021.

The Garran COVID-19 Surge Centre site closed 28 February 2023, after conducting over

 **240,000**
PCR tests

and providing over

 **62,000**
free RATs.

From 1 March 2023, the ACT Government further adjusted testing arrangements. Concession card holders who were recommended for PCR testing by their GP or treating health professional could access testing from ACT Pathology and Capital Pathology collection centres without a referral. Canberrans who do not hold a concession card are still able to access COVID-19 PCR testing at pathology centres across the ACT with a pathology referral from their primary care provider.

Continued implementation of the COVID-19 vaccination program

Vaccination coverage among ACT residents remained high, relative to other jurisdictions, throughout the reporting period.

The uptake of boosters did not match the extremely high primary vaccination coverage.

During 2022–23, due to lower demand for vaccinations and the need to redeploy staff to more critical healthcare settings, the ACT Government reverted to its traditional vaccine delivery role which is to provide advice and promotion, and deliver specialist service through vaccine clinics.

COVID-19 Vaccination



2.12 million vaccine doses

were administered to eligible members of the ACT community, with **over 99,000** of these being 2023 booster doses.

Access and Sensory Clinic

Following advice from the Australian Technical Advisory Group on Immunisation, an under 5 vaccination clinic was established at the Access and Sensory Clinic on 5 September 2022. The clinic provides vaccinations for children with severe immunocompromising conditions and complex comorbidities.

The ACT Government also invested in a co-administration (influenza and COVID-19) vaccination clinic at the Access and Sensory Clinic. This clinic can be accessed by anyone with a concession card so that financial barriers to influenza vaccination for lower income earners are removed.

Communications and community support

Throughout 2022–23, the Directorate continued to prioritise clear and timely COVID-19 information for the Canberra community and stakeholders through:

- the media
- public information campaigns
- the COVID-19 website
- social media channels
- other ACT Government communication channels.

Communication plans were implemented to support all ACT Government announcements relating to COVID-19, including:

- changes to isolation periods
- stepping down from the public health emergency
- changes to COVID-19 testing
- revocation of the Public Health Emergency Declaration and associated Directions
- implementation of the [COVID-19 Management Declaration](#).

Each communication plan was fit for purpose and supported a whole-of-government approach to creating awareness and providing COVID-19 information to the community.

Direct stakeholder channels were used for communicating with groups considered to be at higher risk of severe disease, including First Nations people, culturally and linguistically diverse groups, and the disability and aged care sectors. These activities were integrated into COVID-19 communication plans to ensure the information needs of these groups remained a priority throughout the reporting period.

Paid advertising campaigns *Stay COVID Smart*, *Wear a mask* and *Winter Wellness* were implemented throughout the reporting period. These campaigns covered a broad range of communication channels to drive reach and awareness, and to educate Canberrans about remaining protected and avoiding severe illness from COVID-19. These channels included:

- digital (social media, ad banners and Google search)
- radio (FM, traffic and community in-language)
- out of home (shopping centres, bus shelters, pharmacies, GP clinics, First Nations people's health clinics and petrol stations)
- variable message sign boards sited on major road links in the ACT.

Key campaign messages focused on practical actions Canberrans could take to stay safe and reinforced the benefits to the individual as well as others in the community.

The ACT Government's [COVID-19 website](#) continues to be a trusted and key source of information for the community and other stakeholders. It provides information in accessible formats, such as video, easy-to-read resources and translated resources. In 2022–23, epidemiological reports continued to be published on the COVID-19 website. Since May 2023, these reports have included statistical information for COVID-19, influenza and respiratory syncytial virus.

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 3-year period.

There has been continued progress in addressing culture and leadership issues and to implement the 20 recommendations of the review across the 3 organisations that make up the ACT public health system: the Directorate, CHS and CPHB.

Achievements for 2022–23

In February 2023, there was formal closure of the System-wide Culture Implementation program.

In January 2023, Ms Glenys Beauchamp completed the third and final independent annual review. On 23 March 2023, The Minister for Health tabled the [Culture in the ACT public health system: Third and Final Annual Review](#) in the ACT Legislative Assembly.

Noteworthy achievements in this reporting period include:

- ACT public health system leaders committing to a more collaborative approach to:
 - improving the system
 - streamlining governance arrangements
 - building staff capability, including piloting and testing cross-agency training and development approaches, in particular the rollout of leadership training for Senior Officer Grade A/B and equivalent cohort
 - centralising coordination and support.
- further embedding the key foundational elements required to monitor and oversee cultural improvement, including the:
 - Workplace Culture Framework
 - Organisational Culture Improvement Model
 - Workforce Effectiveness Indicators Model
 - regular employee surveys.
- communicating clearer expectations of behaviour and, in some cases, calling to account long-term inappropriate behaviour
- developing consistent data collection and reporting.

System-wide approach to enhancing culture

There has been continued investment in a robust governance process to ensure that the recommendations of the Culture Review are implemented. This was supported by the Culture Reform Oversight Group, which was 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. The group ceased operating in February 2023 following the Third and Final Annual Review.

Following the release of the [Culture in the ACT public health system: Third and Final Annual Review](#) and completion of the 20 recommendations, ongoing culture investment and focus was transferred to each of the 3 organisations that make up the ACT public health system.

There have been ongoing efforts to:

- progress proposed governance arrangements
- transition established governance forums to align with broader system functions
- consolidate and reset any remaining governance forums.

Each organisation will continue to invest in approaches and initiatives to mature and enhance organisational culture, to ensure that there is a focus on fostering a workplace culture where our people feel safe, supported and valued.

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

Transition of health services in Canberra's North

The northside of Canberra now has the largest population in the ACT and is expected to grow by 285,000 over the coming decades. At the same time, much of Canberra's public hospital infrastructure is ageing, including the North Canberra Hospital, formerly Calvary Public Hospital Bruce (CPHB), which will need significant investment over the coming decade. Despite investments in the new intensive care unit in 2010 and the emergency department expansion in 2017, additional capacity will be required to cater for demand over the coming decades.

Current capacity and infrastructure limitations at CPHB result in longer wait times for patients to access core services and inefficient delivery of health services. Demand projections undertaken by the Directorate show the need for a significantly larger northside hospital than is currently provided at CPHB.

With a growing population, limited capacity and increasing demand for health care services, in March 2023 the ACT Government decided to build a new northside hospital on the existing hospital site at Bruce, with more than \$1 billion provisioned in the 2023–24 ACT Budget.

Northside Hospital Project

In 2020, the ACT Government established a Northside Hospital Project team to undertake work to progress the scope and early design of the new northside hospital. As part of that work, the team investigated the best location for a new northside hospital.

The ACT Government's preferred site for the new northside hospital was the Bruce site on which CPHB operated. The advantages of the site included:

- sufficient infrastructure services located on site to support the operation of a hospital
- familiarity for the Canberra community, with public hospital services having been accessed at the site for many decades
- ACT Government investment of \$13 million in a multistorey carpark on the site
- sufficient room to build a new hospital without the need to cease services during construction
- the campus being accessible and well located near arterial roads including Gungahlin Drive.

A cross-Directorate working group was established in July 2021 to investigate availability of greenfield land in Canberra's North. The working group included representatives from the Directorate, CHS, Major Projects Canberra, Environment, Planning and Sustainable Development Directorate, ACT Ambulance Service, Transport Canberra and City Services, and Chief Minister Treasury Economic Development Directorate (CMTEDD). Over a period of 12 months, the working group identified and assessed blocks for the northside hospital and advised the Government that there were 2 sites suitable for further investigation. Following further assessment, the site located on Lake Ginninderra's eastern peninsula, commonly known as Diddams Close, was chosen as the most-suitable greenfield site.

The ACT Government then conducted an evaluation of site options to decide the preferred site.

ACT Government decisions

With the commitment made to start building a new northside hospital by 2025 and the preferred location being the site in Bruce, the ACT Government commenced negotiations with Calvary Health Care, who have operated CPHB since 1979.

Upon entering negotiations, the ACT Government wanted to:

- own the land on which the hospital will be built
- have room to expand
- negotiate a new, modern services agreement for the delivery of public hospital services.

Negotiations between the ACT Government and Calvary Health Care took place between May 2022 and January 2023, but were unsuccessful.

Through the 2023–24 Budget process, the ACT Government formally decided to build the new northside hospital on the existing CPHB site. The existing hospital site, with associated private services co-located, was key to the Government's decision to continue to provide public hospital services from that location.

The ACT Government also decided to transfer the operation of the northside hospital to CHS to create a single public health network in the ACT, which allows for:

- better coordination of the ACT's health services
- effective distribution of resources
- strengthened workforce capacity
- Territory-wide infrastructure planning
- improved health outcomes for all Canberrans.

The ACT Government introduced the *Health Infrastructure Enabling Bill 2023* into the Legislative Assembly to enable the transition of operations and services of CPHB to CHS on 3 July 2023. The Bill passed the Legislative Assembly on 31 May 2023, providing a path forward for a new billion-dollar public hospital in Canberra's northside under a single network provider.

Safe and smooth transition

A transition team was established to coordinate and implement the safe and smooth transfer of hospital care at CPHB to CHS on 3 July 2023. The ACT Government and Calvary Health Care worked collaboratively during the transition of operators.

The Executive team at CPHB, along with more than 1,900 members of the workforce, including Visiting Medical Officers, have transitioned their employment to CHS.

Following extensive discussions between the ACT Government and Calvary Health Care, it was also mutually agreed that the operation of Clare Holland House would transition to CHS on 3 July 2023, bringing the total workforce who transitioned their employment to CHS to over 2,000.

The ACT Government and Calvary Health Care worked together to understand the complexities of Clare Holland House and its connections with CPHB. There are substantial connections with the public hospital, including staffing and support services, that have been established to support an integrated model.

As such, it was mutually agreed that access to public palliative care services in the ACT is best supported by Clare Holland House remaining directly connected with the public hospital. This will ensure continuity of care for patients with life-limiting illness, and we believe it is in the best interests of patients, carers, families and the workforce to ensure the integrated model of care is preserved.

Priorities for transition of health services in Canberra's North in 2023–24:

- the operations of the hospital and Clare Holland House will be transitioned to CHS, with no interruptions to care
- CPHB will be given the interim name North Canberra Hospital, while detailed plans commence for the construction of the new hospital.

In late 2023, the ACT Government will begin engaging with North Canberra Hospital team members, to inform the next phase of the detailed design for the new northside hospital. This engagement will be both in-person and online, so that all team members have a chance to provide input.

Contact details: For more information, contact northsidehospitalproject@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 3 areas reporting directly to the Director-General:

- Office of the Director-General, consisting of the Head of Office, Executive Officer and Executive Assistant
- Culture Review implementation, led by Executive Branch Manager, People Strategy and Culture
- Ministerial and Government Services team, led by a Senior Director.

Throughout 2022–23, the 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 secretariat also forms part of the Office of the Director-General.

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

Corporate and Governance Division

The Corporate and Governance Division brings together:

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

The Division provides these services through the following branch structure:

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

During the 2022–23 reporting year, Corporate and Governance worked to strengthen the Directorate’s corporate service delivery and governance arrangements across a range of activities, including:

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

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

Digital Solutions Division

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

- implementing the Digital Health Strategy 2019–2029
- implementing the DHR and supporting and optimising all digital systems used by clinicians and administrators across the public health system
- providing technology services across the ACT public health system
- providing protective security functions for the Directorate
- providing records management services for the Directorate and CHS.

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

Health System Planning and Evaluation Division

The Health System Planning and Evaluation Division is responsible for strategic health services planning, provision of project support and management for Territory-wide projects, commissioning, procurement and contract management.

The Division focuses on:

- planning and identifying priorities for development of health services across the ACT, including implementing and evaluating the ACT Health Services Plan 2022–2030
- developing clinical services plans and models of service delivery in partnership with stakeholders
- managing the operations of the Ngunnawal Bush Healing Farm
- engaging with non-government sector partners, and coordinating and providing oversight to the Directorate's efforts to implement the Commissioning Health Services in the Community Project
- managing the Territory's Service Level Agreement with the Commonwealth and service agreements with Local Hospital Network providers
- leading the [Activity Based Management Project](#)
- establishing the ACT Health System Council.

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

Deputy Director-General, Infrastructure and Engagement

In April 2023, a temporary Deputy Director-General position was established. The Deputy Director-General, Infrastructure and Engagement has responsibility for:

- overseeing the extensive infrastructure program and projects the Infrastructure, Communication and Engagement Division is leading
- asset management of ACT Health managed sites
- communications and community engagement activities to promote and support the Directorate's infrastructure projects, and other policies and programs
- commercial and legal responsibilities of the North Canberra Hospital transition.

Infrastructure, Communication and Engagement Division

Infrastructure, Communication and Engagement Division comprises the Strategic Infrastructure Branch and Communication and Engagement Branch.

The Division supports the ACT 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 the Directorate's facilities
- delivering a safe, sustainable and effective workplace for the Directorate's workforce through asset, leasing and facilities management

- taking a long-term look at the Directorate’s 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
- engaging and communicating meaningfully and purposefully with the community, consumers and stakeholders
- delivering effective, best practice and authentic communication and engagement activities that benefit the community
- ensuring health-related public information is accessible and inclusive for the community.

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

Coordinator-General for Mental Health and Wellbeing

The Coordinator-General leads the Mental Health and Suicide Prevention Division, including the Office for Mental Health and Wellbeing, which supports the ACT Government’s commitment to a whole-of-community, integrated approach to mental health and wellbeing, and suicide and self-harm prevention.

Mental Health and Suicide Prevention Division

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

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

- provide positive community messaging about mental wellbeing, including promotions through radio, websites, events and Mental Health Month in October 2022
- work with key stakeholders to commence a review of the mental health and support needs of people from culturally and linguistically diverse communities
- work closely with the [Office for LGBTIQ+ Affairs](#) and key stakeholders to promote the mental health of the LGBTIQ+ community and identify and promote activities that address the drivers of poor mental health
- embed the Territory-wide vision for mental health and wellbeing
- develop the new Office for Mental Health and Wellbeing Work Plan 2023–2024
- provide strategic advice, strategy and policy development, program and project delivery, and implementation of national and local priorities in relation to mental health, social and emotional wellbeing, and suicide prevention
- work with stakeholders on the planning and commissioning of mental health and suicide prevention services across government and community sectors.

For more information about the Office for Mental Health and Wellbeing see the Office for Mental Health and Wellbeing Annual Report 2022–23, page 430.

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

Deputy Director-General, Strategic Priorities and Reform

In February 2023, a Deputy Director-General, Strategic Priorities and Reform position was established, with responsibility for:

- key strategic priorities as identified by the Director-General or Minister for Health, such as Maternity in Focus and Integrated care
- the Office of Professional Leadership and Education, including its focus on Quality and Safety, Clinical Governance and the Workforce strategy and action plans.

Office of Professional Leadership and Education

The Office of Professional Leadership and Education 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.

The office holds key accountability for workforce and quality-safety initiatives.

Office of Professional Leadership and Education 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.

Policy, Partnerships and Programs Division

The Policy, Partnerships and Programs Division is responsible for strategic health policy advice and data analytics.

The Division is responsible for policies on First Nations people's health, intergovernmental agreements, cross-border negotiations, the National Disability Insurance Scheme, ageing, palliative care, primary care, chronic conditions, women's health, men's health, youth and children, cultural and linguistic diversity, LGBTIQ+, national workforce regulation, and health system. The Division is also responsible for evidence-based epidemiology, data analytics, forecasting and modelling, data management and governance, and reporting.

Policy, Partnerships and Programs Division works with CHS, CPHB, Clare Holland House, 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.

Population Health Division

The Population Health Division is headed by the Chief Health Officer who is appointed under the *Public Health Act 1997*. The Division:

- fulfils a range of statutory responsibilities and delegations under various public health legislation
- executes statutory responsibilities, on behalf of the Chief Health Officer, to prevent and manage risks to the health of the ACT population, including planning and managing public health incidents and emergencies
- leads system change to improve the health and wellbeing of all Canberrans through preventive, population and public health legislation, policy and strategy, and Territory-wide health research
- manages risks and implements strategies for the prevention of, and timely response to, public health risks through engagement, education, compliance and enforcement
- provides a range of services and programs aimed at improving the health of the ACT population through interventions which:
 - promote behaviour changes to reduce susceptibility to illness
 - alter the ACT environment to promote the health of the population
 - promote interventions that remove or mitigate population health hazards.

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

B.2 Performance analysis overview

Strategic objectives and indicators ACT Health Directorate

The 2022–23 Budget Statement identified the strategic priorities and objectives for the Directorate.

For some of the strategic indicators the full year result was not available at the time of publication, as the processes for the collection and collation of health service data are still under development since the implementation of the DHR in early November 2022. Once the processes have been refined and quality assurance of the data confirmed, the 2022–23 data will be released. This will ensure our public hospital data provides trustworthy information and evidence about the health and welfare of all ACT residents. For more information refer to Summary of performance – Digital Health Record on page 49.

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:

- engages with national and inter-jurisdictional forums
- collaborates across the ACTPS
- works with business, community and health sector partners.

Strategic Indicator 1.1 – Improving the mental wellbeing of Canberrans

This indicator measures the percentage of ACT adults who self-report their mental health status as very good or excellent.

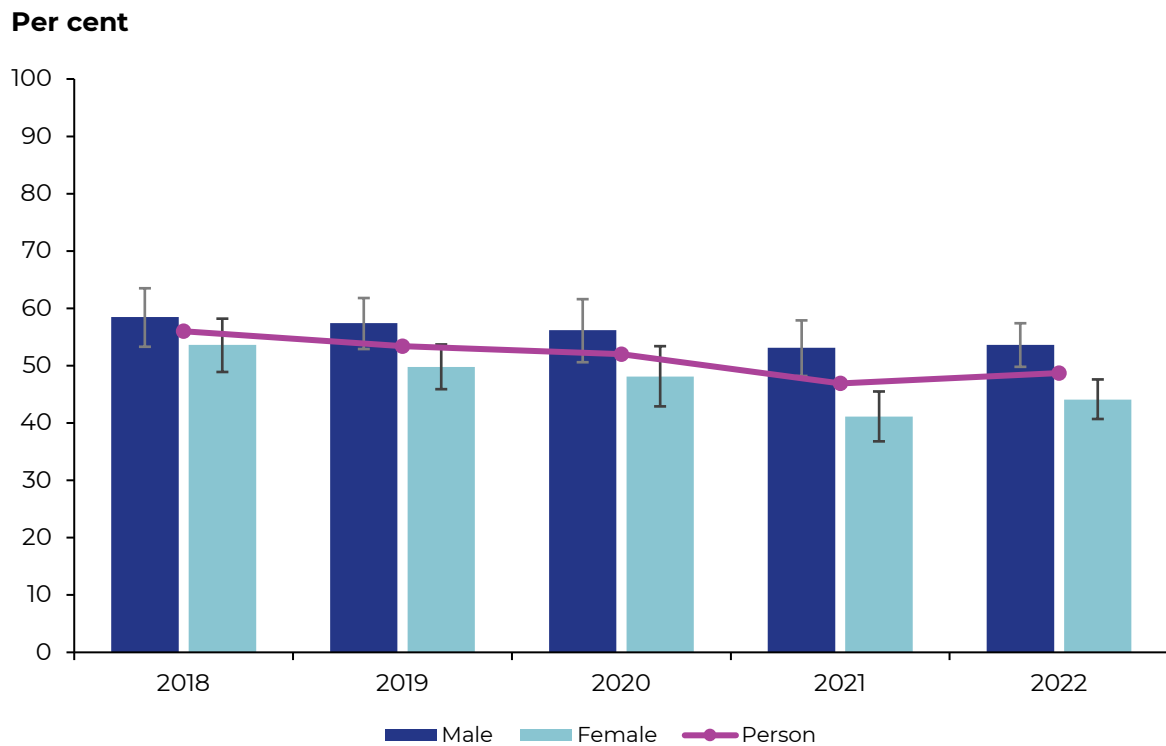
This indicator reflects people’s feelings and views about their mental health. Mental health is impacted by a range of factors, including access to appropriate preventative, early intervention, primary care, community, and acute services.

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

Strategic Indicator	2022–23 Target	2022–23 Actual
Percentage of ACT adults who self-report their mental health status as very good or excellent	>60%	48.7%

Source: ACT General Health Survey, 2022

Figure 2: Percentage of ACT adults who rate their mental health as excellent or very good, ACT General Health Survey, 2018–2022



Between 2018 and 2022, the proportion of ACT General Health Survey respondents aged 18 years and over who rated their mental health as excellent or very good significantly decreased from 56.0 per cent in 2018 to 48.7 per cent in 2022. In 2022, males (53.6 per cent) were significantly* more likely to rate their mental health as excellent or very good than females (44.1 per cent).

Self-rated mental health is reflective of the underlying prevalence of mental health and other conditions (for example, cancer and diabetes) in the community. For example, 6.3 per cent of respondents to the 2022 General Health Survey had probable serious mental illness, 19.3 per cent had anxiety and 15.5 per cent had depression. In addition, it is likely that there is an impact as a result of the COVID-19 pandemic.

* A significant difference is defined as when the 95 per cent confidence intervals of the estimates do not overlap.

Strategic Indicator 1.2 – Improving the health status of Canberrans

This indicator measures the percentage of ACT adults who self-report their health status as very good or excellent.

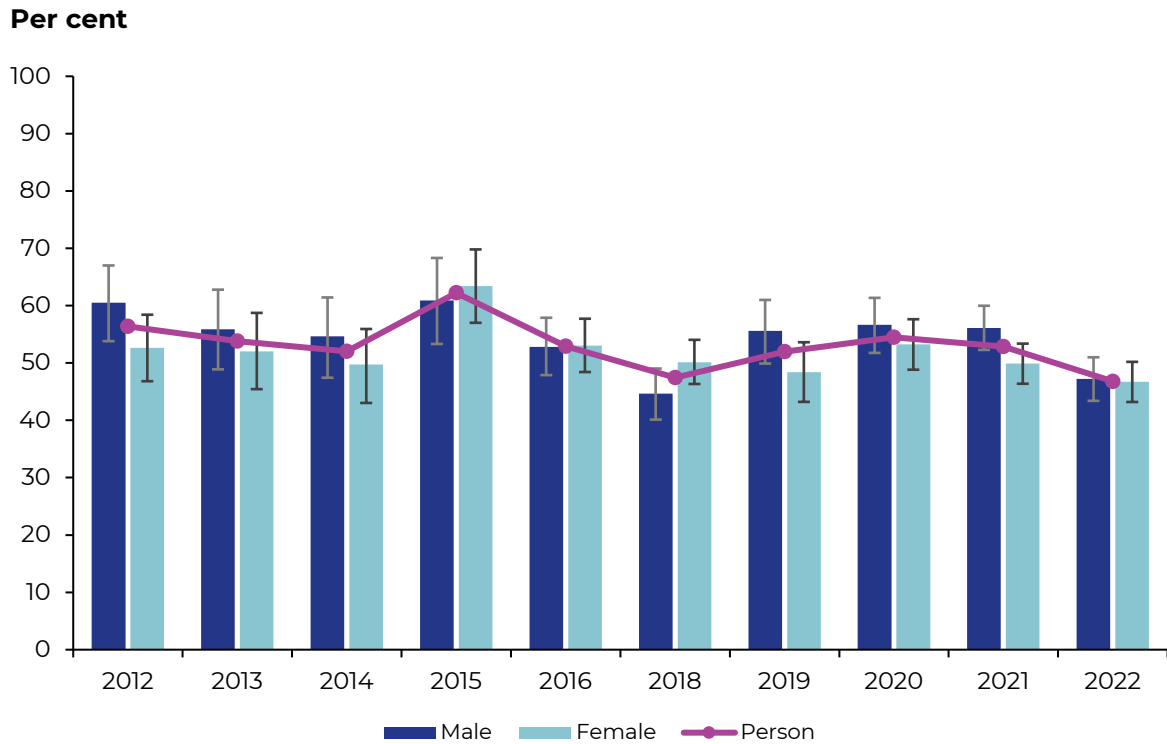
This indicator reflects people’s feelings and views about their physical health status. Physical health status at a population level is impacted by a range of factors, including lifestyle decisions, access to appropriate preventive health, health protection, primary care and hospital services.

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

Strategic Indicator	2022-23 Target	2022-23 Actual
Percentage of ACT adults who self-report their health status as very good or excellent	>55%	46.8%

Source: ACT General Health Survey, 2022

Figure 3: Percentage of ACT adults who rate their health as excellent or very good, ACT General Health Survey, 2012-2022



The percentage of adults who rated their health as excellent or very good significantly* decreased between 2012 (56.4 per cent) and 2022 (46.8 per cent).

* A significant difference is defined as when the 95 per cent confidence intervals of the estimates do not overlap.

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.

Table 5: Reduction in the rate of broken hips (fractured neck of femur)

Strategic Indicator	Long-term target	2022–23 ACT rate
Rate per 1,000 ACT residents aged 75 years and over	5.3	Not available ¹

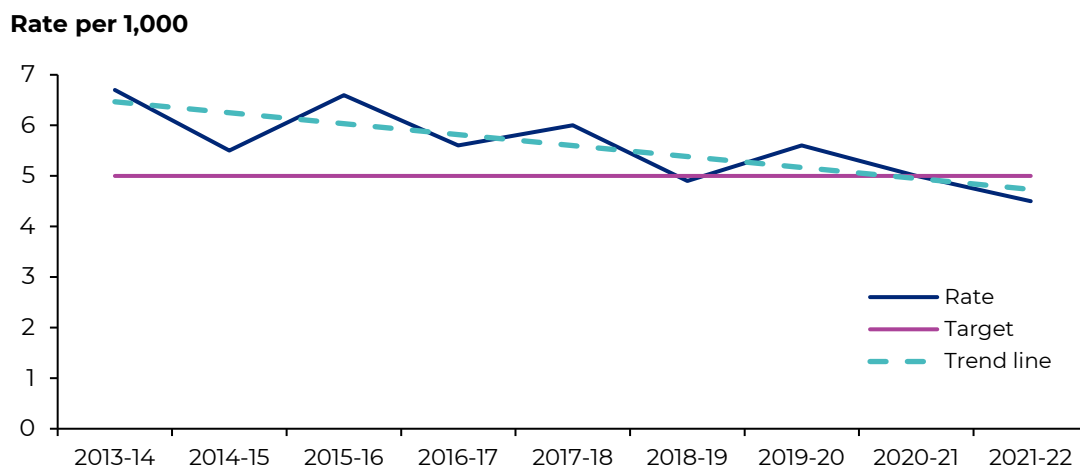
Source: ACT Admitted Patient Care data (Public Hospital data only)

Note: ¹The full year result was not available at the time of publication due to implementation of the DHR. The processes for the collection and collation of health service data are still under development.

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 4.

The target for this indicator is a long-term target. Figure 4 shows a generally decreasing trend over time, indicating that we have met and exceeded the target in the past 2 years.

Figure 4: 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 ACT’s population is growing and ageing, and our services are evolving with new technologies and treatments. These changes mean we need a long-term plan and vision for the future of our healthcare system – to offer person-centred, safe and effective care for everyone. The ACT Health Services Plan is an 8-year road map for improving the way health services work together in the ACT. The Plan identifies our priorities for developing, investing and redesigning the ACT’s public health service.

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 6: Number of elective surgeries performed

Strategic Indicator	2022–23 Target	2022–23 Actual
Number of elective surgeries performed	14,800	12, 627

Note: This data is reflective of ACT Health Directorate data holdings as of 15 September 2023.

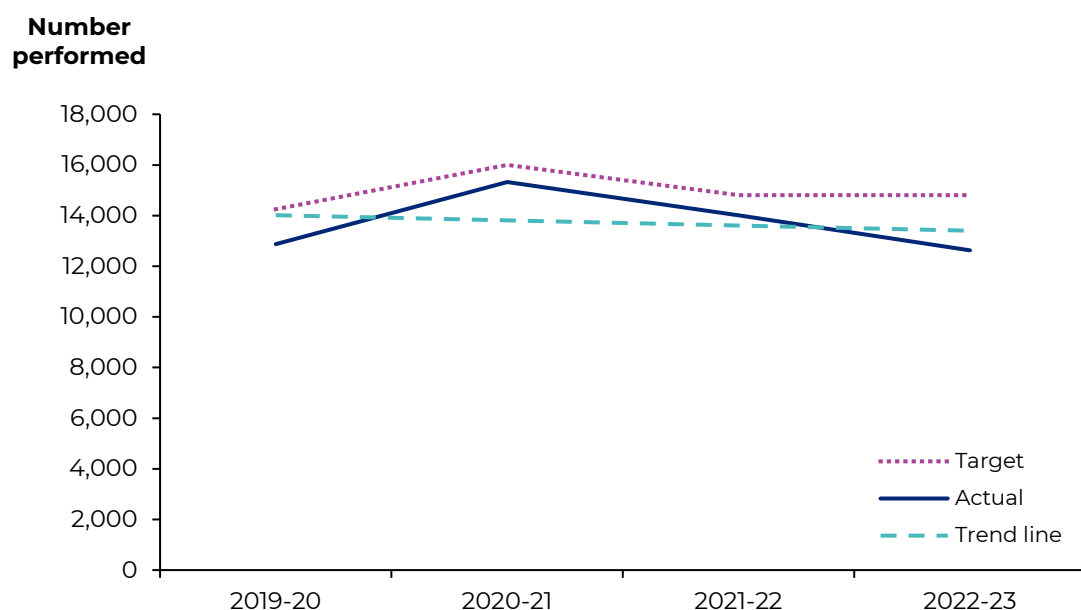
The ACT delivered 12,627 elective surgeries for public patients in 2022–23, representing an 85 per cent achievement against the target of 14,800. Although this result is a decrease from the result in 2021–22 (14,011), it is a positive result given the ability to achieve the targeted volume of surgeries was significantly constrained throughout the year. Constraints that impacted on target achievement include:

- increased demand for emergency surgery
- COVID-19 outbreaks and related impacts, such as a decreased workforce and high demand for inpatient beds
- a planned reduction in activity in the second quarter of the year for the implementation of the DHR and the associated training in the lead-up to go live in November 2022
- a fire in the operating theatre complex at the former CPHB in December 2022 which continues to impact significantly on theatre capacity while capital works are undertaken to restore the operating theatres.

The Directorate and CHS continue to work collaboratively on elective surgery planning and delivery.

In the 2023–24 Budget, the Government provided additional funding to progress its commitment to deliver 60,000 elective surgeries over 4 years to 2024–25 and respond to the significant and unforeseen impacts caused by the operating theatre fire, as well as the impacts of COVID-19.

Figure 5: Number of elective surgeries performed 2019–20 to 2022–23



Note: This strategic indicator was introduced in 2019–20. Since 2020, the number of elective surgeries performed has been affected by COVID-19 pandemic response. 2019–20 is not directly comparable to 2020–21 activity due to COVID-19 recovery activity for which a much higher target was set (>16,000). The targets for 2021–22 and 2022–23 are reflective of a return to the underlying trend with growth planned over the 2019–20 target.

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 7: The number of patients waiting longer than clinically recommended timeframes for elective surgery

Strategic Indicator	2022–23 Target	2022–23 Actual
The number of patients waiting longer than clinically recommended timeframes for elective surgery	430	2,161

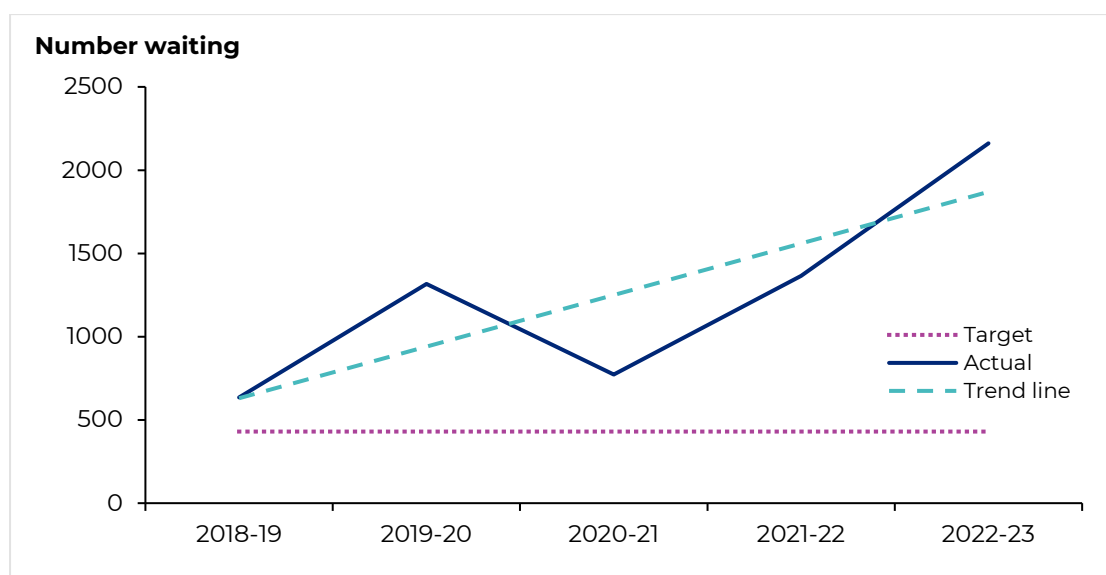
Note: This data is reflective of ACT Health Directorate data holdings as of 15 September 2023.

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 2022–23 financial year, a total of 2,161 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 2021–22 (1,364).

The impacts on elective surgery delivery throughout the year as outlined at Strategic Indicator 2.1 above meant that more patients became overdue for their surgery.

Figure 6: Number of patients waiting longer than clinically recommended timeframes for elective surgery 2018–19 to 2022–23



Note: This Strategic Indicator was previously reported by CHS in 2018–19. Since 2020, elective surgery wait times have been affected by the COVID-19 pandemic response.

Strategic Indicator 2.3 – Improving timeliness of emergency department treatment

This indicator measures the percentage of emergency department presentations whose length of stay in the emergency department is 4 hours or less. This provides an indication of the effectiveness of the public hospital system in meeting the need for emergency department services.

Table 8: Percentage of emergency department presentations whose length of stay in the emergency department is 4 hours or less

Strategic Indicator	2022–23 Target	2022–23 Actual
Percentage of emergency department presentations whose length of stay in the emergency department is 4 hours or less	90%	47.9%

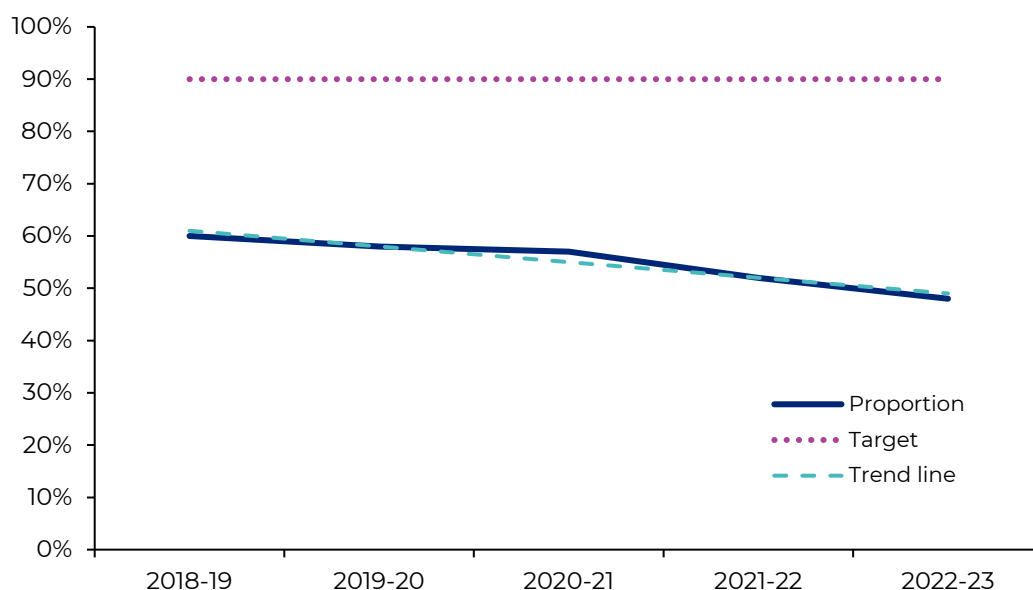
Note: This data is reflective of ACT Health Directorate data holdings as of 15 September 2023.

In 2022–23, performance against this indicator declined from the 2021–22 result of 52 per cent.

The deterioration was due to a range of factors, including:

- staff shortages within the emergency departments and hospital wards
- a reduction in emergency department short-stay beds at the former CPHB in the first quarter of the year, as some of the space was continuing to be used as a ‘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.

Figure 7: Percentage of emergency department presentations whose length of stay in the emergency department is 4 hours or less 2018–19 to 2022–23



Note: Since 2020, the percentage of emergency department presentations who wait longer than 4 hours has been affected by COVID-19 pandemic response.

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.

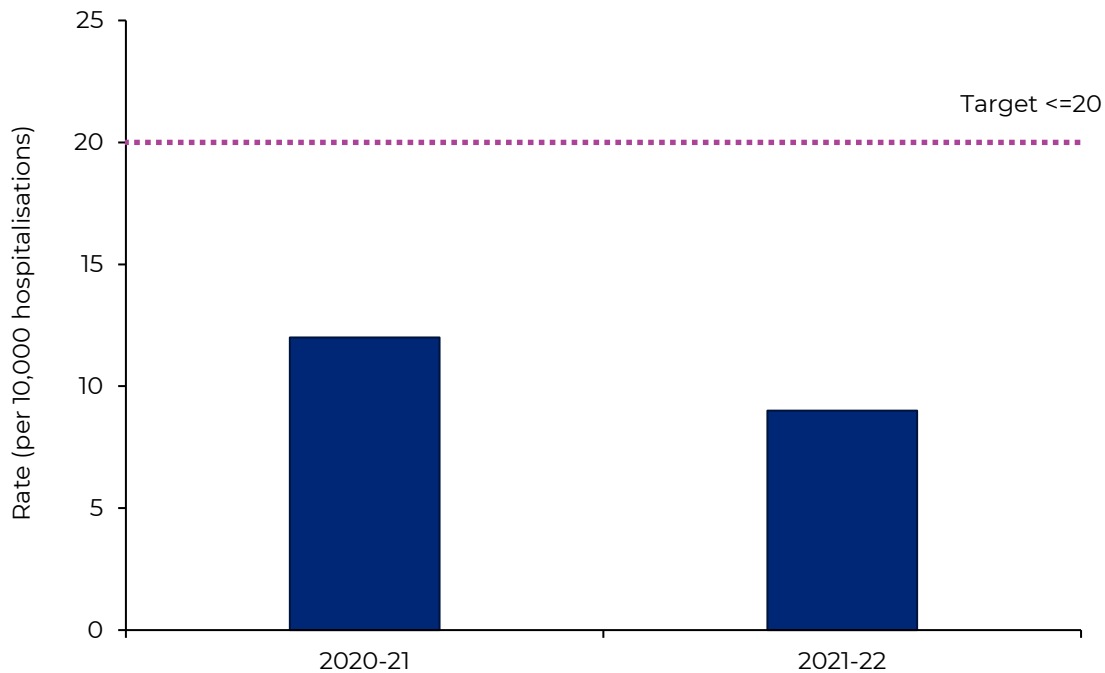
Table 9: Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions

Strategic Indicator	2022-23 Target	2022-23 Actual
Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions	≤15	Not available ¹

Note: ¹The full year result was not available at the time of publication due to implementation of the DHR. The processes for the collection and collation of health service data are still under development.

This indicator was amended in 2020–21 from proportion of separations with a surgical operation requiring an unplanned return to theatre to a per 10,000 separations. Due to this change, we can only compare the data since 2020–21. As the indicator currently only has data for 2 years, trends cannot yet be seen. When 3 years of data is able to be reported it will be displayed as trend data. The target for this indicator was reduced in 2022-23 from equal to or less than 20 to equal to or less than 15.

Figure 8: Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions 2020–21 to 2021–22



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.

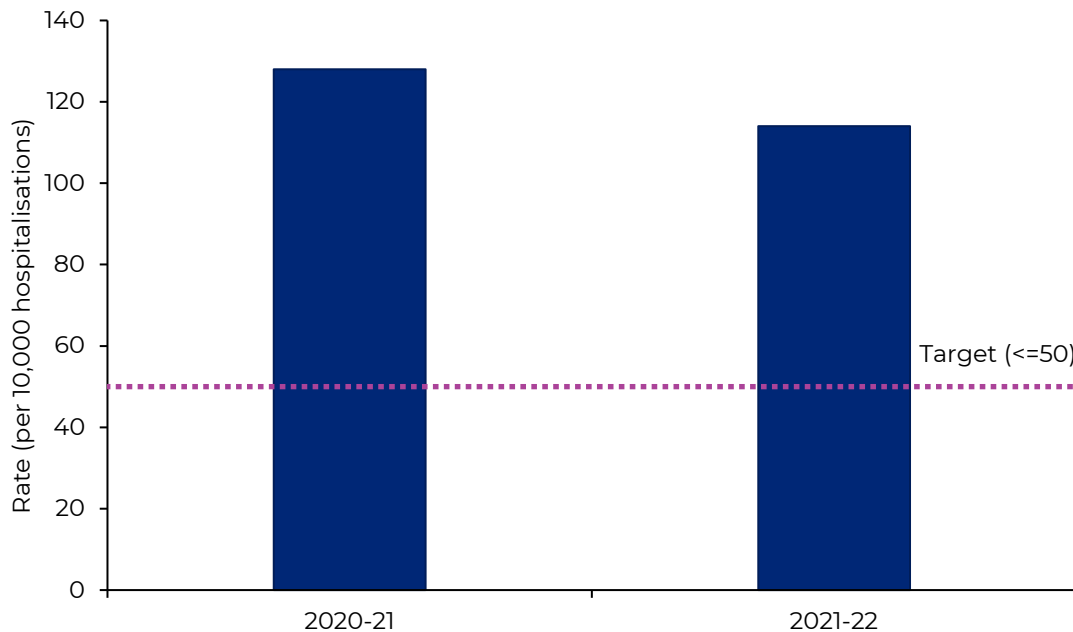
Table 10: Number of avoidable readmissions for selected conditions per 10,000 hospital admissions

Strategic Indicator	2022–23 Target	2022–23 Actual
Number of avoidable readmissions for selected conditions per 10,000 hospital admissions	≤125	Not available ¹

Note: ¹The full year result was not available at the time of publication due to implementation of the DHR. The processes for the collection and collation of health service data are still under development.

This indicator was introduced in 2020–21. As the indicator currently only has data for 2 years, trends cannot yet be seen. When 3 years of data is able to be reported it will be displayed as trend data. Since the target was set, the methodology to calculate inclusions and exclusions has been redefined, hence the target was increased in 2022-23 from equal to or less than 50 to equal to or less than 125.

Figure 9: Number of avoidable readmissions for selected conditions per 10,000 hospital admissions 2020–21 to 2021–22



Key Achievements

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 2022–23 reporting year, the Directorate progressed significant work towards the 4 strategic objectives identified in the ACT Health Directorate Strategic Plan: 2020–25:

- healthy community
- safe, responsive, sustainable 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 2022–23 we:

Advise, advocate, collaborate

- commenced development of an online vaping, youth and health education package for high school and primary school students and teachers in the ACT informed by a co-design process with ACT students and teachers
- commenced development of a communication strategy on vaping to raise community awareness that under existing laws you cannot vape where you cannot smoke, and vaping is not safe

- continued to drive the whole-of-government preventive health agenda in the priority areas of:
 - supporting children and families in the early years
 - enabling physical activity
 - increasing healthy eating
 - reducing risky behaviours related to alcohol, tobacco, drugs, vaping and sexual health
 - promoting healthy ageing.
- worked collaboratively with Community Services Directorate to deliver the Best Start for Canberra's Children: The First 1000 Days Strategy (Best Start) and its first action plan which are informed by the lived experience of Canberrans as captured during community consultation in early 2022
- provided a range of key initiatives and improvements in alcohol and drug policy and programs including:
 - leading the development of Government amendments to the Drugs of Dependence (Personal Use) Amendment Act 2022, which was passed on 20 October 2022, and led work to support implementation ahead of the commencement on 28 October 2023
 - implementing Australia's first fixed-site drug checking 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 and Canberra Alliance for Harm Minimisation and Advocacy
 - releasing the ACT Drug Strategy Action Plan 2022–2026.
- supported a 'whole-of-system' response to vulnerable children by contributing de-identified Kindergarten Health Check data to ACT Government agencies to enable ACT-wide data reporting, including the Children and Young People Lens of the ACT Wellbeing Framework and the National Agreement on Closing the Gap
- supported Variation in Sex Characteristics (Restricted Medical Treatment) Act 2023 that regulates deferrable medical interventions that result in a change of sex characteristics of children and people (under guardianship) with variations in sex characteristics
- supported legislation to introduce a code of conduct for healthcare workers



The ACT Health Services Plan 2022–2030 was released in August 2022.

The Plan sets a roadmap for this decade to redesign, invest in and redevelop health services funded by the ACT Government. The delivery of high-quality healthcare and creating a healthy future for Canberrans is one of the most fundamental and important areas of service provision for the ACT Government.

Over the life of this plan, the focus for service redesign, investment and redevelopment will be on:

- planning for health care that responds to the growing and ageing population and emerging needs in the community
- supporting seamless transitions of care as patients and carers move through the health care system.



- supported the establishment of the Child and Adolescent Clinical Services Expert Panel in September 2022, with the aim of planning and improving healthcare services for Canberra’s children and adolescents
- delivered 2 programs at the Ngunnawal Bush Healing Farm and provided ongoing assistance to participants between programs
- commenced development of an online professional learning course and education package for teachers, providing evidence-based information about the links between nutrition, mental health and environmental sustainability
- 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 98 food retail businesses, 9 state sporting organisations and 25 sporting clubs, to develop individualised Healthier Choices Canberra pledges to improve the food environment for their community
- delivered communication campaigns to help promote a healthy community, including:
 - Beat the Heat summer campaign
 - Healthier Choices Canberra
 - Gamechangers.

Understand our communities needs

In 2022–23, we:

- undertook formative research with young people aged 14 to 24 years to understand their knowledge of e-cigarettes, vaping and associated harms, and gain insight into what messages help discourage young people from vaping
- engaged a First Nations supplier to facilitate a culturally safe and community-driven engagement to better understand how the Directorate can work with First Nations communities on preventive health
- contributed evidence and analytic support to programs that benefit health and wellbeing in the ACT community, including:
 - preventing serious injury and child deaths (with the ACT Children and Young People Death Review Committee)
 - improving quality of data for First Nations people.
- continued to roll out [Safer Baby Bundle](#) across the ACT, with the focus this year on providing carbon monoxide monitors for high-risk maternity care areas including community support groups
- facilitated free of charge surgical and medical [abortions](#) and long-acting reversible contraceptives at the time of abortion for ACT residents
- co-sponsored, with the Justice and Community Safety Directorate, public consultation to inform a safe and accessible [voluntary assisted dying model for the ACT](#).

Priorities for a healthy community in 2023–24

To improve the health of people in our community, some key pieces of work for 2023–24 include:

- delivering the [ACT Disability Health Strategy](#) and First Action Plan
- commencing the Community Assistance and Temporary Supports Program
- implementing the Directorate's Language Services Plan
- progressing the implementation of the [Maternity in Focus: First Action Plan 2022–2025](#)
- leading the implementation of the [ACT Health Services Plan 2022–2030](#). Priority focus areas in 2023–24 are:
 - children and young people
 - women and children
 - mental health
 - our workforce
 - virtual care
 - older persons care.
- developing legislation for safe and accessible voluntary assisted dying and supporting consideration of the legislation in the Legislative Assembly, in consultation with the Justice and Community Safety Directorate
- developing legislation to regulate assisted reproductive therapies, including the establishment of a donor register

- implementing the Variations in Sexual Characteristics Act to provide safeguards around health care decisions that have a permanent effect on the sex characteristics of people who have variations in sex characteristics when they are unable to make those decisions for themselves
- finalising the Child and Adolescent Clinical Services Plan to improve healthcare services for Canberra’s children and adolescents
- working with stakeholders to develop a Mental Health Services Plan which will identify ways to improve integration between inpatient and specialist community mental health services
- finalising a Clinical Services Plan for the Northside of ACT which will support the ACT Health Services Plan 2022–2030, the delivery of care closer to home, and improve health outcomes and access to care
- developing a Virtual Care Strategy for the ACT which will outline how to integrate virtual care as a safe, effective and accessible option for service delivery in the ACT
- continuing to drive the implementation of the Commissioning Roadmap to promote a more consumer-centred approach to identifying needs and delivering relevant health services in the community
- working to transition the Ngunnawal Bush Healing Farm to residential service delivery to align service delivery to the model of care
- delivering the Vaping, Youth and Health professional eLearning course to all ACT high school and Year 5 and 6 primary school educators
- delivering a report and asset map to inform culturally responsive preventative health policies, programs and activities that create supportive environments for First Nations people
- delivering a professional learning course and education package for teachers to provide evidence-based information about the links between nutrition, mental health and environmental sustainability
- conducting public consultation on the draft ACT Preventive Health Action Plan 2023–2025 to inform future actions prior to implementation
- implementing and delivering a range of actions under the [ACT Drug Strategy Action Plan 2022–2026](#), the second local action plan under the National Drug Strategy 2017–2026.

Safe, responsive, sustainable public health system

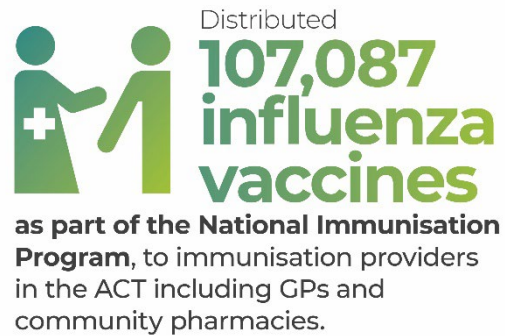
To ensure our public health system works for our community, now and into the future, in 2022–23 we:

Responded to community need

- progressed planning for a new hospital in Canberra’s North with the Government committing to build a new hospital which is expected to cost more than \$1 billion. To support the delivery of the new hospital, the ACT Government passed the Health *Infrastructure Enabling Act 2023* enabling the acquisition of the public hospital land and transition of operations and services of CPHB to CHS on 3 July 2023 (refer to page 60 for further information)



- implemented Canberra Script, which assists prescribers and pharmacists to provide safer and more effective care to reduce harm and preventable deaths for ACT consumers. More than 1,900 prescribers and pharmacists are registered to use Canberra Script and are checking the database periodically
- implemented the Winter Wellness public information campaign to encourage Canberrans to get an influenza vaccination, and to take actions to stop the spread of COVID-19, influenza, respiratory syncytial virus and other respiratory illness over the winter period
- implemented changes associated with the Radiation Protection Amendment Act 2022.



Funded services for our community

In 2022–23, we also:

- commenced construction on a community-based residential eating disorder treatment centre in Coombs (\$13.5 million) which will:
 - operate as a 24-hour specialist service for people with eating disorders
 - provide ongoing therapeutic support including intensive nutritional and psychological treatment in a residential setting.
- secured funding in the 2022–23 ACT Budget for the design and construction of a southside hydrotherapy pool at the Lakeside Leisure Centre in Greenway
- awarded \$1 million, from the 2022–23 Research and Innovation Fund, to 5 fellowships for early and mid-career Canberra health researchers to help lead innovative change across the ACT health system
- executed a grant of \$242,000 to Family Drug Support to establish the first service in the ACT solely dedicated to supporting family members, friends and carers affected by another's alcohol and other drug use
- established the early intervention service for eating disorders by funding Marymead CatholicCare Canberra and Goulburn to deliver the Supporting Early Intervention for Eating Disorders (SEED) Program, which launched in February 2023.

Engaged with our community

We engaged with our community by:

- holding roundtables to consult with people with disabilities, carers, service providers and advocacy groups on the draft Disability Health Strategy
- publishing the Territory-wide Model of Care for Eating Disorders, developed in partnership with our stakeholders from the EPHSED Reference Group, including people with lived experience
- holding consultation forums to seek feedback on the draft Child and Adolescent Clinical Services Plan

- concluding the Mental Health Subsector Commissioning Project Strategise phase and beginning the Design phase in May 2023
- seeking expressions of interest from consumers, carers and community members to become a consumer member on the Clinical System Governance Committee
- publishing resources for consumers, carers and mental health professionals about the operation of the *Mental Health Act 2015* on the [Office of the Chief Psychiatrist web page](#)
- co-hosting the Abortion Access Roundtable to gain feedback on making medical and surgical abortions more affordable.

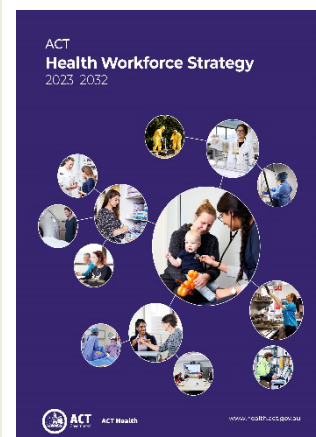
Engaged with our partners

We engaged with our partners by:

- implementing the DHR on 12 November 2022, which included training over 14,000 users across the ACT public health system (see also page 49)
- establishing a 24/7 onsite support model within the Digital Solutions Operations Centre to provide real time support for the ACT Health Public System’s critical ICT systems and services

The [ACT Health Workforce Strategy 2023–2032](#) was launched on 4 May 2023.

The Strategy sets out the Territory-wide approach to building a sustainable health workforce and will support the Territory and surrounding regions to predict and respond to workforce challenges. The strategy will form the basis for medium and long-term workforce planning, with a focus on a culture of learning and development, leadership, innovation and inclusiveness.



- completing the Culture Review Implementation Review, including the Third and Final Independent Review
- facilitating 29 per cent more clinical and non-clinical work integrated placements in CHS and the Directorate, including in nursing, midwifery, allied health and medicine
- establishing in collaboration with the ACT Education Directorate, Canberra Institute of Technology, the University of Canberra and CHS, an ACT secondary school student to registered nurse articulation pathway for high school students to join the nursing workforce with guaranteed employment with CHS at all exit points



Provided
5,728
placement experiences.

2022-2023

3,568
nursing

635
registered
midwife

670
allied health

92
paramedicine

725
medical

38
non clinical

- providing support to 282 public sector nurses and midwives through the Nursing and Midwifery Scholarship Scheme to support ongoing professional development and skill levels of staff across the Directorate and CHS
- collaborating with the University of Canberra on the SYNERGY Nursing and Midwifery Research Centre to support a nursing and midwifery research culture across the ACT. This year, 20 public sector nurses and midwives were supported to undertake research through the:
 - SYNERGY Innovation Scholarship
 - Research Internship Programme
 - Midwifery Honours Program
 - Jennifer James Memorial Scholarship for Research
 - Aboriginal and Torres Strait Islander PhD Scholarships.
- facilitating a Quality and Safety learning package pilot for 62 allied health and quality and safety staff
- reviewing and updating the national framework for medical internships working with the Australian Medical Council
- establishing the ACT Quality and Safety Leadership Network to connect quality and safety experts from the ACT health system, and colleagues in Southern NSW and Murrumbidgee Local Health districts.

Offered allied health postgraduate scholarships to **32 allied health professionals** across 11 disciplines. 

Priorities for a safe, responsive, sustainable public health system in 2023–24

To ensure our public health system works for our community, now and into the future, key work for 2023–24 includes:

- developing detailed design of a new northside hospital and progressing enabling and early works to allow construction on the new hospital to commence by mid-decade
- integrating planning for hospital campuses across the Territory under a single operator model
- implementing the next stage of Canberra Hospital Master Plan by developing proof-of-concept designs for a new Pathology and Clinical Support Building to be constructed on the existing Building 6 and 23 sites at the Canberra Hospital campus
- developing a proof-of-concept design for a multistorey car park on Yamba Drive which will provide over 3,000 car parking spaces
- working with the Australian Government, all states and territories, and other directorates to implement changes to the regulation, enforcement, education and support around e-cigarettes
- delivering the Safewards program as part of Nurses and Midwives: Towards a Safer Culture on 12 wards within ACT public health services
- delivering actions identified in the National Tobacco Strategy 2023–2030
- working with stakeholders to actively increase organ donation rates in the ACT with a view to returning to pre-pandemic organ and tissue donation levels

- implementing [Better together: A strategic plan for research in the ACT health system 2022–2030](#)
- increasing networking and collaboration to initialise a drug early warning system in the ACT
- partnering with NSW Health to enable a 12-month trial in community pharmacies, with pharmacists prescribing:
 - antibiotics to treat uncomplicated urinary tract infections in women
 - re-supply of oral contraceptive pills to women who have received a script from their prescriber in the last 24 months.
- partnering with the Commonwealth to review an expanded scope of practice for health care practitioners, including the expansion of access to National Immunisation Program vaccines in community pharmacies from 1 January 2024
- delivering Phase 2 of the nurse/midwife-to-patient ratios which will include:
 - women’s and children’s health (antenatal, postnatal, birthing and paediatric wards/units/areas)
 - critical care (intensive/critical care units and emergency departments)
 - perioperative areas (operating theatres and recovery)
 - mental health (short-stay, low dependency and rehabilitation units)
 - cancer services.
- continuing to work on the Perinatal Mental Health Project, including:
 - scoping and options analysis for a residential mental health service for the mother/birth person and baby unit
 - universal perinatal mental health screening initiative improving referral pathways, including from primary care to mental health services and NGO provider perinatal mental health supports.
- progressing the Youth at Risk project to support young people living with complex needs and with/at risk of mental ill health, by:
 - delivering Try Test Learn pilots
 - consulting, co-designing and developing the first stage of the Trauma informed Service for young people living with complex needs and with/at risk of mental ill health.
- delivering Head to Health Kids ACT, a new community-based mental health service for children 0 to 12 years with mild to moderate and emerging mental health concerns
- collaborating with Indigenous Allied Health Australia to support their National Aboriginal and Torres Strait Islander Health Academy students to complete a Certificate III in Allied Health Assistance, including an agreement for a new student placement site in the Education Directorate.

Trusted, transparent and accountable

We want to be a trusted source of information and advice for the community and our stakeholders. In 2022–23, we:

- designed an activity based funding model that will be tested and further developed during 2023–24. Activity based funding:
 - is based on the number and mix of patients treated instead of ‘block funding’
 - provides visibility of the drivers of health care expenditure
 - aims to give hospital managers the ability to see the full scope of costs for the patients they treat and to use this in decision-making processes.
- continued to integrate parent concerns collected during Kindergarten Health Check (in addition to the physical health check results) into the DHR so parents can access the information
- launched the ACT Health Public Reporting Platform on 14 June 2023, providing transparent reporting of compliance with the [ACT Health Mandated Minimum Nurse Midwife to Patient Ratio Public Report](#)
- commenced health commissioning sector updates by delivering 2 webinars which provided a forum for information sharing and capability uplift for those delivering or seeking to deliver health services in the community
- published the [2022–23 Local Hospital Network Service Level Agreement](#) in accordance with the requirements of the National Health Reform Agreement 2020–25 and the *Health (National Health Funding Pool and Administration) Act 2013 (ACT)*.

Priorities for being trusted, transparent and accountable in 2023–24

To ensure we remain a trusted source of information and advice for the community and our stakeholders, the key pieces of work for 2023–24 include:

- reviewing the Directorate and Local Hospital Network budget performance indicators
- evaluating Phase One of the nurse/midwife-to-patient ratios with the report expected in October 2023
- establishing the Clinical System Governance Committee to ensure safe, effective, person-centred health care is consistently delivered across the whole ACT healthcare system
- developing an ACT public health system performance framework which will:
 - inform the way activity is monitored and tracked through governance arrangements
 - provide an avenue for remediation of under delivery against agreed indicators.
- trialling the activity based funding model, including:
 - trialling an activity based ‘Shadow Budget’ that will test the suitability of the model in the ACT context
 - assessing the model's readiness for full implementation in either July 2024 or 2025.
- undertaking a review against the [Security of Critical Infrastructure Act 2018](#).

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 2022–23 we:

- launched the Wellbeing at Work Strategy
- piloted the Health Check program to support employees in building a positive, high-performing and psychologically safe workplace
- developed a Staff Professional Development Action Plan and learning tool, which supports current and future staff to:
 - enhance their capabilities and confidence
 - develop skills which will enable them to contribute to the goals of their division
 - contribute to the development plan cycle.
- strengthened the commissioning capability within the Directorate by developing resources and facilitating working group meetings where commissioners shared information about implementing a commissioning approach when investing in non-government health services.

Recognising our people



(L-R) Rebecca Cross and Kylie Gstrein
at the Director-General Awards

In 2022–23, we also:

- recognised employees and teams who have made an outstanding contribution to the Directorate in the Director-General Awards

- celebrated the annual ACT Nurses and Midwives Excellence Awards, including announcing Nurse, Midwife and Team of the Year. This event coincided with International Nurses Day and International Day of the Midwife in May 2023



(L-R) Julieanne Nissan, Excellence in Management, Carolyn Thomas, Excellence in Leadership and Nicola Ruthenberg, Midwife of the Year at the ACT Nurses and Midwives 2023 Excellence Awards

- hosted the annual ACT public sector Allied Health Symposium on 3 May 2023 where allied health professionals and assistants showcased their research and quality activities related to the theme 'exceptional healthcare has allied health in the room'



(L-R) Natahsa Korbut Clapp, Julia Hibma, Jerry Yik, Stacey Baldac and Rosalind Knox

- celebrated the 2022 ACT Public Service Allied Health Excellence Awards, including announcing Allied Health Professional of the Year.



(L-R) Back: Toby Keene, Susan Olsen, Cathryne Sciberras, Kerryn Coleman and Sally Patrick
 (L-R) Front: Chaylee Brickcius, Annabel Hughes and Jerry Wilkes

Priorities for being a high-performing organisation in 2023–24

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 in 2023–24 includes:

- improving workplaces to support improved staff culture, performance, attraction and retention by renewing the Canberra Hospital campus and implementing the Canberra Hospital Master Plan
- establishing the Directorate Learning and Development Strategy
- continuing to invest in workplace incentives, such as the health check program and assessment of work capacities, to identify opportunities for building a high-performing organisation
- endorsing allied health work level standards
- implementing Wellbeing at Work activities
- supporting a positive workplace culture by developing and implementing division workplace inclusion activities aligned to the Workforce Inclusion Action Plan.

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 CHS has provided input to Territory-wide recommendations.

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

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

Recommendation	Government response	Update	Status
<p>Recommendation 112</p> <p>The Committee recommends that the ACT Government undertake a review of the accessibility of ACT Government funded mental health services for students in nongovernment schools.</p>	<p>Agreed</p> <p>ACT Health will provide advice to the Assembly in relation to mental health services available for students in non-government schools.</p>	<p>The Youth Aware of Mental Health (YAM) program is available to all schools in the ACT, including non-government and independent schools.</p> <p>All ACT schools have access to support through <u>MindMap</u> which provides navigation support for children, young people and families to seek mental health services and support. MindMap also includes an Active Hold Service to support children and young people while they are on the waiting list for a service in the ACT. The Marymead team managing the day-to-day operations of MindMap engage regularly with schools to ensure children and young people in the ACT community are aware of this resource.</p> <p>The Minister for Mental Health routinely provides updates to the ACT Legislative Assembly on matters relating to the mental health and wellbeing of children and young</p>	Complete

Recommendation	Government response	Update	Status
		people. In May 2023 the Minister provided a Statement on Youth Mental Health Support.	

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

Recommendation	Government response	Update	Status
<p>Recommendation 6</p> <p>The Committee recommends that the Health Directorate brief the Committee on improvements it is making to health data integrity following the completion of the review.</p>	<p>Agreed</p> <p>The Health Directorate will brief the Committee following completion of the ACT Health System-Wide Data Review.</p>	<p>The Standing Committee on Health, Ageing and Community Wellbeing no longer meets. This recommendation is 'no longer required' as several activities have been implemented to address data integrity:</p> <ul style="list-style-type: none"> The Directorate has documented processes for the collection, recording and validation of data for national submissions provided to the Independent Health and Aged Care Pricing Authority for the calculation of Activity Based Funding. These processes, documented in flow charts, were provided to the ACT Audit Office in 2019 and 2021. Quality assurance processes are embedded into business-as-usual data management 	No longer required

Recommendation	Government response	Update	Status
		<p>practices. As part of the transition to the DHR, data quality processes were reassessed and updated to continue to ensure the quality and integrity of data produced by the Directorate.</p> <ul style="list-style-type: none"> • The Directorate uses the national submission error rate as a measure of the quality of its data. • The Directorate implements the national data standards in its national reporting. • Successful initiation of the Data Working Group provides a platform for CHS and the Directorate to discuss and resolve data-related issues. • Key data-related policies and procedures have recently been endorsed and are being implemented across the Directorate, including a Data Quality Policy and Procedure. 	

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

Recommendation	Government response	Update	Status
<p>Recommendation 55</p> <p>The Committee recommends that the ACT Government examine the risks associated with expanding the home birth program to the northside catchment (through Calvary Hospital).</p>	<p>Agreed</p> <p>This work will be done through the planning stages.</p>	<p>Included in the <u>Maternity in Focus: The ACT Public Maternity System Plan 2022–2032</u> and the <u>Maternity in Focus: First Action Plan 2022–2025</u> for implementation.</p>	Complete
<p>Recommendation 73</p> <p>The Committee recommends that the ACT Government work with Arthritis ACT and other interested parties on an arrangement for maintaining appropriate and affordable access to hydrotherapy pools on the southside of Canberra.</p>	<p>Agreed</p> <p>The Canberra Hospital rehabilitation pool will close with the opening of the new facility at University of Canberra Hospital. Stakeholders including Arthritis ACT have requested continued 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.</p>	<p>The ACT Government allocated \$8.5 million in the 2022–23 ACT Budget to design and build a new southside hydrotherapy pool, to be located next to the Tuggeranong Lakeside Leisure Centre.</p> <p>In early April 2023, GHD was appointed to develop the design for the hydrotherapy pool. The preliminary design has been completed and it is anticipated that the development application will be submitted by the end of July 2023.</p>	In progress

Recommendation	Government response	Update	Status
	<p>ACT Health does not intend to keep the pool at Canberra Hospital open past that time, nor do we anticipate providing access to other groups. There are other options for hydrotherapy in the south side of Canberra, as outlined in the table below:</p> <p>Private South side Hydrotherapy Pools (heated to 33oC or greater)</p> <p>Hughes Hydro – Hughes Kings Calwell – Calwell Kings Swim – Deakin 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>A Request for Tender for the Head Contractor for the construction of the facility is expected to be released in August 2023. Construction is scheduled to be completed by October 2024.</p>	

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

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

Recommendation	Government response	Update	Status
<p>Recommendation D2 – Data Governance</p> <p>Embed new governance structures to delineate roles and responsibilities in relation to data across ACT Health, ensuring accountability and transparency is a priority.</p>	Agreed	<p>A suite of data governance policies addressing key enterprise data risks are nearing completion and will be made available for general internal consultation prior to seeking approval.</p> <p>The Directorate continues to work with CHS to standardise data management practices.</p> <p>Business-as-usual processes have been established to strengthen data governance and management practices at the Directorate.</p>	Complete

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

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

Recommendation	Government response	Update	Status
<p>Recommendation 6</p> <p>The Committee recommends that the ACT Government ensures the development of a territory wide health strategy,</p>	Agreed	<p>The <u>ACT Health Services Plan 2022–2030</u> was released in August 2022.</p>	Complete
	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		

Recommendation	Government response	Update	Status
<p>which is made available to the Committee and the public as soon as possible.</p>	<p>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>Recommendation 9</p> <p>The Committee recommends that, as the ACT has less than the national in average primary and community health services providers, the ACT Government develop a workforce strategy to build on existing numbers.</p>	<p>Agreed</p> <p>ACTHD is progressing work to improve access to primary and community health services. This work includes the analysis of the policy levers available to the ACT Government to influence the supply of the health workforce and the demand for primary and community health services. ACT Health commenced a project in June 2017 to develop a Workforce Strategy, to respond to the influences shaping the health system; to position ACTHD to achieve its strategic goals and meet future demands; and to support the delivery of ACT Government priorities. The Strategy provides useful insight and recommendations into the existing culture and performance of the organisation that can be harnessed to inform and enhance ACTHD. The transition into two organisations provides an opportunity to reset the culture, refocus on person-centred, safe and high-quality care and to create a high performing and collaborative culture for the two organisations with a critical establishment period between now and 2020. The Report of the Independent Review into the Workplace Culture within</p>	<p>The ACT Health Workforce Strategy 2023–2032 was published on 4 May 2023.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	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.		

Table 16: Government Response to the Standing Committee on Health, Ageing and Community Services Report No 6: Report on Annual and Financial Reports 2017–18

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

Recommendation	Government Response	Update	Status
<p>Recommendation 19</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>Agreed</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>The Directorate continues to work with CHS and other state and territory governments on options to increase sexually transmitted infection (STI) testing and awareness in youth populations.</p> <p>Outreach STI screening programs have been significantly impacted by COVID-19 controls in recent years.</p> <p>As informed by the latest epidemiological evidence and evaluation outcomes of STI screening programs, the Directorate will</p>	In progress

Recommendation	Government Response	Update	Status
	<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>consider establishing sexual health screening programs at music festivals, universities and other large gatherings to help lower the rate of STI transmission and burden of disease in our community.</p> <p>The Directorate is actively considering the delivery of sexual health initiatives, including STI screening programs, by NGOs under the Directorate's Health Service Commissioning project.</p> <p>Due to impacts of COVID-19 on large events from 2020 to 2022, including restrictions in relation to music festivals, this work has not been progressed.</p>	

Table 17: Government Response to the Report of the Select Committee on Estimates 2019–20 on the Inquiry into Appropriation Bill 2019–2020 and the Appropriation (Office of the Legislative Assembly) Bill 2019–2020

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

Recommendation	Government response	Update	Status
<p>Recommendation 27</p> <p>The Committee recommends that the ACT Government ensure financial certainty for community organisations by offering grant funding for periods greater than one year, simplify the grant application process for community groups and streamline the process and paperwork for community grants of up to \$5000.</p>	<p>Agreed in principle</p> <p>A review of the procurement framework for community-based service provision is being undertaken and processes will be simplified where possible.</p> <p>The current grants process for funding already allows for multiple years. However, in the instance of ACTHD, the ability to commit to a multi-year Deed of Grant is contingent upon the directorate having budgeted funding allocated for that purpose across the out-years of the grant period.</p> <p>The grant application process currently consists of an assessment of the proposal against service need streamlined approval – given that financial delegation for Deeds of Grant usually rest at Executive Group Manager level rather than at the level of delegation for other funding agreements.</p> <p>There are a number of mechanisms available for expending public monies less than \$5,000 such as Purchase Orders, Exchange-of Letters, pay on quote/invoice – depending upon the nature of the activity. An assessment is made in each circumstance about the most appropriate mechanism to employ.</p>	<p>Most service agreements between the Directorate and the non-government sector have been accomplished through funding agreements rather than through grants.</p> <p>Where appropriate, increasing the use of grants as the funding mechanism for commissioned health services is now being pursued through individual commissioning processes and it is expected that grants will make up a greater proportion of funding in future.</p> <p>All elements of Recommendation 27 are being considered for future investment activity.</p>	<p>In progress</p>
<p>Recommendation 83</p> <p>The Committee recommends that the ACT Government ensure that there is enough capacity in the public health system to treat</p>	<p>Agreed</p> <p>ACTHD is currently developing a Territory-wide Health Service Plan. The Plan will identify priorities for health service development and redesign including capacity and capability within the public health system. It will be based on a comprehensive</p>	<p>Implementation of the ACT Health Services Plan 2022–2030 has commenced, with 50 of the 121 actions in the active project planning and design stages.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>patients within clinically appropriate guidelines.</p>	<p>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 improve communication and decision-making processes, as well as implementing a number of projects to refresh and refocus systems and processes using a whole of hospital approach. These projects are expected to become embedded into regular processes and policies across CHS to continue the delivery of high quality, safe and timely care to our community. This work does not replace Clinical Services planning, however addresses CHS operational commitments to providing timely care.</p>		
<p>Recommendation 89</p> <p>The Committee recommends that the ACT Government, subject to the external evaluation of the homebirth trial, increase availability</p>	<p>Agreed in principle</p> <p>The aim of the publicly funded homebirth trial is to provide an option for women with low risk pregnancies in the ACT to birth at home. The final evaluation will provide recommendations for publicly funded homebirth at Canberra Hospital. CHS is</p>	<p>Included in the Maternity in Focus: The ACT Public Maternity System Plan 2022–2032 and the Maternity in Focus: First Action Plan 2022–2025 for implementation.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
of home birthing options for local women.	<p>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>Recommendation 90</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>Agreed in principle</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 identification of suitable measures has been added to a schedule of data development work.</p> <p>The processes for the collection and collation of health service data are still under development since the implementation of the DHR in early November 2022.</p> <p>The implementation of new reporting will progress as part of a forward program of work following the completion of data quality assurance and validation of existing performance and activity data sets.</p>	In progress

Table 18: Government response to Standing Committee on Planning and Urban Renewal – Report 14 – Inquiry into Planning for the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) and The Canberra Hospital Campus and Immediate Surrounds

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

Recommendation	Government response	Update	Status
<p>Recommendation 10</p> <p>The Committee recommends that the ACT Government ensure that the master plan process includes a comprehensive review of traffic and transport for the wider precinct, including options for improving school pick-up and drop-off arrangements.</p>	<p>Agreed in principle</p> <p>The ACT Government is committed to ensuring the safety of staff, patients and visitors on the campus. Consultation with clinicians, the campus workforce and local community will occur during the development of the Canberra Hospital Master Plan. Parking and safe flow of traffic in and around the campus will be considered in the context of the Master Plan, 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</p>	<p>Early planning and design for a new multistorey carpark on Yamba Drive has been completed.</p> <p>Work on a detailed design and development application will progress through 2023–24. The local community and other stakeholders will be invited to provide feedback during this process.</p> <p>Identified as a key project during development of the Canberra Hospital Master Plan, the carpark will provide most of the hospital's parking and support safe, 24/7 access to the hospital.</p>	Complete

Recommendation	Government response	Update	Status
	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.	The carpark will be located away from Garran Primary School to help alleviate local traffic congestion.	

Table 19: Government Response to the Standing Committee on Health and Community Wellbeing Reports – 2020–21 ACT Budget and the Appropriation Bill 2020–21 and the Appropriation (Office of the Legislative Assembly) Bill 2020–21

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

Recommendation	Government response	Update	Status
Recommendation 4 That the ACT Government continue to expand ACT public health facilities.	Agreed 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	The <u>ACT Health Services Plan 2022–2030</u> , released in August 2022, sets a roadmap to redesign, invest in and redevelop health services funded by the ACT Government. An area of focus in the Plan is northside service planning. This will be developed through a Northside Clinical Services Plan which will inform the future development of	In progress

Recommendation	Government response	Update	Status
	<p>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>	services including planning for the new Northside Hospital.	

Table 20: ACT Government response to the Standing Committee on Education, Employment and Youth Affairs, Report 9: Report on Inquiry into Youth Mental Health in the ACT

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

Recommendation	Government response	Update	Status
<p>Recommendation 12</p> <p>The Committee recommends that the ACT Government address gaps in mental health service provision between different age brackets.</p>	<p>Agreed in Principle</p> <p>As outlined in the Introduction and response to Recommendation 11 the ACT Government is mapping mental health service activities as part of the OMHW's Review of Children and Young People and the MHSP.</p> <p>These activities will help to identify priorities for service development, including any gaps in services for different age groups or in transitions of care between different care settings. Where a need for investment in increased or new service provision is identified this will require consideration through future budget processes.</p>	<p>In August 2022, the Office for Mental Health and Wellbeing released its <u>Final Report on Understanding the 'Missing Middle': Children and young people with moderate to severe mental health concerns who experience difficulties accessing services</u>. This Report was prepared in collaboration with the CHN and the Youth Coalition of the ACT.</p> <p>In addition, as part of ongoing efforts to meet needs for mental health supports across different age brackets in 2022–23, the Directorate has:</p> <ul style="list-style-type: none"> • established the Child and Youth Mental Health Sector Network (now formally named the ACT Child and Youth Mental Health Sector Alliance). This is now operational and will meet 2 to 3 times per year • continued planning and development work on Head to Health Kids ACT, which will provide comprehensive, multidisciplinary mental health and wellbeing support for children 0 to 12 years of age • continued planning and development work for the Youth at Risk project, which seeks to: <ul style="list-style-type: none"> - deliver a more collaborative youth mental health service system in the ACT - establish a youth trauma service to meet a specific gap in the ACT for young people 13 to 18 years of age (inclusive). 	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 13</p> <p>The Committee recommends that the ACT Government address gaps in mental health service provision between different genders.</p>	<p>Agreed in Principle</p> <p>Please refer to the response to Recommendation 12, these mapping activities will assist identify any gaps in services for young people of different genders. Recommendations to Government will apply a principle of support for equity of access and be informed by analysis of population demographics, health status and burden of disease.</p> <p>As above, it is important to note that any investments in increased or new service provision will require consideration through future budget processes.</p>	<p>The Child and Youth Mental Health Sector Network (formally named the ACT Child and Youth Mental Health Sector Alliance) is now operational and will meet 2 to 3 times per year.</p> <p>The Office for Mental Health and Wellbeing will be continuing to work with this group and key stakeholders to support the ongoing implementation of the Gender Affirming Guidelines.</p>	<p>Complete</p>
<p>Recommendation 16</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>Agreed</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</p>	<p>The final version of the external PACER evaluation has been provided by KPMG.</p> <p>The ACT Government is reviewing the recommendations in the report to review program operation and to inform future investment decisions.</p> <p>The ACT Government has invested significantly in PACER through a range of ACT Budget initiatives, including:</p> <ul style="list-style-type: none"> • \$14.1 million invested in the 2020–21 ACT Budget to provide ongoing funding for the first PACER team with services expanded to operate 7 days a week • investment in the 2023–24 ACT Budget to continue the operation of the second PACER team while the ACT Government considers the outcomes of the external evaluation. 	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>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>Recommendation 21</p> <p>The Committee recommends the ACT Government provide more counselling services to address the gap between headspace requirements for treatment and other facilities such as CAMHS so that young patients are adequately supported.</p>	<p>Agreed in Principle</p> <p>The term ‘missing middle’ has recently been coined to refer to people who are not able to access headspace, or similar mental health services, because of their presentation, but who do not meet the threshold criteria for a tertiary mental health service. This is a difficult issue experienced nationally between services and was noted by headspace in their submission to this Inquiry stating that the ‘model has limitations in reaching the “missing middle”’.</p> <p>ACT Government made election commitments to boost community counselling, mentoring, home visits,</p>	<p>The Child and Youth Mental Health Sector Network (now formally named the ACT Child and Youth Mental Health Sector Alliance) is operational and will meet 2 to 3 times per year.</p> <p>In addition to this Alliance, other ACT Government initiatives to support more counselling services include:</p> <ul style="list-style-type: none"> • an 18-month trial of the MOST program in the ACT, operated by Orygen. This program provides digital support, including counselling for young people aged 12 to 25. Service planning and systems alignment for MOST took place between December 2022 and February 2023. MOST is now live in all services where the trial is being 	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>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 recommendation in full at this stage. Future actions will be informed by the recommendations of the Youth project.</p>	<p>implemented. The Directorate is in the process of commissioning an independent evaluation of the suitability of MOST for the ACT, to inform future funding and any required service adaptations to optimise the effectiveness of MOST for the ACT</p> <ul style="list-style-type: none"> • the Head to Health Kids ACT project, as outlined in the Bilateral Mental Health and Suicide Prevention Agreement. Recent activity includes convening the inaugural Children and Youth Mental Health Network (CYMHN) Service Development Working Group in collaboration with CHN. The CYMHN Service Development Working Group brings together 25 key NGO and community sector partners to support consultation and service design activities for the Head to Health Kids project, the Youth at Risk project and the CHN Early Psychosis Youth Service project • planning and development work for the Youth at Risk project. Recent activity includes identifying gaps in trauma informed practice in the youth mental health system. This project will work to establish a youth mental health initiative to fill identified gaps in the ACT service system to support youth with/or at risk of moderate mental ill health, while ensuring the enhancement and integration of the existing youth mental health services. 	

Recommendation	Government response	Update	Status
<p>Recommendation 26</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>Agreed in Principle</p> <p>As noted and committed to in the ACT Regional Mental Health and Suicide Prevention Plan, the ACT Government agrees to continue to progress strategies to develop career pathways for Aboriginal and Torres Strait Islander workers and workers from culturally and linguistically diverse communities.</p> <p>However, given the difficulties that are experienced both locally and nationally with regards to recruiting to highly specialised mental health professional roles, there are significant challenges associated with developing a workforce that reflects the full diversity of the ACT.</p>	<p>The development of the Mental Health Workforce Strategy Action Plan is progressing with consultations being finalised across the sector. The Action Plan will be released later in 2023.</p>	<p>In progress</p>
<p>Recommendation 38</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>Agreed in Principle</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</p>	<p>The Directorate is actively engaging with the raising the minimum age of criminal responsibility work being undertaken by the Community Services Directorate.</p> <p>The National Mental Health and Suicide Prevention Bilateral Agreement includes funding for the Youth at Risk project to develop and establish a youth mental health initiative to fill identified gaps in the ACT service system to support youth with/or at risk of moderate mental ill health, while ensuring the enhancement and integration of the existing youth mental health services.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 43</p> <p>The Committee recommends that the ACT Government expand drug rehabilitation services in the ACT.</p>	<p>Agreed</p> <p>The ACT Drug Strategy Action Plan 2018-2021 commits the ACT Government to identifying options to expand alcohol and other drug services to meet the needs of a growing population, and to identifying implementation priorities, including residential rehabilitation for Aboriginal and Torres Strait Islander peoples.</p> <p>Furthermore, through the Community Health and Hospitals Program (CHHP), between the Commonwealth and ACT Governments, the ACT will receive \$4.3 million across 2022-23 and 2023-24 to expand capacity of residential alcohol and other drug rehabilitation services in the ACT.</p> <p>In addition, the ACT Drug and Alcohol Court (DAC), which was established in December 2019, is a sentencing option available to those over the age of 18 who meet eligibility and suitability criteria. A key part of the DAC is taking an individualised approach to meeting a person's treatment needs, allowing for an additional referral pathway into alcohol and other drug treatment services, including rehabilitation services. The ACT Government provided \$2.151 million (GST excluded) over the 2019-20 and 2020-21 financial years for alcohol and other drug</p>	<p>Design work for the new First Nations alcohol and other drug residential rehabilitation facility is continuing as scheduled. We currently anticipate the facility will be completed in the 2024–25 reporting period.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>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>Recommendation 44</p> <p>The Committee recommends that the ACT Government expand evidence-based residential rehabilitation programs for young people struggling with addiction in the ACT.</p>	<p>Agreed in Principle</p> <p>Early life experiences can have an important impact on the likelihood of taking up alcohol, tobacco and other drug use earlier in life and experiencing ongoing use. Government-funded programs to minimise harms from alcohol, tobacco and other drugs among young people need to address the broader social contexts of young people's lives, as well as providing more intensive evidence-based health services for people who are addicted.</p> <p>Responses to alcohol, tobacco and other drugs therefore need to address prevention, treatment, and harm reduction, and not be solely focused on residential rehabilitation treatment. Harm reduction services, such as overdose response training are particularly important because many young people may not be ready to stop using drugs or may not engage in treatment.</p> <p>The ACT Government is commencing a scoping study to support young people</p>	<p>Design work for new facilities at Watson is continuing as scheduled. The facilities are currently anticipated to be completed in the 2024–25 reporting period.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>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>Recommendation 45</p> <p>The Committee recommends that the ACT Government pursue young people's use and possession of drugs in a coordinated and holistic manner.</p>	<p>Agreed</p> <p>The ACT Government supports taking a holistic approach to alcohol, tobacco and other drug use among young people. This includes addressing the social determinants of health, and the broader context of young people's lives in addition to alcohol, tobacco and other drug specific prevention, harm reduction and treatment programs.</p> <p>An example of this, as highlighted by this Inquiry, includes justice diversion because it is recognised that a criminal record for drug use and possession may increase stigma and disadvantage.</p> <p>The ACT Drug Strategy Action Plan 2018-2021 commits to exploring ways to increase diversion from the criminal justice system and the treatment and support options available, as part of an integrated diversion system in the ACT (Action 33).</p> <p>ACT Legislation provides a range of existing diversion options for young people apprehended in possession of illegal drugs. These include the Youth Alcohol Diversion Program, the Illicit</p>	<p>The <i>Drugs of Dependence (Personal Use) Amendment Act 2022</i> provides an additional avenue for diversion from the criminal justice system, which will support the future life prospects of young people found in possession of illicit drugs.</p> <p>The <i>ACT Drug Strategy Action Plan 2022-2026</i> was published in December 2022.</p> <p>Changes to the legislation come into effect in October 2023.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>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 system, including those who are currently charged with drug offences. This work will be relevant to this recommendation and will include consultation with all relevant stakeholders.</p>		
<p>Recommendation 46</p> <p>The Committee recommends that the ACT Government consider further criminal justice diversion for young drug users by investigating the appropriateness of a simple drug offence notice for some drugs.</p>	<p>Agreed</p> <p>As outlined in the response to Recommendation 45, the ACT Government supports measures to increase the diversions of young people from the criminal justice system.</p> <p>On 20 August 2020 the Ninth Legislative Assembly passed Mr Petterson’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</p>	<p>The <i>Drugs of Dependence (Personal Use) Amendment Act 2022</i> was passed by the ACT Legislative Assembly in October 2022, and on commencement in October 2023 will introduce a new simple drug offence notice for a range of drugs in small quantities.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>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 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>Recommendation 49</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>Agreed in Principle</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>The ACT Government has continued to support a range of eating disorder services during 2022–23, including:</p> <ul style="list-style-type: none"> • The SEED Program launched in February 2023. This service is being delivered from CatholicCare's Favier House in Braddon. • The Territory-wide Model of Care for Eating Disorders was officially released on 30 June 2023. • The establishment of the Residential Treatment Centre for Eating Disorders 	<p>In progress</p>

Recommendation	Government response	Update	Status
	<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>continues. On 23 February 2023, it was announced that IQon Pty Ltd was selected to design and construct Canberra's first residential eating disorder facility. Concept designs have been completed and preliminary planning is being finalised. Construction is expected to be completed in the second quarter of 2024.</p>	

Table 21: ACT Government Response to the Standing Committee on Health, Ageing and Community Services Report 10: Report on Inquiry into Maternity Services in the ACT

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

Recommendation	Government response	Update	Status
<p>Recommendation 8</p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for changes to the Australasian Health Facility Guidelines (AusHFG) to support women’s preference for partners and/or support people to remain with them during and after labour.</p>	<p>Agreed in Principle</p> <p>The ACT Government will consider the applicability of amending the Australasian Health Facility Guideline to ensure partners and/or support people can remain during and after labour.</p> <p>The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.</p>	<p>The latest update of the AusHFG maternity hospital planning unit includes the principle of woman-centred care which:</p> <ul style="list-style-type: none"> • considers the woman’s individual circumstances • aims to meet the woman’s physical, emotional, psychosocial, spiritual and cultural needs. <p>The guidelines assume ‘A partner or support person will routinely be present during this time’. As such, it recommends the inclusion of lounge areas and ensuite bathrooms.</p> <p>The guidelines support rooming in facilities for support people.</p>	<p>Complete</p>
<p>Recommendation 14</p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for the development of funding models to support access to continuity of care and continuity of carer models in all jurisdictions.</p>	<p>Agreed in Principle</p> <p>The ACT Government acknowledges the benefit of person-centred, continuity of care for families along the maternity continuum.</p> <p>The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.</p>	<p>A midterm review of the current National Health Reform Agreement Addendum is under way, which will inform negotiations for the new National Health Reform Agreement in 2024.</p> <p>A Health Reform Plan is also being developed by the First Secretaries Group for National Cabinet to consider and endorse by the end of 2023.</p> <p>These processes will provide instructional guidance for the development of funding models for speciality services including maternity services. The Directorate’s funding policy team will include this recommendation in relevant input to health reform discussions.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Recommendation 15</p> <p>The Committee recommends that the ACT Government revisit the accreditation of its hospitals and health services as World Health Organization (WHO) health promoting hospitals and health services.</p>	<p>Agreed</p> <p>The ACT Government is currently fully accredited against the National Safety and Quality Health Service Standards (NSQHSS) with the Australian Council on Healthcare Standards (ACHS), and both Canberra Health Services and Calvary Public Hospital 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>This recommendation is to be reviewed during the Maternity in Focus: First Action Plan 2022–2025 implementation considering current accreditation standards for maternity services.</p>	<p>In progress</p>
<p>Recommendation 20</p> <p>The Committee recommends that the ACT Government prioritise how lessons can be learned and future risks mitigated in relation to service complaints that are settled on a confidential basis and are not reported to the Health Practitioner Regulation Agency (AHPRA) or the ACT Health Complaints Entity (HCE).</p>	<p>Agreed</p> <p>The ACT Government understands the importance of consumer feedback in informing change within a health system. Both Canberra Health Services and Calvary Public Hospital Bruce use consumer feedback to assist in the continuous improvement of the quality of services and the care provided to families.</p> <p>The ACT Government will explore the processes associated with health service complaints to ensure opportunities for</p>	<p>To be included in future Maternity in Focus action plans, following the conclusion of the first action plan in 2025.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>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>Recommendation 22</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>Agreed in Principle</p> <p>The ACT Government recognises the importance of ratios in health outcomes for patients and for safe and manageable workloads for nurses and midwives. The ACT Government is working with 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>Phase One of Nursing and Midwifery Ratios implementation is now complete and has resulted in the employment of an additional 90 nursing and midwifery staff across the ACT Health Services.</p> <p>High levels of compliance with elements of the ratios are being reported on the new public reporting platform, which went live on 14 June 2023.</p> <p>The evaluation of Phase One has commenced with the final report expected by October 2023.</p> <p>There are 3 compliance measures for each shift:</p> <ul style="list-style-type: none"> • a Supernumerary Team Leader • no more than 25 per cent of Enrolled Nurses across a shift • the nursing and midwifery ratio itself. <p>The Supernumerary Team Leader element is being reported at 90 to 100 per cent compliance over a roster period.</p> <p>Compliance with the skill mix element remains challenging in its application for health services. There have been difficulties ensuring no more than 25 per cent of Enrolled Nurses are on duty per shift and this is impacting on overall compliance. Ongoing discussions regarding skill mix and its application are being held within the current Nursing and Midwifery Enterprise Bargaining process.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
		<p>The Directorate is currently negotiating the Nursing and Midwifery Enterprise Agreement. Once this has been finalised, Phase 2 of the ratios project will be implemented in partnership with the Australian Nursing and Midwifery Federation and CHS across speciality areas, including maternity services.</p> <p>Business, Project Management and Change Management Plans have been drafted in readiness for Phase 2. A ratios data and reporting working group will commence with health services now that the North Canberra Hospital transition is complete.</p>	
<p>Recommendation 31</p> <p>The Committee recommends that the ACT Government prioritise a feasibility study to examine the establishment of a perinatal hospice facility to provide perinatal services and care to relevant women, their babies and families.</p>	<p>Agreed</p> <p>The ACT Government acknowledges the extreme impact that the loss of a child has on a family and that better bereavement care and emotional support is required. The ACT Government is undertaking work to improve supports and care through the maternity continuum for those experiencing perinatal loss, stillbirth and newborn death. This will include investigating the feasibility of establishing of a perinatal hospice facility, the incorporation of bereavement care into planning, design and delivery of maternity care, bereavement training for health professionals and increased bereavement care and emotional support and information for families experiencing loss.</p>	<p>Significant progress has been made towards this recommendation through other initiatives including the newly opened Early Pregnancy Unit at The Canberra Hospital. This unit is a dedicated 3 bed inpatient facility to provide specialised care for miscarriage or early pregnancy complication. The service was prompted and underpinned by consumer feedback through the Inquiry into Maternity Services. This service and the new AusHFG ensure the inclusion of amenities for services and care in future infrastructure projects for families experiencing perinatal loss.</p> <p>The <u>Maternity in Focus: First Action Plan 2022–2025</u> has several actions that enhance service provision to ensure psychologically safe and supportive environments for women, birth persons and families experiencing perinatal loss.</p>	<p>No longer required</p>

Recommendation	Government response	Update	Status
<p>Recommendation 32</p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for changes to the Australasian Health Facility Guidelines (AusHFG) to include inpatient requirements for perinatal hospice facilities, services and care.</p>	<p>Agreed in Principle</p> <p>The ACT Government will consider the applicability of amending the Australasian Health Facility Guideline as part of the work to be undertaken in Recommendation 31.</p> <p>The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.</p>	<p>The latest update of the AusHFG Maternity Hospital Planning Unit contains information about providing:</p> <ul style="list-style-type: none"> • family bereavement places with amenities for overnight or longer stays • equipment to accommodate the infant post death • bereavement services that facilitate access to a range of multidisciplinary specialists and services. Facilities support bereavement by providing areas that are family focused and non-clinical in appearance and where partners can stay, with appropriate access to amenities. For example, kitchenettes, showers and toilets. This is typically provided in the birth suite (ideally on the periphery) and must be designed to meet cultural requirements • discrete waiting areas in Early Pregnancy Assessment Services which are separate to antenatal and postnatal services with an event of perinatal loss. 	<p>Complete</p>
<p>Recommendation 66</p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for a Medicare rebate for professional lactation consulting services.</p>	<p>Agreed</p> <p>The ACT Government recognises the increased support and information is needed for families when establishing breastfeeding, and throughout the breastfeeding journey. Some people will seek lactation support outside of the public health system and unless the lactation consultant is also a midwife, there is not a Medicare rebate. This can make this option prohibitive for some people and cut their breastfeeding journey short.</p>	<p>The 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>Recommendation 68</p> <p>The Committee recommends that the ACT Government—in partnership with its Council of Australian Government (COAG) colleagues—advocate for the development and implementation of national evidence-based guidelines for postnatal care.</p>	<p>Agreed in Principle</p> <p>The importance of continued support through the postnatal period is vital for good mental and physical health. The early days with a new baby can be challenging for families to navigate, and the ongoing, continued support from trusted health professionals across the maternity system is vital to ensure families receive the information and guidance they need.</p> <p>Many families transition between health providers in the post-natal period, so a consistent approach to postnatal care across the health care continuum would benefit parents and babies.</p> <p>While individual health facilities and health services may have postnatal care policies, national guidance on postnatal care will benefit families in standardising the care they should receive and streamlining services to assist in the transition process.</p> <p>The Government will explore opportunities for the ACT to raise this at appropriate cross-jurisdictional forums.</p>	<p>This recommendation has been progressed through the ACT membership of the Commonwealth Woman-Centred Care Strategic Directions: Senior Official Group and is incorporated as a future action.</p>	<p>Complete</p>

Table 22: Government Response to the Select Committee on COVID-19 pandemic response – Interim Report 4

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

Recommendation	Government response	Update	Status
<p>Recommendation 26</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>Agreed</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>CHS launched their <u>Disability Action and Inclusion Plan 2022–2025</u> on 30 November 2022 in the lead-up to International Day of Persons with Disabilities.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<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>		

Table 23: Government Response to the Standing Committee on Health and Community Wellbeing Report No. 1 – Annual and Financial Reports 2019–2020

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 2020–21
Link to report	https://www.parliament.act.gov.au/__data/assets/pdf_file/0011/1738658/HCW-Report-1-AFR-2019-20-and-Budget-2020-21.pdf
Government response title	Government Response to the Standing Committee on Health and Community Wellbeing Report No. 1 - Annual and Financial Reports 2019–2020
Date tabled	29 July 2021

Recommendation	Government response	Update	Status
<p>Recommendation 8</p> <p>That the ACT Government explore and report on the provision of an imaging service at a northside walk-in centre.</p>	<p>Agreed in principle</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</p>	<p>Medical imaging services were established at the Weston Creek Walk-In Centre in May 2023.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>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>Recommendation 18</p> <p>That the ACT Government act urgently to address the wait times experienced by Canberrans seeking to access mental health services.</p>	<p>Agreed in principle</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> <p>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.</p> <p>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.</p> <p>COVID-19 Stimulus Funding has provided additional funding to increase resources in Access Mental Health and Home Assessment Acute Response Team (HAART).</p>	<p>The ACT Government continues to invest in a wide range of mental health services across the system to help address wait times, including:</p> <ul style="list-style-type: none"> • In the 2022–23 ACT Budget Review, the ACT Government provided continued funding for the community-based, peer-led Safe Haven in Belconnen. • The SEED Program launched in February 2023. The SEED Program will focus on promoting help-seeking behaviour and early intervention treatment for people in the early stages of developing an eating disorder. • An 18-month trial of the MOST program was launched in the ACT. Service planning and systems alignment took place between December 2022 and February 2023. MOST is now live in all services where the trial is being implemented. The Directorate is in the process of commissioning an independent evaluation of the suitability of MOST for the ACT, to inform future funding and any required 	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>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.</p> <p>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.</p> <p>Permanent funding received for the ongoing Police, Ambulance and Clinician Emergency Response (PACER) services.</p> <p>Funding has been allocated to pilot the Safe Haven Café.</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>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>service adaptations to optimise the effectiveness of MOST for the ACT.</p> <p>The ACT Government is also continuing detailed consultation and planning work to implement initiatives under the ACT Bilateral Agreement which forms part of the National Mental Health and Suicide Prevention Agreement. These initiatives include the:</p> <ul style="list-style-type: none"> • Head to Health Kids program • Youth at Risk project. <p>The Directorate also convened the inaugural CYMHN Service Development Working Group in collaboration with CHN.</p> <p>The CYMHN Service Development Working Group brings together 25 key NGO and community sector partners to support consultation and service design activities for the Head to Health Kids program, the Youth at Risk project and the CHN Early Psychosis Youth Service project.</p> <p>In addition, MindMap provides navigation support for children, young people and families to seek mental health services and support. MindMap also includes an Active Hold Service to support children and young people while on the waiting list for a service in the ACT.</p>	

Recommendation	Government response	Update	Status
<p>Recommendation 19</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>Agreed in principle</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>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</p>	<p>The development of the Mental Health Workforce Strategy Action Plan is progressing with consultations being finalised across the sector. Like the plans in other jurisdictions, the ACT has included the lived experience workforce as a key area for further development. In the ACT, lived experience positions within the Office for Mental Health and Wellbeing and CHS will lead some of this work. These positions will be able to draw upon work being undertaken nationally and across jurisdictions. The Action Plan will be released later this year.</p> <p>While the National Mental Health Workforce Strategy has not yet been released, the work progressing in the ACT is consistent with the intent and direction of the National Strategy.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>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"> • 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. • 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. <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 at national conferences and meetings where possible.</p>		

Recommendation	Government response	Update	Status
<p>Recommendation 21</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>Agreed in principle</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>	<p>The ACT Government continues to invest in a wide range of mental health services across the system to help address wait times, including:</p> <ul style="list-style-type: none"> • In the 2022–23 ACT Budget Review, the ACT Government provided continued funding for the community-based, peer-led Safe Haven in Belconnen. • The SEED Program launched in February 2023. The SEED Program will focus on promoting help-seeking behaviour and early intervention treatment for people in the early stages of developing an eating disorder. • An 18-month trial of the MOST program was launched in the ACT. Service planning and systems alignment took place between December 2022 and February 2023. MOST is now live in all services where the trial is being implemented. The Directorate is in the process of commissioning an independent evaluation of the suitability of MOST for the ACT, to inform future funding and any required service adaptations to optimise the effectiveness of MOST for the ACT. <p>The ACT Government is also continuing detailed consultation and planning work to implement initiatives under the Bilateral Agreement as part of the National Mental Health and Suicide Prevention Agreement. These include the:</p> <ul style="list-style-type: none"> • Head to Health Kids program 	<p>Complete</p>

Recommendation	Government response	Update	Status
	<ul style="list-style-type: none"> • investing \$15 million in more mental health support for Canberra’s young people, including through implementation of Orygen Digital’s Moderated Online Social Therapy platform and establishing an intensive trauma service for adolescents; • doubling the existing funding for services to address drug and mental health co- morbidity; • building 5 additional support accommodation houses over the next four years; and • 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. <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"> • In February 2021, the ACT Government extended funding to Police, Ambulance & 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 	<ul style="list-style-type: none"> • Youth at Risk project. <p>This activity includes convening the inaugural CYMHN Service Development Working Group in collaboration with CHN. The CYMHN Service Development Working Group brings together 25 key NGO and community sector partners to support consultation and service design activities for the Head to Health Kids program, the Youth at Risk project and the CHN Early Psychosis Youth Service project.</p> <p>In addition, MindMap provides navigation support for children, young people and families to seek mental health services and support. MindMap also includes an Active Hold Service to support children and young people while on the waiting list for a service in the ACT.</p>	

Recommendation	Government response	Update	Status
	<p>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.</p> <ul style="list-style-type: none"> <li data-bbox="745 443 1256 954">• 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. 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. <li data-bbox="745 967 1256 1374">• 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 		

Recommendation	Government response	Update	Status
	<p>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.</p> <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> <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"> • 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 		

Recommendation	Government response	Update	Status
	<p>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.</p> <ul style="list-style-type: none"> • 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. • 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. • 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, benchmarking, communication, and consumer consultation. • Child and Adolescent Mental Health Services (CAMHS) is developing and 		

Recommendation	Government response	Update	Status
	<p>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.</p>		

Table 24: 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 Health and Community Wellbeing
Report number	3
Report title	Appropriation Bill 2021–2022 and Appropriation (Office of the Legislative Assembly) Bill 2021–22
Link to report	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
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>Recommendation 9</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</p>	<p>Agreed in principle</p> <p>The Government will review the current mental health services complaint systems and make recommendations for improvement.</p>	<p>The Take Action! Mental Health Complaints and Feedback in the ACT guide was published by the Health Care Consumers Association in 2022. The guide is made up of 6 fact sheets. This was developed with advice from health care consumers, carers and representatives of health services and other</p>	Complete

Recommendation	Government response	Update	Status
and to review the current processes applied in this matter.		agencies, with the support of the Directorate. Given this work, no further action is required.	
<p>Recommendation 11</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>Agreed</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>On 24 November 2022, the Minister for Health presented an update on the development of a Disability Health Strategy to the ACT Legislative Assembly.</p>	<p>Complete</p>
<p>Recommendation 15</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>Agreed in principle</p> <p>Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030 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 ACT Health Workforce Strategy 2023–2032 was published on 4 May 2023.</p>	<p>Complete</p>
<p>Recommendation 17</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>Agreed in principle</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</p>	<p>The expanded Acute Medical Unit became operational at Canberra Hospital in February 2023.</p> <p>The Critical Services Building at Canberra Hospital will open in 2024 with dedicated facilities for paediatrics and mental health patients presenting to the emergency department.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>groups of patients who require specific care and oversight:</p> <ul style="list-style-type: none"> • 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. • 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. • 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. <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>Further options are being considered through the Northside Clinical Services planning process.</p>	

Table 25: ACT Government Response to the Select Committee Report on the Inquiry into Drugs of Dependence (Personal Use) Bill 2021

Reporting entity	Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021
Report number	November 2021
Report title	Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021
Link to report	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
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

Recommendation	Government response	Update	Status
<p>Recommendation 1</p> <p>The Assembly should pass the Drugs of Dependence (Personal Use) Amendment Bill 2021.</p>	<p>Agreed</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"> • changes to place the existing (unlegislated) Illicit Drug Diversion Program on an equal legislative footing to the proposed Simple Drug Offence Notice; • changing the name of the “Personal Possession Limit” proposed in the Private Member’s Bill to “small quantity” to better describe its purpose; • making the “small quantity” amounts more consistent across different drugs 	<p>The <i>Drugs of Dependence (Personal Use) Amendment Act 2022</i> was passed in October 2022, and comes into effect in October 2023.</p>	Complete

Recommendation	Government response	Update	Status
	<p>and more reflective of evidence of consumption patterns;</p> <ul style="list-style-type: none"> • adjusting the list of drugs eligible for reduced penalties; • 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; • reducing the maximum prison sentence for personal possession offences for all illicit drugs; and • providing for review of the changes after three years of operation. 		
<p>Recommendation 2</p> <p>The ACT Government should commission an independent evaluation of the provisions enacted by the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019 and the enacted Drugs of Dependence (Personal Use) Amendment Bill 2021.</p>	<p>Agree in Principle</p> <p>The Government has previously made a commitment to review the operation of the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019 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 Drugs of Dependence (Personal Use) Amendment Bill 2021 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>The <u><i>Drugs of Dependence (Personal Use) Amendment Act 2022</i></u> passed by the Legislative Assembly in October 2022, includes a requirement that the legislative changes be independently reviewed after 2 years.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>Recommendation 3</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>Agreed in Principle</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 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>The Bill was passed in October 2022, and comes into effect in October 2023. The updated Act defines the list of drugs eligible for a simple drug offence notice in regulation rather than legislation, so that it can be more easily amended to respond to emerging data and trends.</p>	<p>No longer required</p>

Recommendation	Government response	Update	Status
	<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>		
<p>Recommendation 4</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>Agreed</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>The <i>Drugs of Dependence (Personal Use) Amendment Act 2022</i> includes a carefully selected list of drugs and thresholds.</p> <p>The patterns of consumption have been considered alongside other factors, including potential personal drug sharing and drug dealing.</p> <p>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>Complete</p>

Recommendation	Government response	Update	Status
<p>Recommendation 5</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>Agreed</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>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 Directorate is working with ACT Policing, CHS and Access Canberra on flexible options for discharging fines if a person experiences difficulties in paying.</p> <p>The proposed Government amendments include an option to discharge a simple drug offence notice via the illicit drug diversion program.</p>	<p>In progress</p>
<p>Recommendation 6</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>Agreed</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>A simple drug offence notice form, including service information, will be developed ahead of commencement of the Act in October 2023.</p>	<p>In progress</p>
<p>Recommendation 7</p> <p>The ACT Government should significantly increase its investment in alcohol and other drug services.</p>	<p>Agreed</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"> expanding the capacity of Canberra Health Services' drug diversion service; 	<p>Design work for new facilities at Watson is continuing as scheduled. The facilities will expand drug treatment capacity in the ACT and are currently anticipated to be completed in the 2024–25 financial year.</p> <p>An additional \$6.46 million over 4 years was funded in 2022–23 ACT Budget for more alcohol and other drug services.</p> <p>As part of this funding, family drug support services and methamphetamine treatment</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<ul style="list-style-type: none"> • expanding drug treatment capacity at the Alexander Maconochie Centre; • increasing funding for distribution of the opioid overdose reversal drug naloxone and sterile injecting equipment to reduce harms from drug use; • increasing funding to the alcohol and other drug treatment and support service sector to provide treatment services to the ACT Drug and Alcohol Court; • 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 • establishing a northside Opioid Maintenance Treatment Clinic. <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 Government to improve the</p>	<p>will be procured in 2023, which will expand treatment availability for people experiencing issues with methamphetamine. It will also establish a service tailored to supporting family members and carers affected by another's alcohol tobacco and other drug (ATOD) use.</p> <p>Design work for the new First Nations alcohol and other drug residential rehabilitation facility is continuing as scheduled. The facility is currently anticipated to be completed in the 2024-25 financial year.</p> <p>Work to redevelop the Ted Noffs rehabilitation service in Watson is also on track.</p> <p>Work to significantly improve the Karralika Site at Isabella Plains commenced in March 2023.</p>	

Recommendation	Government response	Update	Status
	<p>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>Recommendation 8</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>Agreed</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>The residential rehabilitation facility at Watson is in the final stages of design.</p> <p>The Government will continue to work with Winnunga Nimmityjah Aboriginal Community Health Services to provide resourcing to train and recruit additional workers across the suite of ATOD service offerings.</p>	<p>In progress</p>
<p>Recommendation 9</p> <p>The ACT Government should invest in housing options for people who use</p>	<p>Agree in Principle</p> <p>The Government continues to be supportive of providing appropriate housing solutions and recent initiatives</p>	<p>Housing ACT agreed to the following action to be included in the ACT Drug Strategy Action Plan:</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>alcohol and other drugs and are at-risk or experiencing homelessness.</p>	<p>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 treatment services and mental health services work together in a holistic manner.</p>	<p>'Housing ACT will continue work to provide pathways into supported long-term accommodation for people impacted by ATOD issues, for example through Housing First models. It will also continue to support the housing aspects of programs such as the Drug and Alcohol Court'.</p>	
<p>Recommendation 12</p> <p>The ACT Government should fund the alcohol and other drug sector to provide counselling support to children of their clients.</p>	<p>Agree in Principle</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 has been raised with the ATOD sector through commissioning. Feedback suggests that it is better suited to mental health or the Community Services Directorate, and that ATOD services may not be best suited to provide this service.</p> <p>The needs of these children will be raised during consultations on the development of new children and young people's mental health programs and through the Youth Mental Health Network.</p>	<p>In progress</p>
<p>Recommendation 14</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>Agree in Principle</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,</p>	<p>Implementation of the <i>Drugs of Dependence (Personal Use) Amendment Act 2022</i> will include discussions on appropriate training for ACT Policing.</p> <p>The new <u>ACT Drug Strategy Action Plan 2022-2026</u> includes actions for expanding training (in terms of topics and recipients of training).</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>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>Recommendation 15</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"> • intersection of mental health and alcohol and other drugs services (no wrong door approach); • specialised methamphetamine services; • southside peer-based model of care (Canberra Alliance for Harm Minimisation & Advocacy); • women’s day detox/rehab program; • family member support services; • an alcohol and other drugs Police, Ambulance and Clinical Emergency Response service; • the We CAN program through Alcohol Tobacco and Other Drug Association to 	<p>Agree in Principle</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</p>	<p>The new ACT Drug Strategy Action Plan 2022–2026 addressed service coordination between the ATOD and mental health sectors as a priority area with supporting actions.</p> <p>This is also being addressed through the ATOD and mental health commissioning processes and a specific mental health and alcohol and other drugs (AOD) Interface project being led by the Mental Health Policy and Strategy team.</p> <p>Funding was allocated to methamphetamine treatment services in the 2022–23 ACT Budget.</p> <p>A southside peer-based model of care is being considered through the ATOD commissioning process.</p> <p>Enhancing the peer workforce is a priority area in the new Action Plan.</p> <p>Women-specific day detox/rehab is being considered through the ATOD commissioning process.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>target smoking amongst injecting drug users;</p> <ul style="list-style-type: none"> 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 & Advocacy program); trials and research on medicinal drug use (such as ketamine, psilocybin and MDMA) for treatment of mental health and PTSD issues; and trials and research on a Hydromorphone Assisted Treatment program. 	<p>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>Funding was allocated to family support services in the 2022–23 ACT Budget and Family Drug Support has been funded for their first pilot year of operation in the ACT. Future years of funding will be managed through the ATOD commissioning process.</p> <p>The ATOD policy team has been in discussions with the mental health team in relation to how PACER teams can best respond to ATOD issues (for example, through soft referral or follow-up).</p> <p>Options and alternatives to WeCAN will be pursued through the ATOD commissioning process.</p> <p>Naloxone training has continued despite supply issues for the naloxone nasal spray.</p> <p>The ACT adopts the Therapeutic Goods Administration's (TGA's) Poisons Standard scheduling of substances to provide a consistent approach to the regulation of medicines. In February 2023, the TGA approved psilocybin and MDMA for specific uses.</p> <p>The ACT Government will continue to maintain alignment with the national scheduling framework and is not currently considering amendments to the ACT <i>Medicines, Poisons and Therapeutic Goods Act 2008</i>.</p>	
<p>Recommendation 16</p> <p>The ACT Government should revise the ACT Drug Strategy Action Plan. Part of that revision should include:</p>	<p>Agree in Principle</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.</p>	<p>The new ACT Drug Strategy Action Plan 2022–2026 was launched in December 2022. It is a cross-government and whole-of-sector health and human services plan.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<ul style="list-style-type: none"> development of a whole-of-government action plan/s; an expert advisory committee that includes alcohol and other drugs experts and people with lived experience; engagement with the Commonwealth Government to ensure consistency of ACT and Commonwealth Law; and a provision for a steering group to oversee the implementation of the Amendment Bill. 	<p>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>Establishment of the governance structure (outlined in the action plan) has commenced and will include people with lived experience and ATOD experts (as was the case with the previous action plan).</p> <p>An implementation group for the <i>Drugs of Dependence (Personal Use) Amendment Act 2022</i> has been established.</p>	
<p>Recommendation 17</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>Agreed</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</p>	<p>ACT Policing supports the ACT Government's commitment to a harm minimisation approach to alcohol and other drugs.</p> <p>Implementation of the <i>Drugs of Dependence (Personal Use) Amendment Act 2022</i> will include discussion on appropriate training for ACT Policing.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>amendments to the Drugs of Dependence Act 1989.</p> <p>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.</p>		

Table 26: 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	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
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>Recommendation 19</p> <p>The Committee recommends the Police, Ambulance and Clinician Early Response (PACER) model be evaluated, and</p>	<p>Agreed in principle</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</p>	<p>The final version of the external PACER evaluation has been provided by KPMG.</p> <p>The ACT Government is now reviewing the recommendations in the report to review</p>	Complete

Recommendation	Government response	Update	Status
expanded if the early reports of beneficial outcomes are proven.	<p>first responders across the three agencies to call on for its daily 2:00pm to midnight shifts, seven days a week.</p> <p>The Government has announced \$14.1 million to continue funding for PACER's operation for the next four years.</p>	<p>program operation and to inform future investment decisions.</p> <p>The ACT Government has also invested significantly in PACER over a range of Budget initiatives to ensure the service is expanded. This includes:</p> <ul style="list-style-type: none"> • \$14.1 million invested in the 2020–21 ACT Budget to provide ongoing funding for the first PACER team, with services expanded to operate 7 days a week • investment in the 2023–24 ACT Budget to continue the operation of the second PACER team while the ACT Government considers the outcomes of the external evaluation. 	

Table 27: Government Response to the Select Committee on Estimates 2022–23 Inquiry into the Appropriation Bill 2022–23 and Appropriation (Office of the Legislative Assembly) Bill 2022–23

Reporting entity	Select Committee on Estimates 2022–2023
Report number	1
Report title	Inquiry into the Appropriation Bill 2022–2023 and Appropriation (Office of the Legislative Assembly) Bill 2022–2023
Link to report	https://www.parliament.act.gov.au/__data/assets/pdf_file/0007/2082625/Report-Inquiry-into-Appropriation-Bill-2022-2023-and-Appropriation-OLA-Bill-2022-2023.pdf
Government response title	Government Response to the Select Committee on Estimates 2022–23 Inquiry into the Appropriation Bill 2022–23 and Appropriation (Office of the Legislative Assembly) Bill 2022–23
Date tabled	11 October 2022

Recommendation	Government response	Update	Status
<p>Recommendation 105</p> <p>The Committee recommends that the ACT Government assess the impact of the Digital Health Record program on improving efficiency of elective surgery outcomes and report to the Legislative Assembly once data is available.</p>	<p>Agreed in principle</p> <p>The Digital Health Record (DHR) will go live on 12 November 2022. While implementation of the DHR may contribute to improvements in the efficiency of elective surgery, this is not an identified indicator in the benefits realisation framework. To enable sufficient time for benefits to be realised and assessed under the framework, the Minister for Health will report to the Legislative Assembly in 2024.</p>	<p>With the implementation of the DHR 6 months ago, there has been insufficient time to report on data within this timeframe. We are committed to providing the data as agreed in 2024. We should be able to provide this data to the Legislative Assembly in 2024.</p>	<p>In progress</p>

Table 28: Government response to the Review of ACT Health Programs – Children and young people and responses to Fetal Alcohol Spectrum Disorder (FASD) report

Reporting entity	Standing Committee on Health and Community Wellbeing
Report number	5
Report title	Review of ACT Health Programs – Children and young people and responses to Fetal Alcohol Spectrum Disorder (FASD)
Link to report	https://www.parliament.act.gov.au/_data/assets/pdf_file/0009/1998153/HCW-Committee-report-V5-Tabling-3-May-2022.pdf
Government response title	Government response to the Review of ACT Health Programs – Children and young people and responses to Fetal Alcohol Spectrum Disorder (FASD) report
Date tabled	16 September 2022

Recommendation	Government response	Update	Status
<p>Recommendation 2</p> <p>The Committee recommends that the ACT Government improve early detection</p>	<p>Agreed in principle</p> <p>The ACT Government agrees in principle and notes that early detection is</p>	<p>The Directorate and CHS continue to contribute into the implementation of the <u>National Fetal Alcohol Spectrum Disorder</u></p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>of disability in the ACT, including establishing these services for FASD.</p>	<p>important for the provision of appropriate support, which can improve health and wellbeing outcomes for children with FASD and their families. Early detection may also prevent contact with the justice system later in life, noting that people with disability experience a greater level of legal problems than the general population.</p> <p>Best practice assessment and diagnosis of childhood neuro-developmental disorders and disability is conducted by a multidisciplinary team incorporating a paediatrician, psychologist, and a combination of additional allied health staff, including a speech pathologist, occupational therapist, social worker and physiotherapist.</p> <p>The 2022-23 Budget includes \$4.806 million to deliver better specialist health services for children and young people. This funding will establish a Neurodevelopment and Behavioural Assessment and Treatment Service as part of the CHS community paediatrics team. This service will be an integrated multidisciplinary paediatric developmental service for the assessment, diagnosis and management of children and young people with neuro-developmental disorders and disabilities. This service will benefit those with FASD and many others with potential differential diagnoses.</p>	<p><u>(FASD) Strategic Action Plan 2018–2028</u> in conjunction with Community Services Directorate. The Action Plan includes early diagnosis and intervention as part of the priority objectives. The ACT Government will also continue to contribute to the development of the draft updated National Alcohol Strategy as it is developed.</p>	

Recommendation	Government response	Update	Status
	<p>The ACTHD, in collaboration with the Community Services Directorate, is also co-designing the ACT Disability Health Strategy (ACT DHS) with the ACT disability community to ensure better health outcomes for people with disability, their families and carers.</p> <p>The ACT DHS will build on previous work, including the ACT Council of Social Service 2019 report <i>Imagining Better – Reflections on access, choice and control in ACT health services for people with disability</i> and <i>Women’s Health Matters’ 2022 report “I have to ask to be included...”</i>.</p> <p>To date, a Scoping Paper on the future directions of disability health in the ACT and a Listening Report summarising stakeholder feedback about how best to work with the disability community to co-design the ACT DHS, have been produced as part of the ACT DHS project.</p> <p>The next phase will deliver a draft Strategy and First Action Plan (FAP) based on the principles of the social model of disability, and the 2022-23 Budget includes \$260,000 to support this work.</p> <p>Development of the ACT DHS and FAP will be informed by the Scoping Paper, the Listening Report and further consultation.</p> <p>The project is being guided by the ACT DHS Steering Committee (ACT DHS-SC), membership which comprises people with disability, carers of people with disability, service providers, advocacy</p>		

Recommendation	Government response	Update	Status
	<p>groups and ACT Government representatives.</p> <p>Development of the ACT DHS and FAP will consider recommendations from the Inquiry.</p>		
<p>Recommendation 7</p> <p>The Committee recommends that the ACT Government implement strategies to increase awareness of FASD amongst health care workers, families and community.</p>	<p>Agreed</p> <p>The ACT Government has implemented several strategies to increase awareness of FASD amongst community. The most recent Healthy Canberra Grants round, informed by the Healthy Canberra Plan has given priority to programs which use a population health approach to:</p> <ul style="list-style-type: none"> • supporting children and families, with a focus on optimising the healthy development of children during the first 1,000 days of life; and • reducing risky behaviours with a focus on Sexually Transmissible Infections and Blood Borne Viruses prevention, education, and support. <p>The Foundation for Alcohol Research and Education (FARE) undertakes appropriate, evidence-based, client-tested messaging designed to reduce the risk of alcohol harm in our communities. The Pregnant Pause campaign was an initiative of FARE and funded through the 2019-20-2021-22 Healthy Canberra Grants funding opportunity. FARE received grant funding of \$181,801 (GST exclusive) and delivered the program between April 2020 and June 2021.</p>	<p>On 30 November 2022, the FARE launched a new campaign Every Moment Matters which is funded independently of the ACT Government.</p> <p>The Directorate and CHS continue to contribute to the implementation of the National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018–2028 in conjunction with Community Services Directorate.</p> <p>The Action Plan includes healthcare worker education, and community awareness as part of the priority objectives.</p> <p>The ACT Government will also continue to contribute to the development of the draft updated National Alcohol Strategy as it is developed.</p> <p>CHS service providers and GPs already undertake work to provide information about the risks associated with alcohol consumption prior to and during pregnancy.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
	<p>The aim of Pregnant Pause was to raise awareness of the advice that no amount of alcohol is safe for an unborn baby, and to decrease the number of people in the ACT who drink alcohol while pregnant.</p> <p>Pregnant Pause engaged with Community Heroes – linking with community organisations and businesses, creating a Territory-wide network to support mothers and people, and their families and friends, to have an alcohol-free pregnancy. Pregnant Pause publicly supported FASD Awareness Month in September 2020, sharing NOFASD Australia’s “Red Shoes Rock” campaign materials through its social media channels, and updating the campaign branding to include a red theme.</p> <p>These activities helped raise awareness of risks associated with drinking alcohol during pregnancy in the ACT, as well as highlighting the lived experience of people living with FASD, their parents and carers.</p> <p>Community Heroes were provided with digital assets and messages to raise awareness of FASD and demonstrate their support for the “Red Shoes Rock” campaign.</p> <p>The “Pregnant Pause – be a hero, take zero” program demonstrated that an online community-based approach to help decrease the number of women in the ACT who drink alcohol while pregnant can be successful and cost effective. The</p>		

Recommendation	Government response	Update	Status
	<p>Program reached 721,178 social media users on Pregnant Pause platforms and had 294,000 consumers view videos in medical centres and achieved 9,944 opens from Her Canberra content. It was also seen by 55,155 local mothers and pregnant people through content seeded on the Canberra Mums Facebook page. The website received more than 18,000 visits across the life of the Program.</p> <p>The ACT Government also implements strategies in healthcare settings. CHS' Alcohol and Drug Services (ADS) works with women to address their alcohol consumption prior to and during pregnancy. ADS provides information in line with the FASD Plan. Additionally, CHS' Child Health Targeted Support Service uses the Australian Guide to the diagnosis of FASD as a comprehensive assessment tool for paediatric patients.</p> <p>GPs are aware of FASD and the importance of asking and advising women about how alcohol intake during pregnancy may affect their baby. ACTHD is contributing to an antenatal reference guide for GPs that includes a reminder to ask about alcohol intake at the pre-conception visit and first antenatal visit. It is very important to continue educating the community about FASD.</p>		
<p>Recommendation 8 The Committee recommends that the ACT Government provide more resourcing</p>	<p>Agreed in principle As mentioned above, the Healthy Canberra Grants provides periodic</p>	<p>The Directorate and CHS continue to contribute to the implementation of the <u>National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018–2028</u> in</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>to the AOD sector that would support them to conduct more community education and awareness campaigns.</p>	<p>funding opportunities to community organisations to conduct community education and awareness to prevent harm from alcohol, including FASD. This funding aligns with the Healthy Canberra Plan's 'reducing risky behaviours' priority area.</p> <p>ACTHD funds community education and awareness raising activities in relation to AOD. Organisations including the Alcohol Tobacco and Other Drug Association ACT (ATODA), Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and Directions are funded to contribute to education, awareness and capacity building across the community sector.</p> <p>ACTHD engages Aboriginal Community Controlled Organisations (ACCOs) to deliver services to improve health outcomes for Aboriginal and Torres Strait Islander people in the ACT. The ACT Government provides funding to both Gugan Gulwan Youth Aboriginal Corporation (Gugan Gulwan) and Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) to deliver services to the Aboriginal and Torres Strait Islander communities.</p> <p>Winnunga and Gugan Gulwan provide services that aim to prevent high-risk alcohol use and harms, such as FASD from alcohol consumption during pregnancy. Gugan Gulwan provides harm reduction, information and education, and support and case management programs. Programs provided by Gugan Gulwan</p>	<p>conjunction with Community Services Directorate.</p> <p>The Action Plan includes community education and awareness as part of the priority objectives.</p> <p>The ACT Government will also continue to contribute to the development of the draft updated National Alcohol Strategy as it is developed.</p>	

Recommendation	Government response	Update	Status
	<p>include its Harm Reduction program, which provides information, education and support to young people who are at risk and/or experiencing problematic alcohol, tobacco and other drug use and their families, and the Street Beat Youth Outreach Service, which facilitates information distribution, early diagnosis and support for at-risk young people through night patrols and distribution of information packs.</p> <p>Winnunga also provides important programs to reduce harm associated with high-risk alcohol use. Winnunga Harm Reduction activities include information and education, support and case management. Winnunga works with Aboriginal and Torres Strait Islander people who are at risk of and/or experiencing problematic alcohol, tobacco and other drug use; their families and the community, to deliver an alcohol, tobacco and other drug treatment and support programs delivered by alcohol and other drug workers with priority given to ACT residents.</p> <p>ACCOs in the ACT such as Gugan Gulwan and Winnunga also provide important early intervention services. Gugan Gulwan provides counselling and delivers the Early Intervention Mental Health and Wellbeing Service to respond to the high incidences of mental ill health and social and emotional wellbeing problems experienced by at risk Aboriginal and</p>		

Recommendation	Government response	Update	Status
	<p>Torres Strait Islander young people in the ACT, through early diagnosis, treatment and advice. Gugan Gulwan also delivers the Arts for Therapy program with the AMC, Bimberi Youth Justice Centre, the Ted Noffs Foundation, Worldview and Clontarf. This program is for Aboriginal and Torres Strait Islander young people receiving treatment for AOD use and/or experiencing mental health issues.</p> <p>Winnunga is funded by the ACT Government for a variety of health and wellbeing programs, including Primary Health services which include the components of Hearing Health Program for infants and children, and Dental Health Program for youth and adults. Winnunga also provides the Midwifery Access Program for parents, which include both antenatal and postnatal services. The program offers individualised and flexible patient-centred care at the Winnunga clinic, the client's home or other requested locations. The scope of the program includes high risk pregnancies, where a multi-disciplinary approach is required to support clients and provide optimal care.</p>		
<p>Recommendation 9</p> <p>The Committee recommends that the ACT Government enables more flexibility in their contracts with the AOD sector to provide for AOD in ACT public schools,</p>	<p>Agreed</p> <p>Clauses in existing contracts that preclude AOD non-government organisations from engaging with educational settings will be removed as part of Commissioning Health Services in Community (Commissioning) which is currently being</p>	<p>ATOD service funding agreements were re-negotiated in 2022. The clause preventing services from providing information in ACT public schools was removed. This change will remain for new contracts through the ATOD Commissioning process.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>with particular focus on early secondary years.</p>	<p>undertaken by ACTHD. This will give community organisations move flexibility when engaging with public schools to provide services.</p> <p>AOD education also occurs in ACT public schools in accordance with the Australian Curriculum. The Health and Physical Education area of the curriculum provides students with opportunities to learn how to access, evaluate and synthesise information and take positive action to protect, enhance and advocate for their own and others' health, wellbeing and safety.</p> <p>The Education Directorate provides a range of resources to support delivery of AOD education as part of the delivery of the Australian Curriculum in ACT public schools. This can involve working with community providers to deliver individualised supports for students.</p> <p>The School Youth Health Nurse program also supports ACT public high schools to adopt a whole school approach to address health and social issues that face young people and their families. School Youth Health Nurses tailor their services to the needs of their school community. The program provides individual consultations (which may include advice and/or referral to health or other services) and health promotion in small groups. Nurses may also support teaching staff to deliver the health and physical education aspects of the curriculum and engage with external</p>		

Recommendation	Government response	Update	Status
Recommendation 11	Agreed		Complete
<p>The Committee recommends that the ACT Government increase funding to community organisations who provide specialised services for young people and their families.</p>	<p>Specialist supports for young people with disability are funded by the NDIS, to which the ACT Government provides funding. These supports and services are provided by community organisations, not for profit organisations and businesses. The ACT Government also continues to support individual advocacy for people with disability in the ACT.</p> <p>It is also important that young people across the ACT can access specialised and mainstream services that are appropriate and responsive to their health and wellbeing needs. ACTHD is currently undertaking commissioning of holistic health services for young people. This process will include a thorough needs assessment and identification of gaps in services experienced by young people and their families.</p> <p>Commissioning in this sector will be shaped and informed by the lived experience and expertise of young people, health professionals and service providers.</p> <p>Evidence suggests that individuals with FASD are more likely to engage in risk-taking behaviours (including inappropriate sexual behaviour and substance use) which increases the risk for sexually transmissible infection and</p>	<p>The ACT Government has increased or continued funding to organisations that provide specialised services for young people and their families, including those with FASD.</p> <p>New Primary Health Services for Young People targets 12- to 24-year-olds and has a particular focus on vulnerable priority cohorts.</p> <p>Commissioning for STIs and blood borne viruses continues to provide a range of services and programs through ACT schools and community service providers.</p> <p>Infrastructure projects in Watson, such as the Ted Noffs Facility which provides youth-specific alcohol and drug treatment, are ongoing, with \$49 million provided under the 2023–24 ACT Budget.</p> <p>Refurbishment of other facilities, such as Karralika Isabella Plains accommodation blocks for rehabilitation, are funded under the Community Health and Hospitals Program (\$1.3 million).</p> <p>The clinical hub for early intervention services for eating disorders launched on 25 January 2022, with services provided by CatholicCare.</p> <p>Programs for mental health include the Kids Head to Health Program, commencing in the 2023–24 financial year, and the Youth at Risk Program.</p>	

Recommendation	Government response	Update	Status
	<p>blood-borne virus transmission and acquisition. As such, improving the provision of health services to decrease the burden of sexually transmissible infections and blood borne viruses through commissioning is likely to improve health and wellbeing outcomes for some individuals with FASD.</p> <p>The ACT Government has also committed to a complete rebuild of the Ted Noffs and CatholicCare facilities in Watson, which provide youth-specific alcohol and drug treatment and mental health services for young people respectively. Design work has commenced, with a further \$1.998 million provided through the 2022-23 Budget to continue this important project. The 2022-23 Budget also includes ongoing funding for targeted primary health care of young at risk Canberrans delivered at the Junction by Anglicare.</p> <p>The Government is also ensuring young people and their families can access appropriate, affordable specialised services through the provision of services such as the community-based Early Intervention Service for Eating Disorders (EISED). The EISED promotes help-seeking behaviour and early intervention treatment for people in the early stages of developing an eating disorder and those with an eating disorder of low to moderate severity. The EISED will be delivered through a community organisation, in alignment with the</p>		

Recommendation	Government response	Update	Status
	<p>Territory-wide Model of Care for eating disorders.</p> <p>Additionally, the 2022-23 Budget includes \$22.6 million dollars to deliver a range of mental health projects aimed at supporting children and young people, including a commitment of \$8 million over four years to commission a youth at risk program. The program will address identified system gaps and unmet needs to improve access to youth mental health services. It will deliver a Territory-wide multi-disciplinary response to trauma and coordinated responses to young people at risk of developing enduring mental illness. This will also capture young people with complex needs and comorbidities including drug and alcohol issues.</p> <p>The ACT Government will continue to analyse demand and supply in the ACT to identify which specialised services have gaps between their service provision and their demand. It is important to note that not all specialised services will require increases to funding and that some services will most appropriately be provided by ACT Government services rather than non-government organisations.</p>		
<p>Recommendation 12</p> <p>The Committee recommends that the ACT Government provide increased access to affordable mental health</p>	<p>Agreed</p> <p>The ACT Government is committed to providing accessible and affordable mental health support for children and young people in the ACT.</p>	<p>As part of ongoing efforts to provide increased access to affordable mental health support, during 2022–23 the Directorate:</p> <ul style="list-style-type: none"> launched an 18-month trial of the MOST program in the ACT, operated by Orygen. 	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>support for children and young people in the ACT.</p>	<p>The ACT Government has consistently expanded mental health services for children and young people in the ACT over successive Budgets. Building on the \$5.5 million invested through the 2020-21 Budget and \$8.5 million through the 2021-22 Budget, the 2022-23 Budget provides a significant boost in investment with an additional \$22.6 million in children and young people mental health services, including:</p> <p>More than \$9 million for the establishment and ongoing operational enhancements to build on ACT child mental health initiatives to improve access to multidisciplinary team care for children, based on the national Kids Head to Health hub model and informed by local co-design.</p> <p>More than \$8 million over four years to commission a youth at risk program to address identified system gaps and unmet needs to improve access to youth mental health services. This program will deliver a Territory-wide multi-disciplinary response to trauma and coordinated responses to young people at risk of developing enduring mental illness. The program will be informed by the scoping study that outlines support needs for young people at risk of mental health concerns.</p> <p>\$957,000 over four years additional funding from the Commonwealth to match existing ACT funding for the</p>	<p>This program provides digital support, including counselling for young people aged 12 to 25. Service planning and systems alignment for MOST took place between December 2022 and February 2023. MOST is now live in all services where the trial is being implemented. The Directorate is in the process of commissioning an independent evaluation of the suitability of MOST for the ACT, to inform future funding and any required service adaptations to optimise the effectiveness of MOST for the ACT</p> <ul style="list-style-type: none"> launched the SEED Program in February 2023. The SEED Program will focus on promoting help-seeking behaviour and early intervention treatment for people in the early stages of developing an eating disorder. <p>In addition, in the 2023–24 ACT Budget, the Directorate has continued funding for MindMap. During 2022–23, MindMap has continued to provide a consolidated platform for young people seeking support and assistance online and links them with services in the Canberra region.</p>	

Recommendation	Government response	Update	Status
	<p>community-based EISED that promotes help-seeking behaviour and early intervention treatment for people in the early stages of developing an eating disorder and those with an eating disorder of low to moderate severity.</p> <p>In addition, the 2022-23 Budget includes further funding to continue the redevelopment of the Watson Health Precinct as described in the response to Recommendation 11.</p> <p>As these programs are designed and implemented, they will improve the access to mental health programs for children and young people in the ACT.</p>		

Table 29: Government Response to Auditor-General's Report Number 5 of 2015 Integrity of Data in the Health Directorate

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

Recommendation	Government response	Update	Status
<p>Recommendation 2</p> <p>Outcome measures for data quality, including metrics, should be developed and incorporated into the Information Management Strategy. These should be monitored to ensure the adequacy of data integrity, particularly related to ABF data</p>	<p>Agreed</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>Strategies to address data quality issues form part of the draft Data Management Framework and associated policies, including the Data Quality Policy that is currently being prepared.</p>	<p>Complete</p>
<p>Recommendation 3</p> <p>ACT Health’s Information Management Strategy should clearly articulate the following:</p> <ul style="list-style-type: none"> • Key data risks associated with ABF-related data and submissions to national bodies; • Frequency, scope of control assessments and other assurance activities that will be undertaken to provide assurance in relation to ABF data integrity <p>The ABF data integrity risks and control assessments will need to be updated from year to year as national submission requirements change.</p>	<p>Agreed</p> <p>ACT Health will amend its Information Management Strategy to ensure that key data risks and control assessments for ABF data is implicit within the Document. At present, the Strategy provides details about data quality control processes. However, additional specific references will be made in relation to ABF data validation and quality assurance processes.</p>	<p>Quality assurance processes for all data, including activity based funding, are embedded into business-as-usual data management practices.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>Recommendation 8</p> <p>HIGH PRIORITY RECOMMENDATION</p> <p>ACT Health should finalise and implement the Non-admitted Patient Activity Data Standards.</p>	<p>Agreed</p> <p>ACT Health has commenced implementing the non-admitted standards. As noted in the report, data standards for Non-admitted data are less mature than in other domains of health activity and relevant areas of ACT Health will continue to develop and implement the standards as requirements change over time.</p>	<p>The Directorate has implemented the national data standards for non-admitted patient care in its national reporting.</p>	<p>Complete</p>
<p>Recommendation 9</p> <p>HIGH PRIORITY RECOMMENDATION</p> <p>ACT Health should develop and implement overarching policies and procedures related to data validation processes and activities. These should provide a consistent framework that is flexible and adaptable when needed to reflect local processes and organisational structure.</p>	<p>Agreed</p> <p>ACT Health established a new Data Credentialing Framework in 2014 which includes greater access to data validation processes and improved data validation and quality assurance systems. The main issues within the framework have been addressed and the programme of work will continue as the capability of ACT Health's reporting infrastructure expands.</p>	<p>The Directorate has implemented data validation processes and activities as part of business-as-usual data management practices.</p>	<p>Complete</p>
<p>Recommendation 11</p> <p>HIGH PRIORITY RECOMMENDATION</p> <p>ACT Health should develop KPIs for the validation of data that can be supported by information from the data warehouse.</p>	<p>Agreed</p> <p>The establishment of KPIs and reports is incorporated within the Data Credentialing Framework.</p> <p>This framework also includes an escalation process to ensure that data issues are addressed as required.</p>	<p>The Directorate uses the national submission error rate as a measure of the quality of its data.</p>	<p>Complete</p>

Table 30: Government Response to Auditor-General’s Report Number 7 of 2020 – Management of Care for People Living with Serious and Continuing Illness

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

Recommendation	Government response	Update	Status
<p>Recommendation 1</p> <p>The ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) should determine what ACT-specific response is warranted to the ACT Government’s commitment to the National Strategic Framework for Chronic Conditions (2017), how this should be achieved, and by whom. In order to do this, ACT-specific challenges and priorities should be identified and responded to.</p>	<p>The ACTHD and CHS will work together to develop an ACT specific response to the National Strategic Framework for Chronic Conditions (2017) (the National Framework). The Chronic Conditions Working Group will develop a coordinated and strategic approach to improve health care for Canberra’s with chronic conditions (to replace the ACT Chronic Conditions Strategy 2013–18). The ACT response will reflect an integrated model of care.</p>	<p>The ACT response to the National Strategic Framework for Chronic Conditions was endorsed by the ICWG in March 2023.</p> <p>In parallel, the ICWG is considering a holistic view of the ACT health system including:</p> <ul style="list-style-type: none"> • services outside the acute system • driving forces • pressures • what is in the pipeline. <p>Together this will be framed against the National Strategic Framework for Chronic Conditions and other relevant frameworks to consider future integrated care investment in the ACT.</p>	Complete

Recommendation	Government response	Update	Status
<p>Recommendation 2</p> <p>As part of the ACT's response to the National Strategic Framework for Chronic Conditions (2017) the ACTHD and CHS should identify and promote the development of partnership arrangements that are capable of implementing chronic disease management improvement strategies in the ACT. In doing so they should:</p> <p>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</p> <p>clearly identify roles and responsibilities of the various groups and fora that have been established through these partnership arrangements.</p>	<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>The ICWG has agreed on principles to inform its oversight of chronic conditions programs and services.</p>	<p>Complete</p>
<p>Recommendation 5</p> <p>CHS and the ACTHD should develop and implement a model for working in partnership with non-government and community-based organisations for the delivery of chronic disease management programs and services.</p> <p>The model should identify and articulate the agencies' intention to:</p> <p>a) provide visible leadership and invest commensurate time and effort where</p>	<p>ACTHD and CHS will lead a collaboration with consumers, carers, the Capital Health Network, the Royal Australian College of General Practitioners and community health service providers to address these systemic issues. This will include consultation for the development of a model of integrated care, being developed in partnership between ACTHD and CHS, which will occur in late 2020 and early 2021</p>	<p>Through the ICWG, the Directorate and CHS have established a partnership model with non-government and community-based organisations for the delivery of chronic disease management programs and services.</p> <p>This informs collaborative commissioning consultations with NGO services to strategise, design and procure services for the prevention and management of chronic conditions.</p>	<p>Complete</p>

Recommendation	Government response	Update	Status
<p>commitments have been made to working in partnership;</p> <p>b) undertake shared planning;</p> <p>c) facilitate joint responsibility;</p> <p>d) achieve equal commitment to activities;</p> <p>e) hold a shared vision of the program or service's outcomes; and</p> <p>f) develop high-level trust across partners, based on knowledge and expertise.</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>		

Table 31: Government Response to the Auditor-General's Report Number 7 of 2022 – ACT Childhood Healthy Eating and Active Living Programs

Reporting entity	ACT Auditor-General
Report number	07/2022
Report title	ACT Childhood Healthy Eating and Active Living Programs
Link to report	https://www.audit.act.gov.au/_data/assets/pdf_file/0015/2104008/Report-No.-7-of-2022-ACT-Childhood-HEAL-Programs.pdf
Government response title	Government Response to the Auditor-General's Report Number 7 of 2022 – ACT Childhood Healthy Eating and Active Living Programs
Date tabled	March 2023

Recommendation	Government response	Update	Status
<p>RECOMMENDATION 1: PROFESSIONAL LEARNING AND GUIDELINES</p> <p>The ACT Health Directorate should include strategic actions for introducing or strengthening professional learning opportunities and practice guidelines about weight stigma and discrimination in the second three-year action plan for the implementation of the Preventive Health Plan. The professional learning opportunities and practice guidelines should support the ACT workforce to approach issues of healthy eating, active living, body size and health sensitively and without bias, blame, discrimination or stigma.</p>	<p>Agreed in principle</p> <p>The ACT Government recognises the importance of ensuring issues regarding children's weight are addressed in an appropriate way throughout policy, program and service delivery settings. Strengthening professional learning opportunities and practice guidelines about weight stigma and discrimination requires joint action from front-line health service providers, health professional bodies and tertiary institutions across the ACT. Professional learning in public sector hospitals includes weight stigma-related information.</p> <p>The Preventive Health Plan is not the appropriate mechanism to further workforce professional development regarding non- stigmatising approaches</p>	<p>The Directorate has raised the need for a national approach to weight stigma and discrimination with the National Obesity Strategy Working Group.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
	<p>in the treatment and management of body weight in children.</p> <p>A consistent national approach to reducing weight stigma and discrimination in the health sector is also required and will be addressed through the National Obesity Strategy 2022-2032. The ACT Government will contribute to evidence-based options for addressing weight stigma and discrimination through its membership of the National Obesity Strategy Working Group.</p>		
<p>RECOMMENDATION 2: PLANNING FOR EQUITY OF ACCESS</p> <p>The ACT Health Directorate should include strategic actions in the second three-year action plan for the implementation of the Preventive Health Plan with respect to:</p> <ul style="list-style-type: none"> a) understanding the needs and barriers experienced by the priority population groups identified in the plan; b) designing activities to maximise the likelihood of the identified priority population groups accessing programs and services; c) obtaining evidence for whether activities have effectively reached and met the needs of identified priority population groups; and d) ensuring the needs and barriers experienced by Aboriginal and Torres 	<p>Agreed</p> <p>ACT Health Directorate (ACTHD) is conducting a targeted consultation process with community organisations and peak bodies as part of developing the next Preventive Health Action Plan (2023-2025), which will address a), b), d) and e).</p> <p>Evaluation and monitoring processes for the Preventive Health Plan collect data on reach to priority population groups and assess the effectiveness of interventions where possible and appropriate, addressing c).</p>	<p>A comprehensive community consultation process is occurring throughout May to July 2023.</p> <p>Evaluation and monitoring processes for the Preventive Health Plan are currently being refined.</p> <p>The next Preventive Health Action Plan is due for release by end 2023.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>Strait Islander people in the ACT are addressed specifically.</p>			
<p>RECOMMENDATION 3: STRATEGIC MONITORING AND REPORTING</p> <p>The ACT Health Directorate should improve monitoring and reporting for the Preventive Health Plan by:</p> <ul style="list-style-type: none"> a) ensuring annual activity reports include all programs and services delivered by ACT Government agencies that contribute to the priorities, objectives and strategic actions of the Preventive Health Plan; and b) reporting progress against specific performance measures or targets, to provide evidence of what works and evidence for the comparative value of different activities. 	<p>Agreed in principle</p> <p>The Preventive Health Plan Cross-Directorate Working Group oversees the development, implementation and evaluation of the Preventive Health Plan.</p> <p>Each Directorate is responsible for reporting activities and evaluating outcomes included in the plan to the ACT Health Directorate. The Directorate requires identification of targets and activity reports for all relevant programs/services included in the Preventive Health Plan.</p>	<p>The Preventive Health Plan Cross-Directorate Working Group is currently participating in the consultation process to inform the actions in the next Preventive Health Action Plan.</p>	<p>In progress</p>
<p>RECOMMENDATION 7: KINDERGARTEN HEALTH CHECK</p> <p>The ACT Health Directorate should evaluate the eating, activity, weight, height and Body Mass Index components of the Kindergarten Health Check. The evaluation should consider:</p> <ul style="list-style-type: none"> a) whether the method of collecting data about the size of children’s bodies and reporting this to families is consistent with better practice; b) whether the information provided is accessible and culturally safe for 	<p>Agreed in principle</p> <p>ACT Health Directorate and Canberra Health Services will continue to investigate links between the ACT Kindergarten Health Check (ACTKHC) and the provision of healthcare services for 0-17 year-olds as part of addressing both recommendations 7 and 8.</p> <p>The current ACTKHC data collection methods have been reviewed by the Academic Unit of General Practice in conjunction with Australian National University and are consistent with international best practice.</p>	<p>The Directorate has completed a Kindergarten Health Check evaluation plan and is awaiting funding to enable the completion of the evaluation.</p>	<p>In progress</p>

Recommendation	Government response	Update	Status
<p>families from culturally and linguistically diverse backgrounds;</p> <p>c) whether the information provided has unintended negative consequences for either the child or family, such as increased body dissatisfaction, risky dietary restriction or disordered eating;</p> <p>d) whether the information provided effectively supports families to safely increase healthy eating or active living; and</p> <p>e) whether the information provided effectively supports families to access appropriate healthcare.</p>	<p>The risk of negative consequences needs to be balanced by a duty of care to inform and minimise the risks of obesity and overweight which are significant. The ACT Health Directorate Research Ethics Committee has determined that on balance it is better to measure and address childhood overweight and obesity early to minimise the significant longer-term health and psycho- social impacts of overweight and obesity.</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 the comprehensive review nearing completion. 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 addition, risk management is a key item in the staff induction sessions and staff now have access to several eLearning programs via the Human Resource Information Management System (HRIMS) platform.

The Directorate has also taken the opportunity to have workshops and face-to-face training provided directly by ACT Insurance Agency.

The number of the Directorate's staff who have training courses offered in 2022–23 is shown in Table 32.

Table 32: Training courses offered in 2022–23

Training course	Number of staff
Introduction to Risk in the ACT Government eLearning	77
Practical Application of Risk Management eLearning	4
Effective Risk Management: The Basics face-to-face training	3
Workshops and face-to-face training	12
Total	96

Source: ACT Insurance Authority and ACT Health Human Resources.

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

B.5 Internal audit

Overview

Internal Audit is an essential part of the Directorate's corporate governance functions. The Directorate's Strategic Audit Plan and Internal Audit Program assist the Directorate in achieving its strategic goals, managing risks and providing assurance that supports continuous improvement. Internal Audit engages external auditors to assist in the delivery of the Internal Audit Program. During the reporting year, 3 audits were completed and tabled at the Audit and Risk Management Committee (ARMC):

- ICT Program Governance and Digital Health Strategy
- Protective Security
- Management of Conflict of Interest.

There were 4 audits remained in progress at the end of 2022–23:

- Management of Scholarships
- Fraud Risk – Accounts Payable/Financial Transactions
- Policy and Strategy – Development, Implementation, Measurement and Reporting
- Business Planning and Risk Management.

Audit and Risk Management Committee

During 2022–23, 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 2022–23, the Committee's members included:

- an independent chair
- an independent deputy chair
- one independent external member
- 2 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 5 times during 2022–23. The last meeting for this reporting period was in May 2023. 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	5
Mr Jeremy Chandler*	External Member and Deputy Chair	3
Ms Jane Madden	External Member	4
Ms Alexandra Spark**	External Member	2
Ms Jacinta George***	Directorate Internal Representative	2
Ms Liz Lopa****	Directorate Internal Representative	3

* Mr Jeremy Chandler's term ended on 30 December 2022.

** Ms Alexandra Spark was engaged as a new member on 15 February 2023.

*** Ms Jacinta George's term ended on 3 March 2023.

**** Ms Liz Lopa's term ended on 3 May 2023.

The Independent Chair, Independent Deputy Chair and External Member of the ARMC are engaged under contract and remunerated for each meeting. New Directorate Internal Representatives have been appointed for the 2023-24 reporting period.

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

B.6 Fraud prevention

Overview

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

One senior executive is appointed by the Director-General to the role of Senior Executive Responsible for Business Integrity Risk (SERBIR) and a second senior executive is appointed as an Alternate SERBIR if required. SERBIRs are responsible for championing integrity in the workplace and report directly to the ARMC and the Director-General.

During 2022–23, the Directorate further strengthened its approach to fraud prevention through several key activities, including:

- the ACT Integrity Commission delivering fraud and corruption prevention training sessions for areas of the Directorate that manage higher risk functions
- completing an internal audit on management of conflict of interest
- the SERBIR promoting new ACTPS policy and guidance on integrity
- participating in the independent review of the *Public Interest Disclosure Act 2012* and the *Integrity Commission Act 2018*
- the SERBIR promoting the Directorate's and the ACT Integrity Commission's eLearning modules on ethical behaviours and procedures relating to integrity.

During 2022–23:

- One fraud or corruption report was made to the ACT Integrity Commission, following consultation with the CMTEDD Professional Standards Unit. The matter remains the subject of assessment by the ACT Integrity Commission.
- One report was referred to the Directorate by the ACT Integrity Commission and has been provided to the CMTEDD Professional Standards Unit for further investigation.
- One report of possible fraud or corruption was received by the SERBIR in 2021–22 and was referred to the ACT Integrity Commission. The ACT Integrity Commission referred the matter back to the Directorate during 2022–23 for investigation. The investigation is ongoing.

Risk assessments conducted

Comprehensive fraud risk assessments were conducted across the organisation during 2021–22 to identify fraud and corruption risk exposures and to assess controls and treatments. Further refinements were made to ensure information remained current during 2022–23.

Fraud control plans

The Fraud and Corruption Control Plan is available to all staff via the intranet. The Fraud and Corruption Control Plan is reviewed every 2 years, with the latest periodic review completed in early 2022–23. The Fraud and Corruption Control 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

In August 2022, the ACT Integrity Commission provided fraud and corruption prevention training sessions for areas of the Directorate that manage higher risk functions. Approximately 60 staff attended.

In 2022–23, the Directorate’s Fraud and Ethical Behaviour eLearning module was completed by 217 staff.

The SERBIR is active in promoting awareness of the ACTPS Integrity Framework and associated policies and processes to detect and investigate fraud and corruption, including through information available on the Directorate’s intranet.

Fraud prevention strategies

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

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

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

B.7 Freedom of information

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

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

The Freedom of Information (FOI) Application Form can be accessed at: <https://www.health.act.gov.au/about-our-health-system/freedom-information>

The FOI Disclosure Log for the Directorate can be accessed at: <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

The Directorate's responses regarding FOI access applications are presented in Table 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	8	
Number of access applications received during the reporting period	60	
Number of access applications transferred to another agency	1	
Number of access applications finalised	54	
Number of access applications finalised by not being dealt with after more than 3 months suspended during the reporting period	1	
Number of access applications on hand at the end of the reporting period	10	The Directorate had 2 applications that were withdrawn by the applicant.

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	54	
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	8	
• gave partial access	37	
• information not held	3	
• refused access	2	
• refused to deal with the application	4	

Access applications

Ombudsman/ACT Civil and Administrative Tribunal (ACAT) review

Data	Agency response	Notes and explanation
Number of applications for Ombudsman review	6	There were 2 additional Ombudsman reviews that were pending decision 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	
Number of decisions set aside and substituted through Ombudsman review	1	
Number of decisions varied through Ombudsman review	1	There were 6 Ombudsman reviews that were pending at the end of the reporting period.

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	199	
Number of decisions not to publish open access information	0	
Number of decisions not to publish a description of open access information	0	

Amendment to personal information

Outcome of requests to amend personal information

Data	Agency response	Notes and explanation
Number of requests made to amend personal information	0	

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

B.8 Community engagement and support

Community engagement activities

Maintaining an effective healthcare system requires 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 during 2022–23 are described below.

Public consultation on voluntary assisted dying in the ACT

Over a number of months in 2022–23, the Justice and Community Safety Directorate with support from the Directorate and CHS engaged with the Canberra community to seek their views about how voluntary assisted dying should be implemented in the ACT.

ACT Government social media channels reached more than 32,000 people, with 2,295 engagements across 4 posts.

A discussion paper was published on the YourSay Community Conversations website (YourSay) with 2,937 short form surveys completed by Canberrans, 366 short answer submissions received from individuals, and 106 formal submissions received from organisations or individuals. This included submissions from health professional organisations, voluntary assisted dying academics and advocates, health, disability and social services, legal and religious bodies. To optimise accessibility, the discussion paper was translated to Easy English and 5 other languages.

We held more than 30 meetings with stakeholders involving over 300 participants in total. This included 8 roundtables and workshops with key organisations representing health professionals, health consumers, residential aged care, disability, mental health, and First Nations communities. To hear from Canberrans with lived experience, we met with the:

- Disability Reference Group
- Ministerial Advisory Council on Ageing
- Multicultural Advisory Council
- Youth Advisory Council
- LGBTIQ+ Advisory Council
- members of the Aboriginal and Torres Strait Islander Elected Body.

We also consulted closely with a clinical reference group of health professionals and held a workshop on clinical considerations attended by over 150 health professionals. To inform future implementation, we met with relevant ACT Government and judiciary organisations.

On 29 June 2023, the Listening Report and Roundtable conversation snapshots were released on YourSay. Organisations directly consulted are listed in Appendix A of the [Voluntary Assisted Dying Listening Report](#).

Canberra Hospital Master Plan implementation

The Directorate engaged regularly with the Critical Services Building Consumer Reference Group and Critical Services Building Community Reference Group to keep them updated on the progress of the Canberra Hospital Master Plan. This including advising them of procurement and progress of projects.

There were 5 or more attendees at each event. Attendees included people from the local community, health care consumers, representatives and members of the Garran Primary School community.

The consultation ensured that the people most affected by the development on the Canberra Hospital campus were kept up to date on progress and had the opportunity to raise questions and discuss concerns.

The feedback received is being used to reinforce the scope of procurement and the focus of project outcomes to ensure community and consumer concerns are addressed.

Southside hydrotherapy pool

The Directorate consulted with stakeholders and the community about the design, accessibility and operation of the new southside hydrotherapy pool. An online forum was held with approximately 12 participants, including hydrotherapy users and key stakeholders.

Participants provided input into the planning of the new facility to ensure it meets the needs of the community. The feedback received has been taken into consideration and has either already been addressed through the design of the facility or will be addressed as the design is progressed.

National Health Reform Agreement midterm review

The Directorate organised 4 workshops to inform the midterm review of the National Health Reform Agreement, an agreement between the Commonwealth and all states and territories, that sets out arrangements for public hospital funding including the level of Commonwealth contributions to this funding.

Officers and executives from the Directorate, CHS, CMTEDD, CHN, Health Care Consumers' Association, the Australian Medical Association, other NGOs and universities were invited to attend.

Each workshop was attended by 20 to 30 people. The workshops provided an opportunity for participants to engage with the reviewers and provide suggestions for improvements for consideration in the next National Health Reform Agreement.

The Minister for Health and the Minister for Mental Health were also consulted on the midterm review.

Based on the evidence gathered, the midterm review will consider options for future reforms that may better meet the objectives of the National Health Reform Agreement and address emerging issues in the health system, including changes that may be recommended for the:

- national funding model
- roles and responsibilities of national bodies
- priorities for healthcare reforms.

Engagement of local General Practitioners through the 2022 GP Policy Forum

On 27 October 2022, approximately 65 GPs from the greater Canberra region gathered with the policy makers from the Directorate, CHS, CPHB and representatives from other key stakeholder organisations.

The first part of the evening included 3 formal presentations on Outpatients, DHR and an update on key Directorate and CHS Projects. This was followed by an open question-and-answer session with the presenters, Minister for Health and Minister for Mental Health.

The second part of the evening included 2 mini breakout sessions, where GPs in small groups spoke with policy makers to answer specific questions and offer their perspectives and feedback on various ACT policies. Sessions were hosted by the Office for Mental Health and Wellbeing (focusing on support for those who have attempted suicide or are in suicidal crisis), the Office of the Chief Health Officer (seeking feedback on communication with GPs when a rapid public health response is required), and the Clinical System Governance Unit (seeking GP views on improving Territory-wide safety and quality of care).

The annual GP forum is a key event that the Directorate facilitates to promote a whole-of-health system approach to key health policies affecting consumers and observed by GPs.

The development of the ACT Aboriginal and Torres Strait Islander suicide prevention, intervention, postvention and aftercare program

During 2022–23, Thirrili Limited (Thirrili), on behalf of the Directorate, partnered with ABSTARR Consulting to conduct community engagement and co-design activities to ensure the ACT Aboriginal and Torres Strait Islander suicide prevention, intervention, postvention and aftercare program meets the needs of ACT First Nations communities.

The engagement included sessions with community members and stakeholder organisations and some targeted sessions with organisations such as the Alexander Maconochie Centre. The engagement was undertaken in collaboration with the ACT Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Partnership Group (the Partnership Group).

Using the feedback from the community engagement and co-design process, Thirrili and the Partnership Group worked together to develop a draft service model to be implemented in late 2023.

The Office for Mental Health and Wellbeing has remained committed to ensuring self-determination is at the centre of the development of the ACT service model, while also providing support and oversight to Thirrili. This partnership approach is reflected in the Thirrili Governance Group which includes a quorum requirement of a majority of First Nations members.

Consultation and engagement with First Nations people on issues relating to suicide prevention and mental health

The Aboriginal and Torres Strait Islander Indigenous Mental Health and Suicide Prevention Community Forum was held on 22 July 2022 at Yarramundi Cultural Centre. The forum was open to all First Nations people from the ACT and surrounds and was attended and officiated by the Minister for Mental Health.

Over 40 people from ACT First Nations communities, staff from the Office for Mental Health and Wellbeing, local mental health and suicide prevention non-government groups, and mental health sector workers attended the forum.

Thirrili's CEO gave a presentation on the new ACT Aboriginal and Torres Strait Islander suicide prevention, intervention, postvention and aftercare program. Attendees expressed a strong preference for the co-design period, initially planned for 3 months, to be fluid and without a set end date to enable inclusive co-design. This approach was agreed to.

Seek consumer and carer membership for the ACT Suicide Prevention Coordinating Committee meeting

The Office for Mental Health and Wellbeing contacted the 2 relevant peak organisations (Mental Health Consumer Network and Carers ACT) requesting nominations for a consumer representative and a carer representative. The Coordinator-General, Mental Health and Wellbeing and the Director, Suicide Prevention met with each representative prior to their attending the first ACT Suicide Prevention Coordinating Committee meeting to provide orientation to the meeting and offer ongoing support. The 2 new representatives joined the Committee in November 2022.

Making medical and surgical abortions more affordable

Following the circulation of a discussion paper on publicly funded abortion in the ACT, the Directorate and Women's Health Matters co-hosted the Abortion Access Roundtable. There were 20 participating stakeholders, including clinicians, GPs, youth advocates, NGOs, LGBTIQ+ groups, CHS and the Australian National University Student Association.

The Roundtable provided an opportunity to gather stakeholder feedback on preferred models for:

- access and implementation
- performance and data tracking
- service gaps
- co-location of services
- referral pathways.

The outcomes of the Roundtable were used to inform the development of a report produced by Women's Health Matters which informed implementation of publicly funded abortions for ACT residents.

Office for Mental Health and Wellbeing Work Plan 2023–2024

The Office for Mental Health and Wellbeing met with key stakeholders from government, NGOs and the community to seek input into the new Office for Mental Health and Wellbeing Work Plan 2023–2024.

Input was sought through existing meetings and committee forums, as well as a dedicated community forum which was open to the broader community. Approximately 60 representatives across government and NGOs supported the development of the new Office for Mental Health and Wellbeing Work Plan 2023–2024.

Establishment of the ACT Child and Youth Mental Health Sector Alliance

Following on from the consultation undertaken for the Missing Middle project in 2021–22, the Office for Mental Health and Wellbeing, in partnership with the Youth Coalition and the Canberra Health Network, hosted the first forum meeting in February 2023 for the ACT Child and Youth Mental Health Sector Alliance. The Alliance aims to bring together representatives from the youth mental health sector to address key challenges.

The Alliance currently has 50 members from government, NGOs, the community and young people with lived experience of mental health challenges. The Alliance meets monthly and has discussed the need for robust governance and for working groups to progress key initiatives across youth mental health. The outcomes will inform key priorities for the youth mental health sector and will connect services working to support young people in the ACT community.

Children and Youth Mental Health Sector Alliance Youth Reference Group

The Office for Mental Health and Wellbeing facilitates the Children and Youth Mental Health Sector (CYMHS) Alliance Youth Reference Group to bring together young people with lived experience and support them to share their experience to help inform the design of key ACT projects for children and young people's mental health and wellbeing.

During the reporting period, monthly meetings were held with a combination of in-person and online options. Up to 20 young people from the community were engaged through the reference group.

Child and young people community of practice

The Office for Mental Health and Wellbeing runs a community of practice with government, NGOs and community members to support key projects and services to support children and young people in the ACT. The community of practice facilitates networking and connection and raises awareness of the projects in the ACT supporting children and young people.

During the reporting period, online meetings were held every 2 months and involved a range of presentations from members of the community of practice to seek community engagement on key projects. Approximately 25 stakeholders attended each of these meetings.

Consumer membership for the Nursing and Midwifery Ratio Phase One Implementation Evaluation Reference Group

Consumer membership for the Nursing and Midwifery Ratio Phase One Implementation Evaluation Reference Group was sought through Health Care Consumers' Association. The consumers joined the existing membership from the Australian National University, CHS and National Capital Hospital. The Evaluation Reference Group provided feedback and input into the evaluation of nursing and midwifery ratio phase one project. The reference group discussions will inform implementation of subsequent phases of nursing and midwifery ratios.

ACT Mental Health Workforce Strategy – Action Plan

During 2022–23, consultation activities were undertaken to develop the draft ACT Mental Health Workforce Strategy 2023–2026 – Action Plan. These activities included:

- 3 public consultations in March and April
- targeted consultations with key stakeholders in April and May
- targeted meetings with the frontline workforce in June
- other internal meetings and meetings across the Directorate throughout the consultation period.

Approximately 70 people participated. There were representatives from mental health clinical services and community-managed organisations, consumers and carers, researchers and academia, peak agencies, professional bodies and the Canberra Health Network.

A further 15 online meetings and 6 face-to-face meetings were held with key stakeholders.

Feedback and comments from consultation activities have been integrated into the Action Plan and have helped to inform the overall implementation of the [ACT Mental Health Workforce Strategy](#).

In June 2023, a consultation draft of the Action Plan was distributed to stakeholders who participated in the project. Feedback was provided on current issues and potential initiatives to support and grow the ACT mental health workforce. The consultation was used to develop a collective perspective on prioritised and practical actions.

ACT Health Workforce Strategy 2023–2032

An early draft of the ACT Health Workforce Strategy 2023–2032 was released in August 2022. A key theme of the feedback received was the need for greater collaboration to ensure the strategy meets the needs of the whole ACT health sector community.

A forum was held on 28 November 2022 to further understand the views of the health system and develop the overarching vision statement, principles and priorities for the strategy. Stakeholder groups representing the public and private sector, NGOs, unions, education providers and consumers participated. Following the forum, a revised strategy was circulated to all participants and those who were unable to attend on the day.

Separate meetings were also held with specific stakeholders including CHS, the Education Directorate, Skills Canberra, CMTEDD, Community Services Directorate as well as many stakeholder organisations including from the NGO sector leadership forum, Carers ACT, the ACT Health and Wellbeing Partnership Board members, Indigenous Allied Health Australia, National Health Leadership Forum, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners, and the Health Care Consumer Association.

All comments received during consultation were considered when drafting the [ACT Health Workforce Strategy 2023–2032](#).

Consumer membership for the newly established Clinical System Governance Committee

The Directorate used [YourSay](#) to request expressions of interest from consumers, carers and community members for membership on the Clinical System Governance Committee which is a peak advisory body for quality and safety across the whole ACT health system. There were 16 applications received through this process. The applications were reviewed, and 4 consumers were selected to join 22 clinicians on the Committee.

Head to Health Kids National Service Model

Targeted meetings, workshops, established forums and an online survey were held to obtain feedback on Head to Health Kids National Service Model. This included engagement with the Yerrabi Yurwang Child and Family Aboriginal Corporation, the ACT CYMHS Alliance, the CYMHS Alliance Service Development Working Group, the CYMHS Alliance Youth Reference Group, the Mental Health Advisory Council, the Mental Health Consumer Network and the Ministerial Advisory Council on Women.

Stakeholder input and feedback gathered will:

- support localisation of the Head to Health Kids National Service Model for the ACT, ensuring the service meets the needs of the community, is effectively integrated and is sustainable
- inform key priorities for the ACT Head to Health Kids Service model of care.

Youth at Risk project

During 2022–23, there has been ongoing consultation about the design and establishment of a trauma informed youth mental health service. The service is aiming to meet the needs of young people with complex needs, for example young people who have experienced trauma in their lives, and are living with, or at risk of developing mental ill health. Consultations were conducted through online forums, workshops, focus groups and community conversations.

A draft Trauma Informed Practice Position Statement has undergone consultation with the community, including through:

- a youth mental health reference group of young people with lived experience of mental ill health
- a specific consultation with young carers
- several groups of First Nations young people, families and service providers
- the Multicultural Advisory Council
- a range of community members who identify as having diverse living experiences (LGBTIQ+, carers, young people, various multicultural and religious backgrounds, living with disability, and experiences of trauma).

NGOs, peak bodies and other key stakeholders have been engaged, including the Executive Steering Committee, Inter-Directorate Committee, Minimum Age of Criminal Responsibility Working Group, and the Mental Health Advisory Council. The consultation feedback has been incorporated into the draft position statement.

Consultation during 2022–23 has also endorsed the concept of Try Test and Learn pilots to support the establishment of the trauma informed youth mental health service including trauma informed care training for the youth mental health service sector.

The outcome of the consultations will inform the final design of a trauma informed youth mental health service for young people at risk of emerging and complex mental health needs, and ensure the necessary frameworks and structures are in place to support establishment of a trauma informed youth mental health service.

Mental health NGO commissioning process

A range of different consultation methods were used over the design phase of the mental health commissioning process in 2022–23.

Community workshops and documents for community feedback, such as the Design Phase Blueprint were used for consultation.

The Blueprint was hosted on [YourSay](#) to obtain responses from the whole community. The consultation period was open from 8 May to 7 July 2023.

Workshops were open to stakeholders in the mental health sector, including carers, consumers, service providers, peak NGOs and other key partners.

The input received during the design phase will:

- be captured in a Listening Report and published on YourSay
- inform the investment strategy for mental health subsector commissioning
- direct our approach to system reform as we move into the investment phase of commissioning.

Designing health services for a growing population

The Directorate conducted consultation on the design and provision of health services for a growing population in close collaboration with CHS.

NGOs, community councils, ministerial advisory councils, peak bodies and health providers were invited to contribute through a combination of online and direct engagement activities, including:

- stakeholder workshops and briefings
- social media
- targeted stakeholder emails and other material
- promotion through government services and channels
- YourSay Community Conversations
- surveys.

Approximately 110 stakeholder organisations were contacted and offered opportunities to engage with the *Designing health services for a growing population* project.

A YourSay survey received 869 responses about people's experiences in accessing ACT public health services.

A further 411 people and organisations participated in consultation about the proposed services at the new northside hospital.

These consultation activities helped inform options for the new northside hospital and health care services across the ACT. Feedback gave insight into what people would like to see in the new hospital, with the majority of responses (60 per cent) focused on the themes of clinical services, experience and quality.

Development of the Drug Strategy Action Plan

The Directorate sought community feedback, submissions and advice about the draft ACT Drug Strategy Action Plan. Consultation was conducted through YourSay and open to all members of the public.

Community input, together with other feedback received, has contributed to the development of the ACT Drug Strategy Action Plan 2022–2026. This plan will help guide the ACT Government's priorities for addressing and minimising harms from alcohol, tobacco, illicit drugs and non-medical use of pharmaceuticals.

Disability Health Strategy

The Disability Health Strategy is a 10-year plan which aims to ensure people with disability have equitable and appropriate access to healthcare in the ACT. It is part of the ACT Government's vision for an inclusive society that gives everyone the chance to participate in community life and leaves no one behind.

The Directorate consulted people with disabilities, carers, service providers and advocacy groups through the ACT Disability Health Strategy Steering Committee. The Committee members include people with disability, carers of people with disability, advocacy groups, disability services and ACT Government representatives.

Stakeholder roundtables were facilitated and consultation on the draft strategy was conducted through [YourSay](#) from 14 June to 25 July 2023.

An Easy English version of the draft strategy was released for comment as part of the YourSay consultation.

The results of this engagement activity will be reported in the 2023–24 Annual Report.

Commissioning – community health services

During 2022–23, the Directorate conducted many community roundtables, surveys and workshops across several sub-sectors, including chronic conditions, community assistance and temporary supports, and primary health services for young people.

The contribution and feedback from the engagement activities have informed requirements for:

- sub-sector needs assessments
- an outcomes framework
- service design.

Preventing chronic disease in the ACT

The Directorate conducted consultation for the development of the ACT Preventive Health Action Plan 2023–2025 from 8 May to 28 July 2023. The consultation activities included a [YourSay](#) survey, email submissions, meetings and workshops.

A [guide](#) was developed for members of the community to hold group conversations with friends or an organised group through a kitchen style conversations kit. The guide was made available through YourSay and promoted to key stakeholder groups.

A Listening Report will be produced, and a sense-making workshop will be held to inform further development the ACT Preventive Health Action Plan 2023–2025 to support Canberrans to improve behaviours towards healthy lifestyles and the prevention of chronic disease.

Consultation on the draft Child and Adolescent Clinical Services Plan

A targeted consultation on the draft Child and Adolescent Clinical Services Plan was undertaken during a 6-week period ending on 4 July 2023.

The engagement included emails, consultation forums, updates to the [ACT Health](#) website and information provided at the Reconciliation Day stall. More than 180 stakeholders were engaged, including NGOs, peak bodies, ministerial advisory councils, ACT Government directorates, unions, academic partners, the Sydney Children's Hospitals Network, the Southern NSW Local Health District and ACT health service providers.

The draft Child and Adolescent Clinical Services Plan and a communique from the Child and Adolescent Clinical Services Expert Panel, published on the ACT Health website, invited feedback between 16 May and 4 July 2023. There were 302 webpage views.

The Directorate hosted a stall at the ACT Reconciliation Day event to survey interested people on their experiences of using health services in the ACT. There were 121 surveys completed on the day.

Detailed written feedback submissions were received from 36 groups and organisations. Feedback on the draft plan was generally positive. There were 14 consultation meetings held with stakeholders, including a forum hosted by the Health Care Consumers' Association with members of their consumer and carer network.

The expert panel is reviewing the consultation feedback and has begun working on a revised version of the draft plan. They aim to complete this version by late August 2023.

A draft Listening Report will be available for future health service planning activities.

Community support initiatives – grants and sponsorship

Table 35: Multiyear grants and sponsorship

Recipient	Program purpose/Summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2022–23
ACT Mental Health Consumer Network	Peak Body Program. The funding supports the ACT Mental Health Consumer Network to represent, support, inform, engage and empower its members.	2022–2027	536,640.49
Alcohol, Tobacco & Other Drugs Association ACT Inc.	Peak Body Program. The funding supports the Alcohol, Tobacco & Other Drugs Association ACT Inc. to represent, support, inform, engage and empower its members.	2022–2027	823,875.60
Australian Breastfeeding Association	Breastfeeding information and support program provides women and families with access to breastfeeding information and support, including counselling and education.	2019–2024	19,771.28
Australian National University	Mental health consumer and carer research and facilitation of a Consumer and Carer Research Advisory Group. This program aims to research issues affecting mental health consumers and carers and identify measures to improve their mental health and wellbeing. It will also improve the capacity of the sector to incorporate consumer and carer led research into the development and evaluation of projects.	2019–2024	194,100.17
Canberra Institute of Technology	Skills for carers is a Community Assistance and Support Program that aims to support carers' mental health and wellbeing, by delivering home and community-based services for episodic or temporary health requirements.	2016–2024	128,594.58
Capital Health Network	Health Pathways – Primary Care Support. Health Pathways aims to improve the quality and appropriateness of clinical referral pathways for specified medical conditions, to improve access to health services and reduce delays.	2021–2024	206,938.32
Capital Health Network	Psychosocial Support Measure aims to support people with a severe mental illness, by improving access to flexible support services.	2018–2023	500,000.00
Community Options – Palliative Care	The Community Options – Palliative Care program provides coordination of in home non-clinical support services for people with end stage illness who have recently been discharge from hospital.	2022–2024	114,317.12

Recipient	Program purpose/Summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2022–23
Companion House	Delivering better care for Canberrans with complex needs, aims to improve physical and mental health and wellbeing, and to improve access to integrated primary care services for refugee and asylum seekers with complex needs and survivors of trauma and torture.	2022–2026	131,000.00
Council on the Ageing	Peak Body Program. The funding supports the Council on the Ageing to represent, support, inform, engage and empower its members.	2022–2027	230,534.35
Directions Health Services	Early Morning Centre in Civic: GP-led services for people experiencing homelessness aims to improved access to primary healthcare for people experiencing homelessness and social isolation through GP-led services at the Chat to PAT mobile clinic.	2022–2023	71,569.00
Directions Health Services	The 'Chat to PAT' service is a purpose-built mobile clinic that provides wrap around support to Canberrans who cannot easily access health services. The service is provided by a multidisciplinary team which includes a GP, a registered nurse and Alcohol and Other Drugs and Mental Health practitioners. The team provides mental health support, alcohol and drug services, case management and primary care.	2023–2026	375,000.00
Fadiss Limited	Family and carer drug support program aims to support and improve the health and wellbeing of family members and carers of people affected by another's use of drugs.	2022–2024	120,000.00
Haemophilia Foundation ACT	Support for people with haemophilia and bleeding disorders. This program aims to improve the quality of life and minimise the personal and social impacts for people with haemophilia and other bleeding disorders, their partners, families and friends. The program delivers counselling, support and education services.	2019–2024	53,469.04
Health Care Consumers' Association	Peak Body Program. The funding supports Health Care Consumers' Association to represent, support, inform, engage and empower its members.	2022–2027	893,514.00
Interchange Health Co-Operative Ltd	Lead development of a community of practice for endorsed prescribers in the ACT to increase the prescribing capabilities of GPs, and to facilitate cooperation between them and AOD specialists.	2021–2024	150,000.00

Recipient	Program purpose/Summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2022–23
Interchange Health Co-Operative Ltd	Interchange Health Co-Operative is a non-profit practice that bulk bills all patients and charges a concessional membership fee of \$60 a year. The Directorate provides funding support to subsidise these memberships to ensure improved access to primary healthcare for people affected by AOD dependencies.	2022–2024	24,999.96
Karralika Programs Incorporated	Relocation of accommodation costs program will fund the temporary relocation of AOD residential rehabilitation services during construction work at the existing premises.	2022–2024	45,000.00
Mental Health Community Coalition	Peak Body Program. The funding supports Mental Health Community Coalition to represent, support, inform, engage and empower its members.	2022–2027	812,367.19
Mental Illness Education ACT Inc.	Youth Aware of Mental Health (YAM) aims to reduce depression and suicidal ideation and facilitate healthy lifestyle choices among young people, by delivering the Mental Health in Mind International Ltd Youth Aware of Mental Health program in ACT schools.	2021–2023	190,000.00
MSI Reproductive Choices	Interim improved access to reproductive health care program aims to improve the affordability of abortion services, by maintaining a workforce to support medical abortions and long-acting reversible contraceptives, and to collect and report on data.	2022–2023	106,000.00
Palliative Care ACT	Peak Body Program. The funding supports Palliative Care ACT to represent, support, inform, engage and empower its members.	2022–2027	598,021.68
Parentline	Parent and carers counselling and information support services program aims to improve parents and carers' parenting skills and mental wellbeing, and to improve the development, health and emotional wellbeing of children, by providing information, counselling and support services.	2021–2025	41,000.00
The Trustee for the Salvation Army (NSW) Property Trust	Canberra recovery service and Canberra recovery hub aims to provide additional community-based support before, after, or instead of, residential rehabilitation services for AOD treatment, including a flexible stepped care approach.	2021–2024	650,000.00

Recipient	Program purpose/Summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2022–23
Wellways Australia	Step up/step down in the home aims to deliver mental health early intervention outreach support to people in their homes and to reduce hospital emergency department admission.	2022–2024	240,888.00
Wesley Community Services Limited	Aboriginal and Torres Strait Islander Suicide Prevention Train the Trainer program aims to build community resilience and expertise by delivering train the trainer workshops and establishing a community of practice to develop skills and knowledge.	2022–2024	56,000.00
Woden Community Services	Wayback Support Services in the ACT aims to provide services to reduce suicide re-attempts and deaths, to reduce admissions to hospital emergency departments as a result of suicide attempts or crises, and to increase the likelihood of recovery for individuals.	2022–2024	388,800.00
Womens Centre for Health Matters (Peak)	Peak Body Program. The funding supports Womens Centre for Health Matters to represent, support, inform, engage and empower its members.	2022–2027	686,016.27

Healthy Canberra Grants

Healthy Canberra Grants is a key strategic grants program which provides funding opportunities for community organisations to help improve the health of Canberrans and reduce their risk of developing chronic diseases. Healthy Canberra Grants is the main opportunity for community organisations to seek funding to address the following priority areas in the [Healthy Canberra: ACT Preventive Health Plan 2020–2025](#):

- 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 (\$ ex GST) provided in 2022–23
Australian National University	The Australian National University 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	72,423
Australian National University	The Body Acceptance Skills program (previously known as 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	60,542
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	50,725
Companion House Assisting Survivors of Torture and Trauma	The Leading Healthy Communities program works 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	73,760
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	16,581
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 (\$ ex GST) provided in 2022–23
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	63,545
Macquarie Primary School	Building a Socially Connected and Mentally Healthy Community encompasses a range of activities designed to build stronger social connectedness among families and staff attached to the school. It also contains specific activities to support students with mental health conditions to better manage their condition now and into the future.	2021–2023	10,000
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 co-design, rehearse and perform 2 new theatre works.	2021–2023	54,764
Self Help Organisations United Together Inc.	Healthy Living Inclusive Garden is a 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	63,331
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	40,243
Wanniassa School	The Learning Support Unit – Healthy Cooking Skills Program is for high school students in the learning support unit and aims to enhance social connectedness and understanding of healthy lifestyles and healthy eating.	2021–2023	9,600

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 (\$ ex GST) provided in 2022–23
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	45,100.00
Directions Health Services	The Butt It Out! program addresses smoking in people with AOD dependency and comorbid mental illness.	2021–2024	48,098.50

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 (\$ ex GST) provided in 2022–23
Companion House Assisting Survivors of Torture and Trauma	The Sharing and Learning program aims to prevent and reduce the harms associated with alcohol in the community.	2022–2024	37,127
Forcibly Displaced People Network	Safe and healthy: increasing sexual health literacy and reducing risky behaviours for LGBTIQ+ migrants and refugees.	2022–2024	76,403
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	163,419

Recipient	Program purpose/Summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2022–23
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	131,928
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	89,209

Table 39: Multiyear grants provided through Healthy Canberra Grants: Focus on Supporting Children and Families

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 supporting children and families, particularly during the first 1,000 days of a child's life.

Recipient	Program purpose/Summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2022–23
ACT Playgroups Association	The Reconnect Playgroups program aims to provide targeted, supported playgroups to assist parents with a child born during the COVID-19 pandemic.	2022–2024	76,000
Barnardos Australia	The Nourishing & Flourishing Project is a (home-based) early intervention and nutrition support program for children 0 to 2 years of age who present with the signs of developmental delays and/or neurodivergence or have a formal diagnosis but have not yet been able to access appropriate support.	2022–2024	124,000
Capital Region Community Services	The Healthy Habits program will deliver interactive group sessions on a range of topics directly related to healthy childhood development during the first 1,000 days of life.	2022–2024	31,000
Nutrition Australia ACT	The Feeding Healthy Futures program is a food and nutrition group education program that spans 3 crucial stages in a child's life – in utero, infancy and toddlerhood.	2022–2025	89,000

Recipient	Program purpose/Summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2022–23
The University of Newcastle	The Asthma in Pregnancy: Breathe Life for You and Your Baby program aims to decrease rates of uncontrolled asthma in pregnant women in the ACT, leading to a decrease in associated poor health outcomes for mothers and their children, including childhood asthma.	2022–2024	197,000
UnitingCare Kippax	The Road to Health program will facilitate workshops to improve health literacy in expectant and new parents.	2022–2024	10,500
University of Canberra	Active Beginnings – Increasing physical activity levels in women of childbearing age in culturally and linguistically diverse (CALD) communities, is a co-design program which aims to improve awareness of the benefits of physical activity in pregnancy and the childbearing years in women from CALD communities and community leaders.	2022–2024	89,000

Table 40: Multiyear grants provided through Healthy Canberra Grants: Target Grants: Reconnection within Priority Populations

This funding opportunity was for eligible community organisations to deliver programs of up to 18 months in duration, that encourage reconnection within priority population groups and help establish longer-term connections within the community in response to the COVID-19 pandemic.

Recipient	Program purpose/Summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2022–23
Australia Nepal Friendship Society	The Australia Nepal Friendship Society Stay Fit and Healthy program encourages healthy lifestyles, teamwork and engagement in the community through physical activities and workshops for the ACT Nepalese and other CALD communities.	2023–2024	40,000
Communities@Work	The Growing Healthy Communities program improves community access to activities that have a primary focus on increasing wellbeing outcomes through raising awareness of the importance of healthy eating, being physically active and living socially connected lives.	2023–2024	38,325
Council on the Ageing ACT	S.A.F.R.E. (Senior Adult Falls Risk and Exercise) Program aims to support older people to improve their health,	2023–2024	27,566

Recipient	Program purpose/Summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2022–23
	strength, fitness, prevent injury and reduce social isolation in later life.		
Good Omen Goodeze Inc.	Variegated Threads offers facilitated knitting and crocheting wellbeing workshops targeted at CALD communities and families of children with disabilities which aims to reduce social isolation, increase social connections, improve self-esteem and rebuild a sense of community.	2023–2024	40,000
Hepatitis ACT	Hep B Free ACT is a hepatitis B awareness campaign and education program for CALD and First Nations communities in the ACT.	2023–2024	40,000
Marymead CatholicCare Canberra and Goulburn	Drumming for Connection is a hand drumming and cognitive behavioural therapy program aimed at improving emotional health and wellbeing for parents in the ACT.	2023–2024	40,000
SMART Recovery Australia	SMART Recovery and Family and Friends Meetings for LGBTIQ+ people program promotes self-management and mutual aid for reduced harm within the LGBTIQ+ community through facilitated SMART Recovery meetings based on mental health and substance addiction.	2023–2024	40,000
Toora Women Inc.	The Toora Domestic Violence and Homelessness Service Day Program supports women experiencing homelessness and aims to raise awareness of the relationships between family domestic violence and homelessness to increase ongoing community support and cohesion.	2023–2024	40,000
University of Canberra	The AllOffBall program aims to provide safe places for ACT LGBTIQ+ people to participate in sport. It promotes inclusion in sport by targeting LGBTIQ+ youth to participate in football.	2023–2024	40,000
Warehouse Circus Inc.	Circus Start: Circus classes for babies and children born preterm program aims to reduce developmental delays in prematurely born ACT children through facilitated physical	2023–2024	38,970

Recipient	Program purpose/Summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2022–23
	and social play while supporting parents with social and community connection.		

Table 41: Multiyear grants provided through Healthy Canberra Grants: Focus on Supporting Healthy and Active Living for Children and Young People

This funding opportunity was for eligible community organisations to deliver programs that create supportive environments to improve the health of Canberrans, with a focus on supporting children and young people, through programs that encouraged healthy eating and/or physical activity.

Recipient	Program purpose/Summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2022–23
Nutrition Australia ACT Incorporated	FEED - Fuelling Everybody Every Day is a pilot program aiming to improve health outcomes for children and young people with atypical or disordered eating behaviours through a positive learning model using food play and experiential learning to decrease discretionary food intake and improve dietary variability.	2023–2026	100,000

Note: Eight remaining successful organisations from this funding opportunity will be reflected in future reports.

B.9 Aboriginal and Torres Strait Islander reporting

In this report, the term First Nations is used to identify Aboriginal and Torres Strait Islander peoples.

New programs, projects and initiatives

Healthy community

Aboriginal and Torres Strait Islander Health Roundtable and Collaboration

To enable First Nations people to have healthy and active lives, the Directorate provides evidence-informed and strategic health policy advice to Government. During 2022–23, the Directorate engaged with national and inter-jurisdictional First Nations communities, and Aboriginal Community Controlled Organisations to support the development of the 2022 Aboriginal and Torres Strait Islander Health Roundtable. The Roundtable focused on issues such as the First Nations health workforce and Indigenous data sovereignty.

Following the Roundtable, the Directorate worked with national partners to create a proposal to retain the Aboriginal and Torres Strait Islander Health Collaboration (Collaboration). Collaboration members work with partners in each state and territory to implement specific actions, and work with their community partners to ensure that their views and needs are addressed.

The Directorate worked closely with Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga Nimmityjah), Gugan Gulwan Youth Aboriginal Corporation and other ACT and region partners to ensure collaborative policy development aligned to both local needs and national agendas.

Safe, responsive, sustainable public health system

The Directorate continues to support better health outcomes for First Nations people through a range of initiatives, including increasing transparency, accountability and decision-making based on quality data.

Historically, ACT cancer data by Aboriginal and Torres Strait Islander status had not been reported in national publications due to perceived issues with data quality and completeness. A review to identify barriers to the use and reporting of this data concluded that it was of comparable quality to data from jurisdictions currently included in national reporting. Since November 2022, ACT cancer data by Aboriginal and Torres Strait Islander status has been included in national reporting.

Indigenous data sovereignty and governance

The Directorate has embarked upon a journey of Indigenous data sovereignty and governance to increase effective analysis and translation of First Nations health data to deliver better health outcomes for ACT and Region First Nations people.

In collaboration with the Maiam nayri Wingara Indigenous Data Sovereignty collective, the data sovereignty and governance project will help the Directorate build knowledge and awareness of Indigenous data sovereignty. The initial focus is to establish an Indigenous data governance structure. Activities in 2022–23 included introducing the concepts of Indigenous data sovereignty and governance within the Directorate that will be further developed through education and capability building.

This work implements commitments under the:

- United Nations Declaration on the Rights of Indigenous Peoples
- [National Agreement on Closing the Gap](#)
- [ACT Aboriginal and Torres Strait Islander Agreement 2019–2028](#).

It also honours self-determination for First Nations people through actions aligned to the Aboriginal and Torres Strait Islander Health Roundtable.

Trusted, transparent and accountable

Community engagement

The Directorate continually works with community organisations to advocate for and raise awareness of matters of importance for First Nations people's health and wellbeing.

During 2022–23, this included:

- providing Aboriginal Community Controlled Organisations with further information sessions and advice about the commissioning of health services
- holding COVID-19 vaccination clinics specifically for the First Nations community
- supporting self-determination for First Nations people through the Ngunnawal Bush Healing Farm Advisory Board to progress work towards residential service provision.

Health service planning is informed through understanding the needs of the local First Nations community. For example, both non-Indigenous and First Nations staff came together to celebrate and engage with the community at the 2023 National Reconciliation Day event at the National Arboretum. Over 120 health surveys were completed by both First Nations and non-Indigenous attendees, and a commitment was made to bring the results – linked to the action and impact of community voice – to next year's event.

At the 2022 Aboriginal and Torres Strait Islander Health Roundtable, Health Ministers and Directorate staff joined First Nations community leaders, peak organisations and other stakeholders on Kurna country. The Roundtable provided an opportunity to hear how the health system works from the perspective of First Nations people, including the continuing inequities. The Directorate invited the Winnunga Nimmityjah Chief Executive to attend the Roundtable to ensure appropriate First Nations and service provider representation and collaborative policy development.

High-performing organisation that values our people

Cultural development

Cultural development in the Directorate is an ongoing journey aimed at better equipping staff to address health disparities and provide equity for First Nations people.

The Directorate has embedded working groups of non-Indigenous staff, who collaborate with the Directorate's First Nations staff and ACT and Region First Nations people to plan and coordinate activities and events. This includes National Reconciliation Week and National Aborigines and Islanders Day Observance Committee (NAIDOC) week.

Staff come from a variety of levels in the Directorate with a commitment to support, recognise and celebrate First Nations people, their histories and cultures.

The Directorate is committed to developing a Cultural Integrity Plan under the ACT Aboriginal and Torres Strait Islander Agreement 2019–2028. The purpose of the framework is to build a 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 First Nations workforce delivering culturally safe and responsive health care.

In 2022–23, the Directorate established our current level (baseline) of cultural competence, creating an evidence-based point of reference against which continuous improvement activities and outcomes can be measured. This baseline also defines clear personal employee and whole-of-organisation priority actions.

Baseline data was collected through:

- a Directorate-wide cultural competence survey
- cultural development workshops
- dedicated focus groups.

These activities were developed and administered by First Nations owned and operated companies, Murri Matters and Indigenous Psychology Australia. These quantitative and qualitative evidence sources provided:

- information about where the Directorate lies on a cultural competence continuum
- recommendations to be considered in developing the Directorate's Cultural Integrity Framework
- cultural competence profiles for participants to enable targeted personal development.

Progress on existing programs, projects and initiatives

Strategies for First Nations people's health

The Directorate is involved in developing strategies and actions for First Nations people's 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 Aboriginal and Torres Strait Islander Agreement 2019–2028 was launched in March 2019. It includes Focus Area Action Plans that outline how we will meet the agreement's core and significant focus areas.

In addition to the actions detailed in other sections of this report, 2022–23 progress included:

- continued work with ACT Education and Community Services Directorates to ensure 3-year-old Kindy Health Checks are moving forward as planned
- continued development of the [Maternity in Focus](#) project, including:
 - an increased focus on cultural responsiveness of services
 - initial consideration of what birthing on Country means in the ACT.
- design of a market approach for independent First Nations consultants to undertake a desktop review of the ACT Government mental health services available for First Nations people to identify approaches that will enhance culturally appropriate care
- ensuring all variations and new contracts with NGOs include reporting requirements for cultural accessibility and cultural safety, and level of service provision to First Nations people where possible and appropriate. In addition, a new Services Agreement template is being developed with a proposal to include these requirements as standard.

Table 42: The Directorate actions for Phase 2 Action Plan ACT Aboriginal and Torres Strait Islander Agreement 2019-2028

Focus Area	2022-23 Actions
Children and Young People Action Item 4: Work to build supports around children and their families accessing the three-year-old initiative, including investigating the feasibility of developmental checks to make sure children have the best possible start to their education, including speech and hearing, and undertake further screening prior to them starting school, as well as linking their parents and families with a range of other supports.	<p>The Directorate is working with the Community Services Directorate, CHS, and ACT Education Directorate to ensure data from the Kindergarten Health Check informs policy and operational responses to support First Nations Children to meet developmental goals.</p> <p>The Directorate is working with Community Services Directorate to deliver <i>Best Start for Canberra's Children: The First 1000 Days Strategy</i> (Best Start) and the first action plan which are informed by the lived experience of Canberrans. The strategy aims to focus attention to providing earlier and better supports to children, their families and community.</p> <p>For First Nations families and children this includes specialised programs recognising the broader cultural considerations for First Nations peoples relating to wellbeing. The strategy also recognises the importance of connection to Country, culture, spirituality, and ancestry and gives consideration to the social, cultural, historical and political determinants that shape First Nations social and emotional wellbeing.</p>

Focus Area

2022-23 Actions

Children and Young People Action Item 8:

Develop a Child and Family Network across Government and community service partners to improve connection and service integration across health, mental health, education, early childhood education and care, community and mainstream health and paediatric services, and community service sectors to better support children, young people, and their families.

The Directorate is working with the Community Services Directorate, CHS, and ACT Education Directorate to understand Community need and the core conditions for an effective network, including gathering evidence and consulting models nationally and internationally.

Community Services Directorate is leading this work, with the Early Years Working Group providing the oversight mechanism for the commitment. The working group membership includes senior executives from ACT Health, Community Services Directorate, CHS and Education Directorate.

This action intersects with the Directorate's work on the draft Child and Adolescent Clinical Services Plan and the draft Northside Clinical Services Plan.

Health and Wellbeing Action Item 1:

Develop systems and mechanisms that support the adoption of healing aware and Trauma Informed Care and Practice (TICP) in health, justice, and education service delivery.

As part of the Youth at Risk project a draft Trauma Informed Practice for Children and Young People position statement has been developed. It is intended that the position statement will assist services who interact with children and young people to be trauma informed. For more information on the Youth at Risk Project see page 190.

Health and Wellbeing Action Item 2:

Develop an ACT Aboriginal and Torres Strait Islander Health Workforce Action Plan, including the use of appropriately collated data to create pathways to increase the Aboriginal and Torres Strait Islander health and wellbeing workforce in the ACT. This plan will be iterated to ensure alignment with local responses to national implementation plans when they become available. This includes the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* and the *Health Sector Strengthening Plan*.

The ACT Health Workforce Strategy 2023-2032 was launched on 4 May 2023. Strategic Priority 1 is "A focus on Aboriginal and Torres Strait Islander workforce and a culturally safe environment".

The two early actions under this Strategic Priority are:

- Establish an employment program with mentoring and support to successfully develop a network across Health with the creation of at least five identified positions across the Directorate.
- Meet with key community and service provider representatives to identify specific priority actions that will be implemented under the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2023-2031*.

Implementation of these actions is anticipated to commence in late 2023.

\$107,269 of funding was allocated in the 2023-24 Budget to provide targeted support to the Aboriginal and Torres Strait Islander health workforce. This funding may be used to explore options for mentoring programs.

Focus Area	2022-23 Actions
<p>Health and Wellbeing Action Item 3: Develop a Disability Health Strategy that includes a focus on Aboriginal and Torres Strait Islander peoples with a disability.</p>	<p>The Directorate in collaboration with Community Services Directorate and the ACT disability community is developing the ACT Disability Health Strategy and First Action Plan to ensure better health outcomes for people with disability.</p> <p>The development has been guided by the Disability Health Strategy Steering Committee whose membership includes people with disability, carers of people with disability, service providers, advocacy groups, and ACT Government representatives. Three of the members are people with disability or carers of people with disability who are First Nations people.</p> <p>The ACT Disability Health Strategy First Action Plan has been drafted, and First Nations people with disability are included as a priority population group.</p>
<p>Health and Wellbeing Action Item 4: Increase cultural responsiveness for the whole of the ACT health system to reduce systemic racism and bias; to improve culturally responsive design and delivery of all health services; in collaboration with Aboriginal and Torres Strait Islander community-controlled organisations and the Capital Health Network.</p>	<p>The Directorate has committed to developing and implementing a Cultural Integrity Plan by December 2024. The <i>ACT Health Cultural Integrity Plan</i> will strengthen the cultural integrity of staff and create a strong understanding of Aboriginal and Torres Strait Islander culture and history. This will inform both a culturally appropriate and respectful workplace, and culturally appropriate and respectful services, initiatives, and programs. The focus during development will be on making opportunities for engagement by staff across the organisation so the Plan is meaningful and relevant.</p> <p>The Directorate continues to contribute to coordinated inter-directorate action on addressing systemic racism through active participation in the whole of government Systemic Racism Working Group. This has included working with ACT Aboriginal Community Controlled Organisations to identify and understand systemic racism and bias within the existing health, and justice health systems. An example of this collaboration is the partnership with Winnunga Nimmityjah Aboriginal Health, Community Services Directorate, Justice and Community Safety Directorate and CHS on the development of the Detainee Health and Wellbeing Strategy.</p> <p>The Directorate meets regularly with the Capital Health Network to share and collaborate on critical health system initiatives and issues. This includes addressing commitments under Closing the Gap and the <i>ACT Aboriginal and Torres Strait Islander Agreement 2019-2028</i>.</p> <p>The Directorate has drafted a Workforce Inclusion Strategy which builds the foundations for inclusion engagement, developing inclusion skills, and measures to track inclusion and capture employee sentiment to increase inclusion. The strategy provides pathways for achieving and surpassing the ACTPS Diversity goals to increase inclusion.</p> <p>Through the implementation of the Workforce Inclusion Strategy, we will establish meaningful action plans to address inclusion key performance indicators identified from the 2023 Staff Survey.</p>

Focus Area	2022-23 Actions
<p>Health and Wellbeing Action Item 5: Through co-design with the Ngunnawal Bush Healing Farm Board, transition to the delivery of a residential program, as well as a community-based service delivery.</p>	<p>The ACT Government remains committed to delivering residential Community controlled services at the Ngunnawal Bush Healing Farm, by supporting self-determination in partnership with Traditional Custodians and ACT and Region First Nations peoples.</p> <p>In March 2022 the Directorate presented Ngunnawal Bush Healing Farm Advisory Board with a three-year timeline to residential service startup. \$1.8 million in funding over two years was secured to support development and delivery of a residential pilot.</p> <p>At the request of the Ngunnawal Bush Healing Farm Advisory Board the Directorate funded Karabena Consulting to undertake a review of the congruency between The Living Web and the Healing Framework, to support informed decision making. The review resulted in Ngunnawal Bush Healing Farm Advisory Board endorsing the Healing Framework.</p> <p>An approach to market was co-designed but not released as the Ngunnawal Bush Healing Farm Advisory Board advised that incorporation and direct transition to Community control was more desirable.</p> <p>In 2023 the Ngunnawal Bush Healing Farm Advisory Board was paused. The Directorate continues to support progress on residential services in line with prior advice from Community and sector experts.</p>
<p>Health and Wellbeing Action Item 6: Continue to work with Winnunga Nimmityjah Aboriginal Health and Community Services and the Aboriginal and Torres Strait Islander community on the establishment of an Aboriginal and Torres Strait Islander alcohol and other drug residential rehabilitation service</p>	<p>In 2022-23 \$745,000 was provided to Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga Nimmityjah) for building design and project management, and \$725,000 has been re-profiled to 2023-24 to allow AOD capacity building and training for staff to occur closer to the opening of the facility.</p> <p>The 2023-24 Budget included \$17.3 million for design and construction of the ACT's first Aboriginal and Torres Strait Islander specific AOD residential rehabilitation facility, to be operated by Winnunga Nimmityjah. The development application for the new facility is due to be lodged in September 2023.</p>

Focus Area	2022-23 Actions
<p>Health and Wellbeing Action Item 7: Increase the number and/or reach of culturally responsive preventive health and 'Healthy Lifestyle' and wellbeing programs that incorporate cultural models that connect with Country.</p>	<p><i>The Healthy Canberra: ACT Preventive Health Plan 2020-2025</i> aims to reduce the prevalence of chronic disease and support Canberrans to enjoy good health throughout all stages of life. An activity report on actions delivered under the first action plan 2020-2022 will be published on the ACT Health website in mid-2023.</p> <p>Two key government reports delivered in 2022, the <i>ACT Childhood Healthy Eating and Active Living Programs audit</i> and the <i>Preventive Health Plan mid-term review</i>, provided key recommendations including to better address the needs of priority populations, explicitly including First Nations peoples, and to engage with community partners to better meet community needs and improve equity.</p> <p>In 2022, the Health Promotion and Grants team, working in partnership with the Aboriginal and Torres Strait Islander Health Partnerships team, engaged Curijo, a First Nations enterprise, to facilitate culturally safe and strengths-based community engagement. Consultations with key stakeholders will commence in July 2023.</p> <p>Yerrabi Yurwang Child & Family Aboriginal Corporation have been awarded \$234,899 to deliver the Yawarj Mara - Strong Pathways program, that aims to facilitate empowerment and provide northside Aboriginal Youth with opportunities to learn about their culture, through song, dance, sport, mentoring, life-skills education and referral pathways which will assist in improving physical, social and emotional wellbeing. The Yawarj Mara - Strong Pathways program will commence in September 2023 and run for 18 months.</p>

Winnunga Nimmitjiah Aboriginal Health and Community Services

Winnunga Nimmitjiah continues to provide culturally safe, holistic primary health care services to the ACT and surrounding First Nations communities.

The ACT Government has committed additional funding to support Winnunga Nimmitjiah's full-time presence in the Alexander Maconochie Centre and continues to work in partnership with the Canberra Health Service Justice Health Service and the Justice and Community Safety Directorate to develop and implement the:

- Model of Care at the Alexander Maconochie Centre
- ACT Detainee Health and Wellbeing Strategy 2023–28.

First Nations Alcohol and Drug residential rehabilitation facility

Alcohol and other drugs issues have a disproportionately high impact on First Nations people. 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 dedicated community-controlled rehabilitation service led by First Nations people on the Watson health precinct. The Directorate engaged Winnunga Nimmitjiah to develop a culturally appropriate model of care to guide delivery of holistic and culturally appropriate services.

In 2022–23, the Directorate worked closely with Winnunga Nimmitjiah and the architects they engaged to ensure planning for the broader Watson health precinct site meets the needs of the organisations involved, and future service needs, to deliver the best possible outcomes for the community. The Directorate also provided funding to Winnunga Nimmitjiah for detailed design and project management of the facility development.

Gugan Gulwan Youth Aboriginal Corporation

The Directorate funds Gugan Gulwan to provide First Nations children, youth and their families with a range of culturally appropriate health and wellbeing programs to meet the needs of community. Services funded by the Directorate include:

- preventative health programs, information and education, support and case management
- alcohol and other drugs harm reduction programs
- Street Beat Youth Outreach Service
- early intervention mental health and wellbeing outreach program.

Commissioning of First Nations health services

Under existing First Nations community-controlled health sector contracts and the introduction of health commissioning, the Directorate has worked with service providers to streamline reporting in an effort to reduce administrative burden and replication. This approach allows the sector to focus on organisational performance and outcomes while complying with data and reporting requirements. The first cycle for First Nations health commissioning has commenced and current contracts are being transitioned into the commissioning cycle.

Ngunnawal Bush Healing Farm

The [Ngunnawal Bush Healing Farm](#) provides a place of healing for First Nations people using a therapeutic community approach, traditional healing concepts and cultural programs.

Two 10-week programs were held at the Ngunnawal Bush Healing Farm during the reporting period. Programs returned to full in-person delivery for the first time since the COVID-19 pandemic began.

Since Ngunnawal Bush Healing Farm day-programs started in 2017, there have been 154 First Nations people participating. Participants have had an opportunity to:

- (re)connect to Country and culture, including building a connection to Ngunnawal Country and cultural protocols
- develop relevant life skills such as nutrition and cooking
- engage with art and textile practices, and in physical activity, as tools for healing and expression
- develop strategies that build resilience, through participation in structured case management and trauma informed groupwork.

During 2022–23, the Directorate, guided by and in collaboration with the Ngunnawal Bush Healing Farm Advisory Board, undertook critical work required to realise residential service delivery. This included:

- securing \$1.8 million in funding for a residential pilot
- developing relationships with expert First Nations organisations delivering similar services in other jurisdictions
- establishing congruency between, and endorsement of, frameworks underpinning future Models of Care
- co-designing residential service specifications with the Ngunnawal Bush Healing Farm Board.

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

During 2022–23, the ACT Government funded a new culturally appropriate integrated Aboriginal and Torres Strait Islander Suicide Prevention, Intervention, Postvention and Aftercare Service for the ACT. This service is 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 on close consultations and collaboration with key ACT First Nations community groups.

National Aboriginal and Torres Strait Islander Health Academy

During 2022–23, the Directorate collaborated with Indigenous Allied Health Australia to support its National Aboriginal and Torres Strait Islander Health Academy students to complete a Certificate III in Allied Health Assistance, including an agreement for a new student placement site in the Education Directorate.

Contact details: For more information, contact 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 key risks identified in 2022–23 are:

- psychological health
- occupational violence
- offsite safety
- laboratory safety.

The actions to address the key risks included:

- launching the Wellbeing at Work Strategy, including:
 - providing new wellbeing intranet resources
 - implementing practical wellbeing and recovery activities
 - undertaking co-design processes in the development of wellbeing initiatives
 - including wellbeing in individual performance development plans.
- continuing the development of work health and safety management system resources, including:
 - implementing the Mandatory COVID-19 Vaccination Policy
 - updating the Radiation Safety Management Procedure to reflect the changes in the [Radiation Protection Act 2006](#)
 - developing an offsite work safety inspection process
 - commencing the development of the Contractor Safety Management Procedure
 - incorporating work health and safety in the business unit planning process for 2023–24 and individual staff performance development plans
- supporting the [Nurses and Midwives: Towards a Safer Culture Strategy](#) that focuses on workplace culture and occupational violence
- including work health and safety eLearning courses in all employee learning plans
- piloting Trauma Informed Care and Psychological First Aid courses
- completing a review of the work health and safety management system to identify its strengths and areas for improvement
- implementing corrective actions from the hazardous chemical audit undertaken during 2021–22
- undertaking an external work health and safety management system audit
- reporting work health and safety audit corrective actions and performance, using outcome measures and positive performance indicators, to the Work Health and Safety Committee and the Corporate Governance and Finance Committee.

Injury and disease prevention and management

Injury and disease prevention actions included:

- promoting psychological health and wellbeing resources, including the Question, Persuade, Refer eLearning program
- providing early intervention support to prevent and manage injuries
- developing reasonable adjustment plans for staff with a disability or chronic illness
- implementing the Providing Suitable Duties for Injured Employees and Medical Redeployment Procedure
- providing influenza vaccinations to minimise the transmission of vaccine preventable disease in the workplace.

Work health and safety reporting 2022–23

Table 43 details the number of work health and safety (WHS) incidents from 1 July 2022 to 30 June 2023.

There was a reduction in the number of incidents reported in 2022–23, as a result of fewer reports of:

- occupational violence
- staff being in the workplace during their COVID-19 infectious period.

Most of the incidents were minor and did not result in an injury or disease. There were no serious injuries or illness reported.

Table 43: WHS incidents

Year	No. of WHS incidents submitted
1 July 2020 – 30 June 2021	101
1 July 2021 – 30 June 2022	143
1 July 2022 – 30 June 2023	107

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 twice during the reporting period. Information about the activities of the WHS Committee is provided on the intranet.

Health and safety representatives

The Directorate has 14 health and safety representatives to facilitate consultation with workers on WHS matters.

Notifiable injuries, illness and incidents

One incident involving the uncontrolled release of a gas, but no injury, was notified to WorkSafe ACT but did not require a regulatory inspection.

No notices were issued to the Directorate under the *Work Health and Safety Act 2011*, the *Dangerous Substances Act 2004* or the *Radiation Protection Act 2006*.

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 44: Incident rate of claims resulting in 5 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
2022–23	1	1.06	2.77	255	8.98	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 45: Incident rate of claims for MSD resulting in 5 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
2022–23	0	0.00	1.01	106	3.73	5.98

Notes:

1. 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 2022–23 shows a sustained reduction in claims, with 6 of the last 8 years producing a result better than the target for all serious claims. The target for reducing the number of MSD claims incidence of injury was achieved in 6 of the last 7 years.
2. 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 2023.

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

B.11 Human resources management

Overview

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

- people support services
- workplace capabilities and inclusion
- people analytics
- industrial relations
- workplace health and safety.

The focus for the People Strategy and Culture team in 2022–23 was to provide continued support to the Directorate's workforce who are predominantly working in hybrid ways. Initiatives undertaken by the People Strategy and Culture team related to:

- organisational values
- measuring cultural maturity
- investing in workforce
- designing wellbeing and learning and development strategies.

The initiatives directly contributed to improving workplace culture and 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* which guides service delivery centred around 4 themes: Invest, Belong, Safe and Attract
- a Diversity and Inclusion Framework.

People services

Strengthened recruitment governance

The Branch continues to support improved recruitment processes and practices in the Directorate. There are 36 employees who have completed the face-to-face Best Practice Recruitment and Selection training.

In order to meet the increased demand for training, the Directorate started delivering abridged training in-house in May 2022. The in-house training during the reporting period was undertaken by 72 employees. The Directorate is developing an eLearning module on Recruitment and Selection to ensure efficient and accessible training is available to all staff.

The Directorate continues to maintain 2 temporary employment registers:

- one to support the recruitment requirements of the Directorate
- 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 Support Services team in progressing recruitment advice and practice. The review was in response to one of the recommendations of the [Independent Review into the Workplace Culture within ACT Public Health Services](#), and the Human Resources Review. Feedback from this process has been received and is being considered to help build a robust recruitment process aligned to the strategic objectives of the Directorate.

Industrial relations

The Directorate's Industrial Relations function has continued to lead the enterprise agreement bargaining processes for the ACT public health system, with the focus increasingly shifting to implementation of new enterprise agreements as they are finalised. This is in addition to the ongoing investment in enhancing staff participation in discussions about matters that impact the workforce and contributing to capability uplift. This has been demonstrated through the continuation of the Workplace Consultative Committee, which is a mechanism to enable discussion for staff by staff and directly links into the Directorate Consultative Committee. The team also supports organisational alignments, internal and external consultation and proactive engagement with unions.

Graduate recruitment

The Directorate continues to participate in the ACTPS Graduate Program. During the program, graduates participate in 3 rotations across the ACTPS. The ACTPS also delivers development programs to help graduates settle into working in the public sector.

Complaints and grievances

The People Support Services team provides advice and support to managers and staff in managing complaints and grievances. The team's approach focuses on applying whole-of-government processes that:

- allow the immediate manager to seek an early resolution to issues
- ensure that employees feel that their issues are managed efficiently and with procedural fairness.

During the reporting period, there have been 65 employee matters where support has been provided and 4 referrals made to the Professionals Standards Unit.

ACT Health
participates in the
ACT Public Service
Graduate Program, placing
12 graduates
in 2022 and
9 graduates
in 2023.



A divisional health check, underpinned by an evidence-informed approach, was undertaken during the reporting period. The purpose of the health check was to help the Division identify ways they can effectively support staff to build a positive, high-performing and psychologically safe workplace. The health check encompassed 5 key workplace elements:

- workplace civility
- team effectiveness
- psychological safety
- leadership
- fairness.

The recommendations and actions agreed from the health check are currently being implemented for the Division. The Directorate will undertake similar initiatives to invest in its workforce, systems and processes to understand critical workforce risks and identify opportunities to continue to invest in building a great working environment.

Performance development plans

The Directorate is committed to improving the workplace experience of all employees as well as the performance and outcomes delivered across the Directorate. In 2022–23, there has been a renewed focus on performance development plans for employees. This includes developing a comprehensive template to reflect the Directorate specific values and to ensure that the performance process is more user-friendly. The executive performance development template has also been updated.

Tools and resources have been developed to assist with the process of performance development planning including an eLearning module on Performance Fundamentals. A Successful Workplace Conversations training program has been offered to support employees in giving and receiving effective performance feedback. Employees have increasingly engaged with the performance development process with a continued focus on building a high-performing organisation.

System improvements

The People Strategy and Culture team are implementing Kronos within the Directorate. Kronos is a time and attendance system that will provide a better understanding of the work cadence within the Directorate by enabling greater oversight of hours worked, exploration of work capacity, and opportunities to support the health and wellbeing of our staff.

The People Strategy and Culture team is also implementing JIRA, a software program which allows the effective planning and tracking of service requests. Using JIRA to manage requests will increase operational efficiencies through enhanced task allocation and tracking and capturing feedback to identify areas of opportunity to enhance the customer experience.

Workplace strategies and culture

Organisational Culture Improvement Model

In September 2022, the Directorate undertook its second self-assessment of cultural maturity using the Organisational Culture Improvement Model tool. This provided the Directorate a trend from the first self-assessment held in August 2022.

The Organisational Culture Improvement Model measures the Directorate against the 5 pillars of:

- organisational trust
- people and leadership
- workplace civility
- psychosocial safety
- team effectiveness.

The next measurement point will be in September 2023.

Recognition

The Director-General Awards were held in December 2022 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, with an additional award presented for Excellence in Leadership. In 2022, additional awards were presented to recognise teams and staff who contributed to the DHR and COVID-19 response units.

Senior Officer A/B and equivalent engagement

A Senior Officer A/B and Equivalent Officers workshop was undertaken in February 2023 to engage with the cohort and build a better understanding of the role of the Directorate as a health system leader.

A Senior Officers' newsletter capturing key information and updates is circulated every month to support the cohort in their leadership functions.

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.
- 78 per cent of the Directorate staff agreed or strongly agreed that their workplace is inclusive in the March 2023 ACTPS Staff Survey. This is a one per cent increase from the 2021 ACTPS Staff Survey.

Although the diversity has increased and continues to increase across the ACTPS, the Beyond RED review acknowledged that there was a need to pause and reflect on our collective approaches to diversity. It also highlighted the opportunity to focus on inclusion.

In 2022–23, the Directorate started developing an Inclusion Strategy, augmented by the Directorate's Diversity and Inclusion Governance Framework. This is in response to the Beyond RED report findings and recommendations, and to continue meeting diversity and inclusion commitments.

The Directorate continued to engage with our workforce and promote inclusion through online initiatives which leveraged opportunities provided through the COVID-19 pandemic. Director-General Forums, intranet articles and weekly Director-General Friday Wrap newsletters were used to promote diversity and inclusion initiatives, including:

- Wear it Purple
- Diwali
- LGBTIQ+ Health Scoping Study launch
- 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
- National Reconciliation Week
- NAIDOC Week.

Diversity employment data in the reporting period shows the Directorate's First Nations employee headcount is 18 (2 per cent), a decrease of 3 from the previous reporting period. Forty Directorate employees (4.5 per cent) identify as having a disability, a decrease of 7 from the previous reporting period. The number of employees with English as a second language is 210 (23.6 per cent), a decrease of 35 from the previous period. While there is a decrease in numbers, this is relative to the reduction of the Directorate's overall headcount from the previous reporting period (169).

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. Through the performance development plan cycle, staff were encouraged to consider how they will contribute to promoting and engaging in inclusive workplace practices. It is anticipated that as our staff networks mature and workforce inclusion initiatives are promoted, an increase in self-reporting of diversity status will occur.

In 2023–24, People Strategy and Culture will release the Directorate’s first Workforce Inclusion Strategy, aimed at building engagement with, and skills and awareness of inclusion practices. It will also introduce key initiatives to promote the Directorate as a positive and inclusive workplace.

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 Directorate has endorsed and released the Learning and Development Strategy, promoting the benefits of a positive learning culture and shaping development opportunities for the Directorate.

The People Strategy and Culture Branch performs a fundamental role in:

- developing and driving the Directorate’s Learning and Development Strategy and associated initiatives
- identifying training requirements across the Directorate
- procuring appropriate courses based on training needs of the Directorate
- 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
- successful workplace conversations
- psychosocial first aid
- trauma informed care
- writing for government
- diversity and inclusion
- domestic and family violence
- job-specific technical training
- best recruitment and selection processes
- Ngunnawal language training.

People Strategy and Culture Branch also developed and delivered a new induction program for new staff and returning staff to the Directorate providing key information and resources for staff entering the Directorate.

Future learning and development opportunities being considered include:

- coaching for leadership
- management fundamentals.

Studies assistance

The Directorate continued to support staff to undertake tertiary studies through the Studies Assistance Program. This program provides employees with paid and unpaid study leave and financial assistance. Significant work was undertaken to update the Studies Assistance Guidelines. A review of the guidelines is scheduled in the 2023–24 reporting period which will align with new enterprise agreements.

Staff wellbeing

Wellbeing and Employee Assistance Program

The Directorate values its people and is committed to their health, safety and wellbeing and to creating a safe, fair, respectful and inclusive workplace through policy and cultural changes.

In 2022–23, the Directorate launched its Wellbeing at Work Strategy, which includes:

- practical wellbeing and recovery activities
- co-design processes in the development of wellbeing initiatives
- wellbeing information in individual performance development plans
- promoting online mental health information, including the Mental Health Guru learning program
- wellbeing information and internal intranet resources.

Staff and their immediate family members can access the ACTPS Employee Assistance Program. The Employee Assistance Program providers offer free, professional and confidential counselling services to help staff experiencing work-related or personal issues. The Employee Assistance Program providers are also available to help managers and deliver programs to support teams.

The People Strategy and Culture Branch 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 9 staff, including our RED Network Executive Sponsor. In 2022, People Strategy and Culture team engaged with Directorate employees inviting expressions of interests in becoming a REDCO. 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
- workshop key issues raised by REDCOs
- share experiences
- explore new initiatives to support respect, equity and diversity
- discuss any trends arising in the Directorate.

These meetings are an opportunity for REDCOs to network and discover ways to build a positive workplace culture. Additional support is provided to the REDCO Network in the form of peer support, tools and resources.

Our workforce

Full-time equivalent and headcount by division

Table 46 shows the 2022–23 full-time equivalent (FTE) and headcount by division.

Table 46: Full-time equivalent and headcount by division

Division	FTE	Headcount
Corporate and Governance Division	71.9	74
Digital Solutions Division	275.8	283
Health System Planning and Evaluation	44.0	45
Infrastructure Communications and Engagement	53.6	55
Office for Mental Health and Wellbeing*	30.9	33
Office of the Director-General**	14.9	16
Office of the Deputy Director-General	51.7	58
Policy Partnerships & Programs	94.1	100
Population Health***	208.4	225
Total	845.3	889

* Mental Health and Suicide Prevention and Mental Health, Health Directorate combined

** Office of the Director-General includes members of our Ministerial and Government Services group

*** Population Health has absorbed the COVID-19 functions.

FTE and headcount by gender

Table 47 shows the 2022–23 FTE and headcount by gender.

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 47: FTE and headcount by gender

	Female	Male	Non-binary	Total
FTE by gender	529.2	313.9	2.4	845.5
Headcount by gender	564	322	3	889
Percentage of workforce	63.4%	36.2%	0.3%	100.0%

Headcount by classification and gender

Table 48 shows the 2022–23 headcount by classification and gender.

Table 48: Headcount by classification and gender

Classification group	Female	Male	Non-binary	Total
Administrative Officers	150	62	3	215
Senior Executives	22	12	0	34
General Service Officers and Equivalent	2	7	0	9
Health Professional Officers	65	38	0	103
Information Technology Officers	20	28	0	48
Legal Officers	0	1	0	1
Medical Officers	12	4	0	16
Nursing Staff	21	0	0	21
Senior Officers (includes Senior IT Officers)	271	169	0	440
Technical Officers	1	1	0	2
Total	564	322	3	889

Headcount by employment category and gender

Table 49 shows the 2022–23 headcount by employment category and gender.

Table 49: Headcount by employment category and gender

Employment category	Female	Male	Non-binary	Total
Casual	1	0	0	1
Permanent full-time	396	269	2	667
Permanent part-time	81	8	1	90
Temporary full-time	69	43	0	112
Temporary part-time	17	2	0	19
Total	564	322	3	889

Headcount by diversity group

Table 50 shows the 2022–23 headcount by diversity group.

Table 50: Headcount by diversity group

Diversity group	Headcount	Percentage of total staff
Aboriginal and/or Torres Strait Islander	18	2.0%
Culturally and linguistically diverse	210	23.6%
People with disability	40	4.5%

Headcount by age group and gender

Table 51 shows the 2022–23 headcount by age group and gender.

Table 51: Headcount by age group and gender

Age group	Female	Male	Non-binary	Total
Under 25	23	9	1	33
25–34	123	86	2	211
35–44	177	101	0	278
45–54	151	77	0	228
55 and over	90	49	0	139

Average length of service by gender (headcount)

Table 52 shows the average length of service by gender (headcount) in 2022–23.

Table 52: Average length of service by gender (headcount)

Average length of service (years)	Female	Male	Non-binary	Total
Average length of service	8.7	7.4	0.5	8.2

Recruitment and separation rates

Table 53 shows recruitment and separation rates in 2022–23.

Table 53: Recruitment and separation rates

	Recruitment rate	Separation rate
Directorate	16.2%	8.5%

Gender pay gap

Table 54 shows the gender pay gap in each classification group in 2022–23.

Table 54: Gender pay gap by classification

Classification group	Female average salary (\$)	Male average salary (\$)	Pay gap (%)
Administrative Officers	92,215	87,005	-6.0
Senior Executives	232,965	218,894	-6.4
General Service Officers and Equivalent	61,535	82,060	25
Health Professional Officers	118,750	125,952	5.7
Information Technology Officers	97,974	97,566	-0.4
Legal Officers	0	164,305	Not Applicable*
Medical Officers	205,176	208,381	1.5
Nursing Staff	127,879	0	Not Applicable*
Senior Officers (includes Senior IT Officers)	138,693	140,895	1.6
Technical Officers	71,289	66,970	-6.4
Total	126,947	127,297	0.3

* Only one gender is currently employed in the classification group in the Directorate.

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

B.12 Ecologically sustainable reporting

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](#)
- [ACT's Zero Emissions Vehicles Strategy 2022–30](#).

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 Zero Emissions Vehicles Strategy 2022–30. On 30 June 2023, the Directorate had 26 fleet vehicles, 9 electric, and one hybrid (petrol and electric). In 2022–23, there were 4 electric vehicle charge stations 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 2022–23, the Directorate continued planning for several major projects that will contribute to a zero-emissions health sector:

- the Canberra Hospital Master Plan (the Master Plan), which provides a 20-year pathway for the campus to become net zero emissions by 2040
- a new hospital in Canberra's North, which will be an all-electric facility
- Watson health precinct and eating disorders residential facility, which will be all-electric facilities
- a residential treatment centre for eating disorders, which will be all-electric.

The Directorate continued its planning work for a new northside hospital during 2022–23. The ACT Government has committed to beginning construction by mid-decade on the North Canberra Hospital campus. The new hospital will 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 2022–23, the Commissioner for Sustainability and the Environment conducted one investigation into the Directorate activities: *Can Canberra 'Burn Right Tonight' or is there 'no safe level of air pollution'? An Investigation into wood heater policy in the ACT*. The report was tabled in the ACT Legislative Assembly in March 2023.

Sustainable development performance

Table 55: Sustainable development performance

Indicator as at 30 June	Unit	2021–22	2022–23	Percentage change
Stationary energy usage				
Electricity use	Kilowatt-hours	1,555,637	1,613,306	3.71
Natural gas use (non-transport) *	Megajoules	5,425,795	2,839,823	-47.66
Diesel use (non-transport)	Kilolitres	0	0	0
Transport fuel usage				
Electric vehicles	Number	7	7	0
Hybrid vehicles	Number	2	1	-50
Hydrogen vehicles	Number	1	1	0
Total number of vehicles	Number	27	30	11.11
Fuel use – Petrol	Kilolitres	3.83	2.00	-47.78
Fuel use – Diesel	Kilolitres	14.00	16.88	-2.10
Fuel use – Liquid Petroleum Gas (LPG)	Kilolitres	0	0	0
Fuel use – Compressed Natural Gas (CNG)	Gigajoules	0	0	0
Water usage				
Water use	Kilolitres	5,437	2,987	-45.06
Resource efficiency and waste				
Reams of paper purchased	Reams	1,809	2,565	41.79
Recycled content of paper purchased	Percentage	55.66	37.94	-31.84
Waste to landfill	Litres	114,413	176,633	54.38
Co-mingled material recycled	Litres	958,841	864,778	-9.81

Indicator as at 30 June	Unit	2021-22	2022-23	Percentage change
Paper and cardboard recycled (including secure paper)	Litres	125,880	131,200	4.23
Organic material recycled	Litres	68,012	37,184	-45.33
Greenhouse gas emissions				
Emissions from electricity use	Tonnes CO ₂ -e	0	0	0
Emissions from natural gas use (non-transport) *	Tonnes CO ₂ -e	279.59	311	11.23
Emissions diesel use (non-transport)	Tonnes CO ₂ -e	0	0	0
Emissions from transport fuel use	Tonnes CO ₂ -e	47	57	21.28
Total emissions	Tonnes CO ₂ -e	416	437	5.05

Please note that some data reported for 2021-22 in the table above may differ slightly from figures reported in the 2021-22 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 estimates 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 – 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. Plug-in hybrid electric vehicles are considered zero-emissions vehicles under the ACT Government Fleet Procurement and Management Policy and are counted as zero-emission vehicles in reporting.

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

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Part C

Financial Management
Reporting

C.1 Financial management analysis

Management Discussion & Analysis for the ACT Health Directorate For the Year Ended 30 June 2023

General Overview

Purpose

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 to improve health service delivery 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 develops and implements strategies to meet community needs and expectations, striving for an innovative, effective and sustainable health service, now and into the future.

The Directorate's key functions include:

- 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;
- conducting public health system planning and evaluation for sustainable services, workforce and infrastructure, that supports effective resource allocation, innovation, and safe high-quality care;
- delivering Territory-wide health infrastructure strategy and design, including public hospital campus planning and planning for 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.

Risk Profile

The overarching strategic financial risk of not appropriately administering public money is managed through financial and governance controls that monitor 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 2021-22 and 2022-23, in addition to the forward estimates contained in the ACT 2023-24 Budget Statements.

Total Net Cost of Services

Table 1: Total Net Cost of Services with Forward Estimates

	Actual 2021-22 \$m	Original Budget 2022-23 \$m	Actual 2022-23 \$m	Forward Estimate 2023-24 \$m	Forward Estimate 2024-25 \$m	Forward Estimate 2025-26 \$m	Forward Estimate 2026-27 \$m
Total Expenditure	538.6	469.6	563.8	487.2	472.6	474.0	479.4
Total Own Source Revenue	207.1	147.1	231.9	149.0	152.5	153.8	157.8
Net Cost of Services	331.5	322.5	331.9	338.2	320.1	320.2	321.6

Comparison to 2022-23 Original Budget

The Directorate's net cost of services for 2022-23 of **\$331.9 million** was **\$9.4 million** or **2.9 per cent** higher than the 2022-23 Original Budget.

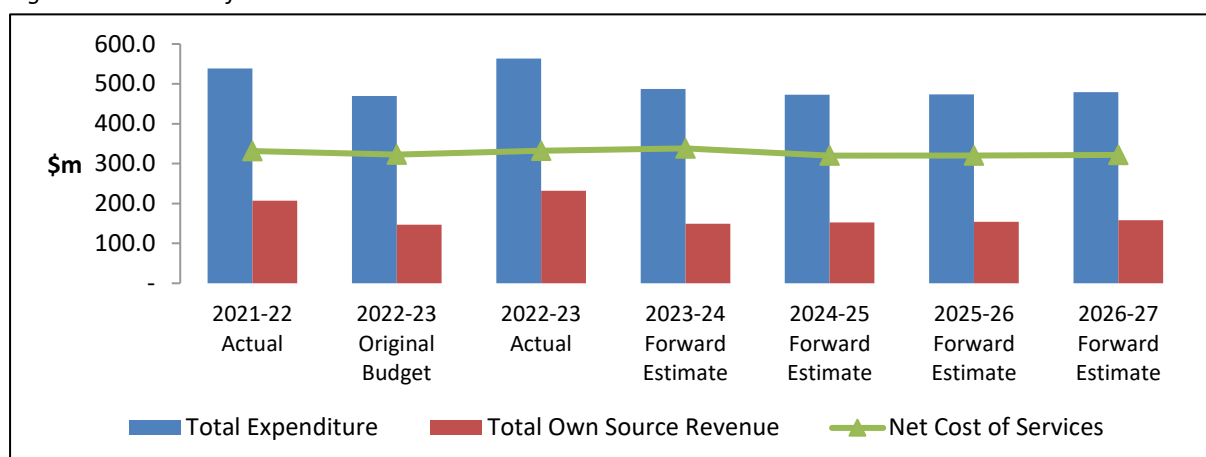
The increase was mainly due to COVID-19 related initiatives funded through the 2022-23 mid-year Budget Review and higher Computer and Communications expenses relating to systems upgrades, maintenance and projects including the Digital Health Record. These were partially offset by an increase in own source revenue relating to Cross Border Health receipts.

Comparison to 2021-22 Actual Net Cost of Services.

The Directorate's 2022-23 net cost of services increased by **\$0.4 million** or **0.1 per cent**.

Future Trends

Figure 1: Net Cost of Services



Net cost of services is expected to increase in 2023-24 followed by gradual adjustments over time in line with anticipated expenditure trends as outlined in the 2023-24 Budget Statements.

North Canberra Hospital

On 3 July 2023, the existing Calvary Public Hospital Bruce transitioned to Canberra Health Services and was renamed the North Canberra Hospital. This took effect due to the enactment of the *Health Infrastructure Enabling Act 2023* (the Act) on 2 June 2023.

The Act provides for the Territory to continue operating the hospital and requires the provision of compensation on a just terms basis to persons from whom an interest is acquired, including the public hospital land and other assets, any mortgage or other interest in the land or other assets, and other matters including termination of the network agreement, termination of contracts, any redundancies payable to employees and anything else prescribed by regulation.

Canberra Health Services, as the entity acquiring the ongoing operations of the public hospital, will be responsible for any compensation obligations relating to the acquisition of net assets while the ACT Health Directorate, as the entity representing the ACT Government in this matter, will provide compensation relating to other items outlined in the Act following negotiations between the Calvary Health Care ACT Limited and the ACT Government.

Total Expenditure

Components of Expenditure

The Directorate's total expenditure for 2022-23 was **\$563.8 million**. Figure 2 - Components of Expenditure indicates that most of the expenditure relates to grants and purchased services (42.7 per cent), supplies and services (28.5 per cent) and employee expenses inclusive of superannuation (24.0 per cent).

Figure 2: Components of Expenditure

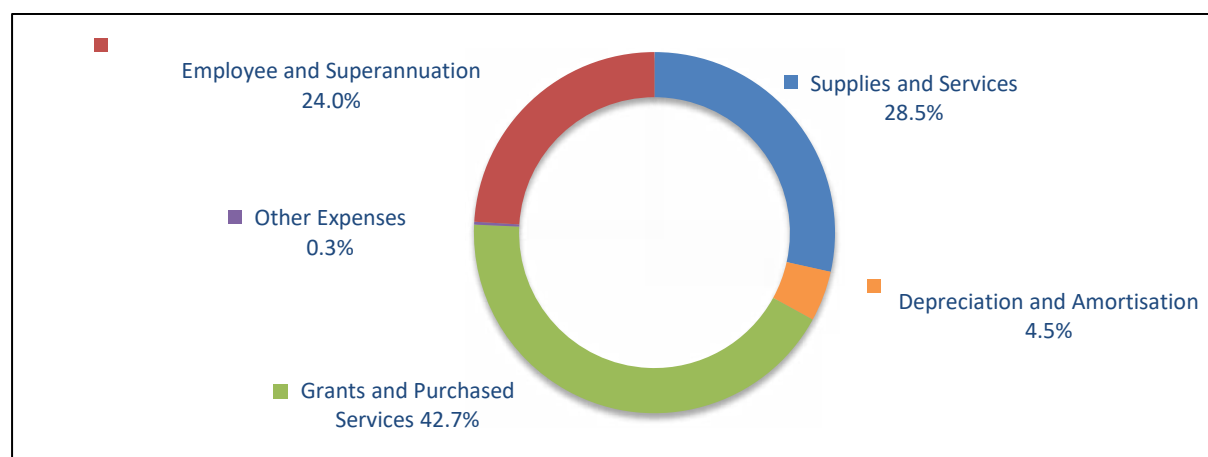


Table 2: 2022-23 Expenditure Variations from Original Budget

	Actual 2022 \$m	Actual 2023 \$m	Original Budget 2023 \$m	Budget Variance \$m
Employee and Superannuation	138.3	135.5	113.3	(22.2)
Supplies and Services	154.6	160.6	118.8	(41.8)
Depreciation and Amortisation	21.7	25.5	33.3	7.8
Grants and Purchased Services	221.0	240.8	202.1	(38.7)
Other Expenses	3.0	1.4	2.1	0.7
Total Expenditure	538.6	563.8	469.6	(94.2)

Comparison to 2022-23 Original Budget

Total expenditure of **\$563.8 million** was higher than the 2022-23 Original Budget by **\$94.2 million** or **20.0 per cent** primarily due to:

- higher 'Supplies and Services' expenses (\$41.8 million) for COVID-19 related initiatives and other vaccination programs funded through the 2022-23 mid-year Budget Review and expenses for ICT services (\$29.2 million) provided mainly to Canberra Health Services and Calvary Public Hospital relating to systems upgrades and maintenance;
- higher 'Grants and Purchased Services' (\$38.7 million) mainly relating to higher 'Transfers to the ACT Local Hospital Network (LHN)' due to an increase in Cross Border Health receipts on-passed during the year, 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 2022-23; and

- higher 'Employee and Superannuation' expenses (\$22.2 million) mainly due to additional staffing numbers and overtime support relating to the implementation of the Digital Health Record and for activities relating to the public health emergency response to COVID-19.

Comparison to 2021-22 Actual Expenditure

Expenditure for 2022-23 of **\$563.8 million** was higher than the 2021-22 expenditure by **\$25.2 million** or **4.7 per cent** primarily due to:

- higher 'Grants and Purchased Services' (\$19.8 million) mainly relating to higher 'Transfers to the ACT Local Hospital Network' due to an increase in Cross Border Health receipts on-passed during the year, resulting from a higher number of interstate residents being treated in ACT public hospitals and multiple prior year reconciliations being completed in 2022-23; and
- higher 'Supplies and Services' (\$6.0 million) mainly due to additional costs relating to ICT projects including the Digital Health Record.

Total Own Source Revenue

Components of Own Source Revenue

The Directorate's total own source revenue for 2022-23 was **\$231.9 million**. *Figure 3 - Components of Own Source Revenue* indicates that most of the own source revenue related to grants and contributions (95.3 per cent).

Figure 3: Components of Own Source Revenue

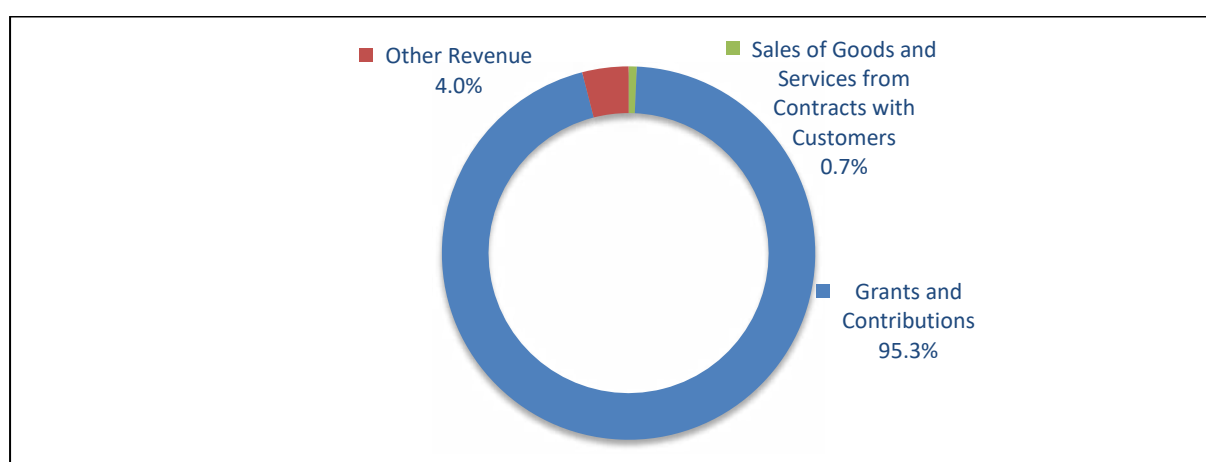


Table 3: 2022-23 Revenue Variations from Original Budget

	Actual 2022 \$m	Actual 2023 \$m	Original Budget 2023 \$m	Budget Variance \$m
Sales of Goods and Services from Contracts with Customers	1.9	1.6	20.1	(18.5)
Grants and Contributions	199.9	221.0	3.7	217.3
Other Revenue	5.3	9.3	123.3	(114.0)
Total Own Source Revenue	207.1	231.9	147.1	84.8

Comparison to 2022-23 Original Budget

Total own source revenue of **\$231.9 million** was higher than the 2022-23 Original Budget by **\$84.8 million** or **57.6 per cent**, mainly due to:

- the 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 2022-23. Budgets for Cross Border Health receipts were recorded under 'Other Revenue'; and
- additional funding received due to the extension of the *National Partnership on COVID-19 Response* agreement with the Commonwealth from September to December 2022.

Comparison to 2021-22 Actual Own Source Revenue

Own source revenue for 2022-23 of **\$231.9 million** was higher than the 2021-22 revenue by **\$24.8 million** or **12.0 per cent** mainly due to Cross Border Health receipts relating to multiple prior year reconciliations being completed in 2022-23.

Directorate Financial Position

Total Assets

Components of Total Assets

Total Assets at 30 June 2023 were **\$248.7 million**. *Figure 4 – Total Assets* indicates that majority of the Directorate's assets relate to intangible assets (44.2 per cent), property, plant and equipment (39.5 per cent), capital works in progress (10.9 per cent).

Figure 4: Total Assets

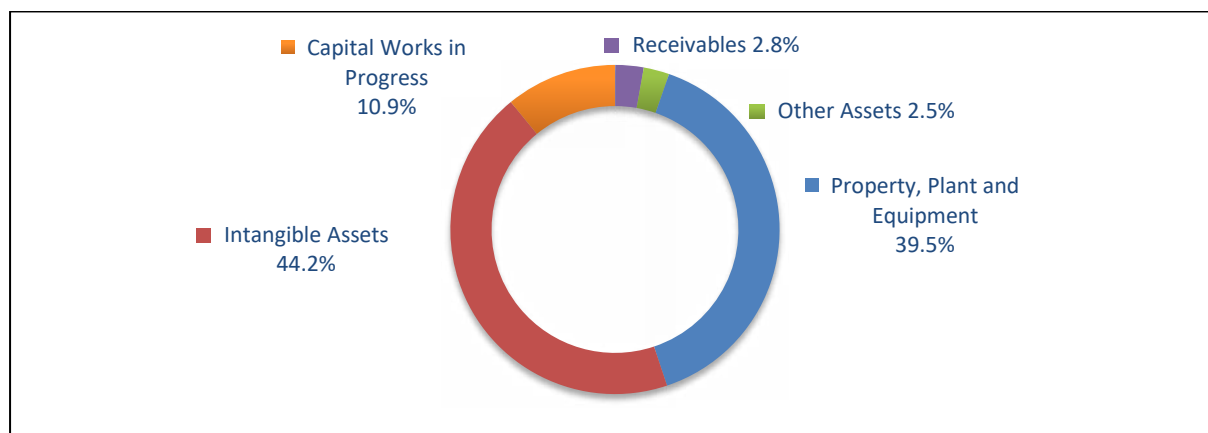


Table 4: 2022-23 Asset Variations from Original Budget

	Actual 2022 \$m	Actual 2023 \$m	Original Budget 2023 \$m	Budget Variance \$m
Cash	0.2	0.1	17.2	(17.1)
Receivables	3.0	6.9	3.8	3.1
Property, Plant and Equipment	84.1	98.3	92.5	5.8
Intangible Assets	17.1	110.0	98.2	11.8
Capital Works in Progress	90.3	27.1	50.1	(23.0)
Other Assets	10.7	6.3	3.0	3.3
Total Assets	205.4	248.7	264.8	(16.1)

Comparison to 2022-23 Original Budget

Total assets at 30 June 2023 of **\$248.7 million** was **\$16.1 million** lower than the 2022-23 Original Budget of **\$264.8 million** mainly relating to:

- Lower 'Capital Works in Progress' (\$23.0 million) mainly due to the completion of several computer software development projects during the year including the Digital Health Record and the Notifiable Diseases Management System; and
- lower 'Cash' balances (\$17.1 million) due to majority of funds being disbursed for expenses incurred during the year and the settlement of outstanding invoices from 2021-22; partially offset by
- higher 'Intangible Assets' (\$11.8 million) and 'Property, Plant and Equipment' (\$5.8 million) due to the increased number of assets created following the completion of several ICT projects and the increase in the value of land and building assets following the 2022-23 asset revaluation.

Comparison to 2021-22 Total Assets

Total assets for 2022-23 of **\$248.7 million** was higher than the 2021-22 total assets by **\$43.3 million** or **21.1 per cent**, mainly due to:

- higher 'Intangible Assets' (\$92.9 million) and 'Property, Plant and Equipment' (\$14.2 million) relating to the increased number of assets created following the completion of several computer software development projects during the year including the Digital Health Record and the increase in the value of land and building assets following the 2022-23 asset revaluation; partially offset by
- lower 'Capital Works in Progress' (\$63.2 million) mainly due to reduction in balances following the completion of the above-mentioned computer software development projects.

Total Liabilities

Components of Total Liabilities

Total Liabilities at 30 June 2023 were **\$86.3 million**. *Figure 5 – Total Liabilities* indicates that most of the Directorate's liabilities relate to employee benefits (48.4 per cent), payables (35.2 per cent) and other liabilities (11.3 per cent).

Figure 5: Total Liabilities

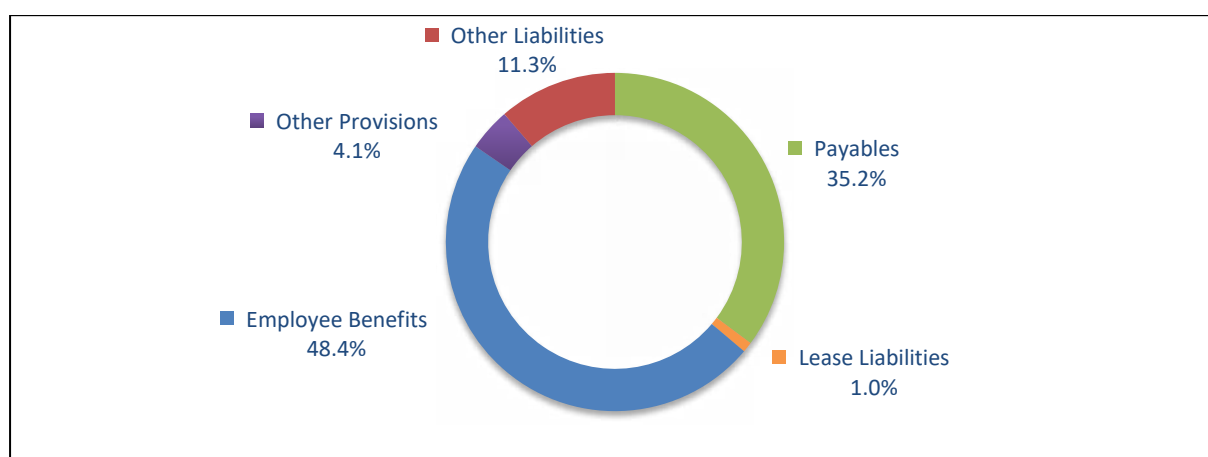


Table 5: 2022-23 Liability Variations from Original Budget

	Actual 2022 \$m	Actual 2023 \$m	Original Budget 2023 \$m	Budget Variance \$m
Payables	31.9	30.4	20.4	(10.0)
Lease Liabilities	1.5	0.8	2.5	1.7
Employee Benefits	41.9	41.8	47.2	5.4
Other Provisions	2.8	3.5	0.1	(3.4)
Other Liabilities	10.9	9.8	10.8	1.0
Total Liabilities	89.0	86.3	81.0	(5.3)

Comparison to 2022-23 Original Budget

Liabilities at 30 June 2023 of **\$86.3 million** were **\$5.3 million** higher than the 2022-23 Original Budget of **\$81.0 million**, mainly due to:

- higher 'Payables' (\$10.0 million) relating to outstanding payments for ICT software licensing, support and capital purchases, partially offset by;
- lower 'Employee Benefits' (\$5.4 million) mainly due to a reduction in leave liabilities resulting from a high utilisation of accumulated leave and a decrease in the rate used to estimate the present value of leave liabilities.

Comparison to 2021-22 Total Liabilities

Total liabilities for 2022-23 of **\$86.3 million** were lower than the 2021-22 total liabilities by **\$2.7 million** or **3.0 per cent**.

Net Assets

Net assets at 30 June 2023 were **\$162.4 million**. This was **\$21.4 million** lower than the **\$183.8 million** budgeted, due to the combined impact of the reasons listed above.

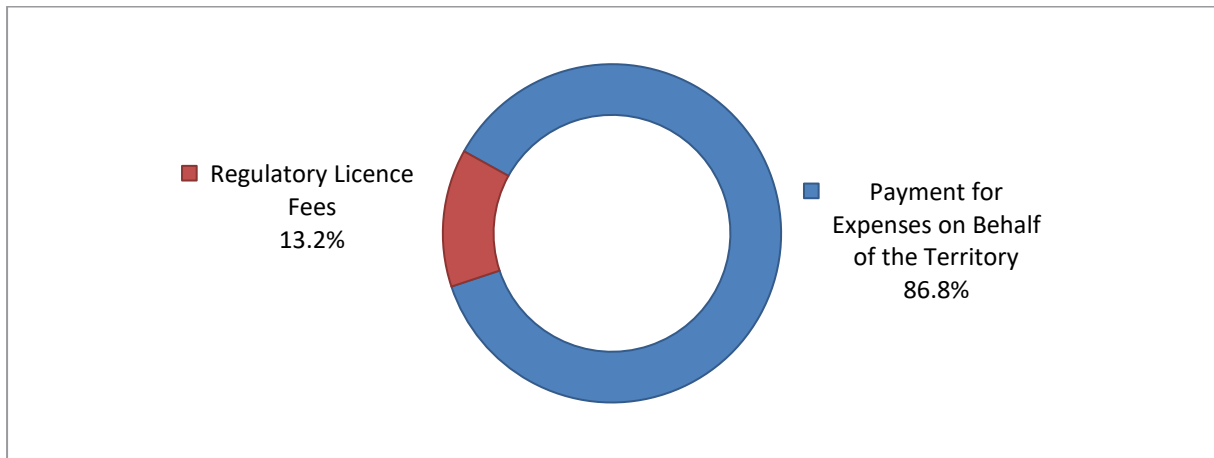
Territorial Statement of Revenue and Expenses

The activities whose funds flow through the Directorate's Territorial accounts, represent the receipt of regulatory licence fees and the payment of monies for capital works to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

Total Income

The total Territorial income for 2022-23 was **\$13.4 million**. *Figure 6 – Sources of Territorial Revenue* indicates that **86.8 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 2022-23 Original Budget

Total Territorial income of **\$13.4 million** was lower than the 2022-23 Original Budget of **\$17.0 million** by **\$3.6 million** due to lower than anticipated appropriation drawn relating to the Calvary Critical Infrastructure project in line with amended project schedules.

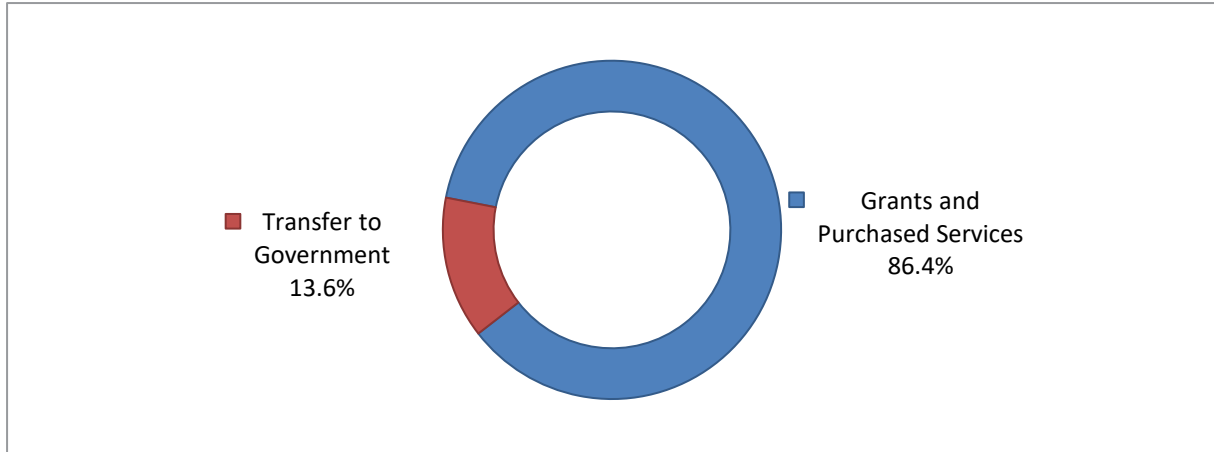
Comparison to 2021-22 Actual Revenue

Total Territorial revenue of **\$13.4 million** was higher than the total revenue in 2021-22 of **\$8.0 million** by **\$5.4 million** mainly due to higher appropriation drawn for payments relating to the Calvary Critical Infrastructure Project in line with amended project schedules.

Total Expenses

The total Territorial expenditure for 2022-23 was **\$13.1 million**. *Figure 7 – Sources of Territorial Expenses* indicates that **86.4 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 2022-23 Original Budget and 2021-22 Actual Expenses

Total expenses of **\$13.1 million** was lower than the 2022-23 Original Budget by **\$3.9 million** and higher than 2021-22 total expenses of **\$8.0 million** by **\$5.1 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 2023

ACT Health Directorate

Financial Statements

For The Year Ended

30 June 2023

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 2023 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 2023, 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
26 September 2023

**ACT HEALTH DIRECTORATE
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

Statement of Responsibility

In my opinion, the ACT Health Directorate's financial statements fairly reflect the financial operations for the year ended 30 June 2023 and its financial position on that date.

RM Cross

Rebecca Cross

Director-General

ACT Health Directorate

21 September 2023

**ACT HEALTH DIRECTORATE
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

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 2023 and the financial position on that date.


Mukunthan Ganeshalingam

Chief Finance Officer

ACT Health Directorate

21 September 2023

ACT Health Directorate

Controlled Financial Statements

**For the Year Ended
30 June 2023**

ACT HEALTH DIRECTORATE

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FOR THE YEAR ENDED 30 JUNE 2023

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Balance Sheet
Statement of Changes in Equity
Statement of Cash Flows
Statement of Appropriation

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**ACT HEALTH DIRECTORATE
OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 2023**

	Note No.	Actual 2023 \$'000	Original Budget 2023 \$'000	Actual 2022 \$'000
Income				
Controlled Recurrent Payments	#	312 048	286 567	290 634
Sales of Goods and Services from Contracts with Customers		1 641	20 133	1 873
Grants and Contributions Revenue	3, 24	220 949	3 673	199 873
Other Income	24	9 287	123 285	5 287
Total Income		543 925	433 658	497 667
Expenses				
Employee Expenses	4, 24	135 513	113 353	138 312
Supplies and Services	5, 24	160 588	118 765	154 563
Depreciation and Amortisation	10, 11	25 464	33 359	21 653
Grants and Purchased Services	6, 24	240 799	202 075	221 037
Other Expenses	7	1 437	2 084	3 021
Total Expenses		563 801	469 636	538 586
Operating Result		(19 876)	(35 978)	(40 919)
Other Comprehensive Income				
<i>Items that will not be reclassified subsequently to profit or loss</i>				
Increase in the Asset Revaluation Surplus	10	673	-	1 387
Total Other Comprehensive Result		673	-	1 387
Total Comprehensive Result		(19 203)	(35 978)	(39 532)

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 2023**

	Note No.	Actual 2023 \$'000	Original Budget 2023 \$'000	Actual 2022 \$'000
Current Assets				
Cash	8	79	17 226	236
Receivables	9	6 950	3 835	3 096
Other Assets	13	6 290	3 012	10 693
Total Current Assets		13 319	24 073	14 025
Non-Current Assets				
Property, Plant and Equipment	10	98 341	92 453	84 061
Intangible Assets	11	109 978	98 152	17 072
Capital Works in Progress	12, 24	27 123	50 124	90 278
Total Non-Current Assets		235 442	240 729	191 411
Total Assets		248 761	264 802	205 436
Current Liabilities				
Payables	14	30 377	20 353	31 853
Lease Liabilities		427	1 813	868
Employee Benefits	15	39 901	45 618	39 927
Other Liabilities	17	1 703	1 739	1 726
Total Current Liabilities		72 408	69 523	74 374
Non-Current Liabilities				
Lease Liabilities		410	721	634
Employee Benefits	15	1 857	1 615	1 996
Other Provisions	16	3 542	110	2 832
Other Liabilities	17	8 093	9 048	9 131
Total Non-Current Liabilities		13 902	11 494	14 593
Total Liabilities		86 310	81 017	88 967
Net Assets		162 451	183 785	116 469
Equity				
Accumulated Funds	24	143 451	166 845	98 142
Asset Revaluation Surplus		19 000	16 940	18 327
Total Equity		162 451	183 785	116 469

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 2023**

	Note No.	Accumulated Funds Actual 2023 \$'000	Asset Revaluation Surplus Actual 2023 \$'000	Total Equity Actual 2023 \$'000	Total Equity Original Budget 2023 \$'000
Balance at 1 July 2022		98 142	18 327	116 469	130 573
Comprehensive Income					
Operating Result		(19 876)	-	(19 876)	(35 978)
Increase/(Decrease) in the Asset Revaluation Surplus	10	-	673	673	-
Total Comprehensive Result		(19 876)	673	(19 203)	(35 978)
Transfer to/(from) reserves		-	-	-	-
Transactions Involving Owners Affecting Accumulated Funds					
Capital Injections	#	65 185	-	65 185	89 190
Total Transactions Involving Owners Affecting Accumulated Funds		65 185	-	65 185	89 190
Balance at 30 June 2023		143 451	19 000	162 451	183 785

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

Refer to the Statement of Appropriation.

**ACT HEALTH DIRECTORATE
STATEMENT OF CHANGES IN EQUITY (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2023**

		Asset	
	Accumulated	Revaluation	Total
	Funds	Surplus	Equity
	Actual	Actual	Actual
Note	2022	2022	2022
No.	\$'000	\$'000	\$'000
Balance at 1 July 2021	96 444	16 940	113 384
Comprehensive Income			
Operating Result	(40 919)	-	(40 919)
Increase in the Asset Revaluation Surplus	10 -	1 387	1 387
Total Comprehensive Result	(40 919)	1 387	(39 532)
Transactions Involving Owners Affecting Accumulated Funds			
Capital Injections	# 42 430	-	42 430
Net Assets transferred in as part of Other Transfers ^a	187	-	187
Total Transactions Involving Owners Affecting Accumulated Funds	42 617	-	42 617
Balance at 30 June 2022	98 142	18 327	116 469

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.

Refer to the Statement of Appropriation.

**ACT HEALTH DIRECTORATE
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2023**

	Note No.	Actual 2023 \$'000	Original Budget 2023 \$'000	Actual 2022 \$'000
Cash Flows from Operating Activities				
Receipts				
Controlled Recurrent Payments		312 048	286 567	290 634
Sales of Goods and Services from Contracts with Customers		1 619	20 133	1 889
Grants and Contributions Receipts	24	217 918	119 124	191 389
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		18 311	15 113	17 487
Goods and Services Tax Collected from Customers		119	681	477
Other		7 503	4 165	5 140
Total Receipts from Operating Activities		557 518	445 783	507 016
Payments				
Employee Payments	24	135 327	107 630	131 322
Supplies and Services	24	154 550	115 757	139 422
Grants and Purchased Services	24	241 747	202 075	224 592
Goods and Services Tax Paid to Suppliers		18 525	15 794	17 691
Other		1 715	2 084	2 926
Total Payments from Operating Activities		551 864	443 340	515 953
Net Cash Inflows/(Outflows) from Operating Activities	8	5 654	2 443	(8 937)
Cash Flows from Investing Activities				
Receipts				
Proceeds from the Sale of Property, Plant and Equipment		44	-	184
Total Receipts from Investing Activities		44	-	184
Payments				
Purchase of Property, Plant and Equipment		36 074	87 056	169
Purchase of Capital Works		34 053	4 752	48 881
Total Payments from Investing Activities		70 127	91 808	49 050
Net Cash (Outflows) from Investing Activities		(70 083)	(91 808)	(48 866)

**ACT HEALTH DIRECTORATE
STATEMENT OF CASH FLOWS (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2023**

	Note No.	Actual 2023 \$'000	Original Budget 2023 \$'000	Actual 2022 \$'000
Cash Flows from Financing Activities				
Receipts				
Capital Injections	24	65 185	89 190	42 430
Total Receipts from Financing Activities		65 185	89 190	42 430
Payments				
Repayment of Lease Liabilities - Principal		914	55	2 063
Total Payments from Financing Activities		914	55	2 063
Net Cash Inflows from Financing Activities		64 271	89 135	40 367
Net (Decrease) in Cash		(157)	(230)	(17 435)
Cash at the Beginning of the Reporting Period		236	17 456	17 671
Cash at the End of the Reporting Period	8	79	17 226	236

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 2023

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 2023 \$'000	Total Appropriated 2023 \$'000	Total Appropriation Drawn 2023 \$'000	Appropriation Drawn 2022 \$'000
Controlled				
Controlled Recurrent Payments	286 567	319 152	312 048	290 634
Capital Injections	89 190	83 350	65 185	42 430
Total Controlled Appropriation	375 757	402 502	377 233	333 064

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 \$24.4 million appropriation to support the public health response. This included funding for baseline surveillance requirements, provision of testing and support for individuals diagnosed with COVID-19 in the community and implementation of proportionate public health and safety measures. These amounts were supplemented by the Commonwealth Government through the National Partnership on COVID-19 Response (NPCR) agreement which expired in December 2022.

Reconciliation of Appropriation for 2022-23	Controlled Recurrent Payments \$'000	Capital Injections \$'000
Original Budget Appropriation for 2022-23	286 567	89 190
Transfer of funds from Capital Injection Appropriation to other Appropriations within entity (FMA s.14A)	11 570	(11 570)
Treasurer's Advance (FMA s.18)	4 000	-
Supplementary Appropriation (FMA s.13)	17 015	5 730
Total Appropriated	319 152	83 350
Controlled Appropriation Drawn	312 048	65 185

FMA - Financial Management Act 1996

ACT HEALTH DIRECTORATE CONTROLLED STATEMENT OF APPROPRIATION FOR THE YEAR ENDED 30 JUNE 2023

Controlled Recurrent Payments

Variances between 'Original Budget' and 'Total Appropriated'

The difference between 'Original Budget' and 'Total Appropriated' of \$32.6 million is mainly due to:

- additional appropriation received through the mid-year budget review and a Treasurer's Advance for multiple initiatives including, 'Continuing the COVID-19 Public Health Support Package', other vaccination programs and the North Canberra Hospital transition; and
- transfers from Capital Injections to Controlled Recurrent Payments to supplement funding requirements for the North Canberra Hospital transition, operational readiness activities of the Digital Health Record and expenses relating to the Notifiable Diseases Management System.

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between 'Total Appropriated' and 'Appropriation Drawn' of \$7.1 million mainly relates to appropriation for multiple projects and initiatives being transferred from 2022-23 to 2023-24 due to delays in procurement activities and amended project schedules.

Variances between '2022-23 and 2021-22 Controlled Recurrent Payments Appropriation Drawn'

The increase in 'Appropriation Drawn' between 2021-22 and 2022-23 of \$21.4 million is mainly due to an increase for indexation and new initiatives.

Capital Injections

Variances between 'Original Budget' and 'Total Appropriated'

The difference between 'Original Budget' and 'Total Appropriated' of \$5.8 million is mainly due to appropriation transferred to Controlled Recurrent Payments during the year and unutilised appropriation from 2021-22 being transferred to 2022-23.

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between 'Total Appropriated' and 'Appropriation Drawn' of \$18.2 million is mainly due to Capital Injections for multiple projects being transferred from 2022-23 to 2023-24.

Variances between '2021-22 and 2022-23 Capital Injections Appropriation Drawn'

The increase in 'Appropriation Drawn' between 2021-22 and 2022-23 of \$22.8 million is mainly due to additional Capital Injections received by the Directorate for multiple projects including 'Notifiable Diseases Management System', 'Digital Health Record' and 'North Canberra Hospital Development'.

ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 1. Objectives of the ACT Health Directorate

Purpose

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 to improve health service delivery 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 develops and implements strategies to meet community needs and expectations, striving for an innovative, effective and sustainable health service, now and into the future.

The Directorate's key functions include:

- 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;
- conducting public health system planning and evaluation for sustainable services, workforce and infrastructure, that supports effective resource allocation, innovation, and safe high-quality care;
- delivering Territory-wide health infrastructure strategy and design, including public hospital campus planning and planning for 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.

ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

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 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 Directorate during the reporting period 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.

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, which is the Directorate's functional currency.

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 2023

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 2023 together with the financial position of the Directorate as at 30 June 2023.

Comparative Figures

Budget Figures

To facilitate a comparison with the Budget Papers, as required by the *Financial Management Act 1996*, budget information for 2022-23 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the 2022-23 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 2022-23 financial statements have been prepared on a going concern basis as the Directorate has been funded in the ACT Government 2023-24 Budget and Budget Papers include forward estimates for the Directorate.

COVID-19 Impacts

ACT Health 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 pandemic levels with a higher amount of grant funding being received from the Commonwealth Government for additional employees as well as additional supply and service costs.

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 2023

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 2023

Note 3. 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.

Shared Services Resource Received Free of Charge

The Directorate is required by the ACT Government to use Shared Services for its financial and HR processing. Shared Services is part of Chief Minister, Treasury and Economic Development Directorate. 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 AHD does not have to pay for these services.

Project Management Services provided by Major Projects Canberra (MPC)

MPC provides procurement and infrastructure delivery services to the Directorate free of charge. MPC is directly appropriated to deliver these services and as such, the Directorate is required to use these services. The fair value of these services provided are capitalised on the Balance Sheet as they are directly attributable to the creation of the assets for which the service is provided.

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 whole of government communications and engagement services, emergency network access, records management, fleet care for emergency vehicles and ACT Land Information System search services. Fair value of these services were provided by the respective Directorates.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 3. Grants and Contributions Revenue (Continued)

Other Grants and Contributions

The Directorate has determined that the agreements/arrangements relating to 'Other Grants and Contributions' line items included in this note are not enforceable and they do not contain sufficiently specific performance obligations for recognising revenue from contracts with customers under AASB 15. None of the arrangements require the Directorate to provide an equal amount in return for the consideration received. As such, AASB 1058 has been applied for recognising this revenue. This revenue is recognised upon receipt of the donation and the grant funding line item.

The Directorate received funding from the ACT Local Hospital Network (LHN) for the provision of public health services, health promotion and preventive activities and funding relating to the *National Partnership on COVID-19 Response* (NPCR) agreement.

The Directorate also received Cross Border (Interstate) Health revenue from the National Health Funding Pool on behalf of the Australian Capital Territory for the provision of public hospital services to interstate residents. This revenue may be 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 (\$11.9 million) to support activities relating to the public health response to COVID-19, including the vaccination program, coordinating quarantine facilities, pop-up testing clinics and additional special purpose cleaning services provided across the Territory during the first half of 2022-2023.

	2023	2022
	\$'000	\$'000
Resources Received Free of Charge		
Legal Services	1 018	1 651
Finance Services Provided by Shared Services	720	766
Human Resources Services Provided by Shared Services	1 027	1 100
COVID-19 Administration and Logistical Support ^a	-	496
Project Management Services provided by Major Projects Canberra ^b	769	-
Other Resources Received Free of Charge	206	210
Total Resources Received Free of Charge	3 740	4 223
Other Grants and Contributions		
Local Hospital Network Funding ^c	21 151	41 770
Transfers from the ACT Local Hospital Network ^d	190 769	139 485
Grants without Sufficient Performance Obligations ^e	5 240	10 527
Donations	49	50
Contributions of ICT Services ^f	-	3 818
Total Other Grants and Contributions	217 209	195 650
Total Grants and Contributions	220 949	199 873

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 3. Grants and Contributions Revenue (Continued)

Resources Provided Free of Charge

The Directorate provided ICT services free of charge to Canberra Health Services and Calvary Public Hospital throughout the financial year. These services have been recognised in the Directorate's Operating Statement as expenses in the relevant expense line items. Therefore, the figures included in this note are disclosures only and the total Resources Provided Free of Charge does not appear as a separate line item in the Operating Statement.

	2023	2022
	\$'000	\$'000
Resources Provided Free of Charge		
ICT services to Canberra Health Services	70 531	68 356
Total Provided to Canberra Health Services	70 531	68 356
ICT services to Calvary Public Health	12 747	11 352
Total Provided to Calvary Public Hospital	12 747	11 352
Total Resources Provided Free of Charge ^g	83 278	79 708

- a. 'COVID-19 Administration Support' received free of charge in 2021-22 relates to staffing resources provided to the Health Emergency Coordination Centre by other ACT Government Agencies. No resources were received in 2022-23.
- b. 'Project Management Services' received free of charge relates to procurement and contract management services provided by Major Projects Canberra.
- c. The decrease in 'Local Hospital Network Funding' of \$20.6 million mainly relates to lower funding receipts through the NPCR due to the gradual scale back of the Territory's public health emergency response to COVID-19 and the NPCR ceasing at the end of December 2022.
- d. The increase in 'Transfers from the ACT Local Hospital Network' of \$51.3 million is mainly due to the receipt of additional Cross Border Health revenue following activity reconciliations for prior years being completed with final back-adjustment payments being settled in 2022-23 and an increase in interstate residents treated in ACT public hospitals.
- e. The decrease in 'Grants without Sufficient Performance Obligations' of \$5.3 million relates to additional funding received from the Territory in 2021-22 for the public health emergency response to COVID-19.
- f. 'Contributions of ICT Services' in 2021-22 relates to professional software support services received free of charge from EPIC Systems Melbourne Pty Ltd for the COVID-19 vaccination booking system. No services were received in 2022-23.
- g. The increase in 'Total Resources Provided Free of Charge' of \$3.6 million mainly relates to the increase in costs for ICT services provided to Canberra Health Services and Calvary Public Hospital relating to systems upgrades and maintenance due to indexation.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 4. Employee Expenses

Description and Material Accounting Policies Relating to Employee Expenses

Employee benefits include:

- short-term employee benefits such as wages and salaries, annual leave loading, and applicable on-costs, if expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related services;
- other long-term benefits such as long service leave and annual leave.

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 2022-23, an average of 86.6 full-time equivalent staff (FTE) were deployed by the Directorate as part of the public health emergency response to COVID-19 with a material impact on employee expenses of \$14.4 million.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 4. Employee Expenses (Continued)

	2023	2022
	\$'000	\$'000
Wages and Salaries ^a	111 671	107 317
Annual Leave Expense ^b	928	5 884
Long Service Leave Expense ^b	461	2 572
Workers' Compensation Insurance Premium	1 349	1 077
Termination Expense	-	336
Superannuation Contributions to the Territory Banking Account	8 290	8 000
Productivity Benefit	706	680
Superannuation to External Providers	10 723	10 498
Other Employee Benefits and On-Costs	1 385	1 948
Total Employee Expenses	135 513	138 312
	No.	No.
Average full-time equivalent staff (FTE) staff levels during the year were:	943	968

- a. The increase 'Wages and Salaries' of \$4.4 million is mainly due to Enterprise Agreement pay rises and additional overtime support relating to the implementation of the Digital Health Record.
- b. The decrease in 'Annual Leave Expense' of \$5.0 million and 'Long Service Leave Expense' of \$2.1 million is mainly due to decreases in the rates used to estimate the present value of leave liabilities, decrease in eligible staff numbers and a decrease in leave liabilities during the year resulting from high utilisation of accumulated leave following COVID-19 public health restrictions being lifted.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 5. 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.

	2023	2022
	\$'000	\$'000
Cleaning Services	1 025	1 291
Clinical Expenses/Medical Surgical Supplies ^a	12 054	17 060
Communications ^a	5 042	6 600
Computer Expenses ^b	93 504	76 208
Contractors and Consultants ^b	15 647	12 990
General Administration ^a	8 761	12 149
Hire Charges ^a	3 717	12 425
ICT Equipment and Rental Charges ^b	5 602	1 629
Lease Rental Payments	3 459	3 905
Legal Expenses	1 922	1 672
Repairs and Maintenance	3 613	3 314
Staff Development and Recruitment	2 746	1 858
Other	3 496	3 462
Total Supplies and Services	160 588	154 563

- a. The decrease in 'Clinical Expense/Medical Surgical Supplies' of \$5.0 million, 'General Administration' of \$3.4 million, 'Hire Charges' of \$8.7 million and 'Communications' of \$1.6 million mainly relates to lower expenses for COVID-19 quarantine, testing, vaccination centres including pop-up clinics, medical equipment purchase and lower utilisation of text messaging services due to the gradual scale back of the Territory's COVID-19 Public Health Emergency response during the year.
- b. The increase in 'Computer Expenses' of \$17.3 million, 'Contractors and Consultants' of \$2.7 million and 'ICT Equipment and Rental Charges' of \$4.0 million mainly relates to ICT systems upgrades and maintenance services provided to the Territory's public hospitals and additional costs for the implementation of multiple ICT Systems including the Digital Health Record and the Notifiable Diseases Management System.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 6. 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.

	2023	2022
	\$'000	\$'000
Recurrent Grants		
Grants ^a	2 195	8 344
Total Grants	2 195	8 344
Purchased Services		
Non-Government Organisations ^b	76 475	72 160
Payments to Service Providers	1 557	1 048
Transfers to the ACT Local Hospital Network ^c	160 572	139 485
Total Purchased Services	238 604	212 693
Total Grants and Purchased Services	240 799	221 037

- a. The decrease in 'Grants' of \$6.1 million is mainly due to lower Commonwealth funding on-passed to other ACT Government Agencies for COVID-19 related activities during the year following the gradual scale back of the Territory's public health emergency response.
- b. The increase in 'Non-Government Organisations' of \$4.3 million is mainly due to higher expenses relating to new initiatives and indexation.
- c. The increase in 'Transfers to the ACT Local Hospital Network' of \$21.1 million is mainly due to the on-passing of additional Cross Border Health revenue received during the year.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 7. Other Expenses

Description and Material Accounting Policies Relating to Other Expenses

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 – Non-Financial 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 10 '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 9 Receivables*).

	2023	2022
	\$'000	\$'000
Waivers	-	5
Impairment Losses		
Expected Credit Loss Expense - Accounts Receivables (see <i>Note 9</i>)	(13)	(70)
Expected Credit Loss Expense - Plant and Equipment (see <i>Note 10</i>)	606	19
Write-offs		
Irrecoverable Debts	2	120
Losses arising from Sale of Assets	6	6
Expenses arising from a change in Make Good Provision estimate ^a	710	2 722
Other Expenses	126	219
Total Other Expenses	1 437	3 021

- a. The decrease in "Expenses arising from a change in Make Good Provision estimate" of (\$2.0 million) relates to higher expenses recorded in 2021-22 due to the revision of the estimated amount to dismantle and dispose of the leasehold improvements in the Directorate's leased office building.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

Note 7. Other Expenses (Continued)

	No.	2023 \$'000	No.	2022 \$'000
Breakdown of Waivers				
Waiver of Hotel Quarantine Charges	-	-	15	5
Total Waivers		-		5

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 8. Cash

Description and Material Accounting Policies Relating to Cash

Cash

The Directorate holds one bank account with the Westpac Bank as part of the Whole-of-Government banking arrangements. As part of these arrangements, the Directorate does not receive any interest on this account, as the account held is a Set-Off Account. Cash includes cash at bank and cash on hand.

(a) Cash Balances

	2023 \$'000	2022 \$'000
Current Cash		
Cash on Hand	3	3
Deposits Held at Call with a Financial Institution	76	233
Total Cash	79	236

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 8. 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.

	2023	2022
	\$'000	\$'000
Total Cash Recorded in the Balance Sheet	79	236
Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows	79	236

(c) Reconciliation of the Operating Result to the Net Cash Inflows/(Outflows) from Operating Activities

Operating Result	(19 875)	(40 919)
Add/(Less) Non-Cash Items		
Depreciation of Property, Plant and Equipment	6 413	5 707
Amortisation of Intangibles	19 050	15 947
Bad and Doubtful Debts	(11)	55
Finance Cost on Make Good	710	2 722
Lease Incentives	(1 039)	(1 039)
Assets transferred from Other ACT Government Entities	1 712	6
Add/(Less) Items Classified as Investing or Financing		
Net Gain on Disposal of Non-Current Assets	568	(90)
Finance Lease Charges	25	35
Gains from the Contribution of Assets	(1 712)	(68)
Accrual for Capital Works	1 942	(2 237)
Accrual for Property, Plant and Equipment	15	563
Cash Before Changes in Operating Assets and Liabilities	7 798	(19 318)
Changes in Operating Assets and Liabilities		
(Increase)/Decrease in Receivables	(3 843)	361
Decrease/(Increase) in Other Assets	4 403	(7 847)
(Decrease)/Increase in Payables	(1 478)	11 998
(Decrease)/Increase in Employee Benefits	(164)	6 921
(Decrease) in Other Liabilities	(1 062)	(1 052)
Net Changes in Operating Assets and Liabilities	(2 144)	10 381
Net Cash Inflows from Operating Activities	5 654	(8 937)

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 8. Cash (Continued)

	2023	2022
	\$'000	\$'000
(d) Non-Cash Financing and Investing Activities		
Acquisition of Assets by Assuming Liabilities or by Means of a Lease	223	1 144
(e) Reconciliation of Lease liabilities arising from financing activities		
Carrying Amount at the Beginning of the Reporting Period	(1 502)	(2 365)
Cash Flow Changes:		
- Cash Paid	913	2 063
Non-Cash Changes:		
- New Leases	(223)	(1 144)
- Disposals	80	126
- Depreciation Writeback	(80)	(126)
- Other Movements	(25)	(56)
Carrying Amount at the End of the Reporting Period	(837)	(1 502)

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 9. 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 7 '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 7 '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 Directorate applied the simplified approach under *AASB 9 Financial Instruments*, meaning that 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.

The Directorate has made a significant estimate in the calculation of the expected credit loss allowance 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.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 9. Receivables (Continued)

	2023	2022
	\$'000	\$'000
Current Receivables		
Trade and Other Receivables	5 911	1 962
Less: Expected Credit Loss Allowance	(3)	(16)
	5 908	1 946
Accrued Revenue	-	203
Net GST Receivable	1 042	947
Total Current Receivables	6 950	3 096
Total Receivables ^a	6 950	3 096

a. The increase in 'Receivables' of \$3.9 million mainly relates to outstanding receipts from Canberra Health Services for project based ICT services provided during the year.

Expected Credit Loss Allowance

Ageing of Receivables

Ageing of Receivables	Total	Days Past Due				
		Not Overdue	1-30 Days	31-60 Days	61-90 days	>91 Days
30 June 2023						
Expected credit loss rate						
Trade Receivables		0.8%	1.5%	3.0%	7.5%	11.2%
Estimated total gross carrying amount at default (\$'000)	1 489	1 475	8	-	-	6
Expected credit loss allowance (\$'000)	(3.3)	(2.5)	(0.1)	-	-	(0.7)
30 June 2022						
Expected credit loss rate						
Trade Receivables		1.7%	3.1%	5.2%	12.6%	37.2%
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)

	2023	2022
	\$'000	\$'000
Reconciliation of the Loss Allowance Accounts Receivable		
Expected Credit Loss Allowance at the Beginning of the Reporting Period	16	86
Expected Credit Loss Expense	67	21
Reduction in Allowance from Amounts Recovered During the Reporting Period	(80)	(91)
Expected Credit Loss Allowance at the End of the Reporting Period	3	16

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 Expected Credit Loss Allowance as shown in the table above.

ACT HEALTH DIRECTORATE

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 10. Property, Plant and Equipment

Description and Material Accounting Policies relating to Property, Plant and Equipment

The Directorate has the following Six classes of assets. Property, Plant and Equipment does not include assets held for sale or investment property.

- *Land* is defined as the ground, including the soil covering, land under roads and railway lines, and any associated surface waters. Land includes leasehold land held by the Directorate.
- *Buildings* are structures that have a roof and walls which stand permanently in one place. These structures are separately identifiable from the land they are constructed upon and as such do not include this land. Buildings held by the directorate include community health centres and land Improvements including car parks, retaining walls, and landscaping adjoining a building. Right-of-use building assets are not included in the building asset class.
- *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* are tangible assets like machinery, apparatus, appliances, containers, implements or tools that are used by the Directorate to produce goods or assist in providing services to the community. Plant and Equipment are assets that are used directly by the Directorate rather than directly by the general community. Plant and Equipment tend to be smaller and more mobile in nature than other types of property, plant and equipment like buildings, roads and land. Plant and Equipment includes motor vehicles, medical equipment, mobile plant, office and computer equipment, furniture and fittings, and other mechanical and electronic equipment. Right-of-use plant and equipment are not included in the plant and equipment asset class.
- *Right-Of-Use (ROU) Plant and Equipment* has the same definition as plant and equipment, with the exception that they are held under a lease. Plant and Equipment held by the Directorate includes motor vehicles and ICT 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 is initially recorded at cost. ROU 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.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 10. Property, Plant and Equipment (Continued)

Measurement of Property, Plant and Equipment After Initial Recognition

Property, Plant and Equipment is valued using the cost or revaluation model of valuation. The Directorate measures land, buildings, leasehold improvements and Heritage assets at fair value. Plant and equipment are measured at cost.

After the commencement date, all 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 in their own separate asset class.

Valuation of Non-Current Assets

JLL Valuation Services, an independent valuer, performed all revaluations of the Directorate's assets. JLL Valuation Services hold a recognised and relevant professional qualification and have recent experience in the location and category of the assets involved.

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.

Revaluation

Land, buildings and leasehold improvements are revalued every three years. At the end of each financial year the Directorate assesses whether there are any 'indicators' that the carrying amount of their property, plant and equipment is materially different to fair value. Where these indicators exist 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.

JLL Valuation Services, an independent valuer, performed all revaluations of the Directorate's assets. The latest valuation of Land, Buildings and Leasehold Improvements was performed as at 30 June 2023. The next valuation will be undertaken during 2025-26.

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 and leasehold improvement 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.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 10. Property, Plant and Equipment (Continued)

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

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 are therefore not depreciated.

Right-of-use buildings, plant and equipment, as well as leasehold improvements 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:

Class of Asset	Depreciation Method	Useful Life (Years)
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 2021-22.

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 JLL 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 2023

Note 10. Property, Plant and Equipment (Continued)

Reconciliation of Property, Plant and Equipment – 2022-23

	Land	Buildings	Leasehold Improve ments	Plant and Equipment	Right-of- use Plant and Equipment	Heritage Assets	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying Amount at the Beginning of the Reporting Period	20 117	50 539	6 977	4 875	1 490	63	84 061
Additions	2 508	4 262	481	12 084	223	15	19 573
Revaluation Increment/(Decrement) recognised through Other Comprehensive Income	868	(6 769)	(1 065)	-	-	-	(6 966)
Depreciation Write Back for Revaluation	-	5 513	2 125	-	-	-	7 638
Disposals	-	-	(26)	(98)	(80)	-	(204)
Depreciation	-	(1 910)	(686)	(2 480)	(883)	-	(5 959)
Depreciation Write Back for Asset Disposals	-	-	26	92	80	-	198
Carrying Amount at the End of the Reporting Period	23 493	51 635	7 832	14 473	830	78	98 341
Carrying Amount at the End of the Reporting Period is represented by:							
Gross Book Value	23 493	51 635	7 843	32 438	7 471	78	122 958
Accumulated Depreciation	-	-	(11)	(17 965)	(6 641)	-	(24 617)
Carrying Amount at the End of the Reporting Period	23 493	51 635	7 832	14 473	830	78	98 341

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 10. Property, Plant and Equipment (Continued)

Reconciliation of Property, Plant and Equipment – 2021-22

	Land	Buildings	Leasehold Improve ments	Plant and Equipment	Right-of- use Plant and Equipment	Heritage Assets	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying Amount at the Beginning of the Reporting Period	18 730	44 901	7 691	2 712	2 364	-	76 398
Additions	-	7 417	-	2 943	1 144	-	11 504
Revaluation recognised through							
Income Statement	1 387	-	-	-	-	-	1 387
Acquisition/(Disposal) from Transfers	-	-	-	193	-	63	256
Disposals	-	-	-	(721)	(126)	-	(847)
Depreciation	-	(1 779)	(714)	(1 195)	(2 018)	-	(5 706)
Depreciation Write Back for Asset Disposals	-	-	-	721	126	-	847
Impairment Losses Recognised in the Operating Result	-	-	-	(19)	-	-	(19)
Other Movements	-	-	-	241	-	-	241
Carrying Amount at the End of the Reporting Period	20 117	50 539	6 977	4 875	1 490	63	84 061
Carrying Amount at the End of the Reporting Period is represented by:							
Gross Book Value	20 117	54 142	8 454	20 630	7 329	63	110 735
Accumulated Depreciation	-	(3 603)	(1 477)	(15 755)	(5 839)	-	(26 674)
Carrying Amount at the End of the Reporting Period	20 117	50 539	6 977	4 875	1 490	63	84 061

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 10. 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 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, either directly or indirectly; and
- Level 3 – inputs that are unobservable for particular assets.

Details of the Directorate's Property, Plant and Equipment at fair value and information about the Fair Value Hierarchy as at 30 June 2023 and 30 June 2022 is as follows:

	Classification According to Fair Value Hierarchy		
	Level 2	Level 3	Total
	\$'000	\$'000	\$'000
2023			
Property, Plant and Equipment at Fair Value			
Land	23 493	-	23 493
Buildings	375	51 260	51 635
Leasehold Improvements	-	7 832	7 832
Heritage Assets	-	78	78
	23 868	59 170	83 038
	23 868	59 170	83 038
	Level 2	Level 3	Total
	\$'000	\$'000	\$'000
2022			
Property, Plant and Equipment at Fair Value			
Land	720	19 397	20 117
Buildings	380	50 159	50 539
Leasehold Improvements	-	6 977	6 977
Heritage Assets	-	63	63
	1 100	76 596	77 696
	1 100	76 596	77 696

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 10. Property, Plant and Equipment (Continued)

Transfers between Categories

Nine Land assets with a fair value of \$18.5 million were transferred from Level 3 to Level 2. The independent valuation was not reported as being subject to 'material valuation uncertainty' as defined by Valuation Protocol – Significant Valuation Uncertainty of the Australian Property Institute (API). As such they were of the view Land is a Level 2 asset.

There have been no transfers between Levels 1 and 2 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.

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.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 10. Property, Plant and Equipment (Continued)

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.

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)

	Land \$'000	Buildings \$'000	Leasehold Improvement \$'000	Heritage Assets \$'000	Total \$'000
2023					
Fair Value at the Beginning of the Reporting	19 397	50 159	6 977	63	76 596
Additions	-	4 261	481	15	4 757
Revaluation (Decrements)	-	(6 769)	(1 010)	-	(7 779)
Recognised in Profit or Loss					
Transfers to Level 2	(19 397)	-	-	-	(19 397)
Depreciation	-	(1 904)	(686)	-	(2 590)
Depreciation Write back	-	5 513	2 125	-	7 638
(Disposal) through					
Other Comprehensive income	-	-	(81)	-	(81)
Depreciation write back from retirement	-	-	26	-	26
Fair Value at the End of the Reporting Period	-	51 260	7 832	78	59 170

Change in unrealised gains or losses for the period are included in profit or loss for assets held at the end of the reporting period.

	Land \$'000	Buildings \$'000	Leasehold Improvement \$'000	Heritage Assets \$'000	Total \$'000
2022					
Fair Value at the Beginning of the Reporting	18 130	44 511	7 691	-	70 332
Additions	-	7 417	-	-	7 417
Acquisition from Transfers	-	-	-	63	63
Revaluation Increments Recognised through					
Other Comprehensive income	1 267	-	-	-	1 267
Depreciation	-	(1 769)	(714)	-	(2 483)
Fair Value at the End of the Reporting Period	19 397	50 159	6 977	63	76 596

Change in unrealised gains or losses for the period are included in profit or loss for assets held at the end of the reporting period.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 11. 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

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 ten 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.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 11. Intangible Assets (Continued)

	Internally Generated Software \$'000	Externally Purchased Software \$'000	Total \$'000
Reconciliation of Intangible Assets 2022-23			
Carrying Amount at the Beginning of the Reporting Period	2 155	14 917	17 072
Additions	108 226	4 831	113 057
Impairment Losses Recognised in the Operating Result	-	(3 591)	(3 591)
Amortisation Write Back for Impairment Losses	-	2 945	2 945
Amortisation	(9 888)	(9 617)	(19 505)
Disposals	(11 514)	(30 624)	(42 138)
Amortisation Write Back for Asset Disposals	11 514	30 624	42 138
Carrying Amount at the End of the Reporting Period ^a	100 493	9 485	109 978
Carrying Amount at the End of the Reporting Period, is represented by:			
Gross Book Value	167 633	51 986	219 619
Accumulated Amortisation	(67 140)	(42 501)	(109 641)
Carrying Amount at the End of the Reporting Period	100 493	9 485	109 978

a. The increase in Total Intangible Assets of \$ 92.9 million is mainly due to increased number of assets created following the completion of several computer software development projects during the year.

	Internally Generated Software \$'000	Externally Purchased Software \$'000	Total \$'000
Reconciliation of Intangible Assets 2021-22			
Carrying Amount at the Beginning of the Reporting Period	6 709	23 302	30 011
Additions	319	2 689	3 008
Amortisation	(4 873)	(11 074)	(15 947)
Disposals	-	(568)	(568)
Amortisation Write Back for Asset Disposals	-	568	568
Carrying Amount at the End of the Reporting Period	2 155	14 917	17 072
Carrying Amount at the End of the Reporting Period, is represented by:			
Gross Book Value	90 032	62 262	152 294
Accumulated Amortisation	(87 877)	(47 345)	(135 222)
Carrying Amount at the End of the Reporting Period	2 155	14 917	17 072

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 12 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.

	2023	2022
	\$'000	\$'000
Building Works in Progress	12 378	4 772
Plant and Equipment Works in Progress	1 748	8 349
Computer Software Works in Progress	12 997	77 157
Total Capital Works in Progress^a	27 123	90 278

- a. The decrease in Total Capital Works in Progress is mainly due to the completion of several computer software development projects during the year including the Digital Health Record and the Notifiable Diseases Management System.

Reconciliation of Capital Works in Progress 2022-23

	Building Works in Progress	Plant and Equipment Works in Progress	Computer Software Works in Progress	Total
	\$'000	\$'000	\$'000	\$'000
Carrying Amount at the Beginning of the Reporting Period	4 772	8 348	77 158	90 278
Additions	14 218	5 072	58 817	78 107
Capital Works in Progress				
Completed and Transferred to Property, Plant and Equipment and Intangible Assets	(5 797)	(11 444)	(113 974)	(131 215)
Capital Works Expensed	(815)	(228)	(9 004)	(10 047)
Carrying Amount at the End of the Reporting Period	12 378	1 748	12 997	27 123

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 12. Capital Works in Progress (Continued)

Reconciliation of Capital Works in Progress 2021-22

	Building Works in Progress \$'000	Plant and Equipment Works in Progress \$'000	Computer Software Works in Progress \$'000	Total \$'000
Carrying Amount at the Beginning of the Reporting Period	6 907	938	44 362	52 207
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)	(112)	(3 887)	(4 079)
Carrying Amount at the End of the Reporting Period	4 772	8 349	77 157	90 278

Note 13. Other Assets

	2023 \$'000	2022 \$'000
Current Other Assets		
Prepayments	6 290	10 693
Total Current Other Assets	6 290	10 693
Total Other Assets	6 290	10 693

- a. The decrease in 'Prepayments' of \$4.4 million is mainly due to higher upfront payments made in 2021-22 for computer software licences and maintenance contracts.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

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 14. 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.

	2023	2022
	\$'000	\$'000
Current Payables		
Trade Payables	10 138	4 841
Accrued Expenses	20 239	27 012
Total Payables	30 377	31 853

	2023	2022
	\$'000	\$'000
Payables are aged as followed:		
Not Overdue	21 227	28 735
Overdue for Less than 30 Days	4 122	3 025
Overdue for 30 to 60 Days	1 746	27
Overdue for More than 60 Days	3 282	66
Total Payables	30 377	31 853

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 15. Employee Benefits

Description and Material Accounting Policies Relating to Employee Benefits

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 2022-23 the rate used to estimate the present value of future:

- Annual leave payments is 98.2% (101.8% in 2021-22); and
- Payments for long service leave is 93% (95.3% in 2021-22).

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.

Significant judgements have been applied in estimating the annual and long service leave liabilities, given that the Directorate uses the Whole-of-Government present value, probability and on-cost factors. These factors are issued by ACT Treasury and apply to all ACT Government Agencies. ACT Treasury organises an actuarial review to be undertaken every three years by the Australian Government Actuary to estimate each of these factors. The latest assessment was undertaken in December 2021, with the next review expected to be undertaken by late 2024.

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 2023

Note 15. Employee Benefits (Continued)

Description and Material Accounting Policies Relating to Employee Benefits (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.

	2023	2022
	\$'000	\$'000
Current Employee Benefits		
Annual Leave ^a	14 710	16 541
Long Service Leave ^a	19 775	20 122
Accrued Salaries ^b	5 416	3 264
Total Current Employee Benefits	39 901	39 927
Non-Current Employee Benefits		
Long Service Leave ^a	1 857	1 996
Total Non-Current Employee Benefits	1 857	1 996
Total Employee Benefits	41 758	41 923

At 30 June 2023, the Directorate employed 846 Full Time Equivalent (FTE) staff. There were 983 FTE at 30 June 2022.

- a. The decrease in 'Annual Leave' of \$1.8 million and 'Long Service Leave' of \$0.5 million is mainly due to decreases in the rates used to estimate the present value of leave liabilities, decrease in eligible staff numbers and a decrease in leave liabilities during the year resulting from high utilisation of accumulated leave following COVID-19 public health restrictions being lifted.
- b. The increase in 'Accrued Salaries' of \$2.2 million is mainly due to accruals for pay rises and backpay for applicable Enterprise Agreements.

	2023	2022
	\$'000	\$'000
Estimate of when Leave is Payable		
Estimated Amount Payable within 12 months		
Annual Leave	9 010	8 958
Long Service Leave	1 516	1 221
Accrued Salaries	5 417	3 264
Total Employee Benefits Payable within 12 months	15 943	13 443
Estimated Amount Payable after 12 months		
Annual Leave	5 699	7 583
Long Service Leave	20 116	20 897
Total Employee Benefits Payable after 12 months	25 815	28 480
Total Employee Benefits	41 758	41 923

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 16. 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.

	2023	2022
	\$'000	\$'000
Non-Current Other Provisions		
Provision for Make Good ^a	3 542	2 832
Total Other Provisions	3 542	2 832

Reconciliation of Other Provisions – 2022-23

	Provision for Make Good	
	2023	2022
	\$'000	\$'000
Provision at the Beginning of the Reporting Period	2 832	110
Increase in Provision due to a Change in Accounting Estimate	-	2 719
Additional Provision Recognised	707	-
Unwinding of discount	3	3
Provision at the End of the Reporting Period	3 542	2 832

- a. The increase of 'Provision for Make Good' of \$0.7 million relates to the increase in the provision to reflect current market assessments for vendor costs to demolish and remove fit out at the Directorate's leased office building.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

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.

	2023	2022
	\$'000	\$'000
Current Other Liabilities		
Revenue Received in Advance	664	687
Lease Incentive Liabilities	1 039	1 039
Total Current Other Liabilities	1 703	1 726
Non-Current Other Liabilities		
Lease Incentive Liabilities	8 093	9 131
Total Non-Current Other Liabilities	8 093	9 131
Total Other Liabilities	9 796	10 857

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 18. 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 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.

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.

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 AA- issuer credit rating with Standard and Poors. An 'AA-' credit rating is defined as 'very strong capacity to meet financial commitments'.

The Directorate's receivables are predominantly from other ACT Government entities and the Commonwealth Government. Inter-agency receivables between ACT Government agencies are generally expected to have low credit risks. As the Commonwealth Government has an AAA credit rating, it is considered that there is a very low risk of default for those receivables. The Directorate expects to collect all financial assets that are not past due or impaired.

Accounts receivable 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 2023

Note 18. 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.

	Note	Carrying Amount 2023 \$'000	Fair Value Amount 2023 \$'000	Carrying Amount 2022 \$'000	Fair Value Amount 2022 \$'000
Financial Assets					
Cash	8	79	79	236	236
Receivables	9	5 908	5 908	2 149	2 149
Total Financial Assets		5 987	5 987	2 385	2 385
Financial Liabilities					
Payables	14	30 377	30 377	31 853	31 853
Lease Liabilities		837	837	1 502	1 502
Total Financial Liabilities		31 214	31 214	33 355	33 355

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

	2023 \$'000	2022 \$'000
Financial Assets		
Financial Assets Measured at Amortised Cost	5 908	2 149
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	31 214	33 355

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 19. Capital and Other Expenditure Commitments

Description and Material Accounting Policies Relating to Capital and Other Expenditure Commitments

Commitments are a firm intention, but not a present obligation, at the end of the reporting period to incur future expenditure. As such, commitments do not constitute a liability. Commitments usually arise from contracts, but can arise from other things like placing an order.

Commitments are measured at their nominal value and are inclusive of GST.

Capital Commitments

Capital Commitments, contracted at reporting date, include security upgrades and new computer software, that have not been recognised as liabilities are as follows:

	2023	2022
	\$'000	\$'000
Capital Commitments - Property, Plant and Equipment		
Payable:		
Within one year	15 899	4 821
Later than one year but not later than five years	3	785
Total Capital Commitments - Property, Plant and Equipment ^a	15 902	5 606
Capital Commitments - Intangible Assets		
Payable:		
Within One Year	6 812	22 486
Later than one year but not later than five years	6 583	11 075
Total Capital Commitments - Intangible Assets ^b	13 395	33 561
Total Capital Commitments	29 297	39 167

- a. The increase in 'Capital Commitments for Property, Plant and Equipment' of \$10.3 million mainly relates to multiple infrastructure projects including Community Based Residential Eating Disorder facility, Canberra Hospital Master Plan and Southside Hydrotherapy Pool.
- b. The decrease in 'Capital Commitments for Intangible Assets' of \$20.2 million is mainly due to commitments for multiple ICT projects being settled during the year including the Digital Health Record and the Notifiable Diseases Management System.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 19. Capital and Other Expenditure Commitments (Continued)

Other Commitments - Non-Government Organisations (NGO's) and Information Communication Technology (ICT)

Other commitments include payments to NGO 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:

	2023	2022
	\$'000	\$'000
Non-cancellable other commitments are as follows:		
Within one year	84 832	83 397
Later than one year but not later than five years	74 118	123 161
Later than five years	-	29 555
Total Other Commitments ^a	158 950	236 113

- a. The decrease in 'Other Commitments' of \$77.2 million is mainly due to the recognition of remaining commitments for ongoing multi-year contracts following applicable payments made in 2022-23.

Other Commitments – ICT Equipment and Accommodation

The Directorate has several contractual commitments for payments related to buildings and computer assets.

	2023	2022
	\$'000	\$'000
Non-cancellable other commitments are as follows:		
Within one year	7 279	7 367
Later than one year but not later than five years	25 721	25 407
Later than five years	24 276	29 979
Total Other Commitments - ICT Equipment and Accommodation	57 276	62 753

Other Commitments - Motor Vehicles

	2023	2022
	\$'000	\$'000
Non-cancellable other commitments are as follows:		
Within one year	24	10
Total Other Commitments - Motor Vehicle	24	10

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 2023

Note 20. Contingent Liabilities

Material Accounting Policies Relating to Contingent Liabilities and Contingent Assets

Contingent liabilities and contingent assets 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

Legal Claims

The Directorate is subject to 86 legal actions (2021-22 – 50 actions). The Directorate's maximum exposure under the ACT Insurance Authority insurance policy is estimated at \$3,645,300 as at 30 June 2023 (2021-22 - \$2,392,069), which has not been provided for in the financial statements due to uncertainties relating to the liabilities at 30 June 2023.

Calvary Acquisition Just Terms Compensation

As a result of the enactment of the *Health Infrastructure Enabling Act 2023* on 2 June 2023, the Directorate has contingent liabilities associated with the payment of compensation relating to the acquisition of the Calvary Public Hospital Bruce by the Territory, including the public hospital land and other assets, any mortgage or other interest in the land or other assets, and other matters including termination of the network agreement, termination of contracts, any redundancies payable to employees and anything else prescribed by regulation.

A reliable estimate of the value of the possible compensable just terms items mentioned above could not be made at 30 June 2023 given commercial negotiations were still underway at the time of finalising these financial statements.

Note 21. Events After the Reporting Period

On 3 July 2023, the existing Calvary Public Hospital Bruce transitioned to Canberra Health Services and was renamed the North Canberra Hospital. This took effect due to the enactment of the *Health Infrastructure Enabling Act 2023 (the Act)* on 2 June 2023.

The Act provides for the Territory to continue operating the hospital and requires the provision of compensation on a just terms basis to persons from whom an interest is acquired, including the public hospital land and other assets, any mortgage or other interest in the land or other assets, and other matters including termination of the network agreement, termination of contracts, any redundancies payable to employees and anything else prescribed by regulation.

Canberra Health Services, as the entity acquiring the ongoing operations of the public hospital, will be responsible for any compensation obligations relating to the acquisition of net assets while the ACT Health Directorate, as the entity representing the ACT Government in this matter, will provide compensation relating to other items outlined in the Act following negotiations between Calvary Health Care ACT Limited and the ACT Government. The Local Hospital Network, which provides Grants and Purchased Services to Calvary Public Hospital Bruce, will redirect that funding to Canberra Health Services from 3 July 2023. Similarly, Territorial appropriation received for the provision of capital grants to Calvary Public Hospital Bruce will be received by Canberra Health Services rather than ACT Health Directorate (Territorial).

At the time of finalising these financial statements a reliable estimate of the total value of just terms compensation was not available as negotiations were ongoing.

More information associated with the Calvary Public Hospital Bruce acquisition may be found in the financial statements of the ACT Health Directorate (Territorial), Canberra Health Services, and the ACT Local Hospital Network.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

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.

	2023	2022
	\$'000	\$'000
Human Research Ethics Committee Account		
Balance at the Beginning of the Reporting Period	9	4
Cash Receipts	249	114
Cash Payments	(100)	(109)
Balance at the End of the Reporting Period	158	9

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

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 2023.

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 2023.

Compensation by ACT Health Directorate to KMP is set out below.

	2023	2022
	\$'000	\$'000
Short-term employee benefits	1 223	1 170
Post-employment benefit	243	233
Other long-term benefit	29	27
Total Compensation by the ACT Health Directorate to KMP	1 495	1 430

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 23. Related Party Disclosures (Continued)

(C) Transactions with other ACT Government Controlled Entities

The Directorate has entered transactions with other ACT Government entities in 2022-23 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 Controlled Recurrent Payments (CRP), Payments for Expenses on Behalf of the Territory (EBT) and Capital Injections (CI) appropriation. Total Appropriation drawn in 2022-23 includes CRP of \$312.0 million and CI of \$65.2 million.
- Grants and Contributions Revenue (Note 3) – 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 (\$190.8 million), the provision of public health services and funding relating to the NPCR agreement (\$21.2 million). The Directorate also recognised revenue relating to resources received free of charge from other ACT Government Agencies (\$3.7 million).
- Other Revenue – The Directorate received revenue from Canberra Health Services (CHS) (\$3.5 million) and Major Projects Canberra (MPC) (\$5.2 million) for the provision of project based ICT services.

Expenses

- Supplies and Services (Note 5) - The Directorate made payments of \$70.9 million in 2022-23 to other ACT Government Agencies which included payments for ICT services (\$49.9 million), Communications (\$5.6 million), and rental and maintenance charges (\$5.2 million). The Directorate also recognised expenses relating to resources received free of charge from other ACT Government Agencies (\$1.8 million).
- Grants and Purchased Services (Note 6) – The Directorate transferred \$160.6 million to the LHN. The Directorate also paid \$5.3 million to CHS relating to the Transition Care Program.

Assets

- Receivables (Note 9) – The Directorate recognised \$0.7 million of receivables from CHS and \$3.1 million from MPC at 30 June 2023 relating to charges for the provision of project based ICT services.

Liabilities

- Payables (Note 14) – The Directorate recognised payables of \$6.4 million to ACT Government Shared Services for ICT services.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

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 ‘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	Variance
		2023	Budget		
		\$'000	\$'000	\$'000	%
Revenue					
Grants and Contributions	1	220 949	3 673	217 276	#
Other Income	1	9 287	123 285	(113 998)	(92)
Expenses					
Employee Expenses	2	135 513	113 353	22 160	20
Supplies and Services	3	160 588	118 765	41 823	35
Grants and Purchased Services	4	240 799	202 075	38 724	19

Variance Explanations

1. Grants and Contributions were higher than budget mainly due to the increase in Cross Border Health receipts resulting from a higher than anticipated number of interstate residents treated in the ACT public hospitals and multiple prior year reconciliations being completed with final back-adjustment payments being settled in 2022-23. Budget for these amounts were recorded under 'Other Income'.
2. Employee Expenses were higher than budget mainly due to additional staffing numbers and overtime support relating to the implementation of the Digital Health Record and for activities relating to the public health emergency response to COVID-19.
3. Supplies and Services were higher than budget mainly due to additional costs for COVID-19 related initiatives and other vaccination programs funded through the 2022-23 mid year Budget Review and expenses for ICT systems implementations, upgrades and maintenance.
4. Grants and Purchased Services were higher than budget mainly due to the on-passing of additional Cross Border Health revenue received during the year.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

Note 24. Budgetary Reporting (Continued)

Balance Sheet Line Items	Variance Explanation	Actual 2023 \$'000	Original Budget 2023 \$'000	Variance \$'000	Variance %
Assets					
Capital Works in Progress	1	27 123	50 124	(23 001)	(46)
Equity					
Accumulated Funds	2	143 451	166 845	(23 394)	(14)

Variance Explanations

1. Capital Works in Progress were lower than budget mainly due to the completion of several computer software development projects during the year including the Digital Health Record and the Notifiable Diseases Management System.
2. Accumulated Funds were lower than budget mainly due to the flow on effects of the operating result deficit.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 24. Budgetary Reporting (Continued)

Statement of Cash Flows Line Items	Variance Explanation	Actual 2023 \$'000	Original Budget 2023 \$'000	Variance \$'000	Variance %
Receipts					
Grants and Contributions Receipts	1	217 918	119 124	98 794	83
Payments					
Employee	2	135 327	107 630	27 697	26
Supplies and Services	3	154 550	115 757	38 793	34
Grants and Purchased Services	4	241 747	202 075	39 672	20
Purchase of Property, Plant and Equipment	5	36 074	87 056	(50 982)	(59)
Payments for Capital Works	6	34 053	4 752	29 301	617
Capital Injections	7	65 185	89 190	(24 005)	(27)

Variance Explanations

1. Grants and Contributions Receipts were higher than budget mainly due to the 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 2022-23.
2. Employee Expenses were higher budget mainly due to additional staffing numbers and overtime support relating to the implementation of the Digital Health Record and for activities relating to the public health emergency response to COVID-19.
3. Supplies and Services were higher than budget mainly due to additional costs for COVID-19 related initiatives and other vaccination programs funded through the 2022-23 mid-year Budget Review and expenses for ICT systems implementations, upgrades and maintenance.
4. Grants and Purchased Services were higher than budget mainly due to the on passing of additional Cross Border Health revenue received during the year.
5. "Purchase of Property, Plant and Equipment" were lower than budget" mainly due to lower than anticipated equipment purchases relating to multiple infrastructure development projects during the year.
6. Payments for Capital Works were higher than budget mainly due to the utilisation funding which was transferred from 2021-22 to 2022-23.
7. Capital Injections were lower than budget mainly due to funding for multiple projects being transferred from 2022-23 to 2023-24.

ACT Health Directorate

Territorial Financial Statements

For the Year Ended

30 June 2023

ACT HEALTH DIRECTORATE

CONTENT OF TERRITORIAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Financial

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 Notes

Note 25 Basis of Preparation of the Financial Statements - Territorial

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 Events after the Reporting Period - 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 2023

	Note No.	Actual 2023 \$'000	Original Budget 2023 \$'000	Actual 2022 \$'000
Income				
Payments for Expenses on Behalf of the Territory	#, 35	11 657	15 443	6 681
Fees	26, 35	1 765	1 578	1 318
<i>Total Income</i>		13 422	17 021	7 999
Total Income		13 422	17 021	7 999
Expenses				
Grants	27, 35	11 295	15 443	6 699
Transfer Payments to Government	28, 35	1 771	1 578	1 300
Total Expenses		13 066	17 021	7 999
Operating Result		356	-	-

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 2023

	Note No.	Actual 2023 \$'000	Original Budget 2023 \$'000	Actual 2022 \$'000
Current Assets				
Cash	29, 35	561	210	594
Receivables	30	38	33	7
Total Current Assets		599	243	601
Total Assets		599	243	601
Current Liabilities				
Advance from the Territory Banking Account	32	244	244	244
Payables	31, 33	-	-	358
Total Current Liabilities		244	244	602
Total Liabilities		244	244	602
Net Assets		355	(1)	(1)
Equity				
Accumulated Funds		355	-	(1)
Total Equity		355	-	(1)

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 2023

	Accumulated Funds Actual 2023 \$'000	Total Equity Actual 2023 \$'000	Original Budget 2023 \$'000
Balance at 1 July 2022	<u>(1)</u>	<u>(1)</u>	<u>(1)</u>
Comprehensive Income			
Operating Result	356	356	-
Total Comprehensive Result	<u>356</u>	<u>356</u>	<u>-</u>
Balance at 30 June 2023	<u><u>355</u></u>	<u><u>355</u></u>	<u><u>(1)</u></u>

	Accumulated Funds Actual 2022 \$'000	Total Equity Actual 2022 \$'000
Balance at 1 July 2021	<u>(1)</u>	<u>(1)</u>
Comprehensive Income		
Operating Result	-	-
Total Comprehensive Result	<u>-</u>	<u>-</u>
Balance at 30 June 2022	<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 2023**

	Note No.	Actual 2023 \$'000	Original Budget 2023 \$'000	Actual 2022 \$'000
Cash Flows from Operating Activities				
Receipts				
Payment for Expenses on Behalf of the Territory	35	11 657	15 443	6 681
Fees	35	1 840	1 578	1 318
Goods and Services Tax Collected from Customers		1 060	1 543	649
Total Receipts from Operating Activities		14 557	18 564	8 648
Payments				
Grants	35	11 657	15 443	6 341
Transfer of Territory Receipts to the ACT Government	35	1 768	1 578	1 300
Goods and Services Tax Paid to Suppliers		1 165	1 543	623
Total Payments from Operating Activities		14 590	18 564	8 264
Net Cash (Outflows)/Inflows from Operating Activities	29	(33)	-	384
Net (Decrease)/Increase in Cash and Cash Equivalents		(33)	-	384
Cash and Cash Equivalents at the Beginning of the Reporting Period		594	210	210
Cash and Cash Equivalents at the End of the Reporting Period	29	561	210	594

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 2023

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, the main one being the payments of grants to various non-government organisations (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 2023 \$'000	Total Appropriated 2023 \$'000	Appropriation Drawn 2023 \$'000	Appropriation Drawn 2022 \$'000
Territorial				
Expenses on Behalf of the Territory	15 443	16 089	11 657	6 681
Total Territorial Appropriation	15 443	16 089	11 657	6 681

The above Territorial Statement of Appropriation is to read in conjunction with the accompanying notes.

Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Statement of Cash Flows in the Budget Papers. This amount also appears in the Statement of Cash Flows.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* is the total amount of appropriation received by the Directorate during the year. These amounts appear in the Statement of Cash Flows on Behalf of the Territory.

Reconciliation of Territorial Appropriation for 2022-23	Payment for Expenses on Behalf of the Territory \$'000
Original Budget Appropriation for 2022-23	15 443
Supplementary Appropriation (FMA s13)	646
Total Appropriated	16 089
Territorial Appropriation Drawn	11 657

FMA - Financial Management Act 1996

Variances between 'Original Budget' and 'Total Appropriated'

The difference between 'Original Budget' and 'Total Appropriated' of \$0.6 million relates to additional funding appropriated for the Calvary Critical Infrastructure Project.

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between 'Total Appropriated' and 'Appropriation Drawn' of \$4.4 million is mainly due to funding relating to the Calvary Critical Infrastructure Project being transferred from 2022-23 to 2023-24.

Variances between '2021-22 and 2022-23 Payments for Expenses on Behalf of the Territory Appropriation Drawn'

The difference between '2022-23 Payments for Expenses on Behalf of the Territory Appropriation Drawn' and '2021-22 Payments for Expenses on Behalf of the Territory Appropriation Drawn' of \$5.0 million is mainly due to higher 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 2023**

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 generally either recognised as revenue at the time of receipt or when the fee is incurred.

	2023	2022
	\$'000	\$'000
Fees		
Fees for Regulatory Services ^a	1 765	1 318
Total Fees	1 765	1 318

- a. The increase in 'Fees for Regulatory Services' of \$0.4 million was mainly due to the receipt of higher revenue from food business registrations, outdoor dining and liquor licencing fees as a result of the cessation of waivers extended to local businesses as part of ACT Government's COVID-19 Economic Stimulus Initiative in prior years.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 27. Grants – Territorial

Description and Material Accounting Policies Relating to Grants – Territorial

Grants are amounts provided, by the Directorate, to non-ACT Government agencies for general assistance or for a particular purpose. Grants may be for capital, current or recurrent purposes and the category reflects the use of the grant. The grants given are usually subject to terms and conditions set out in the contract, correspondence, or by legislation.

	2023	2022
	\$'000	\$'000
Capital Grants		
Capital Grants to External Parties ^a	11 295	6 699
Total Capital Grants	11 295	6 699

- a. The increase in 'Capital Grants to External Parties' of \$4.6 million is mainly due to higher than anticipated payments relating to the Calvary Critical Infrastructure Project in line with amended project schedules.

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.

	2023	2022
	\$'000	\$'000
Payments to the Territory Banking Account ^a	1 771	1 300
Total Transfer Payments to Government	1 771	1 300

- a. The increase in 'Payments to the Territory Banking Account' of \$0.5 million relates to the transfer of receipts of 'Fees for Regulatory Services'.

Note 29. Cash – Territorial

Description and Material Accounting Policies Relating to Cash – Territorial

Under the whole- of Government banking arrangements, given the Directorate holds Set-Off Bank accounts, interest is not earned on 'Deposits Held at Call with a Financial Institution'.

	2023	2022
	\$'000	\$'000
(a) Cash Balance		
Deposits Held at Call with a Financial Institution	561	594
Total Cash	561	594

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

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.

	2023	2022
	\$'000	\$'000
Total Cash Recorded in the Statement of Assets and Liabilities on Behalf of the Territory	561	594
Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows on Behalf of the Territory	561	594

(c) Reconciliation of the Operating Result to Net Cash Inflows from Operating Activities

Operating Result	356	-
Add/(Less) Non-Cash Items		
Cash Before Changes in Operating Assets and Liabilities	356	-
Changes in Operating Assets and Liabilities		
Decrease in Receivables	(106)	26
Increase in Payables	(283)	358
Net Changes in Operating Assets and Liabilities	(389)	384
Net Cash (Outflows)/Inflows from Operating Activities	(33)	384

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.

	2023	2022
	\$'000	\$'000
Current Receivables		
Net GST Receivable	38	7
Total Current Receivables	38	7
Total Receivables	38	7

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 2023

Note 31. Payables – Territorial

	2023	2022
	\$'000	\$'000
Current Payables		
Accrued Expenses ^a	-	358
Total Current Payables	-	358
Total Payables	-	358

	2023	2022
	\$'000	\$'000
Payables are aged as followed:		
Not Overdue	-	358
Total Payables	-	358

a. All applicable payments were settled during the year.

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.

	2023	2022
	\$'000	\$'000
Advance from the Territory Banking Account	244	244
Total Advance from the Territory Banking Account	244	244

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

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.

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 Fitch Ratings.

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 2023

Note 33. Financial Instruments – Territorial (Continued)

	Note No.	Carrying Amount 2023 \$'000	Fair Value 2023 \$'000	Carrying Amount 2022 \$'000	Fair Value 2022 \$'000
Financial Assets					
Cash	29	561	561	594	594
Total Financial Assets		561	561	594	594
Financial Liabilities					
Advance from the Territory Banking Account	32	244	244	244	244
Payables		-	-	358	358
Total Financial Liabilities		244	244	602	602
Net Financial Assets/(Liabilities)		317	317	(8)	(8)

All financial assets and liabilities of the Directorate are non-interest-bearing and are shown on an undiscounted cash flow basis.

GST receivable is not included in financial assets due to being statutory in nature.

Carrying Amount of Each Category of Financial Liability	2023 \$'000	2022 \$'000
Financial Liabilities		
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 2023

Note 34. Events After the Reporting Period – Territorial

On 3 July 2023, the existing Calvary Public Hospital Bruce transitioned to Canberra Health Services and was renamed the North Canberra Hospital. This took effect due to the enactment of the *Health Infrastructure Enabling Act 2023* (the Act) on 2 June 2023.

The Act provides for the Territory to continue operating the hospital and requires the provision of compensation on a just terms basis to persons from whom an interest is acquired, including the public hospital land and other assets, any mortgage or other interest in the land or other assets, and other matters including termination of the network agreement, termination of contracts, any redundancies payable to employees and anything else prescribed by regulation.

Canberra Health Services, as the entity acquiring the ongoing operations of the public hospital, will be responsible for any compensation obligations relating to the acquisition of net assets while the ACT Health Directorate, as the entity representing the ACT Government in this matter, will provide compensation relating to other items outlined in the Act following negotiations between Calvary Health Care ACT Limited and the ACT Government. The Local Hospital Network, which provides Grants and Purchased Services to Calvary Public Hospital Bruce, will redirect that funding to Canberra Health Services from 3 July 2023. Similarly, territorial appropriation received for the provision of capital grants to Calvary Public Hospital Bruce will be received by Canberra Health Services rather than ACT Health Directorate (Territorial).

The financial effect of the transition is not included in the financial statements. However, given the Act provides for the Territory to continue operating the hospital, from 2023-24 territorial appropriation received by the ACT Health Directorate for the provision of capital grants (\$10.9 million in 2022-23) to Calvary Public Hospital Bruce will be received by Canberra Health Services rather than the ACT Health Directorate.

More information associated with the Calvary Public Hospital Bruce acquisition may be found in the financial statements of the ACT Health Directorate (Controlled), Canberra Health Services, and the ACT Local Hospital Network.

ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

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 2023 \$'000	Original Budget 2023 \$'000	Variance \$'000	Variance %
Revenue					
Payments for Expenses on Behalf of the Territory	1	11 657	15 443	(3 786)	(25)
Fees	2	1 765	1 578	187	12
Expenses					
Grants	3	11 295	15 443	(4 148)	(27)
Transfer Payments to Government	4	1 771	1 578	193	12

Variance Explanations

1. Payments for Expenses on Behalf of the Territory were lower than budget due to lower than anticipated appropriation drawn for the Calvary Critical Infrastructure project.
2. Fees were higher than budget mainly due to higher revenue from food business registrations, outdoor dining and liquor licencing fees as a result of the cessation of the waivers extended to local businesses as part of ACT Government’s COVID-19 Economic Stimulus Initiative in prior years.
3. Grants were lower than budget due to lower than anticipated payments relating to the Calvary Critical Infrastructure project.
4. Transfer Payments to Government were higher than budget mainly due to the flow on effects of higher 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 2023**

Note 35. Budgetary Reporting – Territorial - (Continued)

Balance Sheet Line Items	Variance Explanation	Actual 2023 \$'000	Original Budget 2023 \$'000	Variance \$'000	Variance %
Assets					
Deposits Held at Call with a Financial Institution	1	561	210	351	167
Equity					
Accumulated Funds	2	355	(1)	356	#

Variance Explanations

1. Deposits Held at Call with a Financial Institution were higher than budget mainly due to the funds which will be utilised to settle payments in 2023-24.
2. Accumulated funds were higher than budgeted mainly due to the flow-on effect of the operating surplus.

**ACT HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

Note 35. Budgetary Reporting – Territorial - (Continued)

Statement of Cash Flows on Behalf of the Territory Line Items	Variance Explanation	Actual 2023 \$'000	Original Budget 2023 \$'000	Variance \$'000	Variance %
Receipts					
Payments for Expenses on Behalf of the Territory	1	11 657	15 443	(3 786)	(25)
Fees	2	1 840	1 578	262	17
Payments					
Grants	3	11 657	15 443	(3 786)	(25)
Transfer of Territory Receipts to the ACT Government	4	1 768	1 578	190	12

Variance Explanations

1. Payments 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.
2. Fees receipts were higher than budget mainly due to higher revenue from food business registrations, outdoor dining and liquor licencing fees as a result of the cessation of the waivers extended to local businesses as part of ACT Government's COVID-19 Economic Stimulus Initiative in prior years.
3. Grants were lower than budget due to lower than anticipated payments relating to the Calvary Critical Infrastructure project.
4. Transfer of Territory Receipts to the ACT Government were higher than budget mainly due to the flow on effects of higher revenue received from food business registrations, outdoor dining and liquor licencing fees during the year.

C.3 Capital works

Overview

In 2022–23, the Directorate’s funding for capital works was provided for:

- continued planning for a new hospital in Canberra’s North to meet the needs of our growing and ageing city
- ICT related safety upgrades at CPHB, including identity management and an electronic access control system
- modernisation for critical laboratory software systems, laboratory environment upgrades, scientific equipment purchases, critical heating, ventilation and air-conditioning upgrades at the ACT Government Analytical Laboratory
- design work for the Watson health precinct to construct new facilities for the Ted Noffs Foundation and Marymead CatholicCare, and the new First Nations Alcohol and Other Drug (AOD) facility led by Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga Nimmityjah)
- design work for the new southside hydrotherapy pool located next to the existing Lakeside Leisure Centre in Greenway
- capital upgrades to a range of critical infrastructure at CPHB. These projects are referenced in the Calvary Health Care ACT Ltd Annual Report 2022–23, page 408.
- continued implementation of the [Canberra Hospital Master Plan 2021–2041](#), including the early planning and concept design for a multistorey carpark on Yamba Drive and new buildings on the campus including a new pathology building and clinical support building.

Completed projects

- Implementation of DHR Program, for more details see page 49.
- Early planning for a new northside hospital was completed, with a successful business case to progress the project to detailed design.
- The first phase of implementation of the Canberra Hospital Master Plan 2021–2041 included the early planning and proof-of-concept design for a new multistorey carpark on Yamba Drive. The first phase reached completion during 2022–23.
- 2022–23 funding was used to develop the detailed design, development application and construction documentation for the community-based residential eating disorder treatment centre.
- 2022–23 funding for capital upgrades was used to extend the useful life or improve the service delivery capacity of the Directorate owned facilities at CPHB.
- Other work completed in 2022–23 included:
 - tabling an options analysis for a bridge and machinery shed at the Ngunnawal Bush Healing Farm
 - installing a new doorway and modifying a room for vaccine storage at Health Protection Services
 - completing a self-harm remediation project at the CPHB carpark
 - completing repairs on the roof structure at the Ngunnawal Bush Healing Farm

- upgrading flooring in the main bathroom at Burrangiri Aged Care Respite Centre
- refurbishing 13 bathrooms at Queen Elizabeth II Family Care Centre
- upgrading fire compliance controls at Clare Holland House
- upgrading electrical switchboards, external painting and other refurbishments at Karralika Isabella Plains.

Works in progress

Alcohol and other drug residential rehabilitation expansion and modernisation

Commonwealth Government funding has been provided for community-based residential AOD rehabilitation expansions and modernisations, with an upgrade being progressed at the Karralika Isabella Plains residential drug and alcohol treatment facility. Construction works at Isabella Plains commenced in March 2023 and will continue through September 2023.

Community-based residential eating disorder treatment centre

In 2022–23, we commenced construction of the community-based residential eating disorder treatment centre in Coombs.

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.

Implementation of the Canberra Hospital Master Plan

In 2022–23, funding was provided for design work for a new multistorey carpark 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 was completed for a multistorey carpark on Yamba Drive. This work also included a long-term parking strategy for the campus which will be used to inform subsequent project phases.

In 2022–23, design work started on a proof of concept for new buildings on the hospital campus, including new pathology and clinical support buildings.

Investing in public health infrastructure – a new hospital for the northside

In the 10th Parliamentary and Governing Agreement, the ACT Government committed to planning and designing a new northside hospital, with the aim to start construction by mid-decade. In 2022–23, the Directorate continued to progress work to deliver on this commitment.

In 2022, the Directorate consulted with the community and key stakeholders to understand what is needed from a new northside hospital. Feedback received during this early planning and design consultation was used to help inform options for the new hospital and funding decisions by the ACT Government.

The Directorate continues to engage directly with clinicians to inform clinical planning, scope and early design for the new northside hospital. Refer to B.8 Community engagement and support for more detail.

The Directorate delivered a successful business case to progress the detailed design for a new northside hospital and in May 2023, the ACT Government announced that it will build a new northside hospital on the existing hospital site at Bruce, with more than \$1 billion committed in the 2023–24 ACT Budget.

The new northside hospital will:

- be owned by the ACT Government and operated by CHS
- deliver a more efficient and effective health system for Canberrans
- be a modern, state-of-the-art hospital for patients, visitors and our workforce
- provide more beds and increased services than are currently offered.

Refer to section Summary of Performance on page 49 for further detail.

Southside hydrotherapy pool

During 2022–23, the Directorate worked on the design of a new southside hydrotherapy pool in the ACT located at the Lakeside Leisure Centre in Greenway. The ACT Government allocated \$8.5 million in the 2022–23 ACT Budget for this project.

During 2022, the Directorate consulted with stakeholders and the community on important issues relating to the design, accessibility and operation of the new hydrotherapy pool. This community feedback will inform advice to tenderers on the design and construction of the pool. The ACT Government will continue to collaborate and consult with pool users and stakeholders as part of the construction process to ensure the new facility meets the needs of the community.

Watson health precinct

The Watson health precinct currently provides a:

- 10-bed facility for alcohol and other drug rehabilitation services for young people, operated by Ted Noffs Foundation
- 5-bed residential care facility for young people with mental health conditions, operated by Marymead CatholicCare.

In 2022–23, the Directorate began design work for the construction of new facilities at Watson for the Ted Noffs Foundation and Marymead CatholicCare. The 2 new youth facilities will allow Ted Noffs Foundation and Marymead CatholicCare to maintain their existing 10- and 5-bed services in more appropriate settings, while also creating space to double capacity in the future.

The large bushland site of these services has been identified as a suitable location for a new AOD rehabilitation facility for First Nations people, and the rebuilding of these services at the Watson site will create space for the new facility. The First Nations AOD facility will be a 12-bed residential rehabilitation facility with capacity to expand to 24 beds in the future. It will be run by Winnunga Nimmityjah.

In 2022–23, the Directorate provided funding to Winnunga Nimmityjah to start design work on the new First Nations AOD facility.

Capital works tables

The Directorate's capital works program for 2022–23, detailing the completed projects at the end of the financial year, is shown in Table 56 and Table 57.

Table 56: 2022–23 Capital works program

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2022–23) expenditure \$'000	Total expenditure to date \$'000
New works						
Canberra Hospital Master Plan	Jun-25	52,409	26,776	0	1,282	1,282
Watson Health Precinct Redevelopment	Dec-24	1,000	1,000	0	320	320
Southside Hydrotherapy Pool	Aug-24	8,500	8,500	0	191	191
ACT Government Analytical Laboratory	Jun-26	1,827	1,649	0	74	74
Continuing support for treatments and services in the community	Jun-25	1,673	1,673	0	0	0
Embedding a positive safety culture in the ACT public health system	Jun-24	250	250	0	238	238
DHR – transforming the way health care is provided	Jun-27	17,570	15,396	0	14,689	14,689
Modernising the ACT Government Analytical Laboratory	Jun-24	450	450	0	0	0
Ngunnawal Bush Healing Farm – residential service delivery trial	Mar-24	150	150	0	0	0
Works in progress						
A New carpark at Canberra Hospital	Jun-24	3,000	3,000	123	593	716
Northside Hospital Development	Jun-24	10,546	8,546	1,612	5,396	7,008
Calvary Infrastructure Upgrades phase 2 – Capital	Jun-24	2,439	2,439	269	936	1,205

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2022-23) expenditure \$'000	Total expenditure to date \$'000
Alcohol & Other Drug Residential Rehab Expansion & Modernisation	Jun-24	4,300	4,300	711	1,020	1,731
Community Based Residential eating disorder treatment centre	Jun-24	13,500	13,500	119	698	817
COVID-19 Notifiable Diseases Management System	Mar-24	7,515	6,115	2,919	149	3,068
DHR	Jun-27	106,384	98,869	61,094	37,230	98,324
ACT Pathology Laboratory Information System Replacement	Jun-27	6,716	6,716	5,574	1,495	7,069
Ngunnawal Bush Healing Farm	Jun-24	11,731	11,231	10,879	255	11,134
Implementing Real Time Prescription Monitoring	Jun-24	2,114	2,114	940	383	1,323
Completed projects – physically and financially complete						
Watson Health Precinct Redevelopment	Jun-23	300	300	0	317	317
Expanding public healthcare services for eating disorders – land purchase	Jun-23	4,752	4,752	0	2,508	2,508
Expanded COVID-19 Vaccination Program	Aug-22	480	480	432	29	461
COVID-19 Vaccination program	Aug-22	4,485	4,485	4,379	10	4,389
Calvary Critical Infrastructure	Nov-22	2,904	866	864	20	884
Better Infrastructure Fund 2022-23	Jun-23	300	478	0	478	478
Better Infrastructure Fund 2021-22	Sep-22	466	466	352	114	466

Table 57: 2022–23 Territorial capital works

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior year expenditure \$'000	Current year (2022–23) expenditure \$'000	Total expenditure to date \$'000
New works						
Replacing and enhancing critical equipment at Calvary phase 2	Jun-24	2,100	2,100	0	572	572
Works in progress						
Calvary Infrastructure Upgrades phase 2	Jun-24	19,816	19,816	4,183	7,951	12,134
Calvary Critical Infrastructure phase 1	Jun-24	7,950	9,988	4,362	1,541	5,903
Watson Health Precinct Redevelopment	Sep-24	1,598	1,598	0	745	745
Completed projects – physically and financially complete						
Better Infrastructure Fund 2022–23	Jun-23	931	931	0	624	624

Reconciliation of total current year financing

Table 58: 2022–23 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	24,319	2,873	-8,000	-1,419	-5,341	12,432
ICT capital injections	60,119	2,857	-3,570	-6,569	-2,592	50,245
Other capital injections	4,752	0	0	0	-2,244	2,508
Total Capital Injection	89,190	5,730	-11,570	-7,988	-10,177	65,185
Total Territorial Grant	15,443	646	0	-751	-3,681	11,657

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

C.4 Asset management

Overview

The Directorate managed building assets with an estimated asset replacement value of \$82.96 million.

At 30 June 2023, the Directorate's managed assets included:

- built property assets: \$51.64 million
- land: \$23.49 million
- leasehold improvements: \$7.83 million.

The property portfolio supports the delivery of services by 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 59.

Table 59: The Directorate's property assets

Building asset	Location	Age	Area (m ²)
Burrangiri Aged Care Respite Care Centre	Rivett	33	1,054
Calvary Multistorey carpark	Bruce	7	22,554
Clare Holland House	Barton	23	1,600
Howard Florey House	Holder	17	1,600
Health Protection Service Air Monitoring Station	Civic	18	18

Building asset	Location	Age	Area (m ²)
Health Protection Service Air Monitoring Station	Florey	18	18
Health Protection Service Air Monitoring Station	Monash	18	18
Karralika	Fadden	43	534
Karralika	Isabella Plains	38	1,400
Ngunnawal Bush Healing Farm	Tharwa	7	715
Queen Elizabeth II Family Care Centre	Curtin	24	1,120
Watson Hostel	Watson	49	2,431
Wellways	O'Connor	48	200
YMH Step Up Step Down	Kambah	11	279

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 2023, there was one surplus property not being utilised from January 2023. The property is located in O'Connor and was occupied by Wellways.

Assets maintenance and upgrade

Asset upgrades

For built assets, expenditure on planned maintenance programs and unplanned repairs and maintenance through to 30 June 2023 was \$1,037,788.95.

Building audits

The Directorate:

- conducted 10 detailed assessments (Asset Management Plans) of the building condition and criticality of assets
- completed Asset Management Plans for 10 buildings that include a detail assessment of maintenance tasks
- established a single source of truth for strategic asset data.

Condition of assets

The Directorate completed the Strategic Asset Management Plan. 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 Strategic Asset Management Plan aligns with the ISO 55001:2014 asset management standard, which specifies requirements for establishing, implementing, maintaining and improving a management system for asset management. The Strategic Asset Management Plan also concluded that the following documents need to be created to meet requirements of the standard:

- Asset Management Policy
- Asset Management Framework
- Asset Management Resource and Capability Plan.

Office accommodation

The Directorate employs 889 staff, occupying 9,716m² at the following sites:

- Bowes Street in Woden (leased) – 8,360m²
- Howard Florey House in Holder (owned) – 1,163m²
- Hume Warehouse (leased) – 68m²
- Ngunnawal Bush Healing Farm in Tharwa (owned) – 125m².

The average area occupied by each employee is 10.9m², excluding work points occupied by the Directorate staff at CHS and CMTEDD sites.

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

C.5 Government contracting

Procurement principles and processes

In 2022–23, 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 2022–23, 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 60 shows the Aboriginal and Torres Strait Islander Procurement Policy Performance Measures in the financial year 2022–23.

Table 60: 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	4
2	Number of unique Aboriginal and Torres Strait Islander enterprises that attributed a value of Addressable Spend	30
3	Percentage of the financial year's addressable spend which is spent with Aboriginal and Torres Strait Islander enterprises	7%

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 2022 to 30 June 2023 can be made at [Tenders ACT](#).

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

C.6 ACT Health Directorate Statement of performance for the year ended 30 June 2023

INDEPENDENT LIMITED ASSURANCE REPORT

To the Members of the ACT Legislative Assembly

Qualified 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 2023.

Based on the procedures performed and evidence obtained, except for the matters described in 'Basis for qualified conclusion' section of this report, 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 2023 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 qualified conclusion

As disclosed in the statement of responsibility and statement of performance, the Directorate has not measured and reported results for the following accountability indicators in *Output 1.1: Improved Hospital Services* as required by Section 30A(2) of the *Financial Management Act 1996*. This is due to the required data not available from the Digital Health Record system to support the results for these accountability indicators.

- a. Percentage of all Emergency Department presentations treated within clinically appropriate timeframes
- b. Percentage of Category 1 elective surgery patients admitted for surgery within clinically recommended timeframe
- c. Percentage of Category 2 elective surgery patients admitted for surgery within clinically recommended timeframes
- d. Percentage of Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes

As a result, I am unable to express a conclusion on the results of these accountability indicators.

Independence and quality control

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 ASQM 1 *Quality Management for Firms that Perform Audits or Reviews of Financial Reports and Other Financial Information, or Other Assurance or 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
26 September 2023

**ACT Health Directorate
Statement of Performance
For the Year Ended 30 June 2023**

Statement of Responsibility

In my opinion, except for the matter disclosed below, 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 year ended 30 June 2023 and also fairly reflects the judgements exercised in preparing it.

Following the implementation of the Digital Health Record in early November 2022, processes for the collection and collation of health service data are still under development. This has resulted in the required data not being available from the Digital Health Record system to support the results for the accountability indicators in Output 1.1: Improved Health Services in time to enable submission and auditing. Therefore, these accountability indicators were not measured and reported as required by Section 30A(2) of the *Financial Management Act 1996*.



Rebecca Cross
Director-General
ACT Health Directorate

26 September 2023

ACT Health Directorate

Statement of Performance

For the Year Ended 30 June 2023

OUTPUT CLASS 1: ACT Health Directorate				
OUTPUT 1.1: Improved Hospital Services				
Description:				
The Directorate seeks to improve hospital services in collaboration with its service partners by:				
<ul style="list-style-type: none"> • managing, developing, implementing and providing advice on health services planning processes across the ACT wide system; • developing strategic policy for the health system, including working with the Commonwealth on key health improvement initiatives; • managing demand for and supply of health services across the Territory; • improving the health and wellbeing of the ACT population by promoting healthy behaviours and lifestyles and through ongoing monitoring and evaluation of health programs and policy; • preventing, identifying and providing a timely response to, potential public health incidents; • leading the development of strategies and policies towards funding sustainability; • leading the health workforce and clinical training strategy including building strong partnerships with key academic institutions and training providers; and • commissioning and managing contracts for the provision of health services, including partnerships with community sector organisations, peak bodies and advocacy groups. 				
Accountability Indicators	Original Target 2022-23	Actual Result 2022-23	Var. %	Notes
a. Percentage of all Emergency Department presentations treated within clinically appropriate timeframes	70%	Not Measured		1
b. Percentage of Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes	100%	Not Measured		1
c. Percentage of Category 2 elective surgery patients admitted for surgery within clinically recommended timeframe	80%	Not Measured		1
d. Percentage of Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes	93%	Not Measured		1
TOTAL COST (\$'000)	103,048	123,368	20	2
CONTROLLED RECURRENT PAYMENTS (\$'000)	58,956	65,764	12	3

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

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office 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 2023

Output 1.1 Improved Hospital Services (continued)

Explanation of Measures

- a. Percentage of patients who are treated within nationally recommended waiting times for each triage category (Category 1 – immediate/within 2 minutes; Category 2 – within 10 minutes; Category 3 – within 30 minutes; Category 4 – within 60 minutes; Category 5 – within 120 minutes).
- b. Admission within 30 days is desirable for Category 1 (urgent) elective surgery patients.
- c. Admission within 90 days is desirable for Category 2 (semi-urgent) elective surgery patients.
- d. Admission within 365 days is desirable for Category 3 (non-urgent) elective surgery patients.

Explanation of Material Variance (>5%)

1. The full year result was not measured. Following the implementation of the Digital Health Record (DHR) in early November 2022, processes for the collection and collation of health service data are still under development. This has resulted in the required data not being available from the DHR system to support the results for these accountability indicators for the year ended 30 June 2023.
2. The higher than target result relates mainly to an increase in cross border expenses flowing from prior year reconciliations and higher information, communications and technology costs.
3. The higher than target result relates to funding for the Transition Team, which will oversee the transfer of services from Calvary Public Hospital Bruce to Canberra Health Services.

ACT Health Directorate

Statement of Performance

For the Year Ended 30 June 2023

OUTPUT CLASS 1: ACT Health Directorate				
Output 1.2 Healthy Communities				
Description:				
The Directorate seeks to improve the health of the ACT population through:				
<ul style="list-style-type: none"> • evidence-based promotion of healthy lifestyles and interventions to address the range of risk and protective factors that determine the health of our community; • influencing the social and environmental conditions that impact on population and individual health; • undertaking setting based, and priority population focussed activities and initiatives to increase healthy choices and behaviours; • 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 food is safe for human consumption; and • reducing the occurrence of infectious diseases in the ACT community by implementing communicable disease control measures. 				
The Directorate recognises the diversity of the ACT community and seeks to reflect that in our engagement, policies and programs in order to ensure that what is created is inclusive, fit for purpose and culturally appropriate.				
Accountability indicators	Original Target 2022-23	Actual Result 2022-23	Var. %	Notes
a. Samples analysed	12,500	12,439	-	
b. Total number of inspections and proactive site visits of food business	2,500	2,095	(16)	1
c. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	95%	97%	2	
d. Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population				
i. 12 to 15 months	95%	93%	(2)	
ii. 24 to 27 months	95%	90%	(5)	2
iii. 60 to 63 months	95%	94%	(1)	
iv. All	95%	93%	(2)	
e. Number of businesses making a pledge as part of the Healthier Choices Canberra initiative	100	94	(6)	3
TOTAL COST (\$'000)	136,219	167,959	23	4
CONTROLLED RECURRENT PAYMENTS (\$'000)	81,576	95,409	17	5

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 2023

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 measures the cumulative number of businesses who have signed-up to make a pledge as part of the Healthier Choices Canberra Initiative. Participation in Healthier Choices Canberra is voluntary and businesses can select to sign-up to the initiative and leave in the same financial year.

Explanation of Material Variance (>5%)

1. The lower than target result is a consequence of staff vacancies within the inspectorate team and unplanned absences due to COVID-19 and flu related illness.
2. Based on the very low numbers of children identified as Aboriginal and/or Torres Strait Islander in the ACT, Immunisation rates should be read with caution. This small population means immunisation coverage data consistently fluctuates between reporting periods. One child missing a vaccine can make a difference of up to six percent in terms of overall coverage for the cohort. ACT Health actively pursues strategies to increase immunisation coverage rates for Aboriginal and Torres Strait Islander children.
3. Active Business recruitment has been slightly lower than expected, even with enhanced messaging throughout the financial year. An internal decision was made to not proceed with a media promotion in the last quarter, on the basis of value for money and a shift in focus for the program away from recruitment and towards retention.
4. The higher than target result relates mainly to the extension of the COVID-19 health response, the Japanese Encephalitis Virus and Monkeypox vaccine programs, an increase in cross border expenses flowing from prior year reconciliations and higher information, communications and technology costs.
5. The higher than target result relates mainly to the extension of the COVID-19 health response and the Japanese Encephalitis Virus and Monkeypox vaccine programs.

**ACT Health Directorate
Statement of Performance
For the Year Ended 30 June 2023**

OUTPUT CLASS 1: ACT Health Directorate				
Output 1.3 Mentally Healthy Communities				
Description: 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:				
<ul style="list-style-type: none"> • leadership through the Office for Mental Health and Wellbeing to a whole of government approach to sustainable, effective, innovative and coordinated support for mental health and wellbeing; • promotion of mental health and social wellbeing for the community; • 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; • prevention of suicide and attempted suicide; • early intervention to increase resilience and reduce the impact of mental health issues; • accessible and responsive primary, secondary and tertiary mental health services to meet the needs of people with mental health concerns, including severe mental illness; and • evaluation and research to support ongoing development and improvement of the programs and services available. 				
Accountability Indicators	Original Target 2022-23	Actual Result 2022-23	Var. %	Notes
b. Annual progress report on the implementation of the Office for Mental Health and Wellbeing Workplan published	1	1	-	
TOTAL COST (\$'000)	100,558	120,095	19	1
CONTROLLED RECURRENT PAYMENTS (\$'000)	60,132	59,078	(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

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 relates mainly to an increase in cross border expenses flowing from prior year reconciliations and higher information, communications and technology costs.

ACT Health Directorate

Statement of Performance

For the Year Ended 30 June 2023

OUTPUT CLASS 1: ACT Health Directorate				
Output 1.4 Continuous Improvement of the ACT Public Health System				
Description: 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"> • developing Territory-wide plans for health services, workforce and major capital investment; • driving service improvement and innovation through a collaborative policy cycle; • providing responsive policy advice to government reflecting the changing nature of the health sector and community need; • supporting delivery of high quality health services by building and maintaining intergovernmental partnerships; and • conducting research programs that translate research evidence into improved healthcare. 				
Accountability Measures	Original Target 2022-23	Actual Result 2022-23	Var. %	Notes
b. Independent audit of the Review into the Workplace Culture of ACT Public Health Services tabled in the Legislative Assembly	1	1	-	
c. ACT Public Health Services Quarterly Performance Report	4	3	(25)	1
TOTAL COST (\$'000)	129,811	152,379	17	2
CONTROLLED RECURRENT PAYMENTS (\$'000)	85,903	91,797	7	3

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

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office as this is not required by the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

- b. 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.
- c. The number of ACT Public Health Service Quarterly Performance Reports published.

Explanation of Material Variance (>5%)

1. Since the implementation of the Digital Health Record (DHR) in early November 2022, the processes for the collection and collation of health service data are still under development. As a result, the data required to produce Quarterly Performance Reports (QPR) was not available from the 2nd quarter onwards.
2. The higher than target result relates mainly to an increase in cross border expenses flowing from prior year reconciliations and higher information, communications and technology costs.
3. The higher than target result relates to funding for the Transition Team, which will oversee the transfer of services from Calvary Public Hospital Bruce to Canberra Health Services.

Part 3

Reporting by Exception

Notices of Non-Compliance

Dangerous substances

In 2022–23, the Directorate received no notices of non-compliance under section 200 of the *Dangerous Substances Act 2004*.

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

Medicines, poisons and therapeutic goods

In 2022–23, the Directorate received no notices of non-compliance under section 177 of the *Medicines, Poisons and Therapeutic Goods Act 2008*.

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

Part 4

Specific Reporting Entities

Mental health

The Minister appoints the Chief Psychiatrist and ACT Care Coordinator under provisions of the *Mental Health Act 2015* (the Act).

Section 197 of the Act states:

The Chief Psychiatrist has the following functions:

- a) to provide treatment, care or support, rehabilitation and protection for persons who have a mental illness;
- b) to make reports and recommendations to the Minister with respect to matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for persons who have a mental illness;
- c) to make guidelines for mental health facilities, mental health professionals or anyone else exercising a function under this Act, in relation to matters under this Act;
- d) any other function given to the Chief Psychiatrist under this Act.

Section 205 of the Act states:

The Care Coordinator has the following functions:

- a) to coordinate the provision of treatment, care or support to people with a mental disorder in accordance with community care orders made by the ACAT;
- b) to coordinate the provision of appropriately trained people for the treatment, care or support of people with a mental disorder who are subject to community care orders;
- c) to coordinate the provision of appropriate residential or detention facilities for people with a mental disorder in relation to whom any of the following orders are in force:
 - i) a community care order;
 - ii) a restriction order with a community care order;
 - iii) a forensic community care order;
- d) to coordinate the provision of medication and anything else required to be done for people with a mental disorder in accordance with community care orders and restriction orders made by the ACAT;
- e) to make reports and recommendations to the Minister about matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for people with a mental disorder;
- f) any other function given to the care coordinator under this Act.

As the Chief Psychiatrist and ACT Care Coordinator are appointed under the Act, their annual reports are a requirement under the *Annual Reports (Government Agencies) Directions 2023* 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 2022–23, page 359.
- Chief Psychiatrist Annual Report 2022–23, page 417.

Contact details: For more information, contact Chief Psychiatrist on ChiefPsychiatrist@act.gov.au and the Care Coordinator on ChiefPsychiatrist@act.gov.au.

Care and carer support agencies

The *Carers Recognition Act 2021* (the Act) provides for the recognition of carers and care relationships. It also recognises the different needs of people in care relationships and the value of these relationships.

Under the Act, care and carer support agencies have obligations relating to care relationship principles and must report on compliance with those obligations.

Reporting obligations of care and carer support agencies

Section 11 of the Act states:

- (1) A care and carer support agency must, in each reporting year for the agency, prepare a report on the agency's compliance with its obligations under Section 10.
- (2) The care and carer support agency must:
 - (a) if the agency is a public sector reporting agency – include the report in the agency's annual report for the year.

Obligations of care and carer support agencies relating to care relationship principles

Section 10 of the Act states:

- (1) A care and carer support agency must take all practicable measures to ensure that:
 - (a) the following people are aware of, and understand, the care relationship principles:
 - (i) the agency's employees and agents;
 - (ii) people in a care relationship who are receiving support services from the agency in relation to the care relationship; and
 - (b) the agency and its employees and agents uphold the care relationship principles in assessing, planning, delivering, managing or reviewing support services, programs and policies in relation to people in care relationships.
- (2) In addition, a care and carer support agency must:
 - (a) when planning or reviewing support services and programs in relation to people in care relationships provided by the agency consult with:
 - (i) carers receiving support services from the agency; and
 - (ii) an entity representing carers; and
 - (b) when developing the agency's internal human resources policies—consider the care relationship principles in relation to employees who are carers.

The Directorate assesses, plans, manages and reviews programs and policies in relation to people in care relationships and supports employees who are carers.

ACT Disability Health Strategy

Carers have been involved throughout the development of the [ACT Disability Health Strategy](#). The development of the ACT Disability Health Strategy has been guided by the ACT Disability Health Strategy Steering Committee whose membership includes Carers ACT and carers of people with disability.

In addition, Carers ACT and carers of people with disability:

- participated in the ACT Disability Health Strategy Roundtable in March 2023
- were encouraged to participate in the YourSay public consultation on the draft ACT Disability Health Strategy which took place between June and July 2023.

Community Assistance and Temporary Supports Program

Carers ACT was integrally involved in commissioning for outcomes in the community support subsector, ensuring that the voice of carers was prominent throughout the 12-month process.

The resulting Community Assistance and Temporary Supports Program, which commences on 1 October 2023, will fund a range of core services that will support participants and their carers.

Chronic conditions subsector

Carers ACT has been closely involved in the development of the needs assessment for commissioning in the chronic conditions subsector. In the design phase of this commissioning cycle, outcomes for future programs and services will be identified in collaboration with the chronic conditions subsector. These will include a focus on better integration between carers and the service system, and improved referral pathways for consumers and their carers.

Voluntary assisted dying

The views and experiences of carers are essential in developing a voluntary assisted dying model for the ACT. From 7 February to 6 April 2023, the ACT Government undertook a public consultation to understand how our community would like to see voluntary assisted dying delivered in the ACT. This included learning from people who have experienced intolerable suffering near the end of their life, as well as their carers and families.

To ensure we incorporated lived experience within the health system, we consulted with Carers ACT, Health Care Consumers' Association and other organisations representing health consumers in the pre-consultation phase. During the public consultation, these organisations were invited to make formal submissions and participate in roundtables and workshop events to ensure carer perspectives and priorities were heard.

Experiences and views of carers shared in the public consultation were reflected in the [Listening Report](#), released on 29 June 2023.

Mental health and suicide prevention

The experiences of mental health carers were incorporated as a core consideration in consultations for the development of programs and policies that impact carers and the people they care for. This includes having representatives from Carers ACT and representatives with a lived experience of being a mental health carer on a range of committees and project groups. During 2022–23, these have included:

- establishing the Commissioning Advisory Group for the Mental Health Commissioning Process. This Advisory Group has been convened with a range of local mental health stakeholders, including Carers ACT and a representative with lived experience of being a carer, to guide and support the ACT mental health NGO commissioning process
- ongoing carer representation on the Expanding Public Health Services for Eating Disorders Reference Group from Eating Disorders Families Australia
- establishing the Children and Youth Mental Health Service Development Working Group (the Working Group) within the Children and Youth Mental Health Service Alliance. The Working Group brings together 25 key non-government and community sector partners, including Families ACT and Carers ACT to support consultation and service design activities for the future Head to Health Kids service, the Youth at Risk service and the Headspace Early Psychosis Service
- inviting a carer representative to the ACT Suicide Prevention Coordinating Committee in November 2022
- involving Carers ACT in the Youth at Risk project. Representatives from Carers ACT including the CEO, a young carer specialist, a carer advocate, an engagement officer and a mental health policy officer attended meetings with the Youth at Risk project team. The purpose of these meetings was to establish strong working pathways to support the activities of the Youth at Risk project for the benefit of carers. The Youth at Risk project team also met with a group of young carers who requested to be involved in future consultations
- conducting Mental Health Peak Bodies meetings every 2 months with the Office for Mental Health and Wellbeing including Carers ACT
- involving Carers ACT in the development of the new Office for Mental Health and Wellbeing Work Plan 2023–2024.

Chief Psychiatrist

The Chief Psychiatrist has developed an Advisory Note for mental health practitioners that provides guidance on the information that clinicians can provide to carers of patients in accordance with the *Health Records (Privacy and Access) Act*. All advisory notes are available on the Chief Psychiatrist website at [Office of the Chief Psychiatrist | Health \(act.gov.au\)](https://www.act.gov.au/office-of-the-chief-psychiatrist).

The Chief Psychiatrist consults with Carers ACT in the development of policy material that supports the operation of the *Mental Health Act 2015*. This includes the development of advisory notes, guidelines and the ACT Charter of Mental Health Rights.

There is a representative from Carers ACT on the Mental Health Act Oversight Committee to ensure carers have a voice and are consulted in the development of all Chief Psychiatrist guidelines.

During the development of the *Mental Health Act Amendment 2015 Bill 2023*, the Directorate consulted directly with ACT Carers about development of the Bill.

Our employees

The Directorate supports its employees who are carers by offering flexible working opportunities in line with whole-of-government flexible working arrangements provisions. These working arrangements for carers can include:

- variable start and finish times
- part-time work
- hybrid working arrangements with a mix of working from home and office.

The Directorate provides consistent information on flexible working for employees. There is a dedicated intranet page which provides information and resources on flexible working for employees, including those who are carers.

Attachment A

Annexed and Subsumed
Reports



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

Dear Minister

2022-23 ACT Care Coordinator 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 2023*.

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 annual 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 2022 to 30 June 2023.

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, this being Friday 13 October 2023.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Dinesh Arya".

Dr Dinesh Arya
Chief Psychiatrist

27 July 2023

Compliance Statement – ACT Care Coordinator

The ACT Care Coordinator Annual Report 2022–23 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.

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 2022–23 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 2022–23 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 2022–23 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 within the ACT Health Directorate Annual Report.
- C. Financial Management Reporting, inclusive of all subsections, see Part C Financial management reporting for 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 2022–23 reporting year.

Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

The following subsections of Part 4 of the 2023 Directions are applicable to the ACT Care Coordinator and can be found within the ACT Health Directorate Annual Report:

- Mental Health, see page 350.

Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the ACT Care Coordinator. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory records, see the annual report of Chief Minister, Treasury and Economic Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address: http://www.cmd.act.gov.au/open_government/report/annual_reports.

ACT Care Coordinator Annual Report 2022–23

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 applies or
- a Forensic Community Care Order is in force.

Community Care Orders and Forensic Community Care Orders are made by the ACT Civil and Administrative Tribunal.

Community Care Orders and Forensic Community Care Orders can be made for those for whom guardianship is not sufficient. This includes people with:

- dementia
- intellectual disability
- an acquired brain injury
- personality disorders
- degenerative neurological disorders.

The majority of clients with a Community Care Order have their care needs met by either mainstream health services or the National Disability Insurance Scheme (NDIS).

Between 1 July 2022 and 30 June 2023, one person was subject to 2 six-month Community Care Orders. The person was also subject to 4 Restriction Orders, each was for a period of 3 months. A Restriction Order can restrict where a person lives, result in them being detained or impose other limitations. This person is currently receiving support for an intellectual disability.

Between 1 July 2022 and 30 June 2023, no one was subject to a Forensic Community Care Order.

Table 61: Summary of care orders for 2022–23

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	4	0

Dr Dinesh Arya

ACT Care Coordinator

ChiefPsychiatrist@act.gov.au



ACT
Government

ACT Health

Office of the Director-General

Mr Andrew Barr MLA
Acting Minister for Health
ACT Legislative Assembly
London Circuit
CANBERRA ACT 2601

Dear Minister

2022–23 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 2023. This is being presented to you in your capacity as acting Minister for Health.

It has been prepared in conformity with other legislation applicable to the preparation of the Annual Report by the ACT Local Hospital Network.

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 ACT Local Hospital Network has been included for the period 1 July 2022 to 30 June 2023.

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

Rebecca Cross
Director-General
ACT Health Directorate

3 October 2023

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

Compliance Statement – ACT Local Hospital Network

The ACT Local Hospital Network Annual Report 2022–23 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.

The Compliance Statement indicates the subsections, under Parts 1 to 5 of the Directions, that are applicable to the ACT Local Hospital Network 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 Annual Report 2022–23 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 are provided within the ACT Local Hospital Network Annual Report 2022–23 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 complies with all subsections. The information that satisfies the requirements of Part 2 is found in the ACT Local Hospital Network Annual Report 2022–23 as follows:

- A. Transmittal Certificate, see the previous page.
- B. Organisational Overview and Performance, see the Organisation Overview and Performance section on the next page. As the ACT Local Hospital Network 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 page 235.

Part 3 Reporting by Exception

The ACT Local Hospital Network has nil information to report by exception under Part 3 of the Directions for the 2022–23 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.

Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the ACT Local Hospital Network. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic, Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address: http://www.cmd.act.gov.au/open_government/report/annual_reports.

ACT Local Hospital Network Annual Report 2022–23

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 (ACT 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 Directorate). The ACT LHN is supported by the Directorate's staff.

The ACT LHN 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.

In 2022–23, the ACT LHN funded public hospital and health services delivered by:

- [Canberra Health Services](#) (CHS), which operates the:
 - [Canberra Hospital](#)
 - [University of Canberra Hospital](#)
 - network of community health centres and walk-in centres.
- [Calvary Health Care ACT Ltd](#), which operated Calvary Public Hospital Bruce (CPHB) under contract with the ACT Government, as well as Clare Holland House
- Tresillian Family Care Centres, which operates the [Queen Elizabeth II Family Centre](#) under contract with the ACT Government.

The ACT LHN 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.

In accordance with the [2020–25 National Health Reform Agreement](#), the ACT LHN had a formal annual service level agreement with the ACT Minister for Health in 2022–23. The ACT LHN 2022–23 Service Level Agreement (the agreement) can be found under [Publications](#) on the ACT Health website. As the health system leader, in the context of the Directorate's relationship with the LHN, our aim is to improve whole-of-system capability and performance through alignment, culture, partnership, connectivity and collaboration.

Key elements of the agreement for 2022–23 included the:

- services to be provided by the ACT LHN
- funding provided to the ACT LHN for the provision of these services
- key service performance priorities and agreed targets.

The key performance indicators in the agreement included:

- the Directorate's strategic indicators:
 - Strategic Indicator 2.1 – Performing more elective 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
- the ACT LHN's Strategic Indicator 1 – Funding and performance agreements with all ACT Local Hospital Network non-government providers
- 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.

As well as providing support for the continued response to the COVID-19 pandemic, in 2022–23, funding was provided to CHS and Calvary Health Care ACT Ltd for the following initiatives:

- additional elective surgeries
- more beds and expanded outpatient services at CPHB
- additional endoscopy procedures
- increased allied health staffing
- boosting health services for children and young people
- meeting the demand for blood and blood products
- expanded intensive care capacity
- neonatology services at Centenary Hospital for Women and Children
- both inpatient and community palliative care services at Clare Holland House
- expanded acute and sub-acute admitted mental health service capacity.

Contact details: For more information on this section, contact 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 62: Funding and performance agreements in place with all ACT Local Hospital Network non-government providers

Strategic Indicator	2022–23 Target	2022–23 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 LHN providers other than CHS. It covers non-government providers, including:

- Calvary Health Care ACT Ltd, for CPHB and Clare Holland House
- 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 (orthopaedic) Program.

CHS is excluded from this measure as the CHS Budget Statements and Annual Report are the mechanisms 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 2022–23, as per the requirements of the Calvary Network Agreement. 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 Calvary Network Agreement.

The Performance Plan also includes funding and activity targets for the services delivered by Calvary through Clare Holland House.

Contact details: For more information on this section, contact LHNCoord@act.gov.au.

ACT Local Hospital Network management discussion and analysis for the year ended 30 June 2023

Management Discussion and Analysis for the ACT Local Hospital Network For the Year Ended 30 June 2023

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 March 2020 (and subsequent amendments), the Australian Government and all States and Territories signed the *National Partnership on COVID-19 Response* (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 agreement did not cover some public health responses considered by States and Territories as necessary to reduce the transmission of COVID-19 such as post travel quarantining, board restrictions and related exemptions and increase community health services not directly related to the treatment of COVID-19 such as additional mental health services.

The NPCR facilitated the following outcomes:

- the capacity 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, including setup costs; 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 envisaged 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.

The NPCR ceased in September 2022 for Private Hospitals and in December 2022 for the other components.

Financial Performance

The following financial information is based on audited Financial Statements for 2021-22 and 2022-23, in addition to the forward estimates contained in the ACT 2023-24 Budget Statements.

Total Net Cost of Services

Table 1: Total Net Cost of Services

	Actual 2021-22 \$m	Original Budget 2022-23 \$m	Actual 2022-23 \$m	Forward Estimate 2023-24 \$m	Forward Estimate 2024-25 \$m	Forward Estimate 2025-26 \$m	Forward Estimate 2026-27 \$m
Total Expenses	1 692.2	1 657.7	1 692.7	1 719.1	1 786.0	1 830.4	1 875.0
Total Own Source Revenue	671.2	651.0	648.8	667.1	705.0	745.9	789.2
Total Net Cost of Services	1 021.0	1 006.7	1 043.9	1 052.0	1 081.0	1 084.5	1 085.6

Comparison to 2022-23 Original Budget

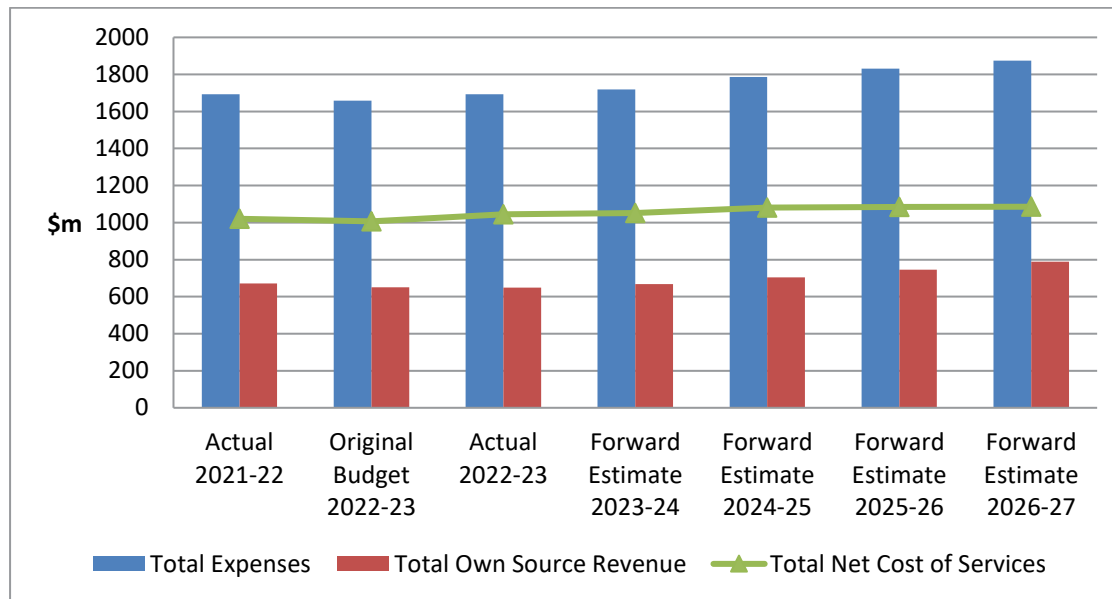
The LHN's net cost of services for 2022-23 of **\$1 043.9 million** was **\$37.2 million** or **3.7 per cent** higher than the 2022-23 Original Budget, mainly due to expenses relating to the COVID-19 public health support package which was approved through the 2022-23 mid-year budget review partially offset by related Commonwealth contributions.

Comparison to 2021-22 Actual Net Cost of Services

During 2022-23, net cost of services increased by **\$22.9 million** or **2.2 per cent** compared to the 2021-22 net cost of services of **\$1 021.0 million** mainly due to indexation and various new initiatives across the Territory's health system.

Future Trends

Figure 1: Net Cost of Services



Total own source revenue is expected to increase at a faster rate than the growth of total expenditure resulting in lower net cost of services over time. This is due to Commonwealth funding projections growing at a faster rate than the projected expenditure growth.

North Canberra Hospital

On 3 July 2023, the existing Calvary Public Hospital Bruce transitioned to Canberra Health Services and was renamed the North Canberra Hospital. This took effect due to the enactment of the *Health Infrastructure Enabling Act 2023* (the Act) on 2 June 2023.

The Act provides for the Territory to continue operating the hospital. From 2023-24 expenses for Grants and Purchased Services which are currently paid to the Calvary Public Hospital will be redirected to Canberra Health Services.

Total Expenditure

Components of Expenditure

Total expenditure for the Financial Year ended 30 June 2023 was **\$1 692.7 million**.

Figure 2 – Components of Expenditure, indicates that **98.7 per cent** of total expenditure relates to grants and purchased services.

Figure 2: Components of Expenditure

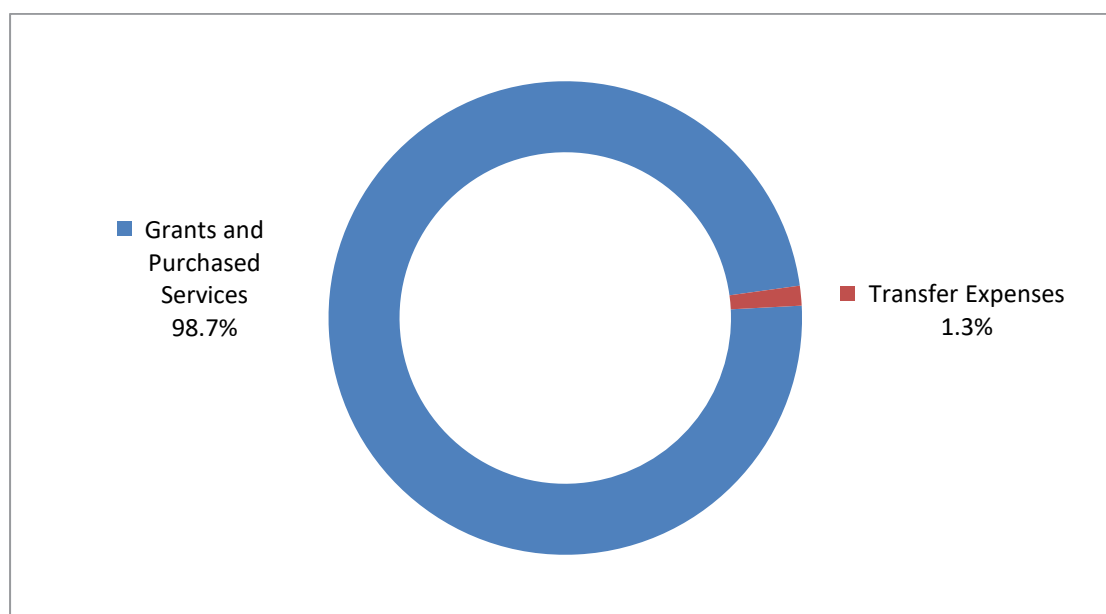


Table 2: 2022-23 Expenditure Variations from Original Budget

	Actual 2022 \$m	Actual 2023 \$m	Original Budget 2023 \$m	Budget Variance \$m
Grants and Purchased Services	1 650.4	1 671.5	1 639.6	(31.9)
Transfer Expenses	41.8	21.2	18.1	(3.1)
Total Expenditure	1 692.2	1 692.7	1 657.7	(35.0)

Comparison to 2022-23 Original Budget

Total expenditure of **\$1 692.7 million** is **\$35.0 million** or **2.1 per cent** higher than the 2022-23 Original Budget was mainly due to additional payments made to the ACT Health Directorate and health service providers including Canberra Health Services and the Calvary Public Hospital for initiatives relating to continuing the Public Health response to COVID-19.

Comparison to 2021-22 Actual Expenses

Expenditure for 2022-23 was **\$0.5 million** or **0.03 per cent** higher than the 2021-22 expenditure of **\$1 692.2 million**. This was mainly due to:

- higher payments to Canberra Health Services (\$20.2 million) and the Calvary Public Hospital (\$10.9 million) for indexation, new initiatives, and rollovers from 2021-22; partially offset by

- lower payments to the ACT Health Directorate (\$20.6 million) due to the gradual scale back of the Territory’s public health emergency response to COVID- 19 and the cessation of the *National Partnership on COVID-19 Response* in December 2022.

Total Own Source Revenue

Components of Own Source Revenue

Total own source revenue for 2022-23 was **\$648.8 million**. *Figure 3 - Components of Own Source Revenue*, indicates that **80.5 per cent** or **\$522.3 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 (\$126.5 million).

Figure 3: Components of Own Source Revenue

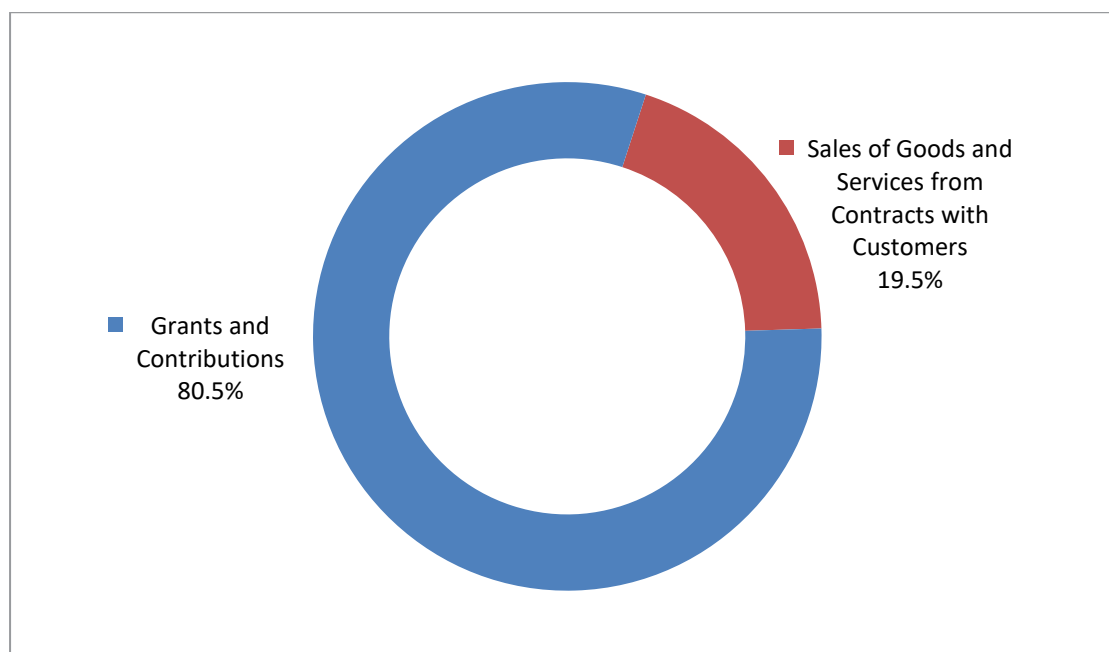


Table 3: 2022-23 Revenue Variations from Original Budget

	Actual 2022 \$m	Actual 2023 \$m	Original Budget 2023 \$m	Budget Variance \$m
Sales of Goods and Services from Contracts with Customers	129.0	126.5	119.1	7.4
Grants and Contributions	542.2	522.3	531.9	(9.6)
Total Own Source Revenue	671.2	648.8	651.0	(2.2)

Comparison to 2022-23 Original Budget

Own source revenue in 2022-23 of **\$648.8 million** was lower than the 2022-23 Original Budget by **\$2.2 million** or **0.3 per cent**, mainly due to lower Commonwealth contributions (\$9.6 million) received following the cessation of the *National Partnership on COVID-19 Response* in December 2022; partially offset by higher cross border revenue (\$7.4 million) due to multiple prior year reconciliations being completed during the year.

Comparison to 2021-22 Actual Own Source Revenue

Own source revenue for 2022-23 was **\$22.4 million** or **3.3 per cent** lower than in 2021-22 mainly due to lower Commonwealth contributions received during the year following the cessation of the *National Partnership on COVID-19 Response* in December 2022.

Financial Position

Total Assets

Total assets at 30 June 2023 were **\$24.8 million**. *Figure 4 - Components of Assets* indicates that the majority of assets relate to receivables **86.3 per cent** with the remaining **13.7 per cent** being cash.

Figure 4: Components of Assets

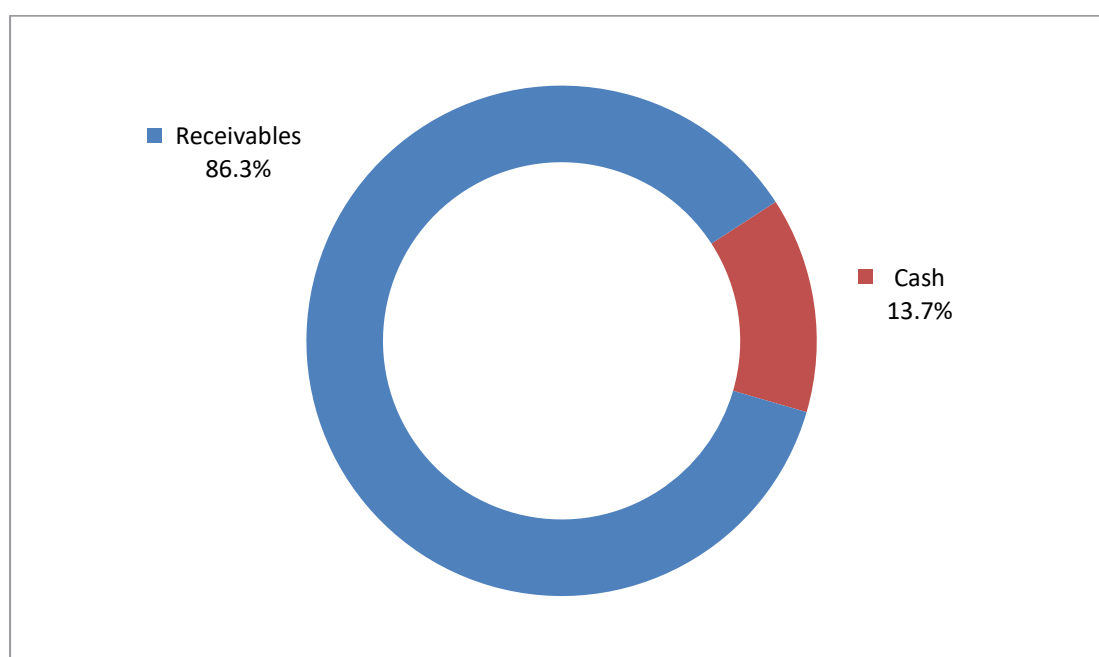


Table 4: 2022-23 Asset Variations from Original Budget

	Actual 2022 \$m	Actual 2023 \$m	Original Budget 2023 \$m	Budget Variance \$m
Cash	2.2	3.4	2.2	1.2
Receivables	55.4	21.4	65.9	(44.5)
Total Assets	57.6	24.8	68.1	(43.3)

Comparison to 2022-23 Original Budget and 2021-22 Actual Total Assets

Total assets at 30 June 2023 of **\$24.8 million** were lower than the 2022-23 Original Budget by **\$43.3 million** and the 2021-22 actual result by **\$32.8 million** mainly due to lower outstanding Cross Border Health receipts following multiple prior year reconciliations being completed with final back-adjustment payments being settled in 2022-23.

Total Liabilities

Figure 5: Components of Liabilities

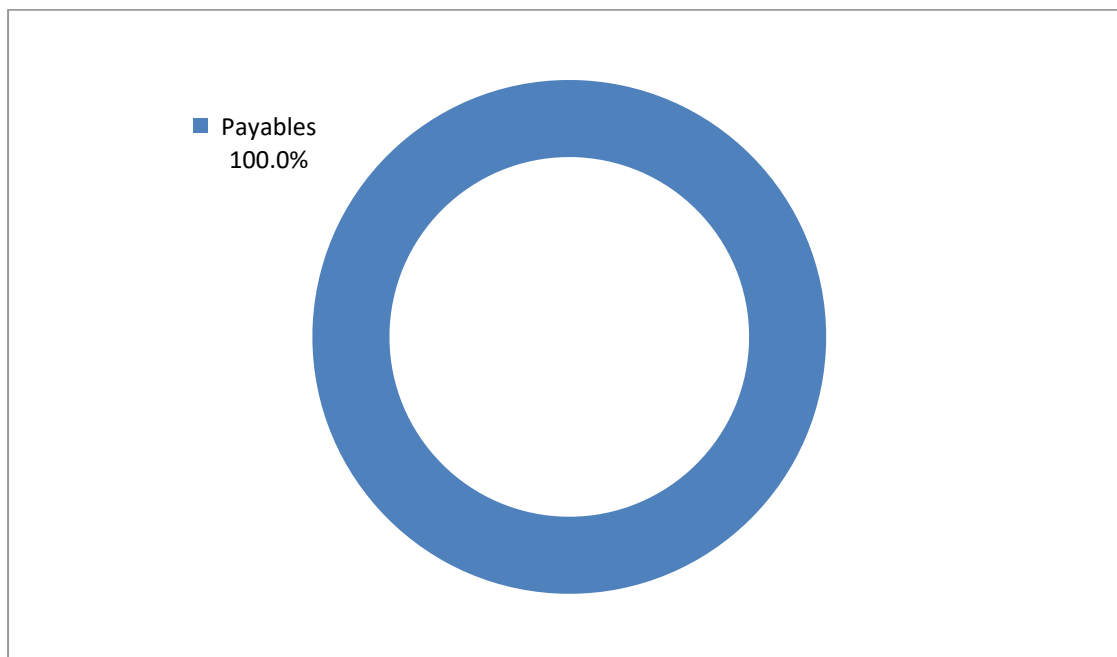


Table 5: 2022-23 Liability Variations from Original Budget

	Actual 2022 \$m	Actual 2023 \$m	Original Budget 2023 \$m	Budget Variance \$m
Payables	45.4	5.6	42.6	37.0
Other Liabilities	-	-	2.6	2.6
Total Liabilities	45.4	5.6	45.2	39.6

Comparison to 2022-23 Original Budget and 2021-22 Actual Total Liabilities

Total liabilities as at 30 June 2023 of **\$5.6 million** were lower than the 2022-23 Original Budget by **\$39.6 million** and the 2021-22 actual result by **\$39.8 million** mainly due to lower outstanding Cross Border Health payments following a number of prior year reconciliations being completed with final back-adjustment payments being settled in 2022-23.

ACT Local Hospital Network financial statements for the year ended 30 June 2023

ACT Local Hospital Network

Financial Statements

For the Year Ended

30 June 2023

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 2023 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 2023, and its financial performance and cash flows for the year then ended; and
- (ii) are presented in accordance with the *Financial Management Act 1996* and comply with Australian Accounting Standards.

Basis for opinion

I conducted the audit in accordance with the Australian Auditing Standards. My responsibilities under the standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of this report.

I am independent of the Directorate in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (Code). I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Directorate for the financial statements

The Director-General of the ACT Health Directorate is responsible for:

- preparing and fairly presenting the financial statements in accordance with the *Financial Management Act 1996* and relevant Australian Accounting Standards;
- determining the internal controls necessary for the preparation and fair presentation of the financial statements so that they are free from material misstatements, whether due to error or fraud; and
- assessing the ability of the Directorate to continue as a going concern and disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting in preparing the financial statements.

Auditor's responsibilities for the audit of the financial statements

Under the *Financial Management Act 1996*, the Auditor-General is responsible for issuing an 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
22 September 2023

**ACT LOCAL HOSPITAL NETWORK
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

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 2023 and its financial position on that date.

RM Cross

Rebecca Cross

Director-General

ACT Health Directorate

21 September 2023

**ACT LOCAL HOSPITAL NETWORK
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

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 2023 and the financial position on that date.


Mukunthan Ganeshalingam

Chief Finance Officer

ACT Local Hospital Network

21 September 2023

ACT LOCAL HOSPITAL NETWORK CONTENT OF FINANCIAL STATEMENT FOR THE YEAR ENDED 30 JUNE 2023

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**ACT LOCAL HOSPITAL NETWORK
OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 2023**

	Note No.	Actual 2023 \$'000	Original Budget 2023 \$'000	Actual 2022 \$'000
Income				
Controlled Recurrent Payments	#	1 050 818	1 006 645	1 010 421
Sales of Goods and Services from Contracts with Customers	3	126 537	119 124	128 952
Grants and Contributions Revenue	4	522 268	531 911	542 205
Total Income		1 699 623	1 657 680	1 681 578
Expenses				
Grants and Purchased Services	5	1 671 513	1 639 546	1 650 390
Transfer Expenses	6	21 150	18 134	41 795
Other Expenses		-	-	40
Total Expenses		1 692 663	1 657 680	1 692 225
Operating Result		6 960	-	(10 647)
Total Comprehensive Result		6 960	-	(10 647)

The above Operating Statement is to 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 2023**

	Note No.	Actual 2023 \$'000	Original Budget 2023 \$'000	Actual 2022 \$'000
Current Assets				
Cash	7	3 386	2 178	2 171
Receivables	8	21 372	65 865	55 430
Total Current Assets		24 758	68 043	57 601
Total Assets		24 758	68 043	57 601
Current Liabilities				
Payables	9	5 605	42 619	45 408
Other Liabilities		-	2 584	-
Total Current Liabilities		5 605	45 203	45 408
Total Liabilities		5 605	45 203	45 408
Net Assets		19 153	22 840	12 193
Equity				
Accumulated Funds		19 153	22 840	12 193
Total Equity		19 153	22 840	12 193

The above Balance Sheet is to 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 2023**

	Accumulated Funds Actual 2023 \$'000	Total Equity Actual 2023 \$'000	Total Equity Original Budget 2023 \$'000
Balance at 1 July 2022	12 193	12 193	22 840
Comprehensive Income			
Operating Result	6 960	6 960	-
Total Comprehensive Result	6 960	6 960	-
Balance at 30 June 2023	19 153	19 153	22 840

	Accumulated Funds Actual 2022 \$'000	Total Equity Actual 2022 \$'000
Balance at 1 July 2021	22 840	22 840
Comprehensive Income		
Operating Result	(10 647)	(10 647)
Total Comprehensive Result	(10 647)	(10 647)
Balance at 30 June 2022	12 193	12 193

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 2023**

	Note No.	Actual 2023 \$'000	Original Budget 2023 \$'000	Actual 2022 \$'000
Cash Flows from Operating Activities				
Receipts				
Controlled Recurrent Payments	#	1 050 818	1 006 645	1 010 421
Sales of Goods and Services from Contracts with Customers		190 769	119 124	139 694
Grants and Contributions Receipts		522 268	531 911	539 621
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		30 233	24 986	27 264
Transfers from ACT Health Directorate		160 572	119 124	139 694
Total Receipts from Operating Activities		1 954 660	1 801 790	1 856 694
Payments				
Grants and Purchased Services		1 731 782	1 657 680	1 688 097
Payments to Private Hospitals (State Directed)		-	-	1 148
Goods and Services Tax Paid to Suppliers		30 894	24 986	27 761
Transfers to ACT Health Directorate		190 769	119 124	139 694
Total Payments from Operating Activities		1 953 445	1 801 790	1 856 700
Net Cash Inflows/(Outflows) from Operating Activities		1 215	-	(6)
Net Increase/(Decrease) in Cash		1 215	-	(6)
Cash at the Beginning of the Reporting Period		2 171	2 178	2 177
Cash at the End of the Reporting Period	7	3 386	2 178	2 171

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 2023

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 *Revenue from Contracts with Customers*.

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 2023 \$'000	Total Appropriated 2023 \$'000	Appropriation Drawn 2023 \$'000	Appropriation Drawn 2022 \$'000
Controlled Recurrent Payments	1 006 645	1 081 421	1 050 818	1 010 421
Total Controlled Appropriation	1 006 645	1 081 421	1 050 818	1 010 421

The above Statement of Appropriation is to be read in conjunction with the accompanying notes.

COVID-19 Disclosure

ACT Local Hospital Network (LHN) received \$46.4 million to continue the COVID-19 Public Health Support Initiatives in 2022-23. These amounts were supplemented by the Commonwealth Government through the *National Partnership on COVID-19 Response* (NPCR) agreement.

	Controlled Recurrent Payments \$'000
Reconciliation of Appropriation for 2022-23	
Original Appropriation	1 006 645
Treasurer's Advance (FMA s.18)	19 952
Supplementary Appropriation (FMA s.13)	54 824
Total Appropriated	1 081 421
Appropriation Drawn	1 050 818

FMA - *Financial Management Act 1996*

**ACT LOCAL HOSPITAL NETWORK
STATEMENT OF APPROPRIATION (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2023**

Controlled Recurrent Payments

Variances between 'Original Budget' and 'Total Appropriated'

The difference between 'Original Budget' and 'Total Appropriated' of \$74.8 million is mainly due to:

- additional appropriation received through the mid-year budget review for continuing the COVID-19 Public Health Support Package and for amounts relating to the enterprise agreement pay offers (\$54.8 million); and
- additional funding received through a Treasurer's Advance to supplement cash requirements at Canberra Health Services (\$20.0 million).

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between 'Total Appropriated' and 'Appropriation Drawn' of \$30.6 million mainly relates to appropriation for multiple projects and initiatives being transferred from 2022-23 to 2023-24 and lower cash requirements than estimated at the time of submitting the Treasurer's Advance request.

Variances between '2022-23 and 2021-22 Controlled Recurrent Payments Appropriation Drawn'

The increase in 'Controlled Recurrent Payments' of \$40.4 million is mainly due to indexation, new initiatives and additional funding received during mid-year budget review for continuing the COVID-19 Public Health Support Package (\$35.7 million).

ACT LOCAL HOSPITAL NETWORK

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

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 providers:

- Canberra Health Services (CHS), which includes Canberra Hospital and the University of Canberra Hospital;
- Calvary Health Care ACT Limited, which includes Calvary Public Hospital Bruce and Clare Holland House Hospice (Note 12 Events After the Reporting Period); and
- Tresillian Family Care Centres, for the Queen Elizabeth II Family Centre.

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 2023

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 2023 together with the financial position of the LHN as at 30 June 2023.

Comparative Figures

Budget Figures

To facilitate a comparison with the Budget Statements, as required by the *Financial Management Act 1996*, budget information for 2022-23 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the 2022-23 Budget Papers.

Prior Year Comparatives

Comparative information has been disclosed in respect of the previous period for amounts reported in the financial statements, except where an Australian Accounting Standard does not require comparative information to be disclosed.

Where the presentation or classification of items in the financial statements is amended, the comparative amounts have been reclassified where practical. Where a reclassification has occurred, the nature, amount and reason for the reclassification is provided.

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 2022-23 financial statements have been prepared on a going concern basis as the LHN has been funded in the ACT Government 2023-24 Budget and the Budget Papers including forward estimates for the LHN.

COVID-19 Impacts

The LHN experienced material financial impacts relating to both Income and Expenses as a result of the COVID-19 health emergency in Financial Year 2022-23. 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 2023

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 2023**

Note 3. Sales of Goods and Services from Contracts with Customers

Description and Material Accounting Policies Relating to the Sale of Goods and Services

Revenue is recognised either over time or at a point in time.

The LHN earns revenue from providing public health services to residents of other States and 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 and Aged Care Pricing Authority (IHACPA) and the services provided.

Cross Border Health Revenues

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.

	2023	2022
	\$'000	\$'000
Non-ACT Government Customers		
Cross Border (Interstate) Health Revenue	126 537	128 952
Total Sales of Goods and Services from Non-ACT Government Customers	126 537	128 952
Total Sales of Goods and Services from Contracts with Customers	126 537	128 952

**ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

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 and Aged Care Pricing Authority (IHACPA) 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 IHACPA 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. The agreement ceased for private hospitals at the end of September 2022 and for all other components at the end of December 2022.

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.

	2023	2022
	\$'000	\$'000
Non-ACT Government Grants and Contributions		
Grants from the Commonwealth ^a	522 268	542 205
Total Non-ACT Government Grants and Contributions	522 268	542 205
Total Grants and Contributions	522 268	542 205

- a. The decrease in 'Grants from the Commonwealth' of \$19.9 million mainly relates to lower funding receipts through the NPCR due to the gradual scale back of the Territory's public health emergency response to COVID-19 and the NPCR ceasing at the end of December 2022.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

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) (Note 12 Events After the Reporting Period), Queen Elizabeth II Hospital, Private Hospitals and to States and the Northern Territory for Cross Border patient services.

	2023	2022
	\$'000	\$'000
Grants and Purchased Services		
Payments to Service Providers		
- Canberra Health Services ^a	1 354 037	1 333 880
- Calvary Public Hospital ^a	287 880	276 960
- Queen Elizabeth II Hospital	4 020	3 922
- Private Hospital Financial Viability Payments ^b	4 348	6 975
- Private Hospitals (State Directed) ^c	845	1 148
Cross Border (Interstate) Health Costs ^d	20 383	27 505
Total Grants and Purchased Services	1 671 513	1 650 390

- a. The increase in payments to Canberra Health Services (\$20.2 million) and Calvary Public Hospital (\$10.9 million) mainly relates to growth in demand for services and indexation.
- 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 decrease of \$2.6 million in 2022-23 is due to the NPCR related payments for private hospitals ceasing at the end of September 2022.
- 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.
- d. The decrease in 'Cross Border (Interstate) Health Costs' of \$7.1 million mainly relates to higher expenses incurred in 2021-22 to settle back-adjustment payments following a significant number of prior year reconciliations being completed.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 6. Transfer Expenses

Description and Material Accounting Policies Relating to Transfer Expenses

The Commonwealth Government's contribution to public health funding through the *National Health Reforms Agreement* (NHRA) and the *National Partnership on COVID-19 Response* (NPCR) agreement, 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.

	2023	2022
	\$'000	\$'000
Transfer Expenses ^a	21 150	41 795
Total Transfer Expenses	21 150	41 795

- a. The decrease in 'Transfer Expenses' of \$20.6 million mainly relates to a decrease in payments to the ACT Health Directorate due to the gradual scale back of the Territory's public health emergency response to COVID-19 and the NPCR ceasing at the end of December 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 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.

(a) Cash Balances	2023	2022
	\$'000	\$'000
Current Cash		
Deposits Held at Call with a Financial Institution ^a	3 386	2 171
Total Cash	3 386	2 171

- a. The increase in 'Deposits Held at Call with a Financial Institution' of \$1.2 million mainly relates to funds which will be utilised to settle outstanding payments to health service providers.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 7. 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

	2023	2022
	\$'000	\$'000
Total Cash Recorded in the Balance Sheet	3 386	2 171
Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows	3 386	2 171

(c) Reconciliation of Operating Result to Net Cash Inflows/(Outflows) from Operating Activities

	2023	2022
	\$'000	\$'000
Operating Result	6 960	(10 647)
Cash Before Changes in Operating Assets and Liabilities	6 960	(10 647)
Changes in Operating Assets and Liabilities		
Decrease in Receivables	34 058	10 436
(Decrease)/Increase in Payables	(39 803)	2 789
(Decrease) in Other Liabilities	-	(2 584)
Net Changes in Operating Assets and Liabilities	(5 745)	10 640
Net Cash Inflows/(Outflows) from Operating Activities	1 215	(6)

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 revenue relates to outstanding payments for the estimated number of interstate patients treated in ACT public hospitals.

	2023	2022
	\$'000	\$'000
Current Receivables		
Accrued Revenue ^a	19 275	53 310
Net GST Receivable	2 097	2 120
Total Current Receivables	21 372	55 430

No receivables are past due or impaired. All receivables are with other State and Territory Governments.

- a. The decrease in 'Accrued Revenue' of \$34.0 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 2022-23.

**ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

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 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 public health service providers.

Payables consist of Accrued Expenses.

	2023	2022
	\$'000	\$'000
Current Payables		
Accrued Expenses ^a	5 605	45 408
Total Current Payables	5 605	45 408

No payables are overdue.

- a. The decrease in 'Accrued Expenses' of \$39.8 million mainly relates to lower outstanding Cross Border Health payments due to a number of prior year reconciliations being completed with final back-adjustment payments being settled in 2022-23.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

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 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.

The following are the classification of the Directorate's financial assets under AASB 9 *Financial Instruments*:

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 ACT Government banking arrangements.

The LHN's receivables mainly consist of amounts owed by New South Wales Health and the Department of Health and Human Services in Victoria. As the New South Wales and the Victorian Governments have AAA and AA credit ratings respectively, it is considered that there is a very low risk of default for these receivables.

There have been no significant changes in credit risk exposure since the last reporting period.

Liquidity Risk

Liquidity risk is the risk that the LHN will encounter difficulties in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

The main source of cash to pay these obligations is appropriation from the ACT Government and Grants from the Commonwealth. The LHN manages its liquidity risk through forecasting Controlled Recurrent Payments drawdown to cover its financial liabilities when they fall due.

The LHN's exposure to liquidity risk and the management of this risk has not changed since the previous reporting period.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 10. Financial Instruments (Continued)

Carrying Amounts and Fair Value of Financial Assets and Liabilities

	Note No.	Carrying Amount 2023 \$'000	Fair Value 2023 \$'000	Carrying Amount 2022 \$'000	Fair Value 2022 \$'000
Financial Assets					
Cash	7	3 386	3 386	2 171	2 171
Receivables	8	19 275	19 275	53 310	53 310
Total Financial Assets		22 661	22 661	55 481	55 481
Financial Liabilities					
Payables	9	5 605	5 605	45 408	45 408
Total Financial Liabilities		5 605	5 605	45 408	45 408

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

	2023 \$'000	2022 \$'000
Financial Assets		
Financial Assets Measured at Amortised Cost	19 275	53 310
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	5 605	45 408

**ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

Note 11. Commitments

Commitments contracted at reporting date but not recognised as liabilities are as follows:

	2023 \$'000	2022 \$'000
Commitments		
Payable:		
Within One Year	4 532	4 443
Later than one year but not later than five years	9 407	14 007
Total Commitments	13 940	18 450

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.

All amounts shown in this note are inclusive of GST.

Note 12. Events After the Reporting Period

On 3 July 2023, the existing Calvary Public Hospital Bruce transitioned to Canberra Health Services and was renamed the North Canberra Hospital. This took effect due to the enactment of the *Health Infrastructure Enabling Act 2023 (the Act)* on 2 June 2023.

The Act provides for the Territory to continue operating the hospital and requires the provision of compensation on a just terms basis to persons from whom an interest is acquired, including the public hospital land and other assets, any mortgage or other interest in the land or other assets, and other matters including termination of the network agreement, termination of contracts, any redundancies payable to employees and anything else prescribed by regulation.

Canberra Health Services, as the entity acquiring the ongoing operations of the public hospital, will be responsible for any compensation obligations relating to the acquisition of net assets while the ACT Health Directorate, as the entity representing the ACT Government in this matter, will provide compensation relating to other items outlined in the Act following negotiations between Calvary Health Care ACT Limited and the ACT Government. The Local Hospital Network, which provides Grants and Purchased Services to Calvary Public Hospital Bruce, will redirect that funding to Canberra Health Services from 3 July 2023. Similarly, territorial appropriation received for the provision of capital grants to Calvary Public Hospital Bruce will be received by Canberra Health Services rather than ACT Health Directorate (Territorial).

The financial effect of the transition is not included in the financial statements. The Act provides for the Territory to continue operating the hospital. From 2023-24 Grants and Purchased Services that would have been paid to the Calvary Public Hospital (\$288.0 million in 2022-23) will be redirected to Canberra Health Services. This will have no financial impact on LHN's financial statements other than changing the disclosed recipient of a significant portion of grant funding.

More information associated with the Calvary Public Hospital Bruce acquisition may be found in the financial statements of ACT Health Directorate (Controlled and Territorial) and Canberra Health Services.

ACT LOCAL HOSPITAL NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 13. 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 2023.

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 2023.

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 2023.

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 2023**

Note 13. Related Party Disclosures (Continued)

(C) Transactions with other ACT Government Controlled Entities

The LHN has entered into transactions with other ACT Government Entities in 2023 and 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.

Note 14. 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 ‘Variance %’ column represents a variance that is greater than 999 per cent or less than -999 per cent.

Balance Sheet Line Items	Variance Explanation	Actual \$'000	Original Budget \$'000	Variance \$'000	Variance %
Assets					
Receivables	1	21 372	65 865	(44 493)	(68)
Liabilities					
Payables	1	5 605	42 619	(37 014)	(87)

Variance Explanations

1. Receivables and payables were lower than budget mainly due to lower outstanding Cross Border Health receipts and payments following multiple prior year reconciliations being completed with final back-adjustment payments being settled in 2022-23.

ACT Local Hospital Network statement of performance for the year ended 30 June 2023

INDEPENDENT LIMITED ASSURANCE REPORT

To the Members of the ACT Legislative Assembly

Disclaimer of conclusion

I am required to perform a limited assurance engagement on the statement of performance of the ACT Local Hospital Network Directorate (Directorate) for the year ended 30 June 2023.

I do not express a conclusion on the statement of performance of the Directorate for the year ended 30 June 2023. I have not been able to obtain sufficient appropriate audit evidence to provide a basis for a conclusion on the statement of performance as described in the 'Basis for disclaimer of conclusion' section of this report.

Basis for disclaimer of conclusion

As disclosed in the 'Statement of Responsibility' and notes to the statement of performance, the Directorate has not measured and reported results for its accountability indicators as required by Section 30(A)(2) of the *Financial Management Act 1996*. This is due to Canberra Health Services implementing the Digital Health Record system in November 2022 and the reports required to measure the results of its accountability indicators are not yet available from this system. As no results of accountability indicators have been measured and reported in the statement of performance, I cannot provide a conclusion on the statement of performance of the Directorate for the year ended 30 June 2023.

Independence and quality control

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 ASQM 1 *Quality Management for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, Other Assurance Engagements and Related Services Engagements*.

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*.

However, because of the matter described in the 'Basis for disclaimer of conclusion' section of this report, I was not able to obtain sufficient appropriate audit evidence to provide a basis for a conclusion on the statement of performance.

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.

This limited assurance engagement does not provide assurance on the:

- relevance or appropriateness of the accountability indicators reported in the statement of performance or the related performance targets;
- accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations; or
- adequacy of controls implemented by the Directorate.



Ajay Sharma
Assistant Auditor-General, Financial Audit
22 September 2023

**ACT Local Hospital Network
Statement of Performance
For the Year Ended 30 June 2023**

Statement of Responsibility

Results for the accountability indicators were not measured and reported as required by Section 30A(2) of the *Financial Management Act 1996*.

As disclosed in the Statement of Performance, following the implementation of the Digital Health Record in early November 2022, processes for the collection and collation of health service data are still under development. This has resulted in the required data not being available from the Digital Health Record system to support the results for these accountability indicators for the year ended 30 June 2023.

Once these processes have been developed, further refinement and quality assurance of data will be required to ensure public health data provides trustworthy information about the health and welfare of all the ACT residents.

RMCross

Rebecca Cross
Director-General
ACT Health Directorate

21 September 2023

**ACT Local Hospital Network
Statement of Performance
For the Year Ended 30 June 2023**

OUTPUT CLASS 1: ACT Local Hospital Network				
Output 1.1 ACT Local Hospital Network				
Description				
<p>The LHN will receive funding under the NHRA and purchase public hospital services from Canberra Health Services, Calvary Health Care ACT Limited and Trésillian Family Care Centres.</p> <p>The NHRA commits the Commonwealth to fund public hospitals using Activity Based Funding where practicable using the National Efficient Price (NEP) determined by the Independent Hospital Pricing Authority (IHPA). The NEP is based on the projected average cost of a National Weighted Activity Unit (NWAU). The LHN also receives block funding from the Commonwealth for services not in scope to be funded on an activity basis.</p> <p>An NWAU is a measure of health service activity expressed as a common unit, against which the NEP is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentation or outpatient episode), by weighting it for its clinical complexity. The average hospital service is worth one NWAU, the most intensive and expensive activities are worth multiple NWAU's, while the simplest and least expensive activities are worth fractions of an NWAU. NWAU's are reviewed and updated by the Commonwealth annually.</p> <p>The 2022-23 National Efficient Price is \$5,797 per NWAU.</p>				
Accountability Indicators	Original Target 2022-23	Actual Result 2022-23	Variance %	Notes
	NWAU {22}	NWAU {22}		
a) Admitted Services	109,253	Not measured		1
b) Non-Admitted Services	28,527	Not measured		1
c) Emergency Services	19,525	Not measured		1
d) Acute Admitted Mental Health Services	10,812	Not measured		1
e) Sub-Acute Services	14,715	Not measured		1
f) Total in scope	182,832	Not measured		1
TOTAL COST (\$'000)	1,657,680	1,692,663	2	
CONTROLLED RECURRENT PAYMENTS (\$'000)	1,006,645	1,050,818	3	

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

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office as this is not required by the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

ACT Local Hospital Network Statement of Performance For the Year Ended 30 June 2023

Output 1.1 ACT Local Hospital Network (continued)

Explanation of Measures

Activity purchased by the ACT Local Hospital Network is consistent with the criteria in the National Health Reform Agreement. National Weighted Activity Unit (NWAU) is the 'currency' that is used to express the price weights for all services that are funded on an activity basis. NWAU {22} is the currency as defined by the Independent Hospital and Aged Care Pricing Authority (IHACPA) in the National Price Determination 2022-23. NWAU {22} is not directly comparable to NWAU {21}. These measures combine the results for Canberra Hospital, University of Canberra Hospital, Calvary Public Hospital and Clare Holland House for services that meet the IHACPA 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 Variances (>5%)

1. The full year result was not measured as following the implementation of the Digital Health Record in early November 2022, processes for the collection and collation of health service data are still under development. This has resulted in the required data not being available from the Digital Health Record system to support the results for these accountability indicators for the year ended 30 June 2023.

Calvary Health Care ACT Ltd

Annual Report 2022–23

Calvary Health Care ACT Ltd (Calvary) is a subsidiary entity of the Little Company of Mary Health Care Ltd, that was engaged and funded by the Territory through the ACT Health Directorate (the Directorate), to deliver public hospital and health services at the former Calvary Public Hospital Bruce (now North Canberra Hospital). Calvary also delivered publicly funded palliative care services through Clare Holland House in Barton.

The funding and provision of services was governed by the Calvary Network Agreement (CNA), which came into effect in February 2012. The CNA established Calvary as a service provider of the ACT Local Hospital Network (ACT LHN) for the services it provided at the former Calvary Public Hospital Bruce. The CNA set out the requirements for annual performance plans between the Directorate and Calvary.

The 2022–23 Performance Plan:

- established service levels to be provided at the former Calvary Public Hospital Bruce and Clare Holland House and KPIs to be achieved
- stated the performance information Calvary was 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 delivered high-quality health care, providing comfort and healing to ACT residents and people from surrounding communities.

The former Calvary Public Hospital Bruce was a fully accredited general public hospital and a teaching hospital, located in the northside of Canberra. Calvary Public Hospital Bruce provided a 24 hour a day, 7 day a week emergency department and medical, surgical, maternity, mental health and intensive care services and the base for the ACT's Geriatric Rapid Acute Care Evaluation service.

Clare Holland House 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.

2022–23 overview and achievements

Achievements

In prior years, the Annual Report has included a list of achievements based on data. The 2022–23 data was not available at the time of publication due to the implementation of the DHR in November 2022, and the processes for the collection and collation of health service data are still under development.

The Directorate is reviewing and refining the data and performing a quality assurance process prior to releasing this data. With the wealth of additional data provided by the DHR, it is imperative for additional quality assurance and validation of this data before publication. This will ensure our public hospital data provides trustworthy information and evidence about the health and welfare of all ACT residents.

2023 ACT Nurses and Midwives Excellence Awards

In the ACT, we celebrate the exemplary professional contributions made by nurses and midwives across our region with the annual Nurses and Midwives Excellence Awards. The awards are open to enrolled nurses, registered nurses and midwives in the ACT, including those from private and public health facilities, and community and primary healthcare sectors. The 2023 ACT Nurses and Midwives Excellence Awards were celebrated on 11 May 2023.

Ms Megan Reynolds, of the Intensive Care Unit and Coronary Care Unit at the former Calvary Public Hospital Bruce, was the recipient of the Clinical Supervision Recognition award. Megan was instrumental in the rollout of clinical supervision in the intensive care unit at the former Calvary Public Hospital Bruce, and within the hospital more generally. Megan delivers regular individual and group clinical supervision with extremely positive feedback. She is also a mentor and supervises a number of staff undertaking clinical supervision training.

Digital Health Record

The DHR successfully went live across the ACT's public health services in November 2022. The DHR is an exciting initiative that will support health services in Canberra into the future and will transform the way health care is provided in the ACT public health services. The DHR covers all public health services in the ACT, including services delivered at the former Calvary Public Hospital Bruce. Calvary Public Hospital Bruce was a key stakeholder and worked with the DHR team to design, develop and implement the DHR throughout 2022–23. For more information refer to page 49 of the ACT Health Directorate Annual Report.

Funding

In 2022–23, the ACT Government provided Calvary with \$276 million in recurrent funding for base services delivered through the former Calvary Public Hospital Bruce and Clare Holland House.

The ACT Government also provided Calvary with over \$10 million in capital grants to enable the continuation of capital works, including essential fire safety works at the former Calvary Public Hospital Bruce.

Capital works

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. All areas were upgraded in advance of the introduction of the ACT DHR in November 2022.

Improving infrastructure at Calvary

A number of upgrade project works identified in the former Calvary Public Hospital Bruce Strategic Asset Management Plan were commenced or continued. Fire system upgrades in numerous settings were completed, with this project continuing.

An ongoing program of refurbishment to various clinical, non-clinical and public spaces across the former Calvary Public Hospital Bruce 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.

Endoscopy feasibility study

An endoscopy suite feasibility study for the former Calvary Public Hospital Bruce was completed in December 2022. The report from this study will inform future planning of endoscopy services at the North Canberra Hospital and new Northside Hospital.

Maternity services

The former Calvary Public Hospital Bruce Special Care Nursery has expanded to accommodate additional babies due to Territory-wide demand. Additional funding was provided to plan for new maternity initiatives, including those actions allocated in [Maternity in Focus: First Action Plan 2022–2025](#).

Performance

This section focuses on the performance of Quarter 1 (1 July through 30 September 2022).

Results against KPIs agreed in the 2022–23 Performance Plan are outlined in the tables at the end of this section.

Emergency department

The Calvary Public Hospital Bruce 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.

In Quarter 1 of 2022–23, Calvary Public Hospital Bruce continued to experience pressures associated with the impacts of the COVID-19 pandemic, particularly in relation to capacity and workforce shortages.

The hospital continued to manage operations and patient flow in the emergency department by implementing a model of care to support improved patient flow, and admission and discharge with a particular focus on low triage and ambulatory care type presentations.

The short-stay unit, previously a designated 'red zone' treatment area for COVID-19 positive and/or symptomatic patients, returned to full capacity. Four vacant bed areas are now used to manage isolation, if required.

The general medicine model of care is being reviewed to implement a team-based model. Its aim is to reduce back of house issues delaying admissions. Additional Nurse Practitioners have been recruited to the emergency department fast track model.

The percentage of people presenting to the emergency department whose length of stay is 4 hours or less measures the proportion of emergency department presentations who, in 4 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 4 hours.

The percentage of presentations whose length of stay is 4 hours or less is influenced by the 'seen on time' results for patients in the emergency department. The percentage of triage Category 3, 4 and 5 patients who started treatment on time remained below target at Calvary Public Hospital Bruce in Quarter 1 of 2022–23. This can largely be attributed to the impact of the COVID-19 outbreaks during this quarter which resulted in a reduced medical and nursing workforce, while the bed occupancy remained high.

Elective surgery

During Quarter 1 of 2022–23, Calvary Public Hospital Bruce delivered 1,608 elective surgeries for public patients. Elective surgery includes general surgery, plastic surgery, orthopaedics, ophthalmology, gynaecology, urology, vascular and endoscopy procedures undertaken by surgeons.

In August 2022, an independent audit on the process and governance of the elective surgery wait list was completed. The Territory-Wide Surgical Services team and Calvary Public Hospital Bruce met weekly to monitor and support overall operational management of the elective surgery wait list.

Elective surgery at the former Calvary Public Hospital Bruce was paused for a time in December 2022 due to a fire in an operating theatre which required extensive capital works to the theatre complex. During this time emergency and elective surgeries continued with Canberra Health Services' (CHS) support. Calvary continued to provide essential services, as its theatres reopened and through increased weekend lists. It also subcontracted services with private hospitals, to ensure it continued to provide essential support to the ACT community.

Data to enable reporting on the impact of this pause in elective surgery is not available due to data collection and collation process being under development following with the rollout of the DHR. Once processes are refined the data will require quality assurance before release (see Achievements on page 409).

Total activity

The Performance Plan sets an activity target for Calvary Public Hospital Bruce measured in National Weighted Activity Units for each financial year, representing the expected value of National Weighted Activity Units to be delivered through the hospital's base-funded services.

Actual activity levels at Calvary Public Hospital Bruce were significantly reduced due to the temporary closure of operating theatres due to a fire in December 2022.

Table 63: Key Performance Indicators Set 1

Key Performance Indicator	2022-23 Target	2022-23 Result ¹
Emergency department		
Percentage of emergency department presentations whose length of stay in the emergency department is 4 hours or less	≥90%	-
Percentage of Category 1 patients (resuscitation) seen immediately	100%	-
Percentage of Category 2 patients (emergency) seen within 10 minutes	≥80%	-
Percentage of Category 3 patients (urgent) seen within 30 minutes	≥75%	-
Percentage of Category 4 patients (semi-urgent) seen within 60 minutes	≥70%	-
Percentage of Category 5 patients (non-urgent) seen within 120 minutes	≥70%	-
Elective surgery		
Number of base-funded elective surgeries performed	1,864	-
Number of patients on the elective surgery waitlist who are overdue and ready for care	194	-
Percentage of Category 1 patients admitted for elective surgery within 30 days	100%	-
Percentage of Category 2 patients admitted for elective surgery within 90 days	≥80%	-
Percentage of Category 3 patients admitted for elective surgery within 365 days	≥93%	-
Quality and safety		
Proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition	<0.5%	-
Proportion of people separated from ACT public hospitals who are readmitted 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%	-
The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus aureus bacteraemia infection during their stay	<2 per 10,000	-
Estimated hand hygiene rate	>80%	-
Patient experience (inpatient hospital average, excluding emergency department)	90%	-

Note: The full year result was not available at the time of publication due to the implementation of the DHR, and the processes for the collection and collation of health service data are still under development. The data will require quality assurance by Calvary before release.

Table 64: Key Performance Indicators Set 2

Key Performance Indicator	2022-23 Target	2022-23 Result
National Weighted Activity Unit	38,000	Not available ¹

Note: ¹The full year result was not available at the time of publication due to implementation of the DHR, and the processes for the collection and collation of health service data are still under development.

Table 65: Key Performance Indicators Set 3

Key Performance Indicator	2022-23 Target	2022-23 Result
Accreditation against the National Safety and Quality Health Service Standards	Accredited	Accredited



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

Dear Minister

2022–23 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 2023.

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 information in the attached annual 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 2022 to 30 June 2023.

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

21 July 2023

Compliance Statement – Chief Psychiatrist

The Chief Psychiatrist Annual Report 2022–23 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.

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 2022–23 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 2022–23 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 2022–23 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 within the ACT Health Directorate Annual Report.
- C. Financial Management Reporting, inclusive of all subsections, see Part C Financial management reporting for 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 2022–23 reporting year.

Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

The following subsections of Part 4 of the 2023 Directions are applicable to the Chief Psychiatrist and can be found within the ACT Health Directorate Annual Report:

- Mental Health, see page 350.

Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the Chief Psychiatrist. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory records, see the annual report of Chief Minister, Treasury and Economic Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address: http://www.cmd.act.gov.au/open_government/report/annual_reports.

Chief Psychiatrist Annual Report 2022–23

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 the 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 66 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. Since this amendment was introduced, there has been a significant reduction in apprehensions by Authorised Ambulance Paramedics and Police Officers.

Table 66: Number of Apprehensions by Apprehending Professional 2018–23

Apprehending professional	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022	July 2022– June 2023
Authorised Ambulance Paramedics	1,171	1,470	1,037	387	317
Police Officer	620	652	505	393	352
Mental Health Officer	199	262	253	271	271
Medical Practitioner	69	86	74	79	41

Apprehending professional	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022	July 2022– June 2023
Total Emergency Apprehensions	2,059	2,470	1,869	1,130	981

Involuntary Detention

Involuntary Detentions authorised for up to 3 days (ED3)

Following initial examination of a person apprehended and transported to an approved mental health facility, or for a person presenting to the facility voluntarily, 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 3 days. Table 67 shows the number of Involuntary Detentions authorised for up to 3 days (ED3).

Table 67: Number of Involuntary Detentions authorised for up to 3 days (ED3), 2018–23

	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022	July 2022– June 2023
Involuntary Detentions authorised for up to 3 days	1,056	1,264	1,325	1,157	1,165

There was minimal increase in the number of people placed on an ED3 in 2022–23 compared to 2021–22.

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 ACAT, if this is considered necessary.

Table 68 shows that of the 1,165 ED3s granted, 611 (52.4 per cent) were allowed to lapse or were revoked. The remaining 554 (47.6 per cent) were approved by ACAT for an ED11.

Table 68: Outcomes from an initial ED3 including number of ED11 orders, 2018–23

	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022	July 2022– June 2023
Revocation of ED3 without further orders being made	557	729	761	613	611
Extensions of Involuntary Detention (ED11) granted by ACAT	499	535	564	544	554

Of the 554 people subject to an ED11, 187 (33.8 per cent) required further involuntary treatment, care and support via a Psychiatric Treatment Order (PTO).

Psychiatric Treatment Order

For further treatment needed (beyond an ED11), a PTO authorises the provision of involuntary mental health treatment, care and support, either as an inpatient or in the community. The maximum duration of a PTO is 6 months, but the order may be reviewed, renewed or revoked before it expires.

A Restriction Order (RO) 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 69 shows the number of PTOs and outcomes.

There were 1,060 hearings held by ACAT during 2022–23, resulting in 722 PTOs being granted or continued. This represents an 8.4 per cent decrease in the number of PTOs granted or continued compared to 2021–22. The number of PTOs revoked also decreased by 17.5 per cent.

Within 5 days of a PTO being made, the Chief Psychiatrist (or delegate) must determine in writing the conditions of the PTO. The determination indicates the times and place where the person is required to attend and receive treatment or may require that a person is admitted to an approved facility. If a person fails to comply with these conditions, they may be in contravention of their order. The person will be given opportunity to comply with the order by a verbal and written warning; if non-compliance continues, the person may be apprehended and taken to an approved facility.

Contraventions of PTOs increased by 17.5 per cent, from 166 in 2021–22 to 195 in 2022–23. There were 86 people brought to the Canberra Hospital for treatment or assessment following a contravention. As a result of the assessment, 39 people were admitted. There were 95 people (48.7 per cent) who received treatment, care or support in a less restrictive environment. In 14 cases (7.2 per cent), the contravention was not enacted as the person's PTO was either revoked or the situation resolved before it could be acted on. These figures reflect an 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 69: Number of authorised PTOs and outcomes, 2018–23

	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022	July 2022– June 2023
PTOs made by ACAT	600	689	757	788	722
PTOs revoked by ACAT after a hearing	174	176	197	217	179
Contravention of PTO	81	115	156	166	195
ROs made by ACAT together with a PTO	5*	0	0	0	1

* 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 3 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 70.

Table 70: Number of authorised FPTOs, 2018–23

	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022	July 2022– June 2023
FPTOs made by ACAT	0	4	13	21	10
FPTOs revoked by ACAT	0	0	0	0	0

Admissions to Dhulwa Mental Health Unit

Under the Act, a detainee may be transferred from an ACT correctional facility (the Alexander Maconochie Centre or Bimberi Youth Justice Centre) to Dhulwa Mental Health Unit in order to receive treatment, care and support for a mental illness. Table 71 shows the number of people admitted or transferred to Dhulwa Mental Health Unit in 2022–23.

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 Mental Health Unit if this is considered appropriate. In 2022–23, there were 6 people in this category admitted to Dhulwa Mental Health Unit.

Table 71: Admissions to Dhulwa Mental Health Unit, 2022–23

Transfer of custody of detainees to Dhulwa Mental Health Unit	
On a PTO	5
Admitted on another involuntary order (not a PTO)	2
Total transfers from ACT correctional facilities	7
Other admissions (not detainees) to Dhulwa Mental Health Unit	
On a PTO	6
Admitted on another involuntary order (not a PTO)	3
Total number of non-detainees admitted	9

Other matters

Electroconvulsive therapy

The Act provides for the authorisation by ACAT of involuntary electroconvulsive therapy (ECT), including emergency ECT.

Table 72 shows the number of authorised ECT and emergency ECT orders authorised by ACAT. There were 30 ECT orders authorised in 2022–23, a 31.8 per cent decrease from 2021–22. Applications for emergency ECT can only be sought in cases where ECT is required as a life-saving intervention. There were 3 Emergency ECT Orders made by ACAT.

Table 72: Number of authorised ECT and Emergency ECT orders

	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022	July 2022– June 2023
ECT Order made by ACAT	35	41	31	44	30
Emergency ECT Order made by ACAT	6	3	5	5	3

Inter-jurisdictional transfers

During 2022–23, there were 7 people under involuntary orders transferred from the ACT to NSW. There were no transfers into the ACT from other jurisdictions. Table 73 shows a summary of the transfers.

Table 73: Summary of inter-jurisdictional transfers, 2018–23

	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022	July 2022– June 2023
Interstate transfers	9	6	9	8	7

Section 309 of the *Crimes Act 1900*

Section 309 of the *Crimes Act 1900* provides for the ACT Magistrates Court to order a criminal defendant to be taken to an approved mental health facility for the purposes of an emergency assessment, to determine whether immediate treatment and care are required.

The ACT Magistrates Court made 215 orders for assessment pursuant to section 309 of the *Crimes Act 1900*, an increase of 76.2 per cent from 2021–22. Of these 215 referrals, 139 people (64.7 per cent) required admission to an approved mental health facility for assessment, with 76 being returned to court on the same day. Table 74 shows the comparison to previous years.

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.

Table 74: Court-ordered assessments of a defendant – Section 309 of the *Crimes Act 1900*

	July 2018– June 2019	July 2019– June 2020	July 2020– June 2021	July 2021– June 2022	July 2022– June 2023
Court-ordered assessment of a defendant—s. 309 of the <i>Crimes Act 1900</i>	137	138	103	122	215

Appointment of Mental Health Officers

Under the Act, Mental Health Officers are appointed. Mental Health Officers are experienced ACT health service clinicians authorised to conduct emergency apprehension and apprehend people in contravention of a Mental Health Order. As of 30 June 2023, there were 90 active Mental Health Officers.

Overall perspective

This data demonstrates some noteworthy trends in the application of the objectives and important concepts of the Act by providing treatment, care and support in a way that is least restrictive or intrusive. Specific examples include:

- Only 47.6 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, 95 (48.7 per cent) were able to receive treatment, care or support in their own home, or at a community health centre.

Dr Dinesh Arya
Chief Psychiatrist



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

Dear Minister

2022–23 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 2023.

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 2022 to 30 June 2023.

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, appearing to read 'Paul Gatenby'.

Paul A Gatenby AM
Professor Emeritus
MBBS PhD FRACP FRCPA
Chairman
ACT Health Human Research Ethics Committee

13 September 2023

Compliance Statement – Human Research Ethics Committee

The Human Research Ethics Committee Annual Report 2022–23 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.

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 2022–23 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 2022–23 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 2022–23 as follows:

- A. Transmittal Certificate, see the previous page
- B. Organisational Overview and Performance, see the Organisation Overview and Performance section on page 29. 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 2022–23 reporting year.

Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

There are no specific annual requirements for the Human Research Ethics Committee.

Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the Human Research Ethics Committee. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic, Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address: http://www.cmd.act.gov.au/open_government/report/annual_reports.

Human Research Ethics Committee Annual Report 2022–23

The ACT Health Human Research Ethics Committee (HREC) continues its work of reviewing human research projects to ensure they meet the ethical standards set out in the [National Statement on Ethical Conduct in Human Research \(2007\)](#), which is jointly developed by the:

- National Health and Medical Research Council (NHMRC)
- Australian Research Council
- Australian Vice-Chancellors' Committee.

The Senior Director of Human Research Ethics and Governance Unit of the Centre for Health and Medical Research, August Marchesi, has continued to represent the HREC and the ACT Health Directorate (the Directorate) on the Jurisdictional Working Group that is managing the National Mutual Acceptance of single scientific and ethical review for multicentre health and medical research.

The Clinical Trials Subcommittee and the Social Research Subcommittee have continued to provide the HREC with expert advice on the research merit and integrity of research projects. The Low Risk Subcommittee reviews and takes decisions on approximately two-thirds of all projects received.

The HREC and its subcommittees draw on the expertise available in:

- The Directorate
- CHS
- the wider ACT research community
- more broadly, the ACT community.

As of 30 June 2023, the HREC comprised:

- 10 external members
- 9 internal ACT Health/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 are 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 2022 and 30 June 2023. Meetings are held monthly between February and December of the calendar year.

The Clinical Trial Subcommittee, under the chairmanship of Dr Phil Choi, met 7 times during the year. In each instance, recommendations were made to the subsequent HREC meeting.

The Social Research Subcommittee, under the chairmanship of Dr Stewart Sutherland and Mr Warren Holroyd, met 9 times during the year. In each instance, recommendations were made to the subsequent HREC meeting.

A total of 39 new human research projects were reviewed by the HREC during the reporting period. These included 23 social research projects and 16 clinical research projects.

Social research projects were conducted in the following areas:

- 6 in mental health
- 4 in health service evaluation
- 3 in cancer care
- 2 investigating the COVID-19 response
- 2 in gestational diabetes
- one each in:
 - end-of-life care
 - chronic disease
 - rehabilitation
 - health literacy
 - First Nations health
- justice health.

Social researchers reported using the following methodologies:

- surveys, interviews and focus groups
- data linkage
- epidemiology
- action research.

The following clinical research projects were submitted:

- 7 in mental health
- 2 in retinal disease
- one each in:
 - phenomics
 - cancer
 - immunology
 - physiotherapy cardiology
 - hepatitis C
 - exercise physiology.

Clinical researchers reported using the following methodologies:

- biospecimen analysis
- interventional research
- clinical trial other.

Of the 39 projects reviewed by the HREC:

- 27 were approved
- 11 are pending further review
- one did not meet the ethical standards and was not approved.

The Low Risk Subcommittee, under the chairmanship of Professor Paul Gatenby, met 24 times during the year and reviewed 149 new projects. The Low Risk Subcommittee 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 projects were submitted from the following areas:

- | | | |
|-----------------------------------|------------------------------|---------------------------|
| • aeromedical retrieval | • geriatrics | • pharmacy |
| • allied health | • haematology | • physiotherapy |
| • anaesthesia and pain management | • health services | • plastic surgery |
| • cardiology | • immunology | • psychiatry |
| • COVID-19 | • infectious disease | • radiology |
| • emergency medicine | • intensive care | • rehabilitation |
| • endocrinology | • medical imaging | • renal medicine |
| • epidemiology | • medical oncology | • respiratory medicine |
| • external organisations | • neonatology | • rheumatology |
| • gastroenterology | • obstetrics and gynaecology | • trauma and orthopaedics |
| • general surgery | • pathology | |

Of the 149 projects reviewed by the Low Risk Subcommittee:

- 119 were approved
- 25 were considered quality assurance/improvement projects not requiring ethical approval
- 2 did not meet the criteria of low risk research and were referred to the HREC for further review
- 2 are pending further review.

The Low Risk Subcommittee again noted a trend in the submission of projects from general surgery with 12 projects submitted. This is the most from any department and an increase from the 10 projects submitted by general surgery in the last reporting period.

Another identified trend over the reporting period was service evaluation as the methodology, with 12 projects submitted.

Key points arising

- The ACT Health HREC and its subcommittees continued 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 continued to hold recognition of review agreements with the Australian National University, the University of Canberra and CPHB.
- The total number of new research projects increased from the previous year, with 188 projects reviewed compared to 163 in the previous reporting period.

Office for Mental Health and Wellbeing Annual Report 2022–23

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) which was extended into 2022 to ensure projects that were delayed during COVID-19 could be finalised
- [Office for Mental Health and Wellbeing Work Plan 2023-2024](#)
- [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 2022–23, 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 Mental Health and Wellbeing. The Council met 5 times during 2022–23 and considered a range of topics. Information on the Council and meeting communiques are available on the Office website.

Prevention, Mental Health and Wellbeing 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 initiatives across the ACT. This Committee meets every 2 months.

Peak Mental Health Non-Government Organisations Committee: The Office met with the peak bodies throughout 2022–23 to seek input into 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 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.

ACT Child and Youth Mental Health Sector Alliance: The Office established the Alliance in partnership with the Youth Coalition of the ACT and the CHN to bring together the services supporting the mental health and wellbeing of children and young people. The Alliance met twice in 2022–23 and has an ongoing commitment to meet 3 times per year to progress key initiatives to support better outcomes for children and young people in the ACT.

ACT Child and Youth Mental Health Sector Alliance – Youth Reference Group: The Office established this dedicated Youth Reference Group with young people with lived experience between the ages of 16 and 24. The group meets monthly to support key initiatives in the community that are working to enhance the experience of children and young people engaging with the mental health sector.

Implementing the Work Plan

Progress in 2022–23

In 2022, following a co-design process with government agencies, NGOs and members of the community, the Office developed a new Work Plan which will be in place for 2023 and 2024. The plan includes new projects and initiatives and continues some of the key initiatives from the previous Work Plan. A key theme raised by the community was to focus on supporting the mental health and wellbeing needs of priority population groups.

The Office continued to work on key projects including the [ACT Mental Health Workforce Strategy](#) which involved a broad consultation process with the mental health sector to develop an action plan. The Office also worked on key youth projects including the:

- evaluation and enhancement of [MindMap – ACT Youth Portal](#)
- release of the final report on ‘Understanding the Missing Middle’
- establishing the ACT Child and Youth Mental Health Sector Alliance in partnership with the Youth Coalition of the ACT and the CHN.

In addition, the Office has continued to work on suicide and self-harm prevention initiatives, older persons mental health and key data projects with relevant universities.

The year ahead

The Office's key priorities for 2023–24 are to complete the key activities in the new Work Plan. This will be achieved by working closely with government, NGOs and the community.

Mentally healthy communities and workplaces

Progress in 2022–23

Communication and community engagement activities

The Office is dedicated to ongoing mental health and wellbeing communication and community engagement activities. Our [website](#) provides a wide range of information, including:

- 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
- newsflash and newsbytes – which provide information on emerging issues.

During 2022–23, the Office also participated in a range of community engagement activities by:

- partnering with Winnunga Nimmityjah Aboriginal Health and Community Services to host the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Community Forum at Yarramundi Cultural Centre. This forum was well-attended by over 40 people from across ACT First Nations communities and local services (July 2022)
- participating in the Canberra Multicultural Community Forum Expo 'Unleash the Resilience of Multicultural Canberra' (14 August 2022)
- hosting an RU OK Day pop-up stall in Woden Town Square (9 September 2022)
- contributing to Mental Health Month by promoting and engaging in multiple activities during October 2022. The Office worked closely with the Mental Health Community Coalition on the Mental Health Month Awards and Grants Program
- partnering with the Blue Tree Project to promote and encourage help-seeking behaviours in the ACT. This was an ACT Government collaboration between the Office and Transport Canberra and City Services (May 2023)
- continuing communication activities during 2022–23, including a series of interviews with community members to discuss the mental health and wellbeing of the community and key initiatives taking place in the ACT.

Early support for children and young people

The Office has continued to support [MindMap – ACT Youth Portal](#) by:

- working closely with Marymead to ensure the portal is operating in line with the intent to support the mental health and wellbeing of children and young people in the ACT
- engaging in targeted marketing activities to promote community awareness
- working closely with youth groups and the MindMap Governance Committee to oversee the ongoing development of this key resource, including:
 - IT enhancements
 - data collection
 - an initial evaluation of the progress of MindMap in the community.

Suicide prevention

See the report on suicide prevention on page 437.

The year ahead

During 2023–24, the Office will:

- continue to provide positive community messaging to promote mental wellbeing, including through radio, websites, events and Mental Health Month in October
- work with key stakeholders to commence a review of the mental health and support needs of people from culturally and linguistically diverse communities
- work closely with the Office for LGBTIQ+ Affairs and key stakeholders to promote the mental health of the LGBTIQ+ community and identify and promote activities that address the drivers of poor mental health
- continue its focus on multifaceted approaches to suicide prevention in the ACT, including:
 - suicide prevention programs for young people
 - suicide prevention initiatives for First Nations people, including:
 - supporting the development of the new culturally appropriate Indigenous Suicide Prevention Service
 - offering additional sessions of a culturally appropriate Indigenous Suicide Prevention Train the Trainer course
 - increasing awareness in the general community about responding to suicide and self-harm
 - continuing to progress the development of universal aftercare services to support individuals following a suicide attempt and/or suicidal crisis.

Enhancing lives

Key activities in 2022–23

Co-design process for young people experiencing moderate to severe mental health concerns

The Office has continued work on key projects following the 2020 [Review of Children and Young People in the ACT](#), including the final report for the 'Understanding the Missing Middle'. This project was a partnership between the Youth Coalition of the ACT, CHN and the Office, and involved a consultation process with key services providers to understand the challenges facing children and young people with moderate to severe mental health concerns.

A key recommendation from this consultation was the need for the mental health sector to work collaboratively and to regularly engage on priorities for children and young people seeking mental health support. To achieve this, the Office, again in partnership with the Youth Coalition of the ACT and CHN, established the ACT Child and Youth Mental Health Sector Alliance (the Alliance) which brings together representatives from the mental health sector to connect and collaborate on key issues for children and young people.

In addition, the Office established a dedicated Youth Reference Group that involves community representatives with lived experience to work collaboratively with the Alliance on key projects.

Gender affirming guidance

Following the release of the [Guidance to support gender affirming care for mental health](#), the Office continued to engage with key stakeholders including the Office for LGBTIQ+ Affairs, A Gender Agenda and Meridian to support the ongoing implementation of the guidance.

Older persons mental health

The Office released the [Re-envisioning Older Persons Mental Health and Wellbeing in the ACT Strategy 2022–2026](#) (the Strategy). The Strategy identifies initiatives over the next 2 to 5 years to enhance the mental health and wellbeing of older Canberrans. The Strategy was developed following consultation with a broad range of stakeholders, including:

- older people
- mental health service providers
- ACT Government agencies
- the community sector.

These stakeholders brought a range of perspectives on the key priorities.

Following the release of the Strategy, an Implementation Plan was developed that the Office oversees with a range of key stakeholders in government and non-government to ensure the initiatives are progressing.

The year ahead

During 2023–24, the Office will:

- continue to lead, in partnership with the Youth Coalition of the ACT and CHN, the ACT Child and Youth Mental Health Sector Network
- build on the work undertaken through the Guidance to support gender affirming care for mental health to promote and advocate for safe and accessible mental health services for LGBTIQ+ people
- oversee the progress and implement actions under the Re-envisioning Older Person's Mental Health and Wellbeing in the ACT Strategy
- continue its priority focus on multifaceted approaches to suicide prevention in the ACT through:
 - improving the skills and confidence of frontline workers to address suicidal ideation in people receiving care
 - 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 2022–23

ACT Mental Health Workforce Strategy

Following the development of the [A Framework for Change: ACT Mental Health Workforce Strategy](#), the Office has undertaken further consultation to develop a 3-year Action Plan that closely aligns with the [ACT Health Workforce Strategy 2023-2032](#) and reflects the [National Mental Health Workforce Plan](#). This Action Plan has been developed to incorporate the breadth of the mental health sector and includes the public, private, NDIS and community-managed workforce. It also works towards building a peer/lived experience workforce which is a key priority for the ACT.

Developing a Mental Health Outcomes Framework

The Office has continued to work on developing a Mental Health Outcomes Framework that builds on the strategic approach that was developed to inform, reform and build on a whole-of-government and whole-of-community commitment to mental health. This framework will be embedded within the ACT Wellbeing Framework and will set out a structured, systemic approach to analysing outcomes at a whole-of-community level and will help to inform policy, program and service development across government.

Youth modelling – right care, first time, where you live

The Office continued to work 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.

This research program:

- aims to guide investments in sustained, coordinated and digitally enhanced youth mental health care
- will support 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
- 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.

Following the development of the youth modelling tool, the Office continued to work with the ACT community and the University of Sydney to determine the next steps for implementation in the ACT.

The year ahead

During 2023–24, the Office will:

- work with key areas across the Directorate and CHS on the delivery of the ACT Mental Health Workforce Action Plan
- undertake lived experience focused planning that will support the inclusion of the voices of lived experience
- finalise the Outcomes Framework for Mental Health in the ACT

- finalise the Right Care, first time, where you live youth modelling tool with the ACT community
- 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
 - implementation of the ACT suicide register.

Research, evaluation and quality improvement

Key activities in 2022–23

Review of school based mental health programs for 8 to 12-year-olds

The Office, in partnership with the Australian National University, completed an analysis of the mental health programs currently offered in ACT primary schools. The Office and the Australian National University worked closely with the Education Directorate, the Catholic Education Office and the Independent Schools Association to seek engagement from schools to address the key themes. The next steps have been identified and will be shared with key stakeholders to support ongoing advocacy for mental health programs in primary schools.

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 participated in and sponsored a number of data collection and research activities, including a partnership approach to monitoring the data and research into the mental health impacts of the pandemic. The Office also sponsored the University of Canberra to map mental health service provision in the ACT, to provide a knowledgebase of services available from a systems perspective.

The year ahead

During 2023–24, the Office will:

- continue to co-sponsor and promote mental health webinars on emerging research and current issues
- promote and support key data linkage projects to improve understanding of identified priority areas
- trial processes for in depth analysis to inform mental health service practice and innovation processes.

ACT Suicide Prevention

Key activities in 2022–23

In 2022–23, the ACT Suicide Prevention Framework continued to support initiatives including:

- suicide prevention programs for young people, frontline workers and the general ACT community
- working in partnership with the ACT First Nations communities 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.

The suicide prevention governance structure is designed to reflect and strengthen the commitment to continuing to work in partnership with local partners, including stakeholders from health, education, frontline services, business and the ACT community, to identify and respond to issues relating to suicide prevention.

The ACT Suicide Prevention Coordinating Committee continued to provide collaborative leadership and promote partnerships to reduce suicide in the ACT. Membership consists of representatives from the community, people with lived experience, ACT Government, NGOs, universities, the ACT Coroner, CHN and the convenors/ chairs of the Suicide Prevention Partnership groups.

Currently, there are 4 Suicide Prevention Partnership groups:

- Data and Evaluation Suicide Prevention Partnership Group
- Connecting with People Partnership Group
- Youth Aware of Mental Health Partnership Group
- Aboriginal and Torres Strait Islander Suicide Prevention and Mental Health Partnership Group.

The Suicide Prevention team in the Office established the universal aftercare project which will explore services to support individuals following a suicide attempt and/or suicidal crisis. This is a component of the [2022 ACT and Commonwealth Bilateral Agreement on Mental Health and Suicide Prevention](#) in which the Commonwealth and the ACT agreed to co-fund universal aftercare services.

In December 2022, a dedicated Aftercare Project Manager commenced implementation of the project and began liaising with key stakeholders, including Beyond Blue, The Way Back Support Service, CHN and people from across the ACT to develop the services and pathways available to support individuals following a suicide attempt and/or suicidal crisis.

Schools

In partnership with ACT Education, the Youth Aware of Mental Health (YAM) program has continued for Year 9 students in ACT high schools. YAM is an evidence-based program, that is being implemented around the world. Students actively engage with the topic of mental health through role-play and student-led discussions. In 2022–23, the program was completed by 2,313 students across ACT Public, Catholic and Independent high schools.

The YAM Partnership Meeting includes representatives from Australian National University, the Black Dog Institute, ACT Education, Mental Illness Education ACT and the Office. The YAM Partnership Meeting provides 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. It continued to meet during 2022–23.

In 2021, ACT schools participating in the YAM program took part in a research evaluation of the program, led by Black Dog Institute and Australian National University. Unfortunately, in late 2022, Black Dog Institute advised that the evaluation was unable to reach any valid conclusions as COVID-19 significantly impacted participant numbers. The ACT experience of the YAM program remained positive and with strong support for its continuation, the ACT Government committed funding for YAM until the end of 2023. During this period, an evaluation will be undertaken to determine future planning.

First Nations people

The ACT Aboriginal and Torres Strait Islander Suicide Prevention and Mental Health Working Group changed its name to the ACT Aboriginal and Torres Strait Islander Suicide Prevention and Mental Health Partnership Group (Partnership Group). This Partnership Group continued to give appropriate advice as to culturally appropriate suicide prevention strategies and supported the development of a targeted approach to suicide prevention for First Nations people in the ACT.

The Partnership Group continued to support the development of the culturally appropriate First Nations suicide prevention, intervention, aftercare and postvention service. Thirrili was selected as the service provider, and during 2022–23 conducted community engagement and co-design activities to ensure the service meets the needs of the ACT First Nations communities. This included sessions with community members, community stakeholders and organisations, targeted sessions at Alexander Maconochie Centre and close collaboration with the Partnership Group. Throughout this process, the Office has remained committed to ensuring self-determination is at the centre of the development of the ACT service model, while also providing support and oversight to Thirrili. This partnership approach is reflected in the service's Governance Group, which includes a quorum requirement of majority of First Nations members.

Using the feedback from the community engagement and co-design process, Thirrili and the Partnership Group have worked very closely to develop a draft service model, which will be implemented in late 2023.

Thirrili continued to provide postvention support and began to provide aftercare support (through their work with Woden Community Services and the Way Back Support Service) to ACT First Nations communities.

On 22 July 2022, the Office partnered with Winnunga Nimmityjah Aboriginal Health and Community Services to host the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Community Forum at Yarramundi Cultural Centre. This forum was well-attended by over 40 people from across ACT First Nations communities and local services. Thirrili attended this forum and received strong endorsement for their plans to conduct co-design in the ACT and were asked to extend the time for this co-design beyond the allocated 3 months.

The Office continued to support members of the local First Nations communities to become Trainers in Suicide Prevention and run workshops for the ACT First Nations community. A second course of the Wesley LifeForce Suicide Prevention Train the Trainer course for First Nation people was held in October 2022. In 2022–23, there were 76 people from across the ACT who attended the training. This included members of ACT communities, NGOs, local businesses and ACT Government.

Community

In 2022–23, suicide prevention training programs across the ACT community were promoted and implemented. These included:

- Question, Persuade, Refer
- Black Dog Institute's Advanced Training in Suicide Prevention Program
- Wesley LifeForce training.

Over 930 community members completed the one-hour Question, Persuade, Refer free online gatekeeper training in suicide prevention. This is a program designed to improve their skills and confidence in supporting someone they have identified as being at risk.

In October 2022, the Office partnered with the Pharmacy Guild of Australia and Black Dog Institute, to provide further sessions of the Advanced Training in Suicide Prevention Program for the ACT Branch of the Pharmacy Guild of Australia. These workshops aimed to increase health professionals':

- skill and confidence in initiating conversations with patients who show potential signs of suicide risk
- understanding of available support and referral resources.

Feedback from participants was extremely positive. There was good representation across ages and the profession, with attendees including community pharmacists, pharmacy owners, pharmacy assistants and University of Canberra pharmacy students.

The Suicide Prevention team also led several ACT community engagements events to promote help-seeking across the ACT. These included:

- the RU OK Day pop-up stall in Woden Town Square – this was held on RU OK Day (9 September) and also promoted World Suicide Prevention Day (10 September). The team talked to members of the public and provided resources and information about how to seek support and how to provide support to other people. The stall was very well-attended by a wide range of people.

- the Blue Tree Project – the Office and Transport Canberra and City Services partnered with the Blue Tree Project to paint a tree blue to promote and encourage help-seeking behaviour. Painting a tree blue is a positive, non-confrontational conversation starter around the issues of mental health and suicide prevention. The tree is located on Hindmarsh Drive next to the off-ramp from the Tuggeranong Parkway in Lyons. It was carefully selected by the ACT Government for its location. The tree is not living, and an ecological survey was undertaken to ensure wildlife and any nesting birds are not disturbed. The paint used is non-toxic.



Image: Painting of the Blue Tree on Hindmarsh Drive

Health

During 2022–23, the Office continued to support the implementation of Connecting with People (CwP), compassion-based suicide prevention training. The Office’s primary focus continued to be supporting Mental Health, Justice Health, Alcohol and Drugs Services (MHJHADS) to implement CwP in their care settings. This included:

- training 3 trainer cohorts of 8 trainers, predominantly MHJHADS staff
- establishing training systems/procedures for MHJHADS trainers
- establishing MHJHADS’ stock of physical and electronic training materials
- conducting a total of 55 training sessions for MHJHADS staff, of which:
 - 149 staff members completed all 4 modules
 - 183 completed 2 or more modules
 - 45 completed one module.
- developing MHJHADS specific training support documentation for CwP and its implementation.

The CwP transition to MHJHADS occurred in June 2023, and MHJHADS is now managing the implementation of CwP in their division. The Office commenced planning for the next phase of the CwP rollout, introducing the training to the NGO sector.

Data and evaluation of suicide prevention activities

The ACT Suicide Prevention Data and Evaluation Partnership Group is chaired by the Centre for Mental Health Research. Attendees include representatives from the Directorate, Australian Institute of Health and Welfare, CHN, ACT Coroner, StandBy, Mental Illness Education ACT, ACT Education, Winnunga Nimmityjah, ACT Police, ACT Ambulance, Woden Community Service, Safe Haven and Higher Education. The focus of the Partnership 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 which commenced operation in November 2022.

The Office and the ACT Coroner's Office liaised regularly. This included providing regular updates on the progress of the ACT Suicide Register and identifying opportunities to collaborate on systemic and individual responses to death by suicide.

The year ahead

During 2023–24, the Office will:

- develop an ACT Suicide Prevention Implementation Plan
- continue the multi-faceted approach to suicide prevention
- continue to work in partnership with the ACT Aboriginal and Torres Strait Islander Suicide Prevention and Mental Health Partnership Group, Thirrili, and other key individuals and organisations from across ACT First Nations communities to improve outcomes across mental health and suicide prevention
- support the implementation of CwP in the non-government sector and convene a revised CwP Partnership Group to provide an open forum for stakeholders to discuss, plan for and support the CwP training framework as it continues to roll out in the ACT community
- expand the Suicide Prevention Governance Framework to include a University/Higher Education Partnership Group and a Community Suicide Prevention Partnership Group.

The mental health impact of the COVID-19 pandemic

In 2022–23, 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 2022–23

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's [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

During 2023–24, in response to the ongoing COVID-19 pandemic, 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

2022–23 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 2023.

As the Radiation Council was dissolved during the financial year as a result of amendments to the *Radiation Protection Act 2006* this report has been prepared by the recently established Radiation Advisory Committee, having done so in conformity with other legislation applicable to the preparation of the Annual Report.

I certify that, to the best of my knowledge as Chair of the Radiation Advisory Committee, the information in the attached report and information provided for whole of government reporting is an honest and accurate account and all material information on the operations of the former Radiation Council during the period 1 July 2022 until the Radiation Council's dissolution on 10 September 2022 is included.

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 'Farshid Salehzahi'.

Farshid Salehzahi
Chair
Radiation Advisory Committee

14 September 2023

Compliance Statement – Radiation Council

The Radiation Council Annual Report 2022–23 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.

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 2022–23 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 Chief Health Officer are provided within the Radiation Council Annual Report 2022-23 to provide readers with the opportunity to provide feedback. The Radiation Council was disbanded in 2022-23 and ACT Chief Health Officer is the decision-maker for matters relating to the amended *Radiation Protection Act 2006*.

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 2022–23 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 2022–23 reporting year.

Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

There are no specific annual requirements for the Radiation Council.

Part 5 Whole of Government Annual Reporting

All subsections of Part 5 of the Directions apply to the Radiation Council. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- Bushfire Risk Management, see the annual report of the Justice and Community Safety Directorate
- Human Rights, see the annual report of the Justice and Community Safety Directorate
- Legal Services Directions, see the annual report of the Justice and Community Safety Directorate
- Public Sector Standards and Workforce Profile, see the annual State of the Service Report
- Territory Records, see the annual report of Chief Minister, Treasury and Economic Development Directorate.

ACT Public Service Directorate annual reports are found at the following web address: http://www.cmd.act.gov.au/open_government/report/annual_reports.

Radiation Council Annual Report 2022–23

A range of key reforms to the [*Radiation Protection Act 2006*](#) (the Act) took effect on 10 September 2022, one of them being the replacement of the Radiation Council (the Council) as the decision-maker for matters relating to the Act. Up until this time the Council was an independent statutory committee whose functions included:

- 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.

As of 10 September 2022, the ACT Chief Health Officer has responsibility for issuing licences and registering radiation sources. This is consistent with other public health-focused legislation in the ACT such as the [*Food Act 2001*](#) and the [*Medicines, Poisons and Therapeutic Goods Act 2008*](#).

The ACT Health Directorate (the Directorate) offers through this annual report its sincere gratitude to the members of the former 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. Similarly, sincere thanks are extended to the members of the newly established Radiation Advisory Committee (RAC) for their time and the sharing of their knowledge.

Radiation Advisory Committee

A new RAC has been established under Part 5 of the Act. The RAC is a statutory committee responsible for providing advice to the Chief Health Officer about radiation user licences and radiation source registrations.

The Director-General of the Directorate is responsible for appointing RAC members under section 68 of the Act. Between 1 September and 24 October 2022, expressions of interest were sought for new RAC members, and a merit selection process was undertaken in accordance with [*Governance Principles Appointments, Boards and Committees in the ACT*](#). The RAC membership was endorsed and appointed by the Director-General on 14 December 2022.

The RAC comprises 8 members, including:

- a member of the public
- a person who is a doctor registered under the [*Health Practitioner Regulation National Law \(ACT\)*](#) in the specialist area of radiology
- a person with expert knowledge of the physical properties or biological effects of radiation
- a person who has qualifications or experience relevant to assist the Committee to carry out its functions.

The range of representatives on the RAC satisfies RAC membership requirements set out in section 67 of the Act.

RAC functions

The newly established RAC supports the Chief Health Officer through the provision of the following functions:

- advising the Chief Health Officer on radiation safety and matters relating to radiation
- developing codes of practice or standards in consultation with the Chief Health Officer regarding the safe use and handling of radiation and radiation sources
- investigating and reporting on any matter relevant to the administration of the Act, if required by the Minister, Director-General or Chief Health Officer
- reviewing applications for a licence to deal with a regulated radiation source referred to the Committee by the Chief Health Officer
- any other function given to it under the Act, another territory law or prescribed by regulation.

Former Council membership

As noted above, the Council was replaced on 10 September 2022 with the commencement of amendments to the Act. The composition of the Council had been specified in section 65 of the Act prior to its amendment. Seven members had been appointed, as shown in Table 75. Their original appointments were scheduled to conclude on 30 September 2022 in anticipation of the changes to the Act.

Table 75: Former Council members

Name	Position held	Appointment concluded
Elizabeth Croft	Chair	10 September 2022
Fiona Jolly	Deputy Chair	10 September 2022
Donald McLean	Member	10 September 2022
Stephen Tims	Member	10 September 2022
Dayanethee Krishna	Member	10 September 2022
Bradley Whittaker	Member	10 September 2022
Jayanti Gupta	Member	10 September 2022

Council meetings 2022–23

In previous financial years the Council met approximately every 6 weeks. However, as the commencement of amendments to the Act were expected, the Council met for the final time on 31 August 2022.

Regulatory standards

The Council referred 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 included documents in the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Radiation Protection Series. Those documents are available free of charge from www.arpansa.gov.au.

National Directory for Radiation Protection

The National Directory for Radiation Protection (the National Directory) provides the basis for achieving uniformity of radiation protection practices across Australian jurisdictions and is an incorporated document under the Act. The National Directory is designed to be regularly updated to reflect the best radiation protection practice of the time. The National Directory is prepared by the Radiation Health Committee, formed under the *Australian Radiation Protection and Nuclear Safety Act 1998*, and is only updated in accordance with prescribed processes.

The Directorate has a jurisdictional representative appointed to the Radiation Health Committee.

Council activities – 1 July to 9 September 2022

The Council issued 46 new licences which had been lodged and approved between 1 July and 9 September 2022. The introduction of Automatic Mutual Recognition on 1 July 2022 has resulted in a decrease in the number of licence holders choosing to renew their ACT Radiation Licence.

The Council registered 10 new radiation sources which had been lodged and approved between 1 July and 9 September 2022. From 10 September 2022, radiation licence applications and sources registrations are approved by the Chief Health Officer.

Council achievements

From 1 July to 9 September 2022, the Council:

- reviewed 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 were developed with a view to increasing national uniformity in the regulatory requirements for radiation sources. Stakeholder input was sought prior to finalising the Code of Practice and introducing periodic testing requirements
- reviewed and endorsed updates to [Radiation Safety](#) page of the ACT Health website to replicate decisions made by the Council throughout the year
- progressed the implementation of recommendations of the 2018 review of the Act, including contributing to a Bill to amend the Act accordingly
- performed a handover of uncompleted activities to the Directorate prior to its replacement as the decision-maker under the amended Act.

Radiation incidents

Six radiation incidents, summarised in Table 76, were reported to the Council between 1 July and 9 September 2022 and underwent further investigation. From 10 September 2022, radiation incidents are reported to the Chief Health Officer.

Table 76: Radiation incidents

Incident type	No. of incidents	Details
Radiotherapy	1	Incorrect dose due to a geographic miss.
Radiology (CT)	4	Other (patient was unable to proceed with the scan following acquisition of the scout images). Repeat exposure due to equipment failure. Incorrect procedure for 2 patients.
Nuclear Medicine	1	Dripline failure resulting in undiagnostic PET scan images.

In line with the ACT Health Risk Management Guidelines, all 6 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 6 incidents have been reported to ARPANSA for inclusion on the Australian Radiation Incident Register in line with the relevant reporting categories. ARPANSA considered the 6 incidents to be of minor consequence.

Enforcement and remedial actions

No legal proceedings were commenced in 2022–23.

All correspondence should be addressed to the:

Chief Health Officer
C/- Health Protection Service
Locked Bag 5005
WESTON CREEK ACT 2611

Phone: (02) 5124 9700

Email: hps@act.gov.au

Website: www.health.act.gov.au/businesses/radiation-safety

Farshid Salehzahi

Chair – Radiation Advisory Committee

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Appendix A

Compliance Statement

The ACT Health Directorate Annual Report 2022–23 must comply with the *Annual Reports (Government Agencies) Directions 2023* (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

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 2022–23 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 2022–23 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 2022–23 as follows:

- A. Transmittal Certificate, see page 23.
- B. Organisational Overview and Performance, inclusive of all subsections, see pages 29–235.
- C. Financial Management Reporting, inclusive of all subsections, see pages 235–347.

Part 3 Reporting by Exception

The ACT Health Directorate has nil information to report by exception under Part 3 of the Directions for the 2022–23 reporting year.

Part 4 Directorate and Public Sector Body Specific Annual Report Requirements

The following subsection of Part 4 of the 2023 Directions are applicable to the ACT Health Directorate and can be found within the ACT Health Directorate Annual Report 2022–23:

- Mental Health, see page 350
- Care and Carer Support Agencies, see page 351.

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.

