16
17

ANNUAL REPORT 2016-17

HEALTH DIRECTORATE

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

ACT Government Health Directorate

2–6 Bowes Street, Phillip, 2606
GPO Box 825 Canberra ACT 2601

General enquiries: 13 22 81

Web: *www.health.act.gov.au*

Email: *HealthComms@act.gov.au*

ISBN: 978-0-642-60660-0

Accessibility

The ACT Government is committed to making its information, services, events and venues as accessible as possible.

If you have difficulty reading a standard printed document and would like to receive this publication in an alternative format such as large print, please phone 13 22 81 or email *HealthACT@act.gov.au*

If English is not your first language and you require a translating and interpreting service, please phone Canberra Connect on 13 22 81.

If you are deaf, or have a speech or hearing impairment and need the teletypewriter service, please phone 13 36 77 and ask for 13 22 81.

For speak and listen users, please phone 1300 555 727 and ask for 13 22 81. For more information on these services visit *www.relayservice.com.au*

© Australian Capital Territory, Canberra, October 2017

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without written permission from the Territory Records Office, ACT Government, GPO Box 158, Canberra City ACT 2601.

Enquiries about this publication should be directed to Health Directorate, Government and Communications Branch, GPO Box 825, Canberra City ACT 2601 or email *Healthcomms@act.gov.au*

www.health.act.gov.au | *www.act.gov.au*

Enquiries: Canberra 13ACT1 or 13 22 81 | Publication No 17/1113

ENGLISH	If you need interpreting help, telephone:
ARABIC	إذا إحتجت للمساعدة بالترجمة الشفوية،إتصل بالهاتف:
CHINESE	如果您需要口译员帮助，请拨电话：
CROATIAN	Ako trebate pomoć tumača telefonirajte:
DARI	اگر به کمک ترجمه شفاهی ضرورت دارید, به این شماره تیلفون کنید:
GREEK	Αν χρειάζεστε διερμηνέα τηλεφωνήσετε στο:
ITALIAN	Se avete bisogno di un interprete, telefonate al numero:
LAO	ຕ້ອງການຄວາມຊ່ວຍເຫລືອກ່ຽວກັບການແປພາສາ. ໃຫ້ໂທລະສັບຫາ
MALTESE	Jekk għandek bżonn l-għajnuna t'interpretu, ċempel:
PERSIAN	اگر به ترجمه شفاهی احتیاج دارید به این شماره تلفن کنید:
RUSSIAN	Если вам нужна помощь переводчика, звоните по телефону:
SPANISH	Si necessita la asistencia de un intérprete, llame al:
VIETNAMESE	Nếu bạn cần một người thông ngôn hãy gọi điện thoại:

HEALTH CARE INTERPRETERS 6205 3333

TRANSLATING AND INTERPRETING SERVICE

13 22 81

Canberra and District – 24 hours a day, seven days a week

Printed on ecoStar 100% Recycled paper. ecoStar is an environmentally responsible paper made Carbon Neutral. ecoStar is manufactured from 100% Post Consumer Recycled paper in a Process Chlorine Free environment.

CONTENTS

Abbreviations and acronyms XII

Glossary of technical terms XIX

Other sources of information XX

A. Transmittal Certificate 28

B. Organisational Overview and Performance 32

B.1 Organisational overview 32

Vision, mission and values 32
Role, Functions and Services 32
Clients and stakeholders 33
Organisational structure 33
Organisational chart 35
Environment and the planning framework 36
Summary of performance 36
- Health Directorate strategic indicators 36
- ACT Local Hospital Network strategic objectives and indicators 37
- Future directions 38

Outlook for 2017–18 38
Internal accountability 40
- DG/DDG Strategy Committee 42
- Clinical Operations Committee 42
- Quality and Safety Committee 42
- Work Health and Safety Committee 42
- Information Communication and Technology Executive Committee 43
- Finance and Procurement Executive Committee 43
- Business Support and Infrastructure Executive Committee 43
- Audit and Risk Management Committee 44

Aboriginal and Torres Strait Islander Reporting 44
Canberra Hospital and Health Services Overview 45
- Achievements 45
- Outlook for 2017–18 47

Corporate Division Overview 50
- Business Performance Information and Decision Support Branch 50

Business Support Services ... 51
Digital Solutions Division ... 51
Health Infrastructure Services Division ... 51
Strategic Finance Branch ... 52
Achievements ... 53
Technology improvements ... 53
System-Wide Review of ACT Health Data ... 53
Activity Based Management ... 54
Sustainable transport and parking ... 54
Courtesy Bus ... 54
Domestic and Environmental Services contract ... 54
Outlook for 2017–18 ... 55
Population Health Protection and Prevention Division Overview ... 55
Achievements ... 57
Issues and challenges ... 59
Outlook for 2017–18 ... 59
Innovation Division Overview ... 60
Strategy and Design ... 60
Office of Research ... 61
Policy and Stakeholder Relations ... 62
Quality, Governance and Risk ... 63
Clinical safety and quality unit ... 64
Achievements ... 64
Outlook for 2017–18 ... 65
Advance care planning ... 65
Achievements ... 65
Outlook for 2017–18 ... 66
Patient experience ... 66
Achievements ... 66
Outlook for 2017–18 ... 66
Quality in healthcare act awards ... 66
Achievements ... 66
Outlook for 2017–18 ... 66
Workplace safety ... 67
Achievements ... 67
Outlook for 2017–18 ... 67
Internal audit ... 67
Achievements ... 68

People and Culture....68
Achievements....68
Outlook for 2017–18....69
Corporate and Operational Plans....70
Population Health Division Strategic Framework 2013–2017....70
ACT and Southern NSW Local Health District Cancer Services Plan 2015–2020....70
ACT Palliative Care Services Plan 2013–2017....70
ACT Chronic Conditions Strategy 2013–2018....71
ACT Health Sustainability Strategy 2016–2020....71
B.2 Performance analysis....72
Overview....72
Health Directorate strategic indicators....74
Strategic Objective 1: Removals from Waiting List for Elective Surgery....74
Strategic Objective 2: No Waiting for Access to Emergency Dental Health Services....75
Strategic Objective 3: Improving Timeliness of Access to Radiotherapy Services....75
Strategic Objective 4: Improving the Breast Screen Participation Rate for Women aged 50 to 69 years....76
Strategic Objective 5: Reducing the Usage of Seclusion in Mental Health Episodes....76
Strategic Objective 6: Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit....77
Strategic Objective 7: Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds....77
Strategic Objective 8: Management of Chronic Disease: Maintenance of the Highest Life Expectancy at Birth in Australia....79
Strategic Objective 9: Lower Prevalence of Circulatory Disease than the National Average.79
Strategic Objective 10: Lower Prevalence of Diabetes than the National Average....80
Strategic Objective 11: Addressing Gaps in Aboriginal and Torres Strait Islander Immunisation Status....80
Strategic Objective 12: Higher Participation Rate in the Cervical Screening Program than the National Average....81
Strategic Objective 13: Achieve Lower than the Australian Average in the Decayed, Missing, or Filled Teeth (DMFT) Index....82
Strategic Objective 14: Reducing the Risk of Fractured Femurs in ACT Residents Aged Over 75 years....82
Strategic Objective 15: Reduction in the Youth Smoking Rate....82
ACT Local Hospital Network strategic objectives and indicators....83
Strategic Objectives and Indicators....83
Strategic Objective 1: Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency....83
Strategic Objective 2: Improved Emergency Department Timeliness....84

Strategic Objective 3: Maximising the Quality of Hospital Services 87
Health Directorate Outputs 90
Output 1.1: Acute Services 90
Overview 90
Performance against accountability indicators 94
Awards and nominations 100
Future directions 100
Output 1.2: Mental Health, Justice Health and Alcohol Drug Services 102
Overview 103
Performance against accountability indicators 104
Future directions 108
Output 1.3: Public Health Services 111
Overview 111
Performance against accountability indicators 112
Other achievements 115
Future directions 116
Output 1.4: Cancer Services 117
Overview 117
Performance against accountability indicators 118
Other achievements 120
Future directions 121
Output 1.5: Rehabilitation, Aged and Community Care 123
Overview 123
Performance against accountability indicators 124
Other achievements 127
Future directions 127
Output 1.6: Early Intervention and Prevention 129
Overview 129
Performance against accountability indicators 129
Future directions 132
B.3 Scrutiny 134
Introduction 134
Annual and Financial Reports 2014–15 134
Auditor-General’s Report No. 1 of 2016: Calvary Public Hospital Financial and Performance Reporting and Management 136
Inquiry into Youth Suicide and Self Harm in the ACT 138
Review of the Auditor-General’s Report No. 1 of 2016: Calvary public hospital financial and performance reporting and management 140

Inquiry into the Appropriation Bill 2016–17 and Appropriation (Office of the Legislative Assembly) Bill 2016–17 143

Inquiry into the Appropriation Bill 201-18 and Appropriation (Office of the Legislative Assembly) Bill 2017–18 149

ACT Auditor-General's Report No 6 of 2017: Mental Health Services – Transition from Acute Care 150

Report on the Annual and Financial Reports 2015–16 150

B.4 Risk management 151

Introduction/overview 151

Developing the Risk Management Plan 151

Monitoring risks 151

Identifying and responding to emerging risks 151

B.5 Internal audit 152

Introduction/overview 152

Internal Audit Arrangements 152

Internal Audit Committee 152

B.6 Fraud prevention 154

Introduction/overview 154

Risk assessments conducted 154

Fraud control plans 154

Fraud prevention strategies 154

Fraud awareness training 154

B.7 Work health and safety 155

Introduction/overview 155

Worker consultation arrangements 155

Staff work health and safety incident reports 155

Work Health and Safety Act 2011 reporting 156

Workplace Safety team 156

Performance against Australian Work Health and Safety Strategy 2012–22 targets 156

Target 1: Reduce the incidence rate of claims resulting in one or more weeks off work 157

Target 2: Reduce the incidence rate of claims for musculoskeletal disorders (MSD) 157

B.8 Human resources management 159

Introduction / overview 159

Human resource management 159

Workforce planning 160

Retention strategies 161
Workplace culture 161
People and Culture, organisational development, key achievements 163
Leadership, management and culture programs 163
2016–17 leadership and management programs 164
Culture improvement training programs 164
Future learning and development key priorities 165
Demonstrated commitment to whole-of-government learning and development initiatives 166
ACT Public Service Graduate Program in ACT Health 166
Staff Health and Wellbeing 166
Employee assistance program 167
Diversity in ACT Health 168
Employment strategies 168
Aboriginal and Torres Strait Islander peoples 168
Employment of people with disability 169
Apprenticeships 169
Traineeships 170
Learning and development programs 170
Key Achievements 2016–17 170
Leadership and management programs 171
Education programs to support patient experience and partnership with consumers 171
The ACT Health Cultural Competence Program 171
Safety training 172
Essential education and clinical education 172
Orientation programs 172
Child protection 173
Life support programs 173
Mandatory Update Day Program 174
Human Rights Act training for managers 174
COMPASS 174
Assistants in Nursing Development Program 175
Enrolled Nurse Professional Development Program 175
Invasive devices education programs 175
The Night Duty Continuing Education Program 176
Allied Health clinical education 176
Recruitment, Graduate and Transition to Practice programs 176
Education for health care staff who support, assess and educate others 178
Scholarships to support further learning in Allied Health, nursing and midwifery 179

Student placement support 180
Student placements for Tertiary students 180
Work experience in ACT Health for school students 180
e-learning 181
Total learning and development activity 181
Future learning and development key priorities 182
Attraction and Retention Initiatives 183
Australian Workplace Agreements 184
Classification and remuneration rates 184
Our workforce 184
Full-time Equivalent and headcount by division/branch 184
FTE and headcount by gender 185
Headcount by classification and gender 185
Headcount by employment category and gender 186
Headcount by diversity group 186
Headcount by age group and gender 186
Average length of service by gender (headcount) 186
Recruitment and separation rates by classification group 187
Recruitment and separation rates for executive officers 187
B.9 Ecologically sustainable development 188
Commissioner for Sustainability and the Environment 188
Ecologically Sustainable Development 188
Energy 189
Water 190
Waste 190
Transport 191
New Developments 191
C. Financial Management Reporting 196
C.1 Management Discussion & Analysis For The Health Directorate For The Year Ended 30 June 2017 196
C.2 Financial Statements For The Year Ended 30 June 2017 Health Directorate 209
C.3 Capital works 303
Introduction/overview 303
Completed projects 303
Works in progress 304
Capital works table – Health Directorate 305

Capital works table – Territorial 307
Reconciliation schedule 308

C.4 Asset management 309
Introduction/overview 309
Assets managed 309
Assets added to the asset register 310
Assets removed from the asset register 311
Properties not being utilised by ACT Health 311
Assets maintenance and upgrade 311
Asset upgrades 311
Building audits and condition of assets 311
Office accommodation 312

C.5 Government contracting 313
Procurement principles and processes 313
External sources of labour and services 314
Goods, Services and Works 315

C.6 Statement of performance 331

D. Notices of Noncompliance 344

D.1 Dangerous substances 344

D.2 Medicines, poisons and therapeutic goods 344

G. Health 346

G.1 Mental health 346

Attachments 348

Annexed and subsumed public authority reports 348
ACT Care Coordinator Annual Report 2016-17 348
Calvary Health Care Ltd Annual Report 2016-17 350
Activity achievements 351
Other achievements 351
Chief Psychiatrist Annual Report 2016-17 354
Emergency apprehension 354
Emergency detention 354
Psychiatric treatment orders 355
Other matters 355
Key points arising 356

Human Research Ethics Committee Annual Report 2016-17 358
Membership of the Human Research Ethics Committee 359
Meetings of the Ethics Committee and its subcommittees........ 360
Key points arising 360
Radiation Council Annual Report 2016-17........ 361
Chair's review........ 361
Council functions........ 361
Council membership 361
Council meetings 2016–2017........ 361
Regulatory standards 362
Approvals and decisions........ 362
Contact details 363

ACT Local Hospital Network Directorate Annual Report 2016-17........ 364

Management Discussion and Analysis for the ACT Local Hospital Network Directorate, For the Year Ended 30 June 2017........ 364

Appendix A Compliance Statement 412

Part 1 Directions Overview........ 412

Part 2 Directorate and Public Sector Body Annual Report Requirements 412

Part 3 Reporting by Exception 413

Part 4 Directorate and Public Sector Body Specific Annual Report Requirements........ 413

Part 5 Whole-of-Government Annual Reporting........ 413

Appendix B Index 416

ABBREVIATIONS AND ACRONYMS

Abbreviation/acronym	Meaning
ABM	Activity Based Management
ACAT	ACT Civil and Administrative Tribunal (Annexed reports only)
ACAT	Aged Care Assessment Team
ACF	aged care facility
ACHS	Australian Council of Health Care Standards
ACIR	Australian Childhood Immunisation Register
ACP	Advance Care Planning
ACSQHC	Australian Commission on Safety and Quality in Health Care
ACT	Australian Capital Territory
ACTPS	ACT Public Service
AH	Allied Health
AHA	Allied Health Assistant
AHWMC	Australian Health Workforce Ministerial Advisory Council
AIN	Assistant in Nursing
AIR	Australian Immunisation Register
ALO	Aboriginal and Torres Strait Islander Liaison Officer
ALS	Advanced Life Support
AMC	Alexander Maconochie Centre
AMHDS	Adult Mental Health Day Service
AMHRU	Adult Mental Health Rehabilitation Unit
AMHU	Adult Mental Health Unit
ANU	Australian National University
ARIn	Attraction and Retention Initiative
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
ASBA	Australian School-based Apprentice
ASSAD	ACT Secondary Students’ Alcohol and Drug
AWA	Australian Workplace Agreement
BCA	Building Code of Australia
BHSP	Building Health Services Program
BLS	Basic Life Support
BPIDS	Business Performance Information and Decision Support
BRS	Business Requirements Specifications
BSIEC	Business Support and Infrastructure Executive Committee

Abbreviation/acronym	Meaning
BSS	Business Support Services
CACHS	Cancer, Ambulatory and Community Health Support
CAHO	Chief Allied Health Office
CALD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Service
CARHU	Child At Risk Health Unit
CASP	Community Assistance Support Program
CatCH	Continuity at the Canberra Hospital
CATT	Crisis Assessment and Treatment Team
CBCT	Cone Beam Computed Tomography
CCC	Clinical Culture Committee
CCO	Community Care Order
CDC	Communicable Disease Control
CDNM	Clinical Development Nurse/Midwife
CH	Canberra Hospital
CHASERS	Canberra Hospital Acute Subacute Early Rehabilitation Service
CHEWIE	Canberra Hospital Essential Works – Infrastructure and Engineering
CHHS	Canberra Hospital and Health Services
CHISEL	Highly Conformal Hypofractionated Image Guided ('Stereotactic') Radiotherapy
CHSP	Commonwealth Home Support Program
CIT	Canberra Institute of Technology
CLABSI	Central Line Associated Blood Stream Infections
CMP	Canberra Midwifery Program
CMTEDD	Chief Minister, Treasury and Economic Development Directorate
CNGF	Carbon Neutral Government Fund
COAG	Council of Australian Governments
COMPASS	Early Recognition of the Deteriorating Patient Program
COSEI	Continuity of Services Essential Infrastructure
COWs	Computers on Wheels
CPO	Clinical Placement Office
CRCC	Canberra Region Cancer Centre
CRT	Community Rehabilitation Team
CSD	Community Services Directorate
CT	Computerised Tomography
CTSC	Clinical Trials Subcommittee
CVAD	Central Venous Access Devices

Abbreviation/acronym	Meaning
DBT	Dialectical Behaviour Therapy
DCHP	Dementia Care in Hospitals Program
DG/DDG	Director-General/Deputy Director-General
Dhulwa	Dhulwa, the secure mental health unit
dmft	decayed, missing, or filled teeth (deciduous infant teeth)
DMFT	Decayed, Missing, or Filled Teeth (permanent adult teeth)
DNW	Did not wait
DSD	Digital Solutions Division
dTpa	diphtheria, tetanus, a-cellular pertussis
ECEC	Early Childhood Education and Care
ECR	endovascular clot retrieval
ECT	Electro-convulsive therapy
EMU	Emergency Medicine Unit
EN	Enrolled Nurse
ENPDP	Enrolled Nurse Professional Development Program
ENT	Ear, Nose and Throat
ENTTPP	Enrolled Nurse Transition to Practice Program
EP	Electrophysiology
EPAU	Early Pregnancy Assessment Unit
EPJB	Electronic Patient Journey Board
EPSDD	Environment, Planning and Sustainable Development Directorate
ESD	Environmentally Sustainable Development
ESP	Enterprise Sustainability Platform
F&P	Finance and Procurement
FBT	Fringe Benefit Tax
FCCO	Forensic Community Care Order
FEIG	Food Environment Implementation Group
FMHS	Forensic Mental Health Services
FMU	Fetal Medicine Unit
FTE	Full Time Equivalent
GAPU	Geriatric Assessment and Planning Unit
GEHU	Gastroenterology and Hepatology Unit
GHS	General Health Survey
GMU	General Medical Unit
GP	General Practitioner
GPB	Government Procurement Board

Abbreviation/acronym	Meaning
HAAS	Healthcare Access At Schools
HBDI	Hermann Brain Dominance Instrument
HBV	Hepatitis B virus
HCCA	Health Care Consumers Association
HCV	Hepatitis C virus
HEMU	Health Emergency Management Unit
HIB	Health Improvement Branch
HIS	Health Infrastructure Services
HITH	Hospital in the Home
HIV	Human Immunodeficiency Virus
HPS	Health Protection Service
HPV	Human Papilloma Virus
HREC	Human Research Ethics Committee
HSR	Health and Safety Representative
HVAC	heating, ventilation and air conditioning
HWI	Healthy Weight Initiative
HWPC	Health Workforce Principle Committee
ICT	Information and Communications Technology
ICU	Intensive Care Unit
ILI	Influenza-like illness
IMRT	Intensity Modulated Radiation Therapy
IPMO	Integrated Program Management Office
ISFR	Implementation Subcommittee for Food Regulation
ITS	Intensive Treatment Service
IV	Intravenous
IYM	It's Your Move
JACS	Justice and Community Safety Directorate
KPI	Key Performance Indicator
KPI	Key Performance Indicator
LED	Light-emitting Diode
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer
LRSC	Low Risk Subcommittee
LSI	Life Style Inventory
m^2	metres square
MACH	Maternal and Child Health
MAPU	Medical Assessment and Planning Unit

Abbreviation/acronym	Meaning
MAU	Maternity Assessment Unit
MCAG	Medicinal Cannabis Advisory Group
MCMAP	Medicinal Cannabis Medical Advisory Panel
MDC	Mobile Dental Clinic
MET	Medical Emergency Team
MEWS	Modified Early Warning Scores
MHJHADS	Mental Health, Justice Health and Alcohol and Drug Services
MITT	Mobile Intensive Treatment Team
MMRV	measles, mumps, rubella and varicella
MoC	Model of Care
MRI	Magnetic Resonance Imaging
MSD	musculoskeletal disorders
MUD	Mandatory Update Day
NBHF	Ngunnawal Bush Healing Farm
NCEPH	National Centre for Epidemiology and Population Health
NCSP	National Cancer Screening Program
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NEAT	National Emergency Access Target
NEST	National Elective Surgery Target
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NICU	Neonatal Intensive Care Unit
NIP	National Immunisation Program
NMA	National Mutual Acceptance
NMBA	Nursing and Midwifery Board of Australia
NRT	Nicotine Replacement Therapy
NSQHS	National Safety and Quality Health Service
NSW	New South Wales
OATSIA	Office of Aboriginal and Torres Strait Islander Affairs
OCCP	Optimal Cancer Care Pathway
OCHO	Office of the Chief Health Officer
OMS	Obesity Management Service
OPMHS	Older Persons Mental Health Service
PAL	Peer Assisted Learning
PART	Predict, Assess and Respond to Challenging/Aggressive Behaviour

Abbreviation/acronym	Meaning
PARTY	Prevent Alcohol and Risk Related Trauma in Youth
PCW	Procurement and Capital Works
PET	Positron Emission Tomography
PMP	People Manager Program
POC	portable oxygen concentrator
PPID	Positive Patient Identification
PrEP	Pre-Exposure Prophylaxis Prevention
PSMP	Public Sector Management Program
PTO	Psychiatric Treatment Order
PV	Photovoltaic
QUT	Queensland University of Technology
RACC	Rehabilitation, Aged and Community Care
RADAR	Rapid Assessment of the Deteriorating Aged at Risk
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RAS	Regional Assessment Service
RAU	Rapid Assessment Unit
RED	Respect, Equity and Diversity
RILU	Rehabilitation and Independent Living Unit
RM	Registered Midwife
RMP	Resource Management Plan
RN	Registered Nurse
RO	Reverse Osmosis
RTO	Registered Training Organisation
RWTS	Ride or Walk to School
SAB	Staphylococcus Aureus Bacteraemia
SABR	Stereotactic Ablative Radiotherapy
SAMP	Strategic Asset Management Plan
SCN	Special Care Nursery
SDU	Staff Development Unit
SEA	Special Employment Arrangement
SEPGBIP	ACT Health Sustainability Environmental Principles and Guidelines - Building and Infrastructure Projects 2015–2020
SHAHRD	Sexual Health, HIV/AIDS, Viral Hepatitis and Related Diseases
SIP	System Innovation Program
SLA	Service Level Agreement
SPIRE	Surgical Procedures, Interventional Radiology and Emergency
SPO	Student Placement Online

Abbreviation/acronym	Meaning
SRS	Stereotactic Radiosurgery
SRSC	Social Research Subcommittee
STI	sexually transmissible infection
SUSD	Step-Up-Step-Down
TRACS	Tracheostomy Assessment and Consultation Service
TRS	Traceability Recording System
TTP	Transition to Practice
TWSMC	Territory Wide Surgical Management Committee
UCPH	University of Canberra Public Hospital
UMAHA	Upgrade and Maintain ACT Health Assets
US	Ultrasound
VMAT	Volumetric Arc Therapy
VMO	Visiting Medical Officers
WA	Western Australia
WHS	Work Health Safety
WHSMS	Work Health and Safety Management System
WiC	Walk-in-Centre
WPS	Workplace Safety

GLOSSARY OF TECHNICAL TERMS

Term	Meaning
acute care	An episode of acute care for an admitted patient is one in which the principal clinical intent is to provide short-term hospital admission focused on the treatment of emergency conditions or the conduct of an elective procedure.
benchmarking	The process of assessing the performance of an organisation of entity within an organisation by comparing it to the performance of a similar entity, a national average, or the best performing entity within the same field in order to assess performance and determine opportunities for improvement.
Big Data	Big Data refers to extremely large data collections that can be analysed computationally to reveal patterns, trends and associations.
community-based organisations	Not-for-profit organisations within the community that have specialist skills in the management of certain health issues. These organisations provide services such as health services for disadvantaged young people, drug and alcohol rehabilitation, Aboriginal and Torres Strait Islander health services and supported accommodation for people with mental illness.
decant	To rehouse people while their buildings are being refurbished or rebuilt.
interdisciplinary teams	Analyse, synthesise and harmonise links between disciplines into a coordinated and coherent whole
length of stay	The number of days (or part thereof) that each admitted patient stays in hospital. Patients who are admitted and discharged on the same day have a length of stay of one day.
multidisciplinary teams	Draws on knowledge from different disciplines
occasions of service	A measure of services provided to patients—usually used in the outpatient or community health setting.
patient journey	A patient's experience of travelling or moving through the health system at pre-hospital to hospital and to community care.
patient-centred care	Refocusing the delivery of health care around the needs of the patient rather than other stakeholders such as providers.
psychoeducation	The process of providing education and information to people seeking or receiving mental health services.
public health officers	Public health officers provide a range of services to the community, including communicable disease control, pharmaceutical services, environmental health and scientific services and have certain powers enshrined in legislation.
social enterprises	Social enterprises use sound business principles to return financial and societal benefits to the community.
social procurement	Engaging mainstream suppliers that include social benefits as part of delivering goods and services.
subacute	Intermediate care provided between acute care and community-based care. Subacute care includes services such as rehabilitation that can be provided in a less invasive environment than an acute hospital environment.
tertiary services	Tertiary services are generally those provided in a complex, highly specialised hospital setting.

OTHER SOURCES OF INFORMATION

ACT Health publications are available at ACT Government community libraries, the Health Directorate library located at Canberra Hospital, Garran and from community health centres.

Copies of the ACT Health 2016–17 Annual Report are also available online at: www.health.act.gov.au/annual-report

Information can also be accessed through the:

> Health Directorate website at www.health.act.gov.au
> Access Canberra website at www.accesscanberra.act.gov.au
> ACT Government website at: www.act.gov.au.

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

ACT Government Health Directorate 2–6 Bowes Street, Phillip, 2606 GPO Box 825, Canberra ACT 2601 General inquiries: 132 281

Annual report contact: 132 281 Web: www.health.act.gov.au Email: HealthComms@act.gov.au

Additional publications relating to health status and health services in the ACT are:

> ACT Chief Health Officer's Report 2016 ACT Human Rights Commission Annual Report 2015–16
> Australian hospital statistics, Australian Institute of Health and Welfare
> Australia's health 2014, Australian Institute of Health and Welfare.

WEBSITES REFERENCED IN THIS REPORT

Name	Address
2017 Annual Report Directions	www.legislation.act.gov.au
2017–18 ACT Budget	http://apps.treasury.act.gov.au/budget/budget-2017-2018/home
A Picture of the ACT's Children and Young People	http://www.children.act.gov.au/
ACT Aboriginal and Torres Strait Islander Agreement 2015–18	http://www.communityservices.act.gov.au/atsia/agreement-2015-18
ACT Antenatal Pertussis Vaccination Program	http://www.health.act.gov.au/our-services/immunisation
ACT Asbestos Health Study	http://nceph.anu.edu.au/research/projects/act-asbestos-health-study
ACT Auditor-General's Report No 6 of 2017: Mental Health Services – Transition from Acute Care	http://www.audit.act.gov.au/auditreports/reports2017/Report%20No%206%20of%202017%20-%20Mental%20Health%20Services%20-%20Transition%20from%20Acute%20Care.pdf
ACT Cervical Screening Program	http://www.health.act.gov.au/healthy-living/cervical-screening
ACT Excellence Awards for Nurses and Midwives 2017	https://health.act.gov.au/professionals/nursing-and-midwifery/act-nursing-and-midwifery-excellence-awards/2017-winners

Name	Address
ACT Health Aboriginal and Torres Strait Islander Workforce Action Plan 2013–18	http://www.health.act.gov.au/node/2003
ACT Health Annual Report 2015–16	http://www.health.act.gov.au/research-publications/reports/annual-reports/2015-2016/annual-report-2015-16
ACT Health Courtesy Bus	http://www.health.act.gov.au/our-services/canberra-hospital-campus/courtesy-bus
ACT Health Reconciliation Action Plan 2015–18	http://health.act.gov.au/sites/default/files/ACT%20Health%20Stretch%20Reconciliation%20Action%20Plan%202015%20-%202018.pdf
ACT Health Resource Management Plan 2016–2020	http://sharedservices/actgovt/ACTPSdocs/Carbon-Neutral/RMP%20ACT%20Health%202016-2020.pdf
ACT Health Sustainability Strategy 2016–2020	http://sharedservices/actgovt/ACTPSdocs/Carbon-Neutral/ACT%20Health%20Sustainability%20Strategy%202016_2020.pdf
ACT Health Workforce Plan 2013–18	http://health.act.gov.au/sites/default/files/Policy_and_Plan/Workforce%20Plan%202013-2018.pdf
ACT Legislation Register	http://www.legislation.act.gov.au/
ACT Nursing and Midwifery Excellence Awards	http://www.health.act.gov.au/professionals/nursing-and-midwifery/act-nursing-and-midwifery-excellence-awards/2017-winners
ACT Pharmacist Vaccination Standards	http://www.health.act.gov.au/sites/default/files//Pharmacist%20vaccinations%20-%20Standards_1.pdf
ACT Public Service Directorate annual reports	http://www.cmd.act.gov.au/open_government/report/annual_reports
Actions arising from food and drink marketing consultation	http://www.act.gov.au/healthyliving/food-environment/actions-arising-from-food-and-drink-marketing-consultation
Actsmart Business Recycling program	https://www.actsmart.act.gov.au/what-can-i-do/business/recycling
Actsmart program	https://www.actsmart.act.gov.au/
Auditor-General's Report No. 1 of 2016: Calvary Public Hospital Financial and Performance Reporting and Management	http://www.audit.act.gov.au/auditreports/reports2016/Report%20No.%201%20of%202016%20Calvary%20Public%20Hospital%20Financial%20and%20Performance%20Reporting%20and%20Management.pdf
Australian Good Design Awards – Service Design – Education Services	https://www.good-design.com/entry/its-your-move-design-thinking-curriculum/
Australian Institute of Health and Welfare's Australia's Mothers and Babies Report	http://www.aihw.gov.au/publication-detail/?id=60129557656
Australian Radiation Protection and Nuclear Safety Agency	http://www.arpansa.gov.au
Better Cardiac Care for Aboriginal and Torres Strait Islander People	http://www.health.nsw.gov.au/aboriginal/bettercardiaccare/Pages/activities.aspx
Biggest Recycler	https://www.actsmart.act.gov.au/what-can-i-do/business/actsmart-sustainability-awards-breakfast
Calvary Bruce Private Hospital	https://www.calvarycare.org.au/bruce-private-hospital/
Calvary Public Hospital Bruce	https://www.calvarycare.org.au/public-hospital-bruce/

Name	Address
Clare Holland House	https://www.calvarycare.org.au/public-hospital-bruce/services-and-clinics/clare-holland-house/
Climate Change and Greenhouse Gas Reduction Act 2010	http://www.legislation.act.gov.au/a/2010-41/
Closing the Gap	http://closingthegap.pmc.gov.au/
Commissioner for Sustainability and the Environment Annual Report	http://www.environmentcommissioner.act.gov.au/publications/annual_reports
Controlled Medicines	http://www.health.act.gov.au/public-information/businesses/pharmaceutical-services/controlled-medicines
Controlled Medicines Prescribing Standards	http://health.act.gov.au/sites/default/files//Medicines%20and%20Poisons%20-%20Controlled%20Medicines%20-%20Prescribing%20Standards_1.pdf
Crimes Act 1900	http://www.legislation.act.gov.au/a/1900-40/default.asp
Dangerous Substances Act 2004	http://www.legislation.act.gov.au/a/2004-7/default.asp
Disability Employment Action Plan 2015–18	http://www.health.act.gov.au/sites/default/files//Policy_and_Plan/Disability%20Employment%20Action%20Plan%202015-18.pdf
Entrepreneurs: It's Your Move	http://www.health.act.gov.au/healthy-living/healthy-children-and-young-people/its-your-move/entrepreneurs-its-your-move-elective
Environment Protection Act 1997	http://www.legislation.act.gov.au/a/1997-92/default.asp
Focus On Reports	http://stats.health.act.gov.au/focus-health-topics
Food Act 2001	http://www.legislation.act.gov.au/a/2001-66/default.asp
Fresh Tastes: healthy food at school	https://goodhabitsforlife.act.gov.au/fresh-tastes/
Gene Technology Act 2000	https://www.legislation.gov.au/Details/C2016C00792
Gene Technology Act 2003 (ACT)	http://www.legislation.act.gov.au/a/2003-57/current/pdf/2003-57.pdf
Good Habits for Life	http//goodhabitsforlife.act.gov.au/)
Government Procurement Act 2001	http://www.legislation.act.gov.au/a/2001-28/
Government Procurement Regulation 2007	http://www.legislation.act.gov.au/sl/2007-29/default.asp
Guardianship and Management of Property Act 1991	http://www.legislation.act.gov.au/a/1991-62/default.asp
Health Directorate Corporate Plan 2012–2017	http://www.health.act.gov.au/sites/default/files//Policy_and_Plan/Corporate%20Plan%202012-2017.pdf
HealthStats ACT	http://stats.health.act.gov.au/
Healthy Weight Initiative	http://www.act.gov.au/healthyliving
Healthy Weight Initiative 2016–17 Progress Report	http://www.act.gov.au/__data/assets/pdf_file/0007/1076677/2016-17-HWI-Progress-report.pdf
Human Rights Act 2004	http://www.legislation.act.gov.au/a/2004-5/current/pdf/2004-5.pdf
Hyson Green Private Mental Health Inpatient and Day Therapy Centre	https://www.calvarycare.org.au/bruce-private-hospital/services-and-clinics/hyson-green-mental-health/
I'm Alert Food Safety	http://www.health.act.gov.au/public-information/businesses/food-safety-regulation/im-alert-food-safety-training

Name	Address
Inquiry into the Appropriation Bill 2016–17 and Appropriation (Office of the Legislative Assembly) Bill 2016–17	http://www.parliament.act.gov.au/__data/assets/pdf_file/0005/913883/Govt-Response-to-Estimates-2016-17-tabled-9-August-2016.pdf
Inquiry into Youth Suicide and Self Harm in the ACT	http://www.parliament.act.gov.au/__data/assets/pdf_file/0004/871915/8th-HACS-08-Inquiry-Into-Youth-Suicide-And-Self-Harm.pdf
Internal Audit Framework	https://apps.treasury.act.gov.au/__data/assets/pdf_file/0007/617920/Internal-Audit-Framework-April-2007.pdf
International Standard for Risk Management, AS/NZS ISO 31000:2009	http://www.treasury.act.gov.au/actia/RMISO.htm
It’s Your Move	http://www.health.act.gov.au/healthy-living/healthy-children-and-young-people/its-your-move
Kids at Play	https://goodhabitsforlife.act.gov.au/kids-at-play/
Kids at Play Active Play	https://goodhabitsforlife.act.gov.au/kids-at-play/kids-play-active-play-program
LifeSpan Suicide Prevention Program	http://www.lifespan.org.au/black-dog-institute/
Medicines, Poisons and Therapeutic Goods Act 2008	http://www.legislation.act.gov.au/a/2008-26/default.asp
Medicines, Poisons and Therapeutic Goods Regulation 2008	http://www.legislation.act.gov.au/sl/2008-42/default.asp
Mental Health Act 2015	http://www.legislation.act.gov.au/a/2015-38/current/pdf/2015-38.pdf
Minister’s Award for Leadership	https://www.actsmart.act.gov.au/__data/assets/pdf_file/0006/1039083/7829-actsmart-2016-Awards-LR.PDF
National Cancer Screening Program	http://www.cancerscreening.gov.au/
National Cancer Screening Register	http://www.health.gov.au/internet/main/publishing.nsf/Content/mr-yr16-dept-dept002.htm
National Child Oral Health Study 2012–14	https://www.adelaide.edu.au/press/titles/ncohs/ncohs-ebook.pdf
National Immunisation Program	http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/about-the-program
National Safety and Quality Health Service (NSQHS) Standards	https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf
National Safety and Quality in Health Service Standards	https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/
No Jab No Pay	http://www.health.act.gov.au/our-services/immunisation/whats-new
Palliative Care Outcomes Collaboration	http://www.pcoc.org.au/
Pharmacist Vaccinations	http://www.health.act.gov.au/public-information/businesses/pharmaceutical-services/pharmacist-vaccinations
Population Health Protection and Prevention Division	http://www.health.act.gov.au/healthy-living/population-health
Public Health Act 1997	http://www.legislation.act.gov.au/a/1997-69/default.asp
Public Health Amendment Act 2016	http://www.legislation.act.gov.au/a/2016-54/20160826-64531/pdf/2016-54.pdf

Name	Address
Public Sector Management Act 2006	http://www.legislation.act.gov.au/a/2001-28/
Quality in Healthcare ACT Awards 2017	http://health.act.gov.au/professionals/act-quality-healthcare-awards
Radiation Protection Act 2006	http://www.legislation.act.gov.au/a/2006-33/default.asp
Radiation Safety	www.health.act.gov.au\radiationsafety
Report on Annual and Financial Reports 2014–15	http://www.parliament.act.gov.au/__data/assets/pdf_file/0019/830053/8th-HACS-07-AR14-15.pdf
Report on the Annual and Financial Reports 2015–16	http://www.parliament.act.gov.au/__data/assets/pdf_file/0005/1058819/9th-HACS-01-Annual-Report-2015-16.pdf
Review of the Auditor-General's Report No. 1 of 2016: Calvary public hospital financial and performance reporting and management	http://www.parliament.act.gov.au/__data/assets/pdf_file/0006/871917/8th-PAC-27-AG1-2016.pdf
Ride or Walk to School	https://goodhabitsforlife.act.gov.au/ride-or-walk-to-school/
Smoke-Free Amendment Bill 2016	http://www.legislation.act.gov.au/b/db_53581/default.asp
Smoke-free Public Places (Play Spaces) Declaration 2016	http://www.legislation.act.gov.au/di/2016-250/default.asp
Smoke-Free Public Places Amendment Act 2016	http://www.legislation.act.gov.au/b/db_53490/
Smoking in Pregnancy	http//www.health.act.gov.au/healthy-living/smoking-during-pregnancy)
tobacco/smoke-free legislation	http://www.legislation.act.gov.au/es/db_53560/default.asp
Towards Culturally Appropriate and Inclusive Services – A Co-ordinating Framework for ACT Health 2014–2018	http://health.act.gov.au/sites/default/files/Policy_and_Plan/Multicultural%20Co-ordinating%20Framework%20-%20Towards%20Culturally%20Appropriate%20and%20Inclusive%20Services%202014-2018.pdf
Work Health and Safety Act 2011	http://www.legislation.act.gov.au/a/2011-35/
World Cancer Day	http://www.cancer.org.au/news/news-articles/supporting-world-cancer-day-2017.html

PART A

PART A: TRANSMITTAL CERTIFICATE

A. TRANSMITTAL CERTIFICATE

Office of the Director-General

October 2017

Meegan Fitzharris MLA
Minister for Health and Wellbeing
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

ACT Health Annual Report 2016-17

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

I certify that information in the attached annual report, and information provided for whole of government reporting, is, so far as some data integrity issues solely in relation to performance metrics may permit, an honest and accurate account and all currently available material information on the operations of ACT Health has been included for the period 1 July 2016 – 30 June 2017. Once the results of a review into data collection affecting the 2016/2017 annual report has been finalised, a corrigendum will, if necessary, be issued.

I hereby certify that fraud prevention has been managed in accordance with *Public Sector Management Standards 2006*, Part 2.

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

Nicole Feely
Director-General

4 October 2017

GPO Box 825 Canberra ACT 2601 | Ph: 6205 0823 | Email: DGACTHealth@act.gov.au I www.act.gov.au

Office of the Director-General

October 2017

Shane Rattenbury MLA
Minister for Mental Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

ACT Health Annual Report 2016-17

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

I certify that information in the attached annual report, and information provided for whole of government reporting, is, so far as some data integrity issues solely in relation to performance metrics may permit, an honest and accurate account and all currently available material information on the operations of ACT Health has been included for the period 1 July 2016 – 30 June 2017. Once the results of a review into data collection affecting the 2016/2017 annual report has been finalised, a corrigendum will, if necessary, be issued.

I hereby certify that fraud prevention has been managed in accordance with *Public Sector Management Standards 2006*, Part 2.

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

Nicole Feely
Director-General

4 October 2017

GPO Box 825 Canberra ACT 2601 | Ph: 6205 0823 | Email: DGACTHealth@act.gov.au I www.act.gov.au

Minister for Health and Wellbeing
Meegan Fitzharris MLA

Minister for Mental Health
Shane Rattenbury MLA

ACT Health Director-General
Nicole Feely

PART B: ORGANISATIONAL OVERVIEW AND PERFORMANCE

B. ORGANISATIONAL OVERVIEW AND PERFORMANCE

B.1 ORGANISATIONAL OVERVIEW

VISION, MISSION AND VALUES

ACT Health's vision is 'Your Health – Our Priority'.

Our vision and values, developed by ACT Health staff, represent what we believe is important and worthwhile. We continue to provide services where the patient is our central focus and this patient-centred care is delivered within a workplace culture that showcases our values of care, excellence, integrity and collaboration.

Our values are:

> **Care:** Go the extra distance in delivering services to our patients, clients and consumers. Be diligent, compassionate and conscientious in providing a safe and supportive environment for everyone. Be sensitive in managing information and ensuring an individual's privacy. Be attentive to the needs of others when listening and responding to feedback from staff, clinicians and consumers.

> **Excellence:** Be prepared for change and strive for continuous learning and quality improvements. Acknowledge and reward innovation in practice and outcomes. Develop and contribute to an environment where every member of the team is the right person for their job and is empowered to perform to the highest possible standard.

> **Collaboration:** Actively communicate to achieve the best results by giving time, attention and effort to others. Respect and acknowledge everyone's input, skills and experience by working together and contributing to solutions. Share knowledge and resources willingly with your colleagues.

> **Integrity:** Be open, honest and trustworthy when communicating with others and ensure correct information is provided in a timely way. Be accountable, reflective and open to feedback. Be true to yourself, your profession, consumers, colleagues and the government.

ROLE, FUNCTIONS AND SERVICES

ACT Health strives to deliver better service to our:

> Community, on behalf of Government

> Government, to meet the needs of our community.

We aim for improved efficiency in the use of resources by designing sustainable services that deliver outcomes efficiently and embed a culture of research and innovation within the organisation.

ACT Health also aims to help staff reach their potential, by providing high-level leadership and promoting a learning culture.

The *Health Directorate Corporate Plan 2012–2017* (the Corporate Plan) provides four key focus areas for the organisation:

> **Community and Consumers:** Partnering for better health outcomes.

> **Our Resources:** Building sustainability and improving efficiency.

> **Our Processes:** Strengthening governance.

> **Our People:** Supporting and strengthening our teams.

The Corporate Plan also provides direction to the organisation to:

> improve the health of vulnerable people
> improve the patient journey
> build and nurture a sustainable health system
> ensure the principles of quality and safety underpin all that we do.

CLIENTS AND STAKEHOLDERS

ACT Health partners with the community and consumers to improve health outcomes by:

> delivering patient and family-centred care
> strengthening partnerships
> promoting good health and wellbeing
> improving access to appropriate health care
> having robust safety and quality systems.

ACT Health works closely with other ACT Government Directorates and agencies, including:

> Community Services Directorate (CSD)
> Justice and Community Safety Directorate (JACS)
> Chief Minister, Treasury and Economic Development Directorate (CMTEDD)
> ACT Ambulance Services
> ACT Policing.

ACT Health also has consultative arrangements with a range of non-government organisations, including:

> ACT Health Care Consumers Association (HCCA)
> Capital Health Networks
> mental health, alcohol and drug and other community service providers.

The tertiary and training sectors are key partners in the planning, development and delivery of healthcare services. ACT Health has formal partnership arrangements with:

> Australian National University Medical School
> University of Canberra
> Australian Catholic University
> Canberra Institute of Technology.

ORGANISATIONAL STRUCTURE

The ACT Health **Director-General** leads the organisation in the delivery of its vision.

ACT Health's **Canberra Hospital and Health Services** (CHHS) Division provides acute, subacute, primary and community-based health services to the ACT and surrounding region through its key service divisions.

The Little Company of Mary also provides public hospital services through Calvary Public Hospital – Bruce, under a contractual agreement with ACT Health.

Other divisions within the organisation provide corporate and strategic support to the clinical service areas.

The **Corporate** Division provides corporate and strategic support to clinical service areas. This includes:

- supporting national health reforms and National Partnership Agreements
- maintaining critical physical and technological infrastructure for public hospitals and health services
- providing financial and business support services.

The Division also encompasses the health planning and infrastructure functions for the organisation.

The **Innovation** Division leads and coordinates strategic initiatives and policy across the directorate and includes:

- providing critical research functions
- developing strategies for attracting and retaining the health workforce.

The Division includes the System Innovation Group.

The **Quality, Governance and Risk** Division was established in October 2016 to focus on ACT Health's strategic approach to safety, quality and risk and continuous quality improvements. The Division provides:

- strategic leadership, oversight and advice on the quality approach to deliver person-centred, safe and effective care across ACT Health
- strategic frameworks in quality, governance, audit and risk across ACT Health.

ACT Health's **Population Health Protection and Prevention** Division, led by the ACT Chief Health Officer/Deputy Director-General, provides a range of public and environmental health services, health protection services and health promotion services, while delivering:

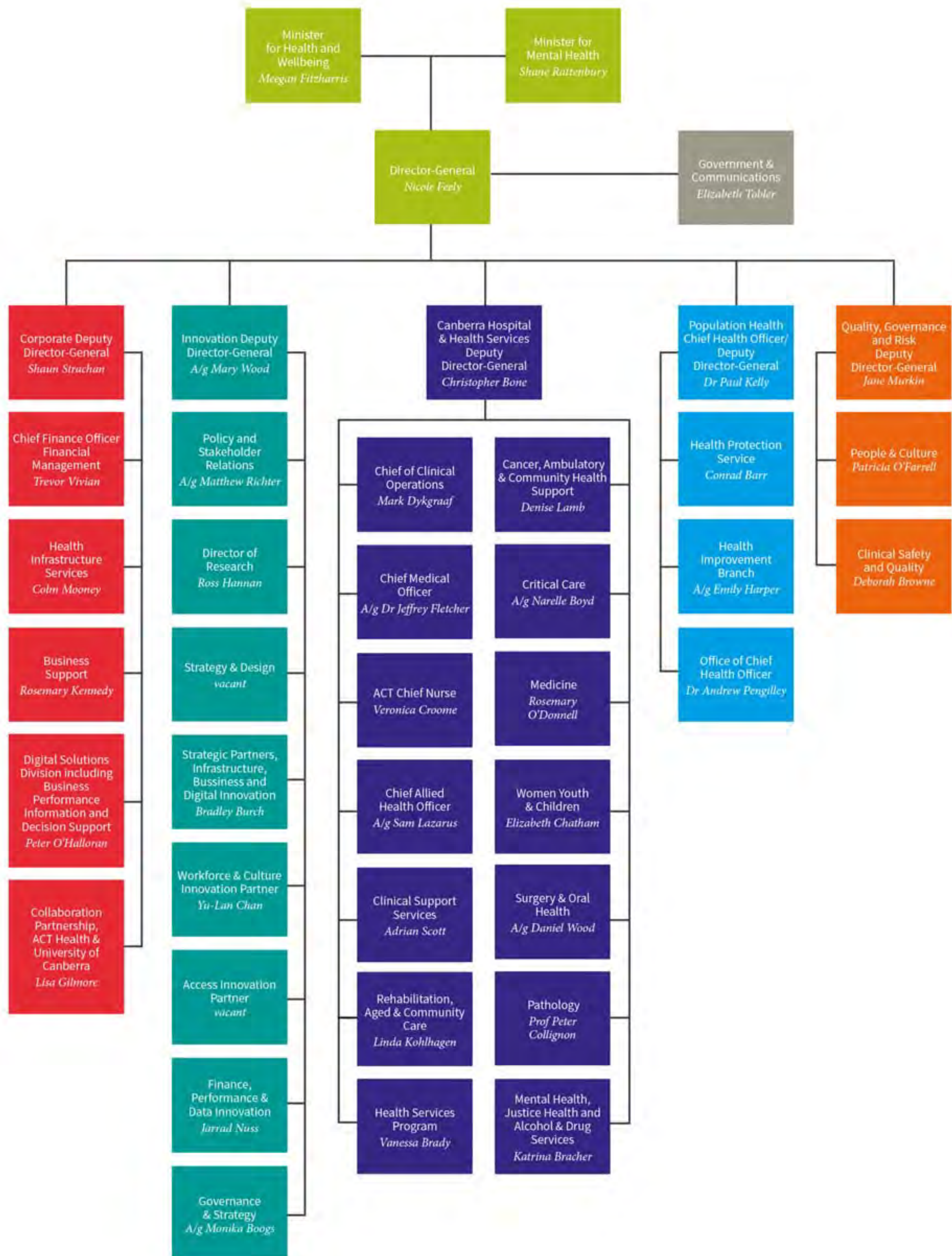
- core functions of prevention, assessment, policy development and assurance
- local and national policy, program delivery and protocols on population health issues.

The **Chief Health Officer** fulfils a range of statutory responsibilities and delegations, as required by public health legislation.

Other operational areas, such as the **Government and Communications Branch**, **Ministerial and Government Services and the Office of the Director-General** report directly to the Director-General and provide a range of corporate support and organisation-wide services.

ORGANISATIONAL CHART

As at 30 June 2017



ENVIRONMENT AND THE PLANNING FRAMEWORK

ACT Health's vision is 'Your Health – Our Priority'. The vision is supported by a range of strategic plans that identify objectives for the organisation.

There is recognition that the demand for health services is increasing every year.

New health technologies, higher consumer expectations, an ageing population and a growing consumer base all contribute to this demand.

The Corporate Plan articulates:

- key focus areas
- priority areas for improvement
- key strategies for achieving priorities
- achievements planned for the long term, which is defined as being five years.

In 2016–17, ACT Health continued to measure its performance against these areas through:

- key performance measures identified in the ACT Public Health Service's quarterly performance report
- ACT Health's strategic and accountability indicator sets in the ACT Budget Papers.

SUMMARY OF PERFORMANCE

ACT Health continued to perform well against a range of Health Directorate and ACT Local Hospital Network (ACT LHN) strategic objectives and priorities over the reporting period, as discussed below.

Health Directorate strategic indicators

The ACT continues to enjoy the highest life expectancy of any jurisdiction in Australia. Life expectancy at birth is:

- 85.2 years for females in the ACT, against a national average of 84.4 years
- 81.4 years for males, against a national average of 80.3 years.

During 2016–17, ACT public hospitals:

- performed 12,826 elective surgery procedures, exceeding the target of 12,500
- assessed 100 per cent of emergency dental clients within 24 hours

For radiotherapy, 100 per cent of emergency, 84 per cent of palliative and 86 per cent of radical radiotherapy patients commenced treatment within targeted time frames. The performances for palliative and radical patients improved during 2016–17 when compared to 2015–16.

Despite a comprehensive recruitment and promotion program, breast screening participation for the 50–69 years cohort in the ACT has remained steady at 56 per cent against the ACT target of 60 per cent.

However, for the two-year Cervical Screening Program participation rate, the ACT achieved a result of 57.9 per cent, which is on par with the national average.

Public mental health services were effective in providing appropriate care to mental health clients, with only 9.7 per cent of clients returning to hospital within 28 days of discharge from an ACT public acute psychiatric unit following an acute episode of care. This is in line with the target of 10 per cent.

However, during 2016–17, the proportion of mental health clients who were subject to a seclusion episode while being an admitted patient in an ACT public mental health inpatient unit was one per cent higher that the local target of less than three per cent. The higher than expected result is due to the opening of Dhulwa this year, which resulted in a new cohort of patients not previously captured in ACT Health seclusion data. This is a small cohort of patients, so a small increase in the raw number causes a significant increase in percentage.

ACT public hospitals achieved a mean bed occupancy rate of 86 per cent in 2016–17, below the target of 90 per cent.

The proportion of the ACT population with some form of:

- cardiovascular disease is 3.7 per cent, which is lower than the national proportion of 5.2 per cent
- diabetes is 4.3 per cent, which is consistent with the national proportion of 5.1 per cent.

The immunisation coverage rates for Aboriginal and Torres Strait Islander children continue to improve but remain lower than the coverage rates for the general community. The coverage rates for Aboriginal and Torres Strait Islander children aged 24–27 months, 60–63 months and for all Aboriginal and Torres Strait Islander children has increased by three, two and one per cent respectively since 2015–16.

The 2014 dfmt/DMFT index results at six years and 12 years were lower than the national average for the dfmt/DMFT index.

The 2015–16 ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was above the long-term target of 5.3 per 1,000 persons. While this rate has fluctuated between 5.5 and 7.0 over a seven-year period (2009–10 to 2015–16), there is a generally decreasing trend.

In 2014, 5.2 per cent of students were current smokers, indicating a continued reduction in the youth smoking rate since 2002.

ACT Health's performance against Health Directorate strategic objectives and priorities for the reporting period is discussed in detail in B.2 Performance analysis, page 72.

ACT Local Hospital Network strategic objectives and indicators

The ACT Local Hospital Network (ACT LHN) consists of a networked system that includes:

- Canberra Hospital and Health Services
- Calvary Public Hospital
- Clare Holland House
- Queen Elizabeth II Family Centre.

The ACT LHN has a yearly Service Level Agreement (SLA) which sets out the delivery of public hospital services and is agreed between the ACT Minister for Health and the Director General of the ACT LHN.

When compared to 2015–16, the percentage of elective surgery cases admitted on time improved. The target for semi urgent cases was exceeded.

ACT Emergency Departments achieved the target for "seen on time" category five patients and was consistent with the target for category one. Canberra Hospital's Emergency Department is reviewing its processes in relation to the discharge stream in the Emergency Department, the admission to ward process and patient discharge from the hospital inpatient setting.

The proportion of Emergency Department patients who stayed less than four hours from arrival to either admission or departure increased. The full year result of 73 per cent is an eight per cent improvement on the previous year. Since 2011–12, the performance has improved by 15 per cent.

Both Canberra and Calvary Public Hospitals:

> continued to perform better than the target rate for unplanned hospital admissions within 28 days of discharge
> recorded rates well below the 2016–17 targets for SAB infections acquired while hospitalised
> continued to perform better than the 2016–17 hand hygiene rate targets.

The ACT LHN's performance against ACT LHN-specific strategic objectives and priorities over the reporting period is discussed B.2 Performance analysis, page 72.

Future directions

The ACT Government is committed to providing data that accurately reflects the demand for and performance of, the services that are provided in our hospitals, health care facilities and throughout our programs.

In February 2017, Health and Wellbeing Minister Meegan Fitzharris ordered a review into ACT Health's data collection in relation to performance metrics, following concerns raised around the integrity of the data. This review is ongoing and is expected to be completed by mid-2018.

The review will examine the structure of the department responsible for data governance, undertake integrity validation checks and develop a formal process for amendments to reporting.

OUTLOOK FOR 2017–18

2017–18 will be another pivotal year for ACT Health, as it continues its efforts to move to a new level of health service delivery to better meet the needs of the Canberra community in the future.

While ACT Health remains committed to its core values of care, excellence, collaboration and integrity, we will continue to explore new opportunities for innovation, efficiency and sustainability, while delivering on the ACT Government's priorities.

ACT Health has been engaged in a comprehensive reform program, which will continue into 2017–18. This reform seeks to improve the efficiency and quality of publicly funded health services within the ACT. It will progress strategies in alignment with the seven key themes for ACT Health:

> Access
> Quality
> Sustainability and Innovation
> Strategic Partnerships
> Infrastructure
> Workforce
> Culture and Mental Health.

Another focus for 2017–18 will be to continue the planning work for territory-wide health services. This includes developing a Territory-wide Health Services Framework, which will provide the strategic framework for the planning and delivery of territory-wide health services over the next decade. The framework will guide the establishment of clinical Centres to provide patients with integrated health care.

The Centres, which will be Territory-wide, will ensure speciality services are integrated across the continuum of care (prevention in the community, care in the hospital and then management of care back in the community) to make it easier for patients to navigate the services they need.

The ACT Health System-wide Review of Data and Reporting will also continue throughout the year.

Improving the quality of health care will continue to be a key priority for 2017–18, with the development of a five-year Quality Strategy for ACT Health. This strategy will provide the framework for setting out a portfolio of strategic projects known to:

> improve the quality and safety of care
> reduce unnecessary variation, waste and harm.

STRATEGIC AND OPERATIONAL INITIATIVES TO BE PURSUED IN 2017–18 WILL EXPAND THE HEALTH SERVICES AVAILABLE TO CANBERRANS.

Other strategic and operational initiatives to be pursued in 2017–18 include:

> providing $16.1 million in funding to ensure the University of Canberra Public Hospital (UCPH):
- is operationally ready
- provides excellent patient care experiences in a safe and secure environment

> undertaking planning work for the expansion of the Hospital in the Home program
> establishing a nurse-led Walk-in-Centre (WiC) for the Gungahlin community
> undertaking scoping work for a new WiC in the Weston Creek region
> providing funding for prevention and detection services, such as:
- $0.7 million for free vaccinations to protect babies from preventable diseases
- $2.7 million for health checks for year seven students
- $4 million for preventative health measures

> improving access to dental services, including providing almost $3.2 million to provide two extra mobile dental clinics
> providing $2.7 million to establish a new clinical school for nursing, midwifery and allied health staff in conjunction with the Faculty of Health at the University of Canberra
> supporting new or expanded bulk billing general practices with over $1 million in grants over the next three years.

INFRASTRUCTURE PROGRAMS WILL EXPAND AND UPGRADE HEALTH FACILITIES.

A significant infrastructure program will also be progressed during the year, including:

> conducting a feasibility study and developing an early forward design for the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre, which is to be built at the Canberra Hospital
> expanding the Centenary Hospital for Women and Children
> expanding northside hospital facilities
> providing $17.3 million to refurbish and upgrade the Acute Aged Care and Oncology wards at Canberra Hospital to:
- enhance patient safety and care
- improve the quality of inpatient services

> providing $12.1 million for a new purpose-built facility for Aboriginal Community Health Services.

The Mental Health portfolio will begin a number of new initiatives using funding that is to be provided over four years. Initiatives include providing:

THE MENTAL HEALTH PORTFOLIO WILL INVEST OVER $24 MILLION IN MENTAL HEALTH SERVICES.

> almost $14 million to expand Dhulwa Mental Health Unit services to include seven new rehabilitation beds
> $4.8 million to invest in a range of programs and services to improve the mental health of Canberrans
- The 2017–18 budget provided funding to Child and Adolescent Mental Health Services (CAMHS) to enhance the Childhood Early Intervention Team, providing additional screening and single session intervention with parents, and targeted group work to ACT primary schools. Funding was also provided to expand the CAMHS hospital consultation liaison service, to cover the Emergency Department 7 days per week, enabling immediate assessments and linkages to appropriate services around the clock.
- In the coming year, CAMHS will enhance the family therapy approach to strengthen family and carer participation in psychological education and therapeutic treatment, by providing all CAMHS staff with family therapy training.
- The Government announced in the 2017–18 budget funding for the planning phase of an inpatient unit for children and young people to be located within the Centenary Hospital for Women and Children.

> $2.9 million to establish a new Office for Mental Health for the ACT, which will improve coordination of mental health services and work towards closing gaps in care for people with mental health conditions
> over $1.8 million to reduce the incidence of suicide in our community by supporting new and expanded services, including the Black Dog Institute's LifeSpan Suicide Prevention Program
> As part of the 2017-18 Budget, ACT Government pledged matched dollar funding up to a maximum of $25,000 per annum, based on donations received for the annual Post and Ante Natal Depression Support and Information Inc. (PANDSI) Cake-Off event. As a result, PANDSI are eligible for, and will receive, an additional $25,000 this year. PANDSI has been able to increase their staff complement with the funds raised via the Cake-Off.
> $500,000 to upgrade the Brian Hennessey Rehabilitation Centre, which provides accommodation and support for people with complex mental health issues.

INTERNAL ACCOUNTABILITY

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

Table 1 identifies the Senior Executives across the organisation as at 30 June 2017.

TABLE 1: SENIOR EXECUTIVES

Senior Executive	Position
Nicole Feely	**Director-General**, ACT Health
Christopher Bone	**Deputy Director-General**, Canberra Hospital and Health Services
Jane Murkin	**Deputy Director-General**, Quality, Governance and Risk
Shaun Strachan	**Deputy Director-General**, Corporate
Mary Wood	**A/g Deputy Director-General**, Innovation
Veronica Croome	**Chief Nurse**
Narelle Boyd	**A/g Executive Director**, Critical Care

Senior Executive	Position
Denise Lamb	**Executive Director**, Cancer Ambulatory and Community Health Support
Linda Kohlhagen	**Executive Director**, Rehabilitation, Aged and Community Care
Rosemary O'Donnell	**Executive Director**, Medicine
Elizabeth Chatham	**Executive Director**, Women, Youth and Children
Daniel Wood	**Executive Director**, Surgical and Oral Health
Katrina Bracher	**Executive Director**, Mental Health, Justice Health and Alcohol and Drug Services
Vanessa Brady	**Executive Director**, Health Services Program
Matthew Richter	**A/g Executive Director**, Policy and Stakeholder Relations
vacant	**Executive Director**, Strategy and Design
Peter O'Halloran	**Chief Information Officer**
Patricia O'Farrell	**Executive Director**, People and Culture
Trevor Vivian	**Chief Financial Officer**
Rosemary Kennedy	**Executive Director**, Business Support
Colm Mooney	**Executive Director**, Health Infrastructure Services
Elizabeth Tobler	**Director**, Government and Communications
Monika Boogs	**Director**, Governance and Strategy
Adrian Scott	**Director**, Clinical Support Services
Conrad Barr	**Executive Director**, Health Protection Service
Emily Harper	**A/g Executive Director**, Health Improvement Branch
Yu-Lan Chan	**Director**, Workforce and Culture Innovation Partner
Jarrad Nuss	**Director**, Finance, Performance and Data Innovation Partner
Bradley Burch	**Director**, Strategic Partners, Infrastructure, Business and Digital Innovation
Lisa Gilmore	**Project Director**, Collaboration Partnership, ACT Health and University of Canberra

Notes:

1. Table 1 includes senior executives who are on executive contracts. It does not include all senior positions across the organisation, as reflected in the organisational chart on page 35.

Senior management committees and roles

ACT Health committees are established at the following levels:

> Tier 1: directorate level

> Tier 2: division/branch level and Tier 1 subcommittees

> Tier 3: unit/team level.

Information within the organisation cascades down from Tier 1 committees. Similarly, information and issues can be raised at the Tier 3 level and reported and managed up through the higher committee tiers.

DG/DDG Strategy Committee

The overarching governance committee for ACT Health is the DG/DDG Strategy Committee, chaired by the Director-General. Its role is to:

> make recommendations on the strategic direction, priorities and objectives for ACT Health and endorse plans and actions with a view to achieving our objectives

> support the Director-General to meet responsibilities stipulated within key legislation

> provide a forum for the key leadership group within ACT Health to share information and discuss key issues affecting the organisation

> set a strong example for the corporate culture within ACT Health.

A number of subcommittees are also in place, each dealing with different areas of accountability across the directorate.

Clinical Operations Committee

The Clinical Operations Committee is also chaired by the Director-General and includes all clinical executives within ACT Health. The committee:

> makes recommendations on the clinical direction, priorities and objectives for ACT Health and endorses plans and actions with a view to achieving our objectives

> supports the Director-General to meet responsibilities and achieve objectives

> provides a forum for the clinical leadership group to share information and discuss issues affecting the organisation

> sets a strong example for the corporate culture within ACT Health.

Quality and Safety Committee

The Quality and Safety Committee provides high-level advice to the Executive Council on all matters regarding quality and safety and ensures impacts on patient safety are considered in decision-making. The committee:

> sets the strategic direction, priorities and objectives for safety and quality across the organisation

> oversees clinical practice improvement, quality improvement, accreditation, clinical governance matters (including sentinel events), consumer engagement and clinical policy.

Work Health and Safety Committee

The Work Health and Safety Committee:

> facilitates cooperation between ACT Health and staff to instigate, develop and carry out measures designed to ensure the health and safety of staff

> assists in developing standards, rules and procedures relating to health and safety that are to be complied within the workplace

> provides work health and safety advice and recommendations on strategies, resource allocation and legislative arrangements

> addresses whole-of-agency work health and safety issues unable to be resolved at the division or branch level.

Information Communication and Technology Executive Committee

The Information Communication and Technology (ICT) Executive Committee provides oversight and leadership for ACT Health's ICT investment, ensuring that it appropriately supports the achievement of ACT Health's strategic and operational objectives. The ICT Executive Committee is accountable for delivering the ICT Strategy.

The priority areas of focus for the ICT Executive Committee include:

> stabilisation of existing infrastructure and systems
> information sharing and management
> governance and clinical leadership in relation to ICT
> organisational ICT capability and capacity
> ICT policies, standards and processes.

Finance and Procurement Executive Committee

The Finance and Procurement (F&P) Executive Committee provides oversight and leadership for ACT Health's financial management and procurement, ensuring that it appropriately supports the achievement of ACT Health's strategic and operational objectives.

The F&P Executive Committee is responsible for:

> providing executive direction for finance and procurement policies and strategies
> establishing procurement priorities
> providing decisions, as required, for ACT Health budget, financial management and procurement issues.

The priority areas for the F&P Executive Committee include:

> transitioning to an Activity Based Funding environment
> rationalising and revising the Director-General's financial delegations
> rationalising cost centres and policies for cost centre management
> supporting organisational capability and capacity
> developing the Chief Executive's financial instructions, policies, standards and processes.

Business Support and Infrastructure Executive Committee

The Business Support and Infrastructure Executive Committee (BSIEC) provides oversight and leadership for ACT Health's facilities management and property and infrastructure investment, ensuring that it appropriately supports the achievement of ACT Health's strategic and operational objectives.

The BSIEC is accountable for delivering:

> the Asset Management Strategy
> facility management operational policies and strategy
> ACT Health Infrastructure Master Plan.

The priority areas of focus for the BSIEC include:

> stabilising and maintaining existing infrastructure
> providing governance for facilities management and infrastructure projects
> managing corporate facilities and infrastructure-related risk management

- supporting the organisation’s capability and capacity
- providing facilities management and infrastructure policies, standards and processes.

Audit and Risk Management Committee

The Audit and Risk Management Committee provides independent assurance, assistance and advice to the Director-General regarding:

- audit
- risk control and its framework
- external accountabilities and responsibilities
- appropriate internal controls.

ABORIGINAL AND TORRES STRAIT ISLANDER REPORTING

In line with the aim of Closing the Gap in health outcomes and the ACT Aboriginal and Torres Strait Islander Agreement 2015–18, ACT Health is committed to providing focused and effective services for Aboriginal and Torres Strait Islander peoples in the ACT. Key policy approaches include:

- acknowledging and valuing the role of the Ngunnawal people as the traditional custodians at ACT Health meetings and events
- developing and implementing the *ACT Health Reconciliation Action Plan 2015–18*, which includes a commitment to recognise days of cultural significance, including awards to recognise outstanding initiative and commitment to reconciliation between Aboriginal and Torres Strait Islander peoples and non-Indigenous people
- developing and implementing the *ACT Health Aboriginal and Torres Strait Islander Workforce Action Plan 2013–18*, to support Aboriginal and Torres Strait Islander peoples to enter and remain in the health workforce
- implementing Aboriginal and Torres Strait Islander Health Impact Statements, which require all staff who develop high-level ACT Health policies and procedures, to consult with and consider any impacts on Aboriginal and Torres Strait Islander peoples before policies are finalised and approved
- introducing the ACT Health client identification policy and data standard, which mandates that ACT Health staff ask all clients on entering the service ‘Are you of Aboriginal and/or Torres Strait Islander descent?’ to encourage access to and provision of culturally appropriate service delivery.

During 2016–17, ACT Health identified strategic priorities for Aboriginal and Torres Strait Islander peoples’ health in the ACT. This includes implementing an additional $1.26 million over four years (2016–17 to 2019–20), committed in the 2016–17 budget, to expand existing outreach health services. Determining the preferred services to expand and developing project outputs and deliverables will build on the Draft ACT Aboriginal and Torres Strait Islander Health Plan. This plan underwent a public consultation process in 2016. Specific priorities include:

- identifying health issues where Aboriginal and Torres Strait Islander peoples experience a high burden of disease
- targeting supports specifically for Aboriginal and Torres Strait Islander peoples accessing the health system.

To assist ACT Health staff in implementing the Aboriginal and Torres Strait Islander policies and strategies:

- the ACT Health Orientation includes a presentation about Aboriginal and Torres Strait Islander health
- an e-learning module on working with Aboriginal and Torres Strait Islander patients and clients is being finalised for new staff.

In addition, ACT Health is an active participant of the:

- National Aboriginal and Torres Strait Islander Health Standing Committee
- ACT Aboriginal and Torres Strait Islander Health Forum.

Also during 2016–17, new service funding agreements were finalised with:

- Winnungah Nimmityjah Aboriginal Health Service
- Gugan Gulwan Youth Aboriginal Corporation.

CANBERRA HOSPITAL AND HEALTH SERVICES OVERVIEW

Canberra Hospital and Health Services (CHHS) is led by the Deputy Director-General. It provides acute, subacute, primary and community-based health services to the Australian Capital Territory (ACT) and surrounding region through its key service divisions, which are the:

- Division of Surgery and Oral Health
- Division of Women, Youth and Children
- Division of Critical Care
- Division of Cancer, Ambulatory and Community Health Support
- Division of Rehabilitation, Aged and Community Care
- Division of Mental Health, Justice Health, Alcohol and Drug Services
- Division of Pathology
- Division of Medicine
- Division of Clinical Support Services
- Office of the Chief of Clinical Operations
- Office of the Chief Nurse
- Office of the Chief Medical Administrator
- Office of the Chief Allied Health Officer.

Achievements

During 2016–17, CHHS continued to progress several reform projects, which aim to:

- improve patient flow through the hospital
- enhance patient access to health services.

The major areas of focus were improving:

- discharge times for inpatients
- timeliness in the Emergency Department
- access to expanded services in the medical, women's health and mental health areas.

Patient flow process improvement

During 2016–17, ACT Health implemented two key initiatives aimed at improving the movement of patients through CHHS:

- the Early Discharge Planning Program
- Electronic Patient Journey Boards (EPJBs).

The **Early Discharge Planning Program** provides patient discharge education to all ward areas and asks staff to use the '6 Ps' of discharge to improve the patient journey through the hospital. The 6 Ps are:

> **Planned Discharge Date**, which focuses the multidisciplinary care team on determining a target date for discharge.

> **Patient**, which focuses on informing the patient of the discharge date to set a realistic expectation.

> **Prioritise**, which specifies that the ward round discharge patients first, to enable patients to leave the hospital as early as possible on the day of discharge.

> **Pharmacy**, which ensures that any discharge script is provided to the hospital pharmacy the evening before discharge so that medications are ready early the following day.

> **Pathology**, which ensures discharge pathology is prioritised for the first round of the morning.

> **Paperwork**, which focuses on completing the discharge summary during the patient's stay in hospital, so that it is ready on the morning of discharge.

EPJBs have now been installed in all patient care areas. The boards display the status of key steps in the patient's journey, to enable better coordination of patient care by ward leaders and multidisciplinary team members.

Emergency Department timeliness

In 2016–17, the Health Directorate undertook significant reform of Canberra Hospital's Emergency Department to improve timeliness and access to emergency health care, while simultaneously being significantly refurbished.

A three-tiered approach was used to build a facility that is future proofed and that meets the demands of the changing population, while retaining the focus on high-quality care. The areas of focus were targeted towards:

> **Infrastructure:** the major components of the $23 million expansion of Canberra Hospital Emergency Department have been completed. The new facility has an increased capacity by more than a third. A dedicated paediatric waiting and treatment area has been purpose-built to meet the needs of the youngest members of our community. This is part of the ACT Government's $900 million Health Infrastructure Program that is changing the way health services are being delivered in the Territory.

> **Staffing:** given the Emergency Department expansion, the department has recruited additional staff to continue to deliver timely access to emergency health care.

> **Reforms:** significant changes in processes and work practices have been made to allow staff to operate as efficiently and effectively as possible. The Emergency Department Navigator is operational and has improved the patient journey through the Emergency Department by coordinating and supporting patient flow from the triage points to leaving the Emergency Department. Team-based care is another major change that supports the nursing, allied health and medical staff to work collaboratively to ensure that patients are receiving timely high-quality emergency assessment and treatment.

Access to expanded services

In early 2017, the Medical Assessment and Planning Unit (MAPU) and General Medical Unit (GMU) consolidated into a single General Medicine Model of Care (MoC). This has provided an expanded consulting service across the hospital for patients with multiple active medical issues, who would benefit from a General Practitioner (GP) consultation. The aim of this model is to optimise the patient experience for patients with complex needs by:

> securing optimal clinical outcomes

> reducing avoidable delays

- improving care coordination.

Also in early 2017, Canberra Hospital established a Geriatric Assessment and Planning Unit, within the Division of Rehabilitation, Aged and Community Care. The unit consists of six beds, which are dedicated to the comprehensive assessment of unstable elderly patients by a dedicated team. The assessment ensures:

- early clarification of treatment goals
- timely identification of appropriate care and pathways.

In mid-2017, a trial of a publicly funded homebirth program commenced for women at low risk of obstetric complications. The three-year trial is being delivered through the Canberra Midwifery Program and is available to eligible women who reside within a 30 minute round trip to the Centenary Hospital for Women and Children, as defined by the ACT Ambulance Service.

Eligibility criteria for the trial are based on general and clinical guidelines with continuous risk assessment conducted throughout pregnancy and labour. The trial will provide one or two homebirths per month over the three-year period, up to 24 births per year.

Over the last several years, Canberra Hospital has been working to implement the elements required for a verified Trauma Service for the ACT and surrounding region. A new MoC was agreed in 2017. In 12 months, the verification process to complete registration as a Trauma Centre will be underway. The aim of the new trauma MoC is to enhance timely access to effective, efficient and flexible trauma care. This unit is responsible for the care coordination and treatment of trauma and emergency surgery patients.

In the area of mental health care, ACT Health commissioned Dhulwa, the secure mental health unit, which was officially opened in November 2016. Dhulwa provides 24-hour treatment and care for adults with complex mental health needs that cannot be met elsewhere in the Canberra region. Ten acute beds were opened in the first phase and a further 15 rehabilitation beds will open in future stages. The facility is a high-technology security complex with 24-hour monitoring. It focuses on providing a safe environment without compromising therapeutic elements. Dhulwa gives people opportunities to develop their skills and interests, which is vital to the rehabilitation process, including:

- gardening
- exercise
- social and cultural activities
- arts and music
- hobbies
- vocational activities.

In addition to Dhulwa, ACT Health increased the number of funded beds in the Adult Mental Health Unit at Canberra Hospital to 37. This expands access to acute mental health services.

In 2017, ACT Health also delivered an additional intensive care bed. Access to palliative care for inpatients expanded, with additional medical staff employed to support improved palliative care in Canberra hospitals.

Outlook for 2017–18

ACT Health continues to review where and how surgery is delivered in the ACT, to ensure that patients are receiving their surgery in the right facility at the right time. Surgical resources are now managed through the Territory Wide Surgical Management Committee (TWSMC), which has representatives from Calvary and Canberra Hospitals. The committee monitors Elective Surgery Wait List performance across the Territory

and has the capacity to recruit resources where needed. The TWSMC has adopted strategies to continue to manage timeliness of surgical access into the future.

Building on the success of the ACT's first Mobile Dental Clinics (MDCs), which have been operational since 2016, additional funding has been provided to source additional MDCs. These will be used to expand the availability of dental services to people who find it difficult to attend dental services in the traditional clinic setting. Stakeholder engagement is underway to determine where this type of service would provide the most benefit. Additional MDCs are expected to be operational in late 2018.

In 2017–18, the Division of Surgery and Oral Health will be working closely with the Obesity Management Service (OMS) to provide bariatric surgery to public patients who meet the eligibility criteria. This service has been a long awaited development for the ACT community and will provide a clinical pathway for patients waiting to access a potentially life-changing procedure. Long-term studies have shown that weight reduction surgery can have an impact not only on a person's weight but also on other significant co-morbidities, such as:

> diabetes
> obstructive sleep apnoea
> cardiovascular disease.

The Division of Surgery and Oral Health has procured the necessary equipment and resources in order to commence the first procedures in early 2017. The aim is to provide 50 procedures per year. Three of the ACT's General Surgeons will be working with the multidisciplinary OMS team to ensure that clients are supported and guided through the care pathway for bariatric surgery.

The OMS provides people with:

> support from a dietician and a psychologist as part of the multidisciplinary team
> ongoing care coordination, which can involve a GP.

This approach maximises the benefits and health outcomes for the person by:

> providing ongoing monitoring of nutritional status
> preventing nutritional deficiencies
> maximising long-term weight loss.

The Division of Medicine is in the process of phasing in a Spinal Pain Service. The service aims to use a multidisciplinary approach during early initial intervention to reduce long-term health concerns. The service will:

> be community based
> assist in reducing the wait time for patients already on some surgical and medical waitlists
> streamline the flow of patients who present with non-surgical spinal pain through the Emergency Department.

Providing nocturnal haemodialysis at the Belconnen Dialysis Centre is in the final stages of planning. This service will allow patients to have dialysis for longer, up to eight hours overnight, leading to better health outcomes. Appropriate patients are currently being identified and invited to participate.

The ACT Government has committed additional funding in 2017–18 to expand the Hospital in the Home (HITH) service. The Division of Medicine will undertake a detailed review and assessment of the options available for the service, which is currently provided at both Canberra and Calvary Hospitals. Providing expanded access to HITH will benefit the broader health system, by keeping patients in their own homes, where possible and avoiding unnecessary traditional admissions.

The ACT Government has also committed additional funding in 2017–18 to improve stroke services. Endovascular clot retrieval (ECR) is now the accepted standard of care for selected patients with acute ischaemic stroke. It increases the likelihood of a good outcome for the patient, following acute ischaemic stroke. The ECR service will deliver timely assessment and treatment using a coordinated network comprising teams from Canberra and Calvary Hospitals. The ECR service will commence mid-2017.

In addition, ACT Health will progress the Territory-wide rollout of the Stroke Follow-up Program. This program can potentially expand the post-discharge care for stroke patients by:

> providing them with information and advice
> connecting them to the services they require for recovery.

It involves ACT Health working collaboratively with the Stroke Foundation to support ACT stroke survivors and their families as they are discharged home from hospital.

Canberra Hospital has established a Cardiac Electrophysiology (EP) Service in the ACT. The service is delivered through an existing cardiac catheterisation laboratory. This new service:

> consolidates service delivery for patients with cardiac rhythm disorders
> ensures timely assessment and treatment of cardiac arrhythmias at Canberra Hospital
> ensures evidence-based and best practice care for the community is adopted
> improves healthcare and patient safety outcomes.

The service commenced in October 2017.

Palliative care services will continue to expand with the introduction of a paediatric palliative care nurse to address the needs of children and young adolescents in the ACT. A MoC for this service has been developed following broad consultation. Recruitment activities commenced in mid-2017.

The ACT Government has committed additional funding in 2017–18 for two new Walk-in-Centres (WiCs), to be located in Gungahlin and Weston Creek. WiCs provide additional access to healthcare in an extended hours setting, for people with non-urgent needs who do not want to visit the Emergency Department.

$36 million in new funding has been committed to increase nursing numbers and training opportunities in the ACT. The additional funding will be rolled out over four years and includes:

> a scholarship and training partnership with the University of Canberra
> new maternal and child health nurses
> an increase in the number of graduate nurses to be employed each year
> six additional roving school nurses.

Twelve new nurse navigators will support the care needs of patients with complex health conditions.

An additional commitment is to increase frontline nursing staff numbers. This will improve services provided in hospitals and in the community, by:

> expanding HITH
> providing more outpatient numbers
> reviewing current ACT Health outpatient and community-based services
> implementing incentives to raise nurse qualifications and career development opportunities.

The expansion of HITH will include an additional 25 nurses and three doctors. This will allow the service to be delivered in:

- community health centres
- Canberra and Calvary hospitals
- patients' homes.

ACT Health estimates that this will allow more patients to receive care in their home or community health centre, rather than in hospital. Stakeholder consultation about the expansion of HITH is underway.

In the area of mental health care, the ACT Government has announced significant investments for new and expanded services, including:

- new suicide prevention programs
- increased support for new and expectant parents and people affected by pre- and post- natal depression
- additional school psychologists to augment the mental health and wellbeing support provided by our community-based counselling services for children and young people
- implementing a streamlined referral process that can be used by all schools when a student who could benefit from mental health services is identified.

CORPORATE DIVISION OVERVIEW

The Corporate Division (formerly known as Strategy and Corporate) provides ACT Health wide non-clinical strategic and operational services and is critical to the effective provision of health services.

The Corporate Division consists of the following branches:

- Business Performance Information and Decision Support (formerly Performance Information)
- Business Support Services (formerly Business and Infrastructure)
- Digital Solutions Division (formerly E-Health and Clinical Records)
- Health Infrastructure Services (formerly Health Infrastructure Group)
- Strategic Finance (formerly Financial Management Branch).

The Corporate Division provides corporate business services, maintains critical information and maintains physical and technological infrastructure for the ACT's public hospitals and health services.

The Division also administers ACT Health's contract for the provision of Public Hospital services by Calvary Health Care ACT at Bruce and at Clare Holland House.

Calvary Public Hospital Bruce's report on its achievements in 2016–17 is provided in an annexed report from page 350.

Business Performance Information and Decision Support Branch

The Business Performance Information and Decision Support (BPIDS) Branch is responsible for supporting the organisation by providing system information that assists in decision making and ensuring a systematic approach to the redesign of health services, to achieve:

- improved patient care
- increased efficiency of services
- increased transparency and accountability.

The branch collates, organises and transforms data into information that is communicated to internal and external stakeholders. The branch also has a role in collecting, storing, validating and auditing information management processes to maximise the integrity of data used within the organisation.

The BPIDS Branch is responsible for producing information on ACT Health's performance for the Ministers, senior managers, clinicians and the public.

The BPIDS Branch currently reports through the Chief Information Officer to the Deputy Director-General Corporate. However, in late 2017, it is planned that a new Deputy Director-General will be appointed for Data, Performance and Reporting. At such time, BPIDS will report directly to the new Deputy Director-General.

Business Support Services

Business Support Services (BSS) is responsible for providing a range of facilities and client support services to all ACT Health acute and non-acute sites across the ACT.

BSS delivers a diverse range of critical services including:

> Business Continuity Management
> Communications
> Corporate Records Management
> Domestic and Environmental Services
> Fire and Emergency Coordination and Training
> Fleet Management
> Food Services
> Main Reception / Switchboard
> Parking
> Procurement
> Residential Accommodation
> Security Services
> Sterilising Services
> Supply Services
> Sustainability
> Volunteer Management

Digital Solutions Division

The Digital Solutions Division (DSD) provides technology solutions to facilitate health care across the ACT. It is responsible for:

> implementing and supporting ACT Health's Information Technology Strategic Plan
> coordinating Information, Communication and Technology (ICT) projects
> managing relationships with ACT Health ICT vendors
> financial reporting on ACT Health's use of ICT
> developing, implementing and maintaining ICT policies and procedures
> ensuring ACT Health's information is secure.

Health Infrastructure Services Division

Capital Works delivery in ACT Health occurs under the leadership of the Health Infrastructure Services (HIS) Division. To meet ACT Health's current and future infrastructure demands, the Division uses a combination of:

> ACT Health staff
> Chief Minister, Treasury and Economic Development Directorate (CMTEDD) staff
> external contractors.

Within HIS, Facilities Management is responsible for all facilities management services for:

> all ACT Health properties, both acute and non-acute sites
> buildings

- plant
- non-clinical equipment.

These services include providing high-quality and timely planned and reactive maintenance and technical and trade skill repairs.

Facilities Management has a maintenance plan that schedules regular planned maintenance for all ACT Health areas and non-clinical equipment. This includes substantial plant and equipment, such as:

- generators
- chillers
- electrical distribution infrastructure
- cooling towers
- gas boilers
- air handling units
- fire management systems
- lifts
- water handling systems.

In addition, a diverse range of minor plant and equipment is repaired and maintained, such as:

- clinical beds
- sanitisers
- plumbing fixtures
- refrigeration equipment.

The Facilities Management team is not responsible for capital project delivery. However, to ensure a seamless transition from project to the responsible operational area, the team works closely with the project delivery in:

- HIS
- CMTEDD's Infrastructure Finance and Capital Works.

For more information on capital works, see C.3 Capital works, page 303.

In line with ACT Government sustainability initiatives, new equipment will increase energy efficiency across ACT Health, reduce utility consumption and partly future proof a number of buildings.

For further information on ecologically sustainable development, see B.9 Ecologically sustainable development, page 188.

Strategic Finance Branch

The Strategic Finance Branch is responsible for leading financial planning, budgeting and reporting and improving and providing accurate and timely financial services for ACT Health.

The branch is accountable for managing the Directorate's financial resources and information, in accordance with relevant legislation, accepted accounting standards and public service governance requirements.

ACHIEVEMENTS

In 2016–17, the Corporate Division had many achievements as discussed in the following sections.

Technology improvements

> Implementing a new clinical alert and adverse drug reaction system. This system allows clinical alerts to be entered in a centralised system, which improves patient safety by enhancing the timeliness and quality of information available to the health care team.

> Completing trials of the Electronic Medication Management, eOrders and Deteriorating Patient systems. These systems provide critical decision support tools, create more efficient workflows and improve the timeliness of information provided to the health care team. Combined, the three systems support important aspects of the transition to a paper-lite workflow in clinical areas across ACT Health.

> Enhancing the patient experience by improving the wireless network, including free internet access for patients and visitors, at Canberra Hospital and a range of other ACT Health facilities. This network increases access to free Wi-Fi throughout the hospital campus and increases the quality of the bandwidth available. Patients are able to use the Wi-Fi to both access information and for entertainment.

> Implementing range of technology solutions to support Dhulwa, including providing:

- digital patient information and entertainment systems
- electronically managing and dispensing methadone
- a range of other administrative, clinical and security systems.

> Introducing a new Portfolio Governance Hub. This hub comprises the Initiatives Hub, Portfolio Management Office and Enterprise Architecture Office. The new arrangement enhances the future capability, planning and governance arrangements for Corporate Division.

> Progressing important national initiatives, including:

- ensuring that information available in the MyHealth Record can be viewed by the clinical team
- uploading of information to the MyHealth Record for patients who have consented, including uploading discharge summaries, pathology results and medical imaging results.

System-Wide Review of ACT Health Data

The focus of 2016–17 was addressing a range of data issues that the Directorate previously faced and that had resulted in the announcement of a System-Wide Review of ACT Health Data in early 2017. The System-Wide Review is scheduled for completion by 31 March 2018.

Following the review announcement, new governance arrangements were immediately implemented across the Directorate, including establishing an external Review Panel comprised of industry subject matter experts. The Review Panel aims to meet monthly to provide advice to ACT Health System-Wide Data Review. To date, it has considered and supported the following activities:

> introducing new local governance arrangements and change management processes across the data management lifecycle, for example, introducing new quality assurance checking and approvals before externally releasing data

> implementing a high-level approach to the System-Wide Review Work Program to ensure all previous external review audit recommendations and the current Terms of Reference requirements are addressed, including:

- developing an overarching ACT Health Informatics Strategy to identify a range of domains and work packages

  - engaging an external auditor to assess the process for addressing and consolidating the external review recommendations and undertaking the current status of each and/or a baseline of each
- identifying essential internal and external reporting obligations
- approving the Root Cause Analysis approach that will ensure fundamental systemic and behavioural issues not addressed in other reviews are addressed in the System-Wide Review
- implementing significant quality assurance processes
- developing strong relationships with external agencies, such as the Australian Institute of Health and Welfare and National Health Funding Body.

Activity Based Management

Providing public health services is complex and expensive, with governments experiencing increased challenges to contain rapidly increasing costs and deliver more services to the public. ACT Health is not immune to this, however, we are determined to deliver health services to the public with:

- greater efficiency
- better reach
- within a framework that will improve the investment in health care.

To support this, through the second half of 2016–17, ACT Health committed to developing and implementing Activity Based Management (ABM) for the health service to achieve efficiencies. This comprises a contemporary activity-based budget model and the development and implementation of health service improvement projects. The activity-based budget model will set the fiscal framework for a modern contemporary health service and will ensure the effective and efficient allocation of resources that align to service needs.

Sustainable transport and parking

BSS has investigated and implemented sustainable transport initiatives for ACT Health by working with a Sustainable Transport and Parking working group. The group meets monthly to review and consider sustainable transport and parking initiatives.

One of the working group’s outcomes was establishing an E-bike fleet in Bowes street and releasing ACT Health-specific governance documentation for the use and administration of the bikes.

Courtesy Bus

The 2015–16 Annual Report reported that GPS tracking would be installed in the Courtesy Bus and tracking information would be available from the ACT Health website. The Courtesy Bus tracking webpage became live in October 2016.

The Courtesy Bus webpage allows visitors to Canberra Hospital to see the location of the bus in real time.

Domestic and Environmental Services contract

The new Domestic and Environmental Services contract between ACT Health and ISS Health Services Pty Ltd was accepted and became operational on 11 February 2017.

The Domestic and Environmental Services contract provides cleaning services to all ACT Health sites, including clinical cleaning services.

ACT Health successfully negotiated the following contract clauses:

> an agreed abatement schedule and process to deliver enhanced quality measures and Key Performance Indicators

> an enhanced waste management plan that is designed to increase recycling in all ACT Health facilities

> an enhanced ICT platform for the ISS Help Desk

> improved cleaning response times for operating theatres.

OUTLOOK FOR 2017–18

In 2017–18, the Corporate Division will focus on the following:

> ACT Health's activity-based budget model will be further developed and implemented during 2017–18, including implementing health service improvement projects. As part of ABM, clinical and corporate improvement projects will also be undertaken to achieve efficiencies and to ensure the health service achieves its budget targets.

> Operational readiness in preparation for the opening of University of Canberra Public Hospital.

The System-Wide Review has a clear program of work to deliver during 2017–18, including:

> developing a framework for the re-building and replacement of the ACT Health data warehouse, reporting and analysis systems and functions

> providing advice on how to publish data for consumers, so that it improves their understanding of ACT Health information, performance, quality and safety, including options for providing information in real time

> completing activities identified under the ACT Health Informatics Domain.

During 2016–17, a range of formative works were undertaken that will deliver a range of ICT capabilities during the coming year, including:

> the Integrated Diagnostic Imaging System, which will replace the existing 10-year-old medical imaging system

> infrastructure and systems to support the University of Canberra Public Hospital

> a range of systems and Computers on Wheels (COWs) that will enable paper-lite to be implemented across in-patient areas at Canberra Hospital.

In addition, a Digital Health Strategy for ACT Health will be developed. This will identify a roadmap for future initiatives to support safe and high-quality patient care, including how ACT Health will:

> continue to focus on ensuring the security of our core clinical systems

> consolidate systems, where possible

> enhance system access and the availability of clinical information.

Contact details: For more information, contact the Office of the Deputy Director-General, Corporate, at DDGCorporate@act.gov.au.

POPULATION HEALTH PROTECTION AND PREVENTION DIVISION OVERVIEW

The Population Health Protection and Prevention Division has primary responsibility for managing population health issues within ACT Health. The Division undertakes the core functions of prevention,

assessment, policy development and assurance and contributes to local and national policy, program delivery and protocols on population health issues. The Division consists of:

- Health Improvement Branch (HIB)
- Health Protection Service (HPS)
- Office of the Chief Health Officer (OCHO)
- Health Emergency Management Unit (HEMU).

The Population Health Protection and Prevention Division is headed by the Chief Health Officer who is appointed under the *Public Health Act 1997* and reports to the Director-General of ACT Health. The Chief Health Officer is also required to report biennially on the health of the ACT population on specific health-related topics, which is done through the ACT *Chief Health Officer's Report*.

The Health Improvement Branch (HIB) has carriage of policy and program delivery in the areas of health promotion and preventative health. The HIB also collects, analyses and disseminates information on the health status and health-related behaviours of the ACT population. This information can be used to monitor, evaluate and guide health planning and policy.

The Health Protection Service (HPS) manages risks and implements strategies for the prevention of and timely response to, public health incidents. This is achieved through a range of regulatory and policy activities relating to areas, such as:

- food safety
- communicable disease control
- environmental health
- pharmaceutical products
- tobacco control
- analytical services.

The Office of the Chief Health Officer (OCHO) is responsible for providing public health advice—both internally and externally to the Division—as well as high-level project and policy work on behalf of the Chief Health Officer. Key policy priority areas for the OCHO include:

- medicinal cannabis
- loose-fill asbestos
- organ and tissue donation
- gene technology
- climate change.

The Health Emergency Management Unit (HEMU) provides direction and advice to support ACT Health responses to:

- incidents
- emergencies
- public health risks
- disasters that occur locally, nationally and internationally.

Achievements

In 2016, the ACT Government announced that a comprehensive Preventative Health Strategy would be developed during 2017, with a specific focus on addressing the key risk factors of:

- smoking
- harmful alcohol consumption
- obesity
- poor nutrition
- physical inactivity.

On 10 April 2017, the Population Health Protection and Prevention Division convened a stakeholder forum to inform the development of the strategy and assist the ACT Government in refocusing its prevention efforts. The forum was the first part of an ongoing engagement with the ACT community to set and achieve preventative health priorities into the future.

The Population Health Protection and Prevention Division continued to work closely with the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) to implement and evaluate the Healthy Weight Initiative (HWI) and aligned programs. The HWI aims to reduce the burden of overweight and obesity in the Canberra community. Achievements in 2016–17 included the release of the Healthy Weight Initiative 2016–17 Progress Report, which found continued progress towards meeting at least seven of the 14 HWI health targets. Meeting and maintaining the long-term target of zero growth in the rates of overweight and obesity will require ongoing effort.

On 8 September 2016, the ACT Government released its response to the HWI consultation on food and drink marketing. The response includes a range of measures to change how unhealthy food and drinks are marketed, particularly towards children and encourage healthier choices. The actions focus on working collaboratively with:

- sporting clubs
- businesses
- ACT venues and events.

The Population Health Protection and Prevention Division continues to deliver programs and campaigns that improve the health and wellbeing of the ACT community. These are delivered with partners across government and in the community and private sectors and in a range of settings, and include:

- Kids at Play
- Good Habits for Life
- Fresh Tastes: healthy food at school
- Ride or Walk to School
- It’s Your Move
- Smoking in Pregnancy.

OCHO undertook substantial work to establish a Medicinal Cannabis Scheme in the ACT to facilitate safe and legal access to high-quality medicinal cannabis products. Two expert committees, the Medicinal Cannabis Medical Advisory Panel (MCMAP) and the Medicinal Cannabis Advisory Group (MCAG), have been established to provide:

- high-level advice on clinical guidelines and regulations
- advice to government on the broader economic, legal and social issues related to the introduction of the Scheme.

New ACT prescribing standards for medicinal cannabis are being developed.

The Australian National University's (ANU's) National Centre for Epidemiology and Population Health (NCEPH) was contracted initially in 2014–15 to conduct an ACT Asbestos Health Study to better understand the risk of developing mesothelioma from living in a house containing loose-fill asbestos (a 'Mr Fluffy' house). The study had four components:

- a descriptive analysis, which was completed in July 2015
- a focus group study, which was completed in February 2016
- a survey of former/recent residents, which was completed in December 2016
- a data-linkage exercise, which linked a number of data sets to estimate the risk of developing mesothelioma in current and former residents of affected houses compared with the general population and was completed in June 2017.

The project was overseen by the ACT Asbestos Health Study Steering Committee, which included representatives from:

- NCEPH
- ACT Health
- the Asbestos Response Taskforce
- NSW Health
- other experts as required.

The *Gene Technology Act 2003 (ACT)* was amended to align it with the 2015 amendments to the Commonwealth *Gene Technology Act 2000*. The amendments will ensure that the ACT Government meets its obligations under the Gene Technology Agreement and enhances the administrative efficiency of the Gene Technology Scheme.

The Smoke-free Public Places (Play Spaces) Declaration 2016 commenced in September 2016, following the passing of the Smoke-Free Amendment Bill 2016, in March 2016. Changes to the tobacco/smoke-free legislation to regulate personal vaporisers (e-cigarettes), came into force in August 2016.

The *Public Health Amendment Act 2016* passed and commenced in August 2016. The first action using the new powers was taken in December 2016. This amendment improved the HPS's ability to deal with insanitary conditions associated with severe hoarding matters.

The HPS responded to various public health risks during the first half of 2017, including:

- a large food poisoning outbreak in February 2017
- potential lead exposure issues involving two childcare centres in May 2017.

The 2017 Multicultural Festival ran successfully. Before the event, the HPS conducted food safety information sessions with organisers and stall holders. The service also ran a number of food information sessions to engage with food businesses. These were well attended and were run in conjunction with the Canberra Business Chamber and the Australia and New Zealand Implementation Subcommittee for Food Regulation (ISFR).

In August 2016, changes to the Medicines, Poisons and Therapeutic Goods Regulation 2008 were introduced to create a more effective and workable regulatory framework for prescribing controlled medicines. This framework is underpinned by the Controlled Medicines Prescribing Standards and aims to reduce:

- harms to the ACT community associated with the abuse, misuse and diversion of controlled medicines

- regulatory burden on doctors and pharmacists.

Issues and challenges

During 2016–17, the ACT Government has committed to reducing barriers to registering for organ and tissue donation. While Canberra has one of the highest per capita organ donation registration rates in Australia, an ambitious target of achieving 90 per cent donation registration in Canberra has been set. OCHO continues to work with government to:

- develop a coordinated and consistent approach to organ and tissue donation
- facilitate effective and efficient organ donation for transplants.

Outlook for 2017–18

In accordance with the ACT Government's 2016 election commitment, a priority in the coming year will be developing a comprehensive Preventative Health Strategy. The strategy will promote healthy choices and behaviours, with a focus on addressing the risk factors of:

- smoking
- harmful alcohol consumption
- obesity
- poor nutrition
- physical inactivity.

A $4 million funding pool will be established to deliver prevention initiatives.

The Population Health Protection and Prevention Division will participate in the 2017 National Gene Technology Review. Under the Gene Technology Agreement, all state, territory and Commonwealth legislation that comprise the Gene Technology Scheme are reviewed every five years. The Division will take the lead for developing appropriate amendments to ACT legislation to ensure it is consistent with the national scheme.

Climate change impacts health both directly and indirectly. The Population Health Protection and Prevention Division is participating in multiple inter-jurisdictional and inter-agency discussions about improving health outcomes in the face of climate change. Examples include:

- monitoring air quality
- increasing community resilience to extreme heat
- improving fitness by encouraging active transport options that reduce carbon emissions.

OCHO has been tasked with establishing a working group to examine the broader public health, legal and social issues related to potentially introducing drug-related harm reduction services in the ACT, including drug checking. As various inquiries into drug checking and other harm reduction services progress, new issues will need to be considered. The current significant consultation and policy work will continue.

The HPS has completed the draft ACT Hoarding Code of Practice 2017 (Code of Practice) made under the *Public Health Act 1997*. The Code of Practice aims to provide a flexible framework to allow government to better respond to the public health risks caused by insanitary conditions. The Code of Practice will ensure a consistent approach to dealing with insanitary conditions due to hoarding-like behaviour.

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

INNOVATION DIVISION OVERVIEW

The Innovation Division is responsible for the delivery of the System Innovation Program (SIP), Policy and Stakeholder Relations and the Research Office.

Strategy and Design

The SIP is ACT Health's approach for achieving continuous improvement in ACT Health services. The approach aims to strengthen the delivery of health care by focusing on patient-centred care and enriching the patient experience.

The SIP is managed by the following teams within Strategy and Design:

- Health Planning
- Strategic Projects
- Integrated Program Management Office (IPMO)
- Workforce and Culture Innovation Partner
- Access Innovation Partner
- Finance, Performance and Data Innovation Partner
- Infrastructure, Business and Digital Innovation Partner.

The SIP objectives include improving access to services, increasing efficiency and freeing up hospital capacity by implementing contemporary service delivery solutions and Models of Care (MoCs). SIP is driven by a process of transformational change through an Integrated Program Management Office (IPMO). The IPMO is responsible for coordinating and reporting for ACT Health SIP. More specifically the SIP is focused on:

- improving efficiency by:
  - increasing the bed efficiency equivalent to 50 overnight beds by 2018–19
  - achieving savings totalling $97.2m between 2016–17 and 2019–20
- progressively improving ACT Health's performance against the National Emergency Access Target (NEAT), by the achieving 90 per cent of the national performance target by June 2017
- improving ACT Health's performance against the National Elective Surgery Target (NEST) by reducing the:
  - number of paediatric patients classified as 'long wait' to zero
  - remaining 'long wait' list by 90 per cent
- reducing the need for category 4 and 5 presentations to attend the Emergency Department.

Achievements

During 2016-17, achievements included:

- providing centralised coordination, support and governance to all SIP projects across ACT Health
- continuing to improve ACT Health's performance against the NEAT to meet the 90 per cent target
- continuing to improve ACT Health's performance against the NEST to reduce the number of people waiting longer than the clinically recommended timeframes for elective surgery
- improving the Relative Stay Index for rehabilitation
- commencing Activity Based Funding budgeting

- completing preliminary planning work associated with:
  - the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre, the Centenary Hospital for Women and Children and associated works at Canberra Hospital
  - delivering additional Nurse-led WiCs
  - community-based supported accommodation for Mental Health Services
- providing health services planning support for the University of Canberra Public Hospital.

Outlook for 2017–18

Initiatives to be pursued in 2017–18 include:

- implementing a Performance Excellence Framework
- continuing to implement the Activity Based Funding budgets
- expanding the current initiatives to meet the NEAT
- strategic workforce planning activities.

Office of Research

The Office of Research leads strategic development and management of ACT Health's research. The office collaborates with clinical areas and academic institutions to conduct research and use research results. Our vision is to have a world-class sustainable teaching and learning organisation that delivers cutting edge healthcare, which is informed by research that maximises health outcomes for patients and communities. With academic partners, the office supports:

- effectively translating research results from fundamental science to the clinic, including identifying measurable outcomes that reflect patient, service, policy and community impacts
- recruiting and retaining world-class health and medical researchers
- innovation of and improvements to the health system using high-quality health service and clinical research
- growing and unlocking the health improvement opportunities associated with data science
- improving the investment opportunities for ACT Health research translations.

Achievements

In 2016–17, the Office of Research made significant changes to its structure, operations and strategic direction. These changes were made to dramatically improve the office's ability to deliver its objectives. Achievements include:

- Securing the resources to implement an ACT Health Research Online Portal and data science model.
- Establishing the Clinical Trials Committee and implementing a revised approval process for clinical trials that focuses on feasibility, transparency and cost recovery.
- Developing a clinical-research performance management model.
- Participating in world-class collaborative research programs, including those involving:
  - a break-through novel drug for acute myeloid leukemic
  - immunological research with a newly established Centre for Personalised Immunology, as part of a National Health and Medical Research Council (NHMRC) Centre of Research Excellence
  - the National Referral Centre for Platelet Disorders, which has state-of-art platforms in clinical diagnostics acting as a research hub

    - an advanced Drug and Target Discovery Platform for cancer treatment, which provides innovative approaches for improving early detection and treatment of malignancy
    - NHMRC research funded projects starting in diabetes and gastroenterology.
- Coordinating the 2016 ACT Health vacation study program for undergraduate students to promote the further development of research skills.

Outlook for 2017–18

In 2017–18, the Office of Research will focus on:

- consulting on and completing the ACT Health Research Strategy
- reviewing clinician research
- coordinating the collaborative End of Life Care research and translation plan.

Policy and Stakeholder Relations

The Policy and Stakeholder Relations Branch is responsible for providing advice on strategic health policy issues of national, Territory-wide and health-sector-wide importance and inter-governmental issues, particularly:

- the National Health Care Agreement
- the National Health Reform Agreement
- the National Partnership Agreements
- cross-border agreements.

The branch negotiates with funding bodies and service providers and manages service agreements with the non-government and government sectors, including:

- aged care
- chronic disease
- primary care
- women, youth and child health
- drug and alcohol
- home and community care
- mental health
- multicultural health
- Aboriginal and Torres Strait Islander health.

In addition, the branch liaises and works closely with Commonwealth and other state and territory governments and provides advice to the ACT's Health and Wellbeing and Mental Health Ministers.

Achievements

During 2016–17, the Mental Health Advisory Council was established and members were appointed to provide advice to the Minister for Mental Health. Members include representatives with experience of:

- the lived experience, including both a consumer and a carer
- primary mental health
- mental health research and practice
- mental health promotion, prevention, treatment and care.

ACT Health created a new liaison officer position to support a collaborative relationship with Capital Health Network.

New three-year standard funding agreements were executed with community mental health Non-Government Organisations (NGOs), ensuring continued treatment, care and support for consumers, carers and their families.

The new Community Assistance Support Program (CASP) commenced on 1 July 2016. CASP provides support services for anyone under 65 who is having difficulties with daily living activities arising from a health condition. These services can relate to:

- domestic assistance
- food services
- linen services
- personal care
- community participation and social support
- counselling support
- information and advocacy
- carer support
- minor home maintenance
- transport.

Through these services, CASP aims to enhance the health and wellbeing of its clients and facilitate their independence and participation in the community.

The branch also developed and implemented two Aboriginal and Torres Strait Islander plans:

- the *ACT Health Aboriginal and Torres Strait Islander Workforce Action Plan 2013–18*, to support Aboriginal and Torres Strait Islander peoples to enter and remain in the health workforce.
- the *ACT Health Reconciliation Action Plan 2015–18*, which includes a commitment to recognise days of cultural significance, including awards to recognise outstanding initiative and commitment to reconciliation between Aboriginal and Torres Strait Islander peoples and non-Indigenous people.

Outlook for 2017–18

During 2017–18, the Policy and Stakeholder Relations Branch will focus on expanding the services at the Ngunnawal Bush Healing Farm (NBHF) to include day programs. Day programs are scheduled to commence in August 2017.

The branch will also be involved in designing, developing and establishing an ACT Office for Mental Health, in consultation with mental health stakeholders and the broader community. The Office represents an exciting opportunity to provide leadership to the mental health service system.

In addition, the branch will commence the HIV Pre-Exposure Prophylaxis Prevention (PrEP) Trial in the ACT.

Contact details: For more information, email DDGInnovation@act.gov.au.

QUALITY, GOVERNANCE AND RISK

The Quality, Governance and Risk Division was established in October 2016, with the appointment of the first Deputy Director-General Quality, Governance and Risk in February 2017.

Improving the quality of healthcare across the Australian Capital Territory (ACT) is a key strategic priority for ACT Health. ACT Health's aim is to be the safest healthcare system in Australia, delivering high-quality, person-centred care that is effective and efficient. To achieve this, ACT Health is working on the development of a Quality Strategy that will set out a portfolio of strategic projects known to improve the safety and quality of care, reduce unnecessary variation, waste and cost, as well as improve the experience of care.

In support of the strategy, the Director-General Quality, Governance and Risk will lead the development of a capacity and capability plan for quality improvement. This will ensure staff have the necessary knowledge and skills to test and implement changes that are known to improve the reliability of processes connected to known outcomes.

The Quality, Governance and Risk Division will achieve this through its key service divisions, which are:

- Clinical Safety and Quality Unit
- Workplace Safety
- Audit Risk and Compliance
- Legal and Insurance
- People and Culture.

CLINICAL SAFETY AND QUALITY UNIT

Achievements

During 2016–17, Clinical Safety and Quality Unit managed and coordinated the Canberra Hospital and Health Service (CHHS) policy governance system. This system provides consistent organisation-wide governance, oversight and guidance for CHHS policies, procedures and guidelines.

This system has been developed to ensure that CHHS has a robust policy governance system, in support of evidence-based high-quality patient care.

In addition, the team provided education for the CHHS Policy Development and Management process to ensure CHHS is complying with policy governance requirements of Australian Commission on Safety and Quality in Health Care (ACSQHC) National Standard 1 Governance.

The Clinical Safety and Quality Unit also reviewed, developed and/or implemented a number of significant policies, including:

- the Electronic Surgical Safety Checklist Policy, including implementing quality assurance processes to meet World Health Organisation guidelines
- the Consent and Treatment and Home Visiting policy
- revised incident management policy and procedures
- a new model of service for patient safety.

The Clinical Safety and Quality Unit also provided coordinated feedback to ACSQHC on version 2 of the National Standards.

To support ACT Health's re-accreditation, the National Standard Governance Committee was created. This committee provides governance, leadership and support to all standard committees.

In addition, a progress report was submitted to Australian Council of Health Care Standards (ACHS) to reassure ACHS that the organisation is on target to meet the requirements for re-accreditation. ACHS provided positive feedback on our progress.

The Clinical Safety and Quality Unit also established a centralised morbidity and mortality support and reporting service and provided advice and input into research projects.

Outlook for 2017–18

During 2017–18, Clinical Safety and Quality Unit will continue to implement strategies to ensure ACT Health complies with the policy governance requirements in ACSQHC National Standard 1 Governance. This will involve:

> implementing the Accreditation Communication and Engagement strategy for all ACT Health staff

> improving governance processes to distribute responsibility and accountability across the whole of ACT Health

> improving how staff engage with safety and quality data, including producing information that supports holistic exploration of safety and quality issues

> implementing the Open Disclosure Procedure, which will align ACT Health's processes with the latest recommendations by ACSQHC

> implementing Tier 1 CHHS Incident Management Policy Changes

> implementing a quality improvement project for user-applied labelling of injectable medicines, fluids and lines.

In addition, safety and quality reporting will be further standardised to improve quality assurance, improvement and planning. This includes developing a safety and quality measurement framework that is in line with the forthcoming Quality Strategy.

Quality and safety initiatives for ACT Health's patients will be improved and involve:

> collaborating with consumer partners and clinical areas to develop safety and quality indicators that are patient-centred and linked to organisational outcomes

> broadening the safety and quality reporting to include outpatient and community-based services.

Clinical-specific activities will include:

> evaluating and refining the effectiveness and efficiency of the Clinical Audit Program

> reviewing significant clinical incident management, investigation, reporting and results.

ADVANCE CARE PLANNING

Achievements

The Respecting Patient Choices Program continued to provide Advance Care Planning (ACP) for CHHS and the wider ACT community. This includes participants completing:

> an Enduring Power of Attorney

> a Statement of Choices and/or a Health Direction document.

The program continues to collaborate with and fund the Health Care Consumers Association of the ACT to raise awareness of ACP in the community. In 2016–17, activity increased, with:

> consumer contacts increasing by 6 per cent

> consultations increasing by 18.5 per cent

> completed documents received through the program increasing by 33 per cent.

Contact details: For more information on ACP, email rpc@act.gov.au or phone 02 6244 3344.

Outlook for 2017–18

During 2017–18, the ACP team will identify and develop strategies to target priority groups, such as patients with chronic illnesses and those who have had multiple emergency presentations.

The team will also evaluate the Non-Government Organisation (NGO) community engagement model, which has been operating for three years.

PATIENT EXPERIENCE

Achievements

Distribution of the Patient Experience inpatient survey began in March 2016. The survey collects information verbally or in writing from patients who have recently been discharged from Canberra Hospital. This feedback is being used to identify areas where ACT Health needs to improve services and those where we have met or exceeded our patients' expectations. It also offers opportunities to contribute unique ideas for service improvements.

To date, surveys have been collected from 749 patients.

Contact details: For more information, contact the Patient Experience Survey Coordinator via email at PtExpSurveys@act.gov.au or phone 02 6174 8190.

Outlook for 2017–18

To ensure that feedback from the culturally and linguistically diverse communities is captured, the Quality, Governance and Risk Division will collaborate with the Multicultural and Diversity Health Policy Unit. The inpatient survey is been translated into Mandarin to test the non-English speaking methodology. This is to build capacity to seek feedback from all consumers who access ACT Health's services to ensure they have input into our services.

Surveys are also being developed for community, hospital outpatient and paediatric settings, primarily using digital data collection methods. Testing of the digital devices will commence shortly.

QUALITY IN HEALTHCARE ACT AWARDS

Achievements

The Quality in Healthcare ACT Awards 2017 contribute to ongoing improvements in the quality and safety of care provided, by highlighting the dedication of individuals and teams who make significant positive impacts in the health sector. The awards were held in March 2017 and culminated with an event at the Arboretum attended by the Minister for Health and Wellbeing. This was an opportunity to celebrate the improvements achieved across the ACT region.

Outlook for 2017–18

The Quality Awards are being reviewed and improved. The request for applications is being launched in July and the next event is scheduled for early 2018.

WORKPLACE SAFETY

The Workplace Safety (WPS) team supports a safe and healthy work environment in ACT Health by delivering the following functions and services:

> **Work Health Safety (WHS) advisory services**, which assist management and staff to eliminate and minimise WHS risks and ensure compliance with the *Work Health and Safety Act 2011*.

> **Occupational Medicine**, which provides employment screening and vaccination and blood body fluid exposure incident management to prevent infectious diseases being transmitted between healthcare workers and patients

> **Early Intervention Physiotherapy**, which provides ergonomic workstation assessments to prevent staff injuries and arranges clinical appointments for staff who have sustained musculoskeletal injuries

> **Riskman System**, which coordinates the integrated incident notification and reporting system to enable incidents to be managed and data to be analysed.

Achievements

At 30 June 2017, ACT Health had 318 elected Health and Safety Representatives (HSRs). HSRs are appointed under the *Work Health and Safety Act 2011*and represent employees about WHS matters during consultations with management.

During 2016–17, the Early Intervention Physiotherapy Unit provided 2,247 clinical appointments and 645 workstation ergonomic assessments to ACT Health staff. These services assist in:

> preventing, managing and reducing staff musculoskeletal injuries

> reducing time off work

> facilitating early return to work

> decreasing workers compensation claims

> improving staff morale.

Outlook for 2017–18

In 2017–18, WPS will:

> enhance Riskman's system functionality to improve data measurement and reporting to better align at both the organisational and divisional level

> review occupational violence prevention strategies, with a view to reducing incidents and improving staff and patient safety

> provide advice and expertise regarding WHS requirements for the additional services to be provided by the University of Canberra Public Hospital.

INTERNAL AUDIT

During 2016–17, the function of Internal Audit was reviewed, including a review of the Internal Audit Charter. As a result, the Internal Audit Framework, auditable entities and prioritisation model were revised. This has ensured that Internal Audit has a solid foundation on which to succeed and make a meaningful contribution to ACT Health.

Internal Audit worked with our stakeholders to ensure that we are:

> delivering on strategic and operational objectives

> meeting our legislative and regulatory requirements

- fulfilling our commitment to the community to deliver efficient and effective health services.

As a result, Internal Audit has set high standards for ACT Health. ACT Health management has consistently demonstrated its commitment to the audit process, which has achieved significant progress during the year in supporting continuous improvement.

Achievements

During 2016–17, the audit function focused on reviewing and improving the Internal Audit Program and its functions, including:

- developing the Internal Audit Program for the next financial year, which included identifying and assessing internal and external risks
- providing assurance to ACT Health management that appropriate auditing systems and controls are in place.

An Internal Control Framework was developed, based on the Committee of Sponsoring Organizations Internal Control—Integrated Framework. ACT Health's framework will provide the basis for designing, implementing, operating and evaluating internal controls to provide reasonable assurance that the controls are achieving their operational, reporting and compliance objectives.

During 2016–17, Internal Audit also responded to special management audit requests. For example, the audit processes for and reports to the Audit and Risk Management Committee were enhanced and aligned with the Institute of Internal Audit International Professional Practices Framework audit process.

PEOPLE AND CULTURE

Achievements

The Employment Services team provides operational services for approximately 7,000 ACT Health staff.

During 2016–17, People and Culture delivered training to ACT Health staff in:

- Staff Selection, which was attended by 300 staff over 10 sessions
- Probation, which was attended by 150 staff over 10 sessions
- Underperformance, which was attended by 150 staff over 10 sessions
- Preliminary Assessment , which was attended by 60 staff
- MyHealth Program, which was attended by 2,222 staff over 89 workshops / programs.

The team also developed and delivered the following new training courses:

- The People Management Program, which has been completed by 411 staff
- The Critical Care Frontline Leadership Program, which was developed after extensive consultation and collaboration with the Executive Director and clinicians in Critical Care
- The Emerging Managers Program.

In addition, a Preliminary Assessment training package was developed. It has been adopted by the Professional Standards Unit of Chief Minister, Treasury and Economic Development Directorate (CMTEDD) and will be used by all ACT Government Directorates.

In terms of work-level standards, the team:

- developed and implemented new Performance Expectations, which are aligned to work-level standards for clinical and non-clinical roles across ACT Health

- provided advice during a review of existing and development of new work-level standards for Medical, Dental, Nursing and Midwifery and Health Professionals.

The team also developed and implemented new selection documentation across ACT Health, which included developing new roles for:

- Peer Support Officer
- Recovery Support Officer
- Aboriginal Health Worker.

Outlook for 2017–18

During 2017–18, People and Culture will develop and implement a Performance Excellence Framework. This framework will be specifically tailored for ACT Health and its diverse workforce, to strengthen performance and accountability within the organisation.

One of the project's key deliverables is to develop and implement a performance system in Capabiliti. The system will:

- provide customised performance plans that will include key criteria for health professionals with links to clinical quality, safety and risk
- provide managers and staff with easier access to completion and approval of performance plans
- enhance communication by incorporating online records and notes of meetings related to the performance plan process
- strengthen accountability by providing valid and reliable reporting for the number of plans in place and performance plan histories.

The performance system was released in August 2017.

A comprehensive assessment of educational needs and gaps will be conducted. As part of this, ACT Health's Essential Education Policy and Guideline will be updated to include not only training for legislative and accreditation requirements but also professional requirements.

People and Culture will also continue to:

- deliver training on staff selection, probation, underperformance and preliminary assessment
- provide advice and input into the review of existing work-level standards and develop new work-level standards for ACT Health.

During 2017–18, People and Culture will develop a Workforce Strategy. The strategy will drive the realignment of ACT Health to support the delivery of a sustainable workforce that is able to deliver person-centred, safe and effective care into the future. The strategy will support the delivery of ACT Government election commitments, implementation of the Territory-Wide Health Services Framework and ACT Health's Quality Strategy. The Workforce Strategy will ensure that ACT Health has the right staff in the right place delivering the right care.

The aim of the strategy is to develop and implement an innovative workforce strategy for the next ten years; provide an organisation structure to support the delivery of quality, safe and efficient services and effectively implement any resulting changes.

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

CORPORATE AND OPERATIONAL PLANS

Population Health Division Strategic Framework 2013–2017

The *Population Health Division Strategic Framework 2013–2017* verifies the role of Population Health Protection and Prevention Division within the broader context of preventive health efforts in the ACT. The framework identifies strategic objectives for the Division to meet in improving the health of the ACT.

ACT and Southern NSW Local Health District Cancer Services Plan 2015–2020

The *ACT and Southern NSW Local Health District Cancer Services Plan 2015–2020* acknowledges the need for close collaboration between the ACT and Southern NSW Local Health District (SNSWLHD) health services when planning cancer services for the region's population. The plan:

- provides overarching strategic direction for cancer services across both the ACT and SNSWLHD
- highlights the need to work collaboratively to provide person-centred care that is equitable and timely
- recognises that the number of people needing cancer treatments in the Southern NSW (SNSW) region is expected to grow significantly, which reflects an ageing demographic and that this is a very important part of our health service planning
- builds on Australia's very strong role in recognising that a fully comprehensive approach to cancer control needs to consider the role of primary and secondary prevention
- addresses that with improvements in the science of cancer, ACT Health needs clinicians who are skilled at dealing with the human dimensions of care and that this is crucial area of workforce capability.

In addition, the plan addresses the requirement for modern cancer services to have strong linkages between disciplines such as:

- research, an area in which Canberra Hospital has had a great success
- cancer service clinicians, e.g. Medical Oncology
- clinical trials in new cancer therapeutics.

The role of ACT Health in developing a national-level centre of excellence in cancer services at Canberra Hospital is pivotal to delivering the plan, whereby:

- the Canberra Hospital service functions as the main tertiary Oncology referral service for the region and provides the leadership and support required in regional areas
- clinicians in SNSW hospitals deliver considerable cancer-related care, e.g. surgery, medical oncology day centres and palliative care.

ACT Palliative Care Services Plan 2013–2017

The *ACT Palliative Care Services Plan 2013–2017* identified six goals for the ongoing development of palliative care services in the ACT. This model ensures that care is delivered at the right time, in the right place and by the right person by:

- confirming roles and responsibilities in the system
- establishing service flows
- managing demand
- developing the workforce.

The ACT Palliative Care Clinical Network was established to, among other things, implement the plan.

The model is considered to be a tool that is designed to drive system change. To do this effectively, it is critical to:

> define the implementation and management processes and the governance of these processes
> identify the resources required to support its implementation.

Subsequently, ACT Health funded the development of a 'Roadmap for Implementation' to give effect to the model and provide a timeframe and sequence to its implementation. The roadmap was completed and accepted by the ACT Palliative Care Clinical Network at its December 2016 meeting.

The roadmap provides a five-year plan for rolling out the model. It delineates a series of critical paths and milestones, including:

> a description of the environment that is required to affect meaningful change, such as governance arrangements
> strategies for successfully applying and obtaining acceptance of change management activities.

The roadmap also provides a timeline for succinct projects or actions, including activities such as:

> how to collect, analyse and use meaningful data
> developing a workforce plan
> developing a communications strategy.

Each of these activities will have their own implementation plans associated with their completion and integration into the ACT palliative care landscape.

Implementing the model's recommendations in a timely manner and in accordance with the roadmap will allow palliative care to become a leader in the redesign of the ACT health care system. The processes undertaken and the lessons learnt throughout the redesign experience will also stand as a best practice model for further reviews of other areas of health care under the *Territory-wide Clinical Services Plan*.

ACT Chronic Conditions Strategy 2013–2018

The *ACT Chronic Conditions Strategy 2013–2018* continued to:

> provide overarching direction for chronic condition care and support in the ACT
> outline the requirement for a coordinated approach across the government and non-government sector.

The ACT Strategy will be further informed by the National Strategic Framework for Chronic Conditions.

ACT Health Sustainability Strategy 2016–2020

The *ACT Health Sustainability Strategy 2016–2020* is designed to assist ACT Health meet the impact and challenges of climate change in the ACT. It provides a roadmap for collaboration between ACT Health and its stakeholders, clients and staff, including other government departments. The roadmap ensures business and clinical services:

> are linked to the strategy
> incorporate actions and achievements to deliver a sustainable health system in the future.

The strategy embraces the roadmap as a checklist for deciding what actions to take, to actively track progress towards the established aims and objectives and determining a plan of action. The plan of action will capture strategies from and align timelines with, the *ACT Health Resource Management Plan 2016–2020*.

B.2 PERFORMANCE ANALYSIS

OVERVIEW

TABLE 2: PERFORMANCE ANALYSIS OVERVIEW

Strategic objective/indicator	2016–17 performance comment
Health Directorate strategic indicators	
Strategic Objective 1: Removals from Waiting List for Elective Surgery	ACT public hospitals performed 12,826 elective surgery procedures, exceeding the target of 12,500.
Strategic Objective 2: No Waiting for Access to Emergency Dental Health Services	ACT Health continued to achieve this target throughout 2016–17.
Strategic Objective 3: Improving Timeliness of Access to Radiotherapy Services	ACT public hospitals achieved the set targets for Emergency radiotherapy services. The performances for palliative and radical patients improved during 2016–17 when compared to 2015–16.
Radiotherapy Services staff are actively working to improve performance and meet strategic targets going forward. Some initiative have included: > recruiting to address the shortage of radiation therapy staff > extending the hours of operation and > treating clinically urgent patients outside of routine clinics, as well as providing urgent treatments in excess of routine workloads. Strategic Objective 4: Improving the Breast Screen Participation Rate for Women aged 50 to 69 years	Despite a comprehensive recruitment and promotion program, achieving the 60% target rate for breast screening participation remains challenging.
Strategic Objective 5: Reducing the Usage of Seclusion in Mental Health Episodes	The opening of Dhulwa this year resulted in a new cohort of patients not previously captured in ACT Health seclusion data. This is a small cohort of patients, so a small increase in the raw number causes a significant increase in percentage.
Strategic Objective 6: Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit	ACT public hospitals achieved a result of 9.7%, in line with the <10% target.
Strategic Objective 7: Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds	ACT public hospitals reported a combined occupancy rate of 86%, below the target of 90%.
Strategic Objective 8: Management of Chronic Disease: Maintenance of the Highest Life Expectancy at Birth in Australia	The ACT continues to enjoy the highest life expectancy of any jurisdiction in Australia.
Strategic Objective 9: Lower Prevalence of Circulatory Disease than the National Average	The proportion of the ACT population with some form of cardiovascular disease is 3.7%, which is lower than the national proportion of 5.2%.
Strategic Objective 10: Lower Prevalence of Diabetes than the National Average	The proportion of the ACT population with some form of diabetes is 4.3%, which is consistent with the national proportion of 5.1%.

Strategic objective/indicator	2016–17 performance comment
Strategic Objective 11: Addressing Gaps in Aboriginal and Torres Strait Islander Immunisation Status	The immunisation coverage rates for Aboriginal and Torres Strait Islander children continue to improve but remain lower than the coverage rates for the general community.
Strategic Objective 12: Higher Participation Rate in the Cervical Screening Program than the National Average	The ACT's two year participation rate for the target population is on par with the national average of 57.8%.
Strategic Objective 13: Achieve Lower than the Australian Average in the Decayed, Missing, or Filled Teeth (DMFT) Index	The ACT DMFT index results at six years and 12 years were lower than the national average for the DMFT index.
Strategic Objective 14: Reducing the Risk of Fractured Femurs in ACT Residents Aged Over 75 years	The 2015–16 ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was above the long-term target of 5.3 per 1,000 persons. While this rate has fluctuated between 5.5 and 7.0 over a seven-year period (2009–10 to 2015–16), there is a generally decreasing trend.
Strategic Objective 15: Reduction in the Youth Smoking Rate	In 2014, 5.2% of students were current smokers, indicating a continued reduction in the youth smoking rate.
ACT Local Hospital Network strategic objectives and indicators	
Strategic Objective 1: Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency	When compared to 2015–16, the percentage of elective surgery cases admitted on time increased. The target for semi urgent cases was exceeded.
Strategic Objective 2: Improved Emergency Department Timeliness	See below
> Strategic Indicator 2.1 The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes	ACT Emergency Departments achieved the target for "seen on time" category five patients and was consistent with the target for category one. Canberra Hospital's Emergency Department is reviewing its processes in relation to the discharge stream in the Emergency Department, the admission to ward process and patient discharge from the hospital inpatient setting.
> Strategic Indicator 2.2 The proportion of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less	ACT public hospital Emergency Departments continued to improve the proportion of Emergency Department patients who stayed less than four hours from arrival to either admission or departure. The full year result of 73% is an 8% improvement on the previous year.
Strategic Objective 3: Maximising the Quality of Hospital Services	See below
> Strategic Indicator 3.1 The 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	Both Canberra Hospital and Calvary Public Hospital performed better than 2016–17 targets.

Strategic objective/indicator	2016–17 performance comment
> Strategic Indicator 3.2 The proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 days of their separation due to complications of their condition (where the re-admission was unforeseen at the time of separation)	Both Canberra and Calvary Public Hospitals continued to perform better than the target rate for unplanned hospital admissions within 28 days of discharge.
> Strategic Indicator 3.3 The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay	Both Canberra and Calvary Public Hospitals recorded rates well below the 2016–17 targets.
> Strategic Indicator 3.4 The Estimated Hand Hygiene Rate	During the most recent audit, Canberra and Calvary Public Hospitals continued to perform better than the 2016–17 targets.

HEALTH DIRECTORATE STRATEGIC INDICATORS

Strategic Objective 1: Removals from Waiting List for Elective Surgery

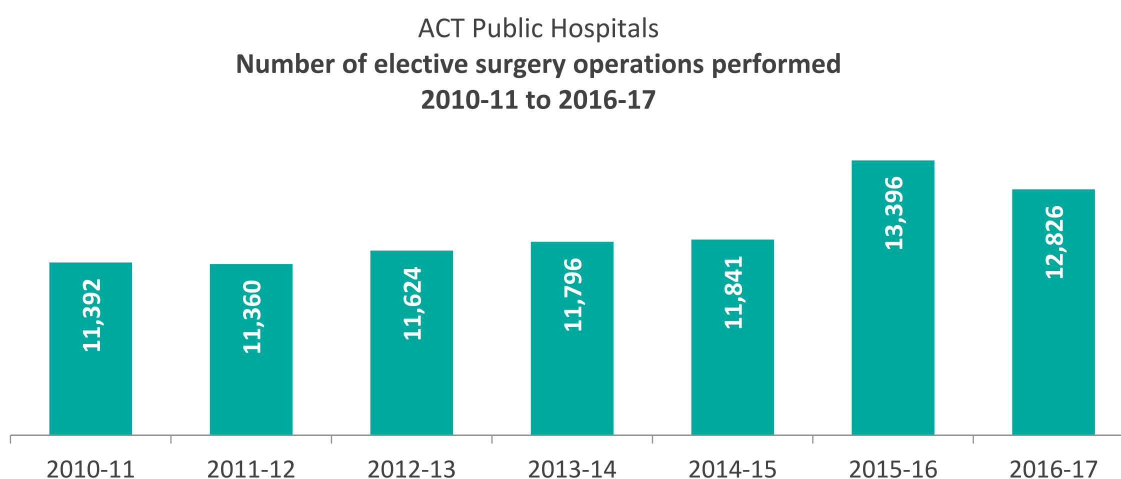
Strategic Indicator 1: Number of People Removed From Waiting List

To improve access to elective surgery, the ACT Government has committed to reducing the number of people waiting more than the clinically recommended times for surgery.

	2016–17 target	2016–17 result
People removed from the ACT elective surgery waiting list for surgery	12,500	12,826

Source: ACT Health Elective Surgery Waiting List Published Dataset

FIGURE 1: NUMBER OF ELECTIVE SURGERY OPERATIONS PERFORMED



Source: ACT Health Elective Surgery Waiting List Published Dataset

Notes:

1. The higher than anticipated outcome for 2015-16 is a result of the Elective Surgery Blitz Program.

Strategic Objective 2: No Waiting for Access to Emergency Dental Health Services

Strategic Indicator 2: Percentage of Assessed Emergency Clients Seen within 24 hours

This provides an indication of the responsiveness of the dental service to emergency clients.

	2016–17 target	2016–17 result
Percentage of assessed emergency clients seen within 24 hours	100%	100%

Source: ACT Health Dental published data

Notes:

1. This does not include those clients who are offered an appointment within the required timeframe but do not accept that appointment.

ACT Health's target is to see all emergency dental clients within 24 hours of being assessed as an emergency client. The ACT Dental Health Program has continued to achieve this target throughout 2016–17.

Strategic Objective 3: Improving Timeliness of Access to Radiotherapy Services

Strategic Indicator 3: Percentage of Radiotherapy Patients who Commence Treatment within Standard Timeframes

This provides an indication of the effectiveness of public hospitals in meeting the need for cancer treatment services.

Category	2016–17 target	2016–17 result
Emergency — treatment starts within 48 hours	100%	100%
Palliative — treatment starts within 2 weeks	90%	84%
Radical — treatment starts within 4 weeks	90%	86%

Source: ACT Health Radiation Therapy Dataset

ACT Health is committed to commencing treatment for radiation therapy patients within the waiting time guidelines specified in Radiation Oncology Practice Standards. In 2016–17, the department achieved the following:

> 100 per cent of emergency patients received radiation therapy treatment within 48 hours, which was also achieved during 2015–16

> 84 per cent of palliative patients received radiation therapy treatment within two weeks, which is a three per cent improvement on 2015–16

> 86 per cent of radical patients received radiation therapy treatment within four weeks, which is four per cent increase on 2015–16.

Table 3 provides comparative figures since 2012–13.

TABLE 3: COMPARATIVE TIMEFRAMES FOR PERCENTAGE OF CANCER PATIENTS WHO COMMENCE RADIOTHERAPY TREATMENT WITHIN STANDARD TIME FRAMES 2012–13 TO 2016–17

July to June	2012–13	2013–14	2014–15	2015–16	2016–17
Emergency — treatment starts within 48 hours	100%	100%	100%	100%	100%
Palliative — treatment starts within 2 weeks	100%	100%	95%	81%	84%

July to June	2012–13	2013–14	2014–15	2015–16	2016–17
Radical — treatment starts within 4 weeks	98%	100%	99%	82%	86%

Source: ACT Health Radiation Oncology published data (CAS)

Radiotherapy Services staff are actively working to improve performance and meet strategic targets going forward. Some initiative have included:

> recruiting to address the shortage of radiation therapy staff

> extending the hours of operation and

> treating clinically urgent patients outside of routine clinics, as well as providing urgent treatments in excess of routine workloads.

Strategic Objective 4: Improving the Breast Screen Participation Rate for Women aged 50 to 69 years

Strategic Indicator 4: Participation Rate for Breast Screening

	2016–17 target	2016–17 result
Proportion of women aged 50 to 69 years who have a breast screen	60%	56%

Source: ACT Health BreastScreen published data (BIS)

Despite a comprehensive recruitment and promotion program, breast screening participation for the 50–69 years cohort in the ACT has remained steady at 56 per cent against the ACT target of 60 per cent. While the ACT rate of participation in breast screening is approximately two percent above the national average and the third highest in the country, achieving the national target set by BreastScreen Australia of 70 per cent participation remains a challenge.

For detailed information, see Output 1.4: Cancer Services - Performance against accountability indicators - Breast cancer screening, page 118.

Strategic Objective 5: Reducing the Usage of Seclusion in Mental Health Episodes

Strategic Indicator 5: Proportion of Clients with a Mental Health Seclusion Episode

This measures the effectiveness of public mental health services in the ACT, over time, in providing services that minimise the need for seclusion.

	2016–17 target	2016–17 result
The proportion of mental health clients who are subject to a seclusion episode while being an admitted patient in an ACT public mental health inpatient unit	<3%	4%

Source: ACT Health Mental Health published data (MHAGIC)

As shown in Table 4, during 2016–17, the ACT seclusion rate was one per cent higher than the local target of less than three per cent. The higher than expected result is due to the opening of Dhulwa this year, which resulted in a new cohort of patients not previously captured in ACT Health seclusion data. This is a small cohort of patients, so a small increase in the raw number causes a significant increase in percentage.

For more information, see Output 1.2: Mental Health, Justice Health and Alcohol Drug Services -

Performance against accountability indicators - Aggression and Violence Divisional Framework, page 107.

TABLE 4: MENTAL HEALTH SECLUSION RATES

July to June	2014-15	2015-16	2016-17
ACT Public Hospitals - Mental Health Seclusion rates	5%	3%	4%

Source: ACT Health mental Health published data (MHAGIC)

Strategic Objective 6: Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit

Strategic Indicator 6: Acute Psychiatric Unit Patient 28 Day Readmission Rate

This indicator reflects the quality of care provided to acute mental health patients.

	2016–17 target	2016–17 result
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<10%	9.7%

Source: ACT Health Mental Health published data (MHAGIC)

Strategic Objective 7: Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds

Strategic Indicator 7: Percentage of Overnight Hospital Beds in Use

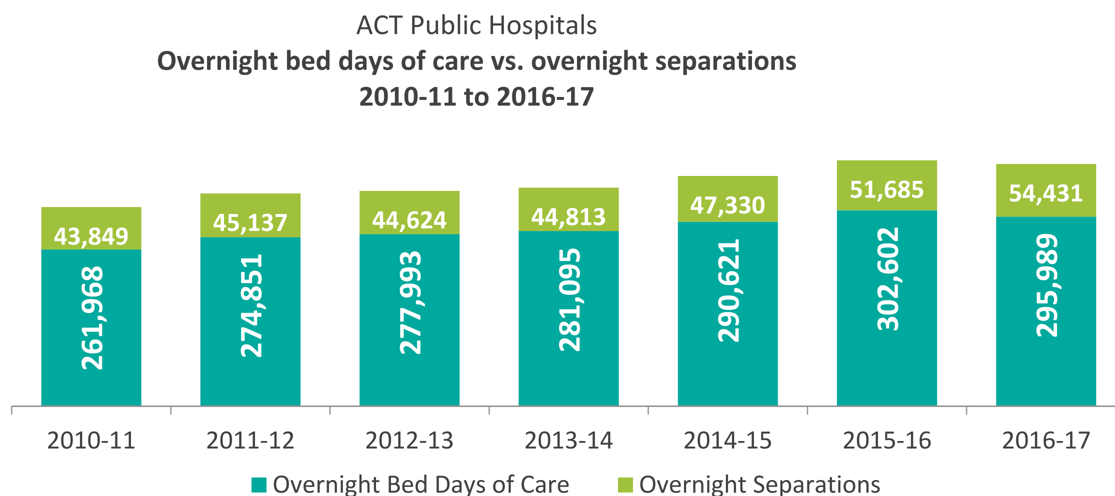
This provides an indication of the efficient use of resources available for hospital services.

Mean percentage of overnight hospital beds in use	2016–17 targets	2016–17 results
ACT Public Hospitals	90%	86%
Canberra Hospital	90%	94%
Calvary Public Hospital	90%	71%

Source: ACT Health Admitted Patient Care (ACTPAS)

Figure 2 shows the number of overnight bed days and overnight separations.

FIGURE 2: OVERNIGHT BED DAYS OF CARE VS OVERNIGHT SEPARATIONS



Source: ACT Health Admitted Patient Care Dataset

As shown in Table 5, the average length of stay for overnight patients in ACT public hospitals in 2016–17 was 5.4 days, which is half a day lower than during 2015–16.

TABLE 5: AVERAGE LENGTH OF STAY IN HOSPITAL FOR OVERNIGHT PATIENTS, BY HOSPITAL AND TOTAL, 2012–13 TO 2016–17

Year	Canberra Hospital	Calvary Public Hospital	ACT public hospitals	National average
2012–13	6.2 days	6.3 days	6.3 days	5.8 days
2013–14	6.3 days	6.3 days	6.3 days	5.7 days
2014–15	6.4 days	5.7 days	6.2 days	5.7 days
2015–16	6.1 days	5.6 days	5.9 days	5.4 days
2016–17	5.6 days	5.1 days	5.4 days	Not yet published

Source: ACT Health Admitted Patient Care Dataset and Australian Institute of Health & Welfare

Strategic Objective 8: Management of Chronic Disease: Maintenance of the Highest Life Expectancy at Birth in Australia

Australians are living longer and gains in life expectancy are continuing. Potentially avoidable deaths are divided into:

> potentially preventable deaths i.e. those amenable to screening and primary prevention, such as immunisation

> deaths from potentially treatable conditions i.e. those amenable to therapeutic interventions.

Preventable death rates fell by 36 per cent between 1997 and 2010, from 142 to 91 deaths per 100,000. Rates of deaths from treatable conditions fell by 41 per cent between 1997 and 2010, from 97 to 57 deaths per 100,000.

Strategic Indicator 8: Maintenance of the Highest Life Expectancy at Birth in Australia

Life expectancy at birth provides an indication of the general health of the population and reflects on a range of issues other than the provision of health services, such as economic and environmental factors. As shown in Table 6, the ACT continues to enjoy the highest life expectancy of any jurisdiction in Australia and the ACT Government aims to maintain this result.

TABLE 6: LIFE EXPECTANCY AT BIRTH IN AUSTRALIA 2014

Gender	ACT rate	National rate
Females	85.2	84.4
Males	81.4	80.3

Source: ABS 2014, Deaths, Australia, 2014, cat. no. 3302.0, ABS, Canberra.

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

Strategic Objective 9: Lower Prevalence of Circulatory Disease than the National Average

Strategic Indicator 9: The Proportion of the ACT Population with Some Form of Cardiovascular Disease

The prevalence of cardiovascular disease is an important indicator of general population health as it is a major cause of mortality and morbidity.

While people of all ages can present with a chronic disease, the ageing of the population and longer life spans mean that chronic diseases will place major demands on the health system for workforce and financial resources. The median age of the ACT population (35 years in 2015) has increased by 2.9 years since 1990.

As shown in Table 7, the proportion of the ACT population with some form of cardiovascular disease is 3.7 per cent, which is lower than the national proportion of 5.2 per cent.

TABLE 7: PROPORTION OF THE ACT POPULATION WITH SOME FORM OF CARDIOVASCULAR DISEASE

	ACT rate	National rate
Proportion of the population diagnosed with some form of cardiovascular disease	3.7%	5.2%

Source: Australian Health Survey: First Results, 2014–15. Australian Bureau of Statistics Cat. No: 4364.0.55.001 Data cube DO002 table 2.3 published December 2015 Non-age standardised proportions.

Notes:

1. The measure of cardiovascular disease includes: long-term conditions; diseases of the circulatory system category includes heart, stroke and vascular diseases, hypertensive disease, tachycardia and other diseases of the circulatory system.

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

Strategic Objective 10: Lower Prevalence of Diabetes than the National Average

Strategic Indicator 10: The Proportion of the ACT Population Diagnosed with Some Form of Diabetes

This indicator provides a marker of the success of prevention and early intervention initiatives. The self-reported prevalence of diabetes in Australia has more than doubled over the past 25 years. A number of factors may have contributed to this, such as:

> changed criteria for the diagnosis of diabetes

> increased public awareness

> an increase in the prevalence of risk factors such as obesity and sedentary behaviour.

Prevalence rates may also increase in the short-term as a result of early intervention and detection campaigns. This would be a positive result as undiagnosed diabetes can have significant impacts on long-term health.

As shown in Table 8, the proportion of the ACT population with some form of diabetes is 4.3 per cent, which is consistent with the national proportion of 5.1 per cent.

TABLE 8: PROPORTION OF THE ACT POPULATION DIAGNOSED WITH SOME FORM OF DIABETES

	ACT rate	National rate
Prevalence of diabetes in the ACT	4.3%	5.1%

Source: Australian Health Survey: First Results, 2014-15. Australian Bureau of Statistics Catalogue No: 4364.0.55.001, Data cube D002 Table 2.3 non-age standardised proportions.

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

Strategic Objective 11: Addressing Gaps in Aboriginal and Torres Strait Islander Immunisation Status

Strategic Indicator 11: Immunisation Rates – ACT Aboriginal and Torres Strait Islander Population

The immunisation rate provides an indication of the level of investment in public health services to minimise the incidence of vaccine preventable diseases. The ACT's Indigenous population has a much lower rate of immunisation than the general population. The ACT aims to minimise disparities between Indigenous and non-Indigenous Australians through a targeted immunisation strategy.

There has been improvement in the Aboriginal and Torres Strait Islander immunisation coverage rates in the past year. The coverage rates for Aboriginal and Torres Strait Islander children aged 24–27 months, 60–63 months and for all Aboriginal and Torres Strait Islander children has increased by three, two and one per cent respectively since 2015–16.

ACT Health strives to increase the immunisation coverage rates for Aboriginal and Torres Strait Islander children through a suite of activities. Postcards are sent to the parents of all Aboriginal and Torres Strait Islander children to remind them when vaccinations are due and promotional materials to raise the awareness of immunisation have been produced. The ACT aims to increase immunisation coverage rates for all Aboriginal and Torres Strait Islander children through a targeted immunisation strategy.

It should be noted that due to the very low numbers of Aboriginal and Torres Strait Islander children in the ACT, significant rate fluctuations can occur between reporting periods.

Table 9 shows immunisation rates for 2016–17, by age and the total.

TABLE 9: IMMUNISATION RATES FOR VACCINES IN THE NATIONAL SCHEDULE FOR THE ACT INDIGENOUS POPULATION[1]

	2016-17 target	2016-17 result
12 to 15 months	≥90%	94%
24 to 27 months[2]	≥90%	87%
60 to 63 months	≥90%	93%
All	≥90%	91%

Notes:

1. The coverage rates above are annualised rates calculated from quarterly reports on childhood immunisation coverage for the, September 2016, December 2016, March 2017 quarters and June 2017. Data is from the Australian Childhood Immunisation Register (ACIR). The data show the proportion of children fully immunised at age 12–15 months, 24–27 months and 60–63 months according to the National Immunisation Program Schedule.
2. From December 2014, meningococcal C (given at 12 months) and dose 2 measles, mumps, rubella and dose 1 varicella (given as MMRV at 18 months) were included in the definition of fully immunised for the 24–27 month cohort. The more vaccines included in the assessment, the higher likelihood of reduced coverage rates. Reduced immunisation coverage rates have been experienced in all Australian jurisdictions and for all children as well as Aboriginal and Torres Strait Islander children. Coverage rates in this cohort are expected to increase over time as the changes become more routine.

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

Strategic Objective 12: Higher Participation Rate in the Cervical Screening Program than the National Average

Strategic Indicator 12: Two Year Participation Rate in the Cervical Screening Program

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

As shown in Table 10, the ACT's two year participation rate for the target population is on par with the national average of 57.8 per cent.

TABLE 10: TWO YEAR PARTICIPATION RATE IN THE CERVICAL SCREENING PROGRAM

	ACT rate	National rate
Two year participation rate[1]	57.9%	57.8%

Source: Cervical Screening in Australia 2013-14 (Published: Australian Institute of Health and Welfare, 2016).

Notes:

1. This is the age standardised participation rate for women aged between 20 and 69 years.

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

Strategic Objective 13: Achieve Lower than the Australian Average in the Decayed, Missing, or Filled Teeth (DMFT) Index

Strategic Indicator 13: The Mean Number of Teeth with Dental Decay, Missing or Filled Teeth (DMFT) at Ages 6 and 12

This gives an indication of the effectiveness of dental prevention, early intervention and treatment services in the ACT. The aim for the ACT is to better the national average on the dmft (deciduous infant teeth) and DMFT (permanent adult teeth) indexes.

TABLE 11: THE MEAN NUMBER OF TEETH WITH DENTAL DECAY, MISSING OR FILLED TEETH AT AGES 6 AND 12 YEARS, 2014

	ACT rate	National rate
dmft index at 6 years	0.9	1.3
DMFT index at 12 years	0.3	0.9

Source: Oral Health of Australian Children – The National Child Oral Health Study 2012-14

Notes:

1. The data presented above is not representative of only ACT Health public services. It is a cross-sectional study of the child population aged 5–14 years in the ACT and nationally.

Strategic Objective 14: Reducing the Risk of Fractured Femurs in ACT Residents Aged Over 75 years

Strategic Indicator 14: Reduction in the Rate of Broken Hips (Fractured Neck of Femur)

As shown in Table 12, the 2015–16 ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was above the long-term target of 5.3 per 1,000 persons. While this rate has fluctuated between 5.5 and 7.0 over a seven-year period (2009–10 to 2015–16), there is a generally decreasing trend.

TABLE 12: REDUCTION IN THE RATE OF BROKEN HIPS (FRACTURED NECK OF FEMUR)

	2015–16 outcome	Long-term target
Rate per 1,000 people	6.6	5.3

Source: ACT Admitted Patient Care data, 2015-16.

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

Strategic Objective 15: Reduction in the Youth Smoking Rate

Strategic Indicator 15: Percentage of Persons Aged 12 to 17 Years Who Smoke Regularly

Results from the 2014 Australian Secondary School Alcohol and Drug Survey (ASSAD) show that 5.2 per cent of students were current smokers in that year. This demonstrates a continued decline in current smoking rates from:

- 15.3 per cent in 2002
- 6.7 per cent in 2008
- 5.8 per cent in 2011.

The national rate for current smoking in youths in 2014 was 5.1 per cent.

TABLE 13: PERCENTAGE OF PERSONS AGED 12 TO 17 YEARS WHO SMOKE REGULARLY

	2014 ACT rate	2014 national rate	Long-term target
Percentage of persons aged 12 to 17 who are current smokers	5.2%	5.1%	≤5%

Sources: Australian Secondary Students' Alcohol and Drug (ASSAD) Survey confidentialised unit record files 2014, ACT Health: Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2014 report, Centre for Behavioural Research in Cancer, Cancer Council Victoria, October 2016.

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

ACT LOCAL HOSPITAL NETWORK STRATEGIC OBJECTIVES AND INDICATORS

Strategic Objectives and Indicators

The ACT Local Hospital Network (ACT LHN) consists of a networked system that includes the Canberra Hospital and Health Services, Calvary Public Hospital, Clare Holland House and Queen Elizabeth II Family Centre. The ACT LHN has a yearly Service Level Agreement (SLA) which sets out the delivery of public hospital services and is agreed between the ACT Minister for Health and the Director General of the ACT LHN. This SLA identifies the funding and activity to be delivered by the ACT LHN and key performance priority targets. The ACT Government manages system-wide public hospital service delivery, planning and performance, including the purchasing of public hospital services and capital planning and is responsible for the management of the ACT LHN.

The following strategic indicators include some of the major performance indicators implemented under the requirements of the National Health Reform Agreement.

Strategic Objective 1: Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency

Strategic Indicator 1: Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency

Clinically recommended time by urgency category	2016–17 targets	2016–17 results
Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency	100%	92%
Semi urgent – admission within 90 days is desirable for a condition causing some pain, dysfunction or disability which is not likely to deteriorate quickly or become an emergency	78%	81%
Non urgent – admission within 365 days is desirable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly and which does not have the potential to become an emergency	91%	88%

Source: ACT Health Elective Surgery published data

When compared to 2015–16, during 2016–17 the percentage of elective surgery cases admitted on time improved for all clinical categories:

> 92 per cent of urgent cases were admitted on time, compared to 87 per cent in 2015–16
> 81 per cent of urgent cases were admitted on time, compared to 59 per cent in 2015–16
> 88 per cent of urgent cases were admitted on time, compared to 71 per cent in 2015–16.

Strategic Objective 2: Improved Emergency Department Timeliness

Emergency Department timeliness measures how long patients wait to receive their care.

Strategic Indicator 2.1

Strategic Indicator 2.1: The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes

	2016–17 targets	2016–17 results
One (resuscitation seen immediately)	100%	99%
Two (emergency seen within 10 mins)	80%	77%
Three (urgent seen within 30 mins)	75%	50%
Four (semi urgent seen within 60 mins)	70%	64%
Five (non-urgent seen within 120 mins)	70%	92%
All Presentations	70%	63%

Source: ACT Health Emergency Department published data

ACT Emergency Departments achieved the target for “seen on time” category five patients and was consistent with the target for category one.

Overall, ACT Emergency Departments achieved lower than the target rate for “seen on time” for other categories due to a number of impeding factors such as an increase in the number of presentations to the departments as a result of an unprecedented impact over the winter season. Concurrently, building works were being undertaken at Canberra Hospital Emergency Department, impacting on flow capacity and service delivery.

Canberra Hospital’s Emergency Department is reviewing its processes in relation to the discharge stream in the Emergency Department, the admission to ward process and patient discharge from the hospital inpatient setting.

TABLE 14: THE PROPORTION OF EMERGENCY DEPARTMENT PRESENTATIONS TREATED WITHIN CLINICALLY APPROPRIATE TIMEFRAMES, BY HOSPITAL, BY TRIAGE CATEGORY, 2016–17

		Results				
Triage category	**2016–17 target**	**ACT Public Hospitals combined 2016-17**	**Canberra Hospital 2016–17**	**National average 2015-16 - Principal referral and women's and children's hospital**	**Calvary Public Hospital 2016-17**	**National average 2015-16 - Public acute group A hospitals**
One (resuscitation - seen immediately)	100%	99%	99%	**100%**	98%	**100%**
Two (emergency - seen within 10 minutes)	80%	77%	77%	**74%**	77%	**79%**
Three (urgent - seen within 30 minutes)	75%	50%	44%	**64%**	57%	**66%**
Four (semi-urgent - seen within 60 minutes)	70%	64%	58%	**71%**	72%	**73%**
Five (non-urgent - seen within 120 minutes)	70%	92%	91%	**90%**	93%	**92%**
All presentations	70%	63%	59%	**70%**	68%	**73%**

Source: ACT Health Emergency Department Published Dataset and Australian Institute of Health & Welfare

Notes:

1. Peer groups - Canberra Hospital has been identified as a 'Principal referral hospital' and Calvary Public Hospital as a 'Public acute group A hospital'.

Strategic Indicator 2.2

Strategic Indicator 2.2: The proportion of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less.

	2016–17 target	2016–17 result
The proportion of Emergency Department presentations who either physically leave the Emergency Department for admission to hospital, are referred for treatment or are discharged, whose total time in the Emergency Department is within four hours	77%	73%

Source: ACT Health Emergency Department published data

As shown in Table 15, in 2016–17, ACT public hospital Emergency Departments continued to increase the proportion of Emergency Department patients who stayed less than four hours from arrival to either admission or departure. In 2016–17, there was an eight per cent improvement compared to 2015–16. Since 2011–12, the performance has improved by 15 per cent.

TABLE 15: FOUR-HOUR RULE ACT VS AUSTRALIA, 2011–12 TO 2016–17

Financial year	ACT performance	National average
2011–12	58%	64%
2012–13	57%	67%
2013–14	62%	73%
2014–15	63%	73%
2015–16	65%	73%
2016–17	73%	Not yet published

Source: *ACT Health Emergency Department Published Dataset.*

Table 16 shows the four-hour rule peer group hospital comparison.

TABLE 16: FOUR-HOUR RULE PEER GROUP HOSPITAL COMPARISON

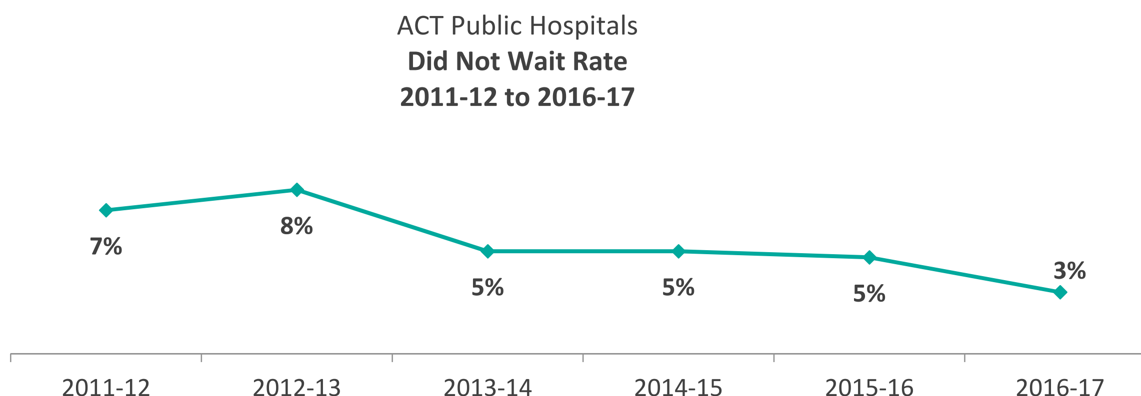
Canberra Hospital 2016–17	Principal referral and women's and children's hospitals 2015–16	Calvary Hospital 2016–17	Public acute group A hospitals 2015–16
71%	68%	76%	70%

Notes:

1. Peer groups - Canberra Hospital has been identified as a 'Principal referral hospital' and Calvary Public Hospital as a 'Public acute group A hospital'.

As shown in Figure 3, in 2016–17, the proportion of patients who did not wait (DNW) for treatment was three per cent. This is a two per cent improvement on the 2015–16 result.

FIGURE 3: ACT PUBLIC HOSPITALS DID NOT WAIT RATE 2011–12 TO 2016–17



Strategic Objective 3: Maximising the Quality of Hospital Services

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

Strategic Indicator 3.1

Strategic Indicator 3.1: The 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

This indicator represents the quality of theatre and post-operative care.

	2016–17 target	2016–17 result
Canberra Hospital	<1.0%	0.63%
Calvary Public Hospital	<0.5%	0.29%

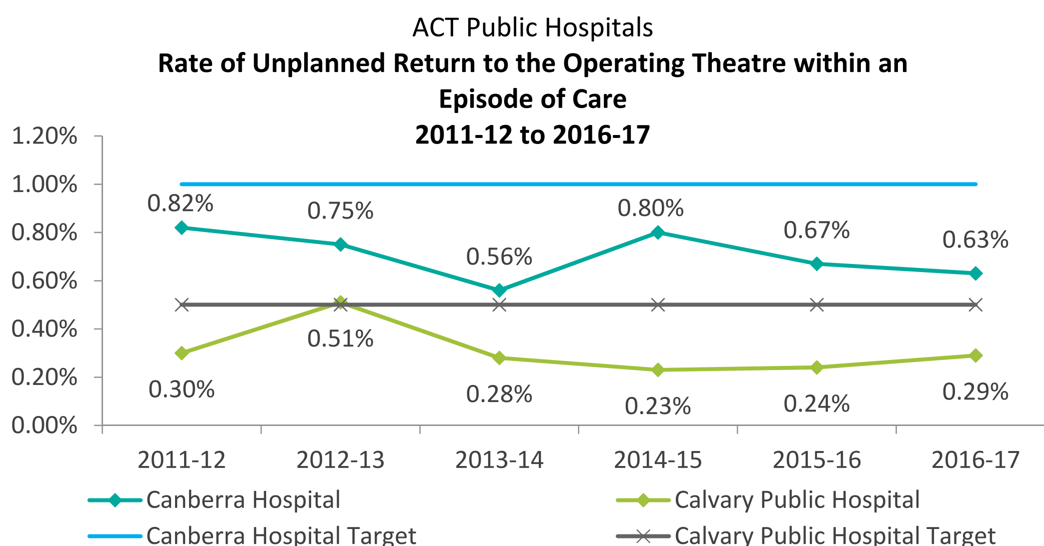
Source: Data obtained by screening individual medical records of patients against the ACHS definitions for these indicators

Notes:

1. Hospital targets are based on similar rates for peer hospitals – based on the Australian Council of Healthcare Standards (ACHS).

As shown in Figure 4, for the unplanned return to the operating theatre within a care episode indicator, both Canberra and Calvary Public Hospitals continued to perform better than the target rate.

FIGURE 4: UNPLANNED RETURN TO THE OPERATING THEATRE WITHIN AN EPISODE OF CARE



Source: ACT Health Admitted Patient Care Published Dataset and ACTPAS

Strategic Indicator 3.2

Strategic Indicator 3.2: The proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 days of their separation due to complications of their condition (where the re-admission was unforeseen at the time of separation).

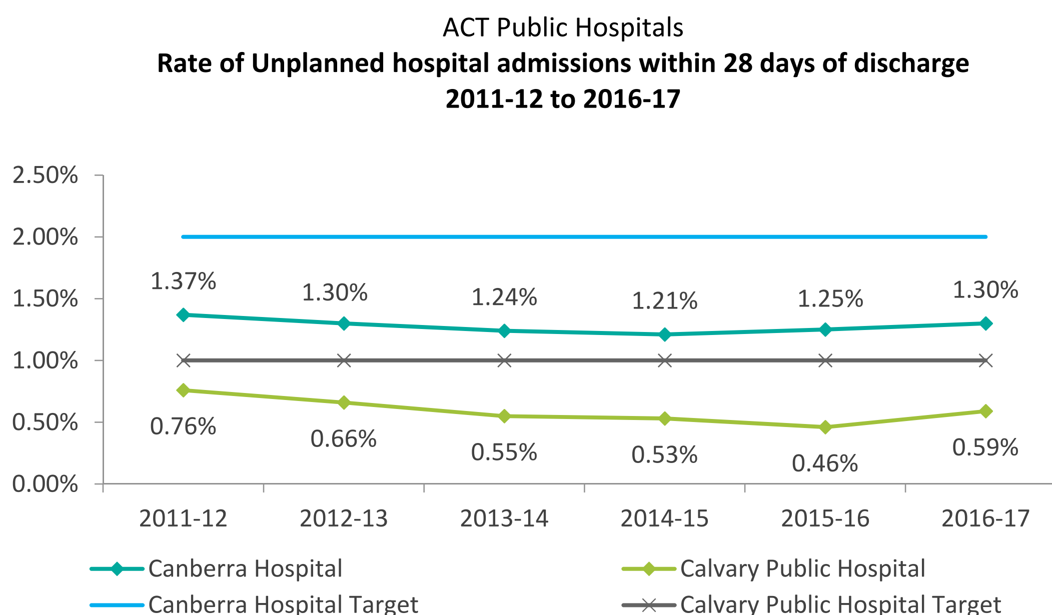
This indicator highlights the effectiveness of hospital-based and community services in the ACT in the treatment of persons who receive hospital-based care.

	2016–17 targets	2016–17 results
Canberra Hospital	<2.0%	1.30%
Calvary Public Hospital	<1.0%	0.59%

Source: Data obtained by screening individual medical records of patients against the ACHS definitions for these indicators

As shown in Figure 5, both Canberra and Calvary Public Hospitals continued to perform better than the target rate for unplanned hospital admissions within 28 days of discharge.

FIGURE 5: RATE OF UNPLANNED HOSPITAL ADMISSIONS WITHIN 28 DAYS OF DISCHARGE



Source: ACT Health Admitted Patient Care Published Dataset and ACTPAS

Strategic Indicator 3.3

Strategic Indicator 3.3: The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay.

This provides an indication of the safety of hospital-based services.

	2016–17 target	2016–17 result
Canberra Hospital	<2 per 10,000	1.01 per 10,000
Calvary Public Hospital	<2 per 10,000	0.57 per 10,000

Source: ACT Health Infection control database

This indicator measures the number of people admitted to hospitals who acquire a SAB infection during their hospital stay per 10,000 occupied bed days. As shown in the table above, both Canberra and Calvary Public Hospitals recorded rates well below the 2016–17 targets.

ACT Health infection control officers continue to develop and implement programs to limit the transfer of infections within public hospitals. This includes education programs for

> clinicians
> patients
> general staff
> visitors.

Strategic Indicator 3.4

Strategic Indicator 3.4: The Estimated Hand Hygiene Rate

The estimated hand hygiene rate for a hospital is calculated by dividing the number of observed hand hygiene 'moments' where proper hand hygiene was practiced during an audit period, by the total number of observed hand hygiene 'moments' (where had hygiene should be practiced) in the same audit period.

	2016–17 targets	June 2017 audit result
Canberra Hospital	75%	82%
Calvary Public Hospital	75%	79%

Source: Hand Hygiene Australia online database.

HEALTH DIRECTORATE OUTPUTS

OUTPUT 1.1: ACUTE SERVICES

The Canberra Hospital provides a comprehensive range of acute care, including inpatient, outpatient and Emergency Department services. The key strategic priority for acute services is to deliver timely access to effective and safe hospital care services.

This means focusing on:

> strategies to improve access to services, including the Emergency Department and emergency and elective surgery

> continuing to increase the efficiency of acute care services.

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

Overview

Acute services are provided by the Divisions of:

- Critical Care
- Medicine
- Pathology
- Surgery and Oral Health
- Women, Youth and Children
- Chief of Clinical Operations.

Critical Care

The Division of Critical Care is responsible for delivering acute and critical care and providing retrieval services. These are provided as inpatient and outpatient services at Canberra Hospital, with a strong emphasis on accessible and timely care, delivered to a high standard of safety and quality. This is underpinned by the Division's commitment to research and training. The Division includes the:

- Retrieval Service (road and air)
- Emergency Department
- Intensive Care Unit
- Acute Surgical Unit
- Acute Clinical Services Unit, comprising the Acute Surgical Unit, the Medical Emergency Team and the Early Recognition of the Deteriorating Patient Team.

The Division is strongly committed to providing timely access to safe, high-quality critical, emergency and urgent care. It is staffed by a highly-qualified team of medical, nursing and allied health practitioners, supported by administrative and other support professionals. The Division also supports a significant teaching, training and research effort.

Medicine

The Division of Medicine provides adult medicine services to the Canberra community in inpatient, outpatient and outreach settings. An emphasis is placed on accessible, timely and integrated care, which is delivered to a high standard of safety and quality.

The Division of Medicine comprises:

- Renal services
- Cardiology
- Academic Unit of Internal Medicine
- Sexual Health Centre
- Neurology
- Gastroenterology and Hepatology
- Dermatology
- Diabetes Service
- Endocrinology
- Forensic and Medical Sexual Assault Services
- Infectious Diseases
- Inpatient ward services, ambulatory clinics and clinical measurement services across many specialties
- Respiratory and Sleep Services
- Rheumatology
- Allied Health – Acute Support
- General Medicine.

The Division has a strong commitment to teaching and research. Health students from several universities undertake practical placements within the Division. Most of the Division's senior medical staff have academic appointments at the Australian National University (ANU) Medical School and many research programs are operating. Many members of the Division's staff participate in developing national professional guidelines and quality initiatives.

Pathology

Pathology is a medical specialty that determines the cause and nature of diseases by examining and testing:

- body tissues, from biopsies and pap smears, for example
- bodily fluids from samples, including blood and urine.

Services are provided in the acute setting at Canberra Hospital, Calvary Hospital and the National Capital Private Hospital and in the community through collection centres across the ACT. A home collection service for patients who are frail or unwell and who cannot attend these collection centres is also provided.

Pathology is essential to the prevention, early detection, diagnosis and treatment of many of the leading causes of disease. Pathology provides diagnostic and consultative services to medical specialists and GPs and their patients in hospitals and in the community. It is estimated that approximately 70 per cent of medical decisions rely on pathology.

Pathology has laboratories located at Canberra Hospital and at the Calvary Laboratory. They offer a 24 hour service 365 days of the year. Pathology specialties include:

> Haematology
> Clinical Chemistry
> Immunology
> Anatomical Pathology
> Microbiology
> Molecular Pathology
> Cytogenetics.

To ensure high-quality, timely results are provided to healthcare professionals for the benefit of patient care, these departments are supported by:

> an administrative team
> an information technology team
> customer services and specimen reception teams.

Surgery and Oral Health

The Division of Surgery and Oral Health is responsible for delivering:

> a range of surgical and pain management services at Canberra Hospital and Health Services (CHHS)
> public dental health programs for children, youth and adults in the ACT and surrounding region.

These programs provide:

> inpatient and outpatient surgical services
> prevention and treatment services.

The Division is comprised of the:

> Surgical Bookings and Pre-Admission Clinic
> Department of Anaesthesia
> Pain Management Unit
> Operating Theatres
> Post-Anaesthetic Care Unit
> Day Surgery Unit and Admissions/Extended Day Surgery Unit
> Specialist surgical ward areas
> Surgical and nursing outpatient services
> Trauma Service
> Trauma and Orthopaedic Research Unit
> The ACT Dental Health Program.

The Division is strongly committed to providing timely access to safe, high-quality surgical and dental care and pain management. It is staffed by a highly-qualified team of dentists and allied health staff, supported by administrative and other support professionals. The Division supports a significant teaching, training and research effort.

Women, Youth and Children

The Division of Women, Youth and Children provides a broad range of primary, secondary and tertiary healthcare services. Service provision is based on a family-centred, multidisciplinary approach to care, in partnership with the consumer and other service providers. Services are provided:

- at Canberra Hospital
- in community health centres
- in community-based settings, including homes, schools and child and family centres.

The Division of Women, Youth and Children comprises:

- maternity services, including the:
  - Continuity at the Canberra Hospital (CatCH) Program
  - Canberra Midwifery Program (CMP)
  - Maternity Assessment Unit (MAU)
  - Early Pregnancy Assessment Unit (EPAU)
  - Fetal Medicine Unit (FMU)
- women's health, including:
  - screening, gynaecology
  - the Women's Health Service, which prioritises women who experience barriers to accessing mainstream services
- neonatology, including:
  - the Neonatal Intensive Care Unit (NICU)
  - Special Care Nursery (SCN)
  - specialist clinics
  - newborn hearing screening
  - the ACT Newborn Retrieval Service
- paediatrics, including:
  - inpatient care
  - specialist clinics
  - community paediatricians
- genetics service
- school-based nursing services, including:
  - immunisation
  - kindergarten health checks
  - school youth health checks
- nurse audiometry, which provides hearing assessments to children and adults
- the Maternal and Child Health (MACH) nursing service, including:
  - a universal home visit following birth
  - support for breastfeeding and parenting
  - immunisation
  - referral services
- services that support children and their families with complex care needs, including:
  - the MACH Parenting Enhancement Program

- the Asthma Nurse Educator Service
- the Child At Risk Health Unit (care for children affected by violence and abuse)
- the Integrated Multi-agencies for Parents and Children Together service, which coordinates care for woman with complex care needs who are pregnant and/or have young children
- child protection training for clinicians
- the Healthcare Access At Schools (HAAS) Program.

The Division is strongly committed to providing person centric care. It is staffed by a highly-qualified team of medical, nursing and allied health practitioners, supported by administrative and other support professionals. The Division supports a significant teaching, training and research effort.

Chief of Clinical Operations

The Chief of Clinical Operations is a single point of accountability for patient flow. The position has line management responsibility for the Patient Flow Unit and Territory Wide Surgical Services. The Chief of Clinical Operations is also the executive lead for planning for the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre.

Performance against accountability indicators

Emergency Department

A $23 million expansion of the Emergency Department, which commenced in 2015, has now been completed, resulting in:

> an extra 1,000 square metres of floor space

> 21 additional treatment spaces

> three more ambulance bays.

THE EMERGENCY DEPARTMENT NOW HAS AN ADDITIONAL 21 TREATMENT SPACES AND THREE MORE AMBULANCE BAYS.

This refurbishment is part of a response to the ever increasing demand for Emergency Department services. There has been an average of 10 per cent growth in emergency presentations year on year since the expansion commenced. Added to this is $29 million in additional funding to provide 54 new Emergency Department staff over the four years to financial year 2019–20, to support access to timely emergency healthcare as demand continues to grow.

The new Emergency Department also includes a Fast Track area, which has:

> ten bed spaces

> three procedure rooms

> a dedicated waiting area.

It is designed to treat patients with less acute conditions.

The expanded 12-bed Emergency Medicine Unit (EMU) continued to provide care to patients who required less than 24 hours of care. In addition, three new beds provided greater flexibility to those patients who required an inpatient ward bed for less than 12 hours. These initiatives are instrumental in continuing to improve the timeliness of care in the Emergency Department.

In addition to expanding the physical facility, process and practice reform has resulted in the implementation of an Emergency Department Navigator role and Team-based Care. These initiatives have been designed to enhance patient flow within the Emergency Department and improve timeliness to treatment.

The improved facility and reforms have assisted greatly in achieving improvements in the number of patients with a stay in Emergency Department of less than four hours and a reduction in the number of people who choose to leave the Emergency Department before they are treated.

IN JUNE 2017, MORE THAN 70 PERCENT OF PATIENTS STAYED IN THE EMERGENCY DEPARTMENT LESS THAN FOUR HOURS, COMPARED TO NEARLY 58 PER CENT IN JUNE 2015.

Elective and emergency surgery

During 2016–17, ACT Health significantly reduced the number of people waiting longer than the recommended timeframes for surgery.

Canberra Hospital is the major tertiary and trauma referral centre for the ACT and surrounding NSW and is equipped and able to manage trauma and emergency cases that cannot be provided by neighbouring facilities and regions. The increasing demand for elective and emergency surgery has continued into the 2016–17 financial year.

ACT Health continues to review where and how surgery is delivered in the ACT, to ensure that patients are receiving their surgery in the right facility at the right time. Surgical resources are now managed through the Territory Wide Surgical Management Committee (TWSMC), which has representatives from Calvary and Canberra Hospitals. The committee monitors Elective Surgery Wait List performance across the Territory and has the capacity to allocate extra resources where needed. The TWSMC has adopted strategies to continue to manage timeliness of surgical access into the future.

ACT public hospitals have made significant improvements in how quickly patients access their elective surgery within clinically recommended timeframes. These improvements have continued into the 2016–17 financial year.

In partnership with the private hospital sector, the Elective Joint Replacement Program provided 458 patients with joint replacements in the 2016–17 financial year. The Elective Joint Replacement Program is achieving a dramatic decrease in the orthopaedic joint waitlist, with very few patients waiting longer than the clinically recommended time. This program will continue through 2017–19, with the aim of further reducing waiting time for joint replacements.

Dental health care

The National Child Oral Health Study 2012–14 was released in February 2017. It provides a detailed snapshot of child oral health in Australia, including:

> oral health status

> use of dental services

> behaviours and trends in child oral health.

This study is considered one of the largest and most comprehensive surveys of child oral health in the world. The report found that the prevalence of dental decay in children in the ACT was lower than the national average. The Division of Surgery and Oral Health through the ACT Dental Health Program continued working to further reduce the prevalence of childhood dental decay by implementing preventative education and screening programs across a number of ACT primary schools that have a low socio-economic scale.

Prevent Alcohol and Risk Related Trauma in Youth

In Australia, adolescents and young people aged 16–24 years have the highest rates of injury of all age groups. These findings are consistent with global population health data. Latest National data indicate

young people account for 52 per cent of all alcohol-related serious injuries and 32 per cent of all alcohol-attributable hospital admissions for injuries caused by violence.

Of the young people significantly injured in the ACT and its surrounding region:

> 25 per cent will die as the result of their injures
> 40 to 45 per cent will require an Intensive Care Unit admission
> 10 per cent will need formal rehabilitation due to disability.

The burden of injury in those that survive is significant. These patients are known to have prolonged functional deficits at five years following injury, which is associated with:

> long-term loss of productivity and capacity to return to work
> a high incidence of psychological injury.

As such, injury can have a devastating impact not only on the individual and their family, but also on the community. Recognising the significance of these statistics, in 2015 the nursing team within the ACT Trauma Service championed for the development and introduction of the Prevent Alcohol and Risk Related Trauma in Youth (PARTY) Program.

The program involves a full day in-hospital excursion aimed at senior students aged 15–18 years and is offered to the school at no cost. Various members of the multidisciplinary team:

> provide education and insight into the effect of major injury on them clinically and personally
> encourage active participation in discussions about potentially dangerous situations and behaviours
> offer advice on how to develop strategies to minimise harm.

Students are also provided with face-to-face personal experiences from current and previous patients and the opportunity to discuss the impact that injury has not only on themselves, but on their family and friends. This personal testimony is ranked one of the highest impact sessions of the day. One student has said:

> "*The experience with the P.A.R.T.Y program was a sobering, and brilliant experience for all involved, making us think about our actions, what we want to do with our lives, as well as how much could change in an instant' (Year 10 PARTY Program Participant).*"

THE PARTY PROGRAM CONTINUES TO INFORM AND EDUCATE 15–18 YEAR OLD STUDENTS ABOUT THE REAL-LIFE AND LONG-TERM IMPACTS OF MAJOR INJURY ON INDIVIDUALS AND THEIR FAMILIES AND FRIENDS, AND MEDICAL PROFESSIONALS. PERSONAL TESTIMONIES HAVE A HIGH IMPACT ON THE STUDENT PARTICIPANTS.

The program has been developed to be adaptable to suit contextual community trends and flexible enough to respond to cultural changes in society. Although the program currently focuses on alcohol and road trauma, other areas of risk taking behaviour can be addressed if demand requires it, for example drug use, mental health and suicide prevention.

Due to the insight and initiative of nurses, this program has become a vital component of the growing community effort to reduce death and injury in alcohol and risk-related crashes and other incidents. It does so by:

> empowering youth
> facilitating parental discussions surrounding life choices and risk

> promoting confidence in the community that their health needs are being met by the health system outside of the inpatient setting.

Pathology

In March 2017, ACT Pathology was re-accredited by the National Association of Testing Authorities and Royal College of Pathologists of Australasia. The accreditation applies to all areas involved in pre-analytics and laboratory analytics for Canberra Hospital and Calvary Hospital laboratories.

Other achievements included:

> implementing new blood culture instrumentation in Microbiology, which increased capacity and provided earlier detection of positive cultures, thereby enhancing patient care

> implementing a specimen identification and tracking system in Anatomical Pathology, which will enhance patient safety by providing traceability of all specimens received into the laboratory

> implementing new blood transfusion analysers in Haematology, which will make transfusion results retrievable by the Calvary and Canberra Hospital laboratories, thereby enhancing patient safety if they are transferred between hospitals

> acquiring new equipment in Molecular Pathology to increase capacity and dramatically reduce turnaround times for viral infection diagnoses during flu season

> installing a robotic unloading system and implementing other improvements in Canberra Hospital to significantly reduce the time it takes for specimens to reach Pathology and reduce the occupational risk to staff, many of whom open over 50 canisters per day

> implementing the Positive Patient Identification (PPID) and pathology eOrdering system in Ward 11B and the Coronary Care Unit, which reduced blood collection errors by 33 per cent in the two pilot wards three months after the system was introduced.

Medical Imaging

ACT Health achieved significant improvements in access and services for patients to Medical Imaging services, including:

> reducing the outpatient waiting lists for:
>
> - Magnetic Resonance Imaging (MRI)
> - Computerised Tomography (CT)
> - Ultrasound (US)
> - Positron Emission Tomography (PET)
> - Nuclear Medicine studies

> introducing a Cardiac CT service

> extending outpatient service hours.

This means that all outpatients requiring urgent diagnostic imaging can be accommodated within two to five days, depending on the study required. Some patients now have 24-hour access, while patients requiring non-urgent CT studies can have an appointment within 24 to 48 hours.

AT 30 JUNE 2017, THERE WAS NO WAITING LIST FOR OUTPATIENT CT SCANS.

As a result of reforms and strategies implemented to support efficient patient flow and Emergency Department treatment times, significant reductions were achieved in:

> Emergency Department CT, US and X-ray response

- waiting times for inpatients needing diagnostic CT, US, MRI and x-ray.

In some patient groups, such as neurology, this contributed to a reduced length of stay of up to three days.

These response time reductions for CHHS Medical Imaging were achieved while activity continued to increase:

- MRI inpatient studies increased by 11.9 per cent
- CT inpatient visits increased by 13.5 per cent
- PET inpatient visits increased by 28.1 per cent
- MRI outpatient studies increased by 30.7 per cent
- CT outpatient visits increased by 4 per cent.

Division of Medicine

On 6 February 2017, the Medical Assessment and Planning Unit (MAPU) and General Medical Unit (GMU) consolidated into a single Model of Care (MoC) called General Medicine, located in Ward 7B. In line with this MoC change:

- the criteria for admissions to some subspecialty wards was reviewed
- General Medicine expanded its consult service to other units for patients with multiple active medical issues, who would benefit from the input of a General Practitioner (GP).

The aim of this MoC is to optimise the patient experience for patients with complex needs by:

- securing optimal clinical outcomes
- reducing avoidable delays
- improving care coordination.

Gastroenterology and Hepatology Unit

Extensive work has been undertaken to improve access to and management of endoscopy services provided by the Gastroenterology and Hepatology Unit (GEHU) at Canberra Hospital, as demand for these services continues to increase year on year. This work included:

- increasing utilisation of available endoscopy sessions
- increasing the number of locum lists
- providing weekend endoscopy lists throughout 2016
- providing some procedures to suitable patients at Queanbeyan Hospital.

Cardiac imaging medicine

Cardiology has established a specific Coronary Angiography Computed Tomography Service to improve care for patients with Acute Coronary Syndrome. This service builds on existing cardiology services, such as the Chest Pain Evaluation Unit and contributes to identifying a patient’s underlying cardiac conditions.

Privately Practising Eligible Midwives at the Centenary Hospital for Women and Children

During 2016–17, two Privately Practising Eligible Midwives signed collaborative agreements with ACT Health to provide private midwifery services to their private patients at the Centenary Hospital for Women and Children. An eligible midwife is a midwife who is:

- noted on the National Midwifery Board of Australia

- endorsed to prescribe specified medicines
- endorsed to provide associated services for midwifery practice.

The National Maternity Services review of 2009 highlighted the need for Endorsed Privately Practising Midwives to access clinical privileges in public maternity services. This allows women to receive continuity of care by their known midwife in a hospital setting. The progress in developing this MoC reflects the importance that ACT Health places on the concepts of choice and continuity of care when providing maternity services to women.

Publicly funded homebirth service

A trial of a publicly funded homebirth program commenced in early 2017 for women at low risk of obstetric complications. The three-year trial is being delivered through the Canberra Midwifery Program (CMP) and is available to eligible women who reside within a 30 minute round trip to the Centenary Hospital for Women and Children, as defined by the ACT Ambulance Service.

Eligibility criteria for the trial are based on general and clinical guidelines with continuous risk assessment conducted throughout pregnancy and labour. The trial will provide one or two homebirths per month over the three-year period, up to 24 births per year.

Dental health

The Dental Health Program has continued to achieve the mean waiting time target of six months for adults on the routine dental services waiting list. There is no waiting time for children.

The Mobile Dental Clinic was operational again this year, visiting Canberrans residing in aged care facilities, who might otherwise not be able to access a dentist. Feedback from clients and their families indicates that this is a valued service, which can significantly improve a client’s outlook after a client is provided with new dentures or after a routine check-up. The team members who operate this van have been trained to care for patients suffering dementia and Alzheimer’s, which further ensures appropriate care to these clients.

Improving access to Outpatient and Ambulatory Services

Ambulatory Care Support Services has been working with the Division of Medicine and the Division of Surgery and Oral Health to improve inpatient wait times for outpatient services. Multiple strategies are required to address both demand and capacity to achieve a reduction in wait times.

Achievements in 2016–17 include:

- implementing a standardised wait list that provides a consistent data reporting approach
- introducing a procedure for booking patients within their triage category, in the order in which their referrals are received
- introducing additional clinics in Urology, Ear Nose and Throat, General Surgery, and Orthopaedics, which have stabilised the increase in, and in some cases reduced, the number of patients waiting outside recommended timeframes
- forming a single intake team by merging several previously discrete teams, which has created efficiencies and improved coordination of the intake process
- introducing a Registered Nurse to review medical outpatient referrals for suitability, urgency and other factors, which has assisted in reducing inappropriate, incomplete and duplicate referrals
- introducing an Advanced Practice Nurse to the Urology Outpatients Department, which has significantly improved patient throughput due to improved triaging, timely follow-up and patient flow.

Awards and nominations

Several staff and teams in the acute divisions were recognised at the ACT Excellence Awards for Nurses and Midwives 2017, including:

- Therese Knight, Intensive Care, Excellence in Clinical Practice
- the Coronary Care Unit Nursing Team, Excellence in Quality Improvement or Research
- Carolyn Thomas, Child and Youth Services Central Regional Team, Excellence in Management Practice.

Several staff and teams were also winners at the Quality in Healthcare ACT Awards 2017, including:

- Overall winner: the Neonatal Intensive Care Unit (NICU)
- Safety award winner: *'Central Line Associated Blood Stream Infections (CLABSI) in NICU Following Introduction of a Central Line Bundle'*. Clinical lead, Dr Tejasvi Chaudhari
- Innovative Models of Care award winner: the Maternity Unit, Centenary Hospital for Women and Children
- Access and Efficiency award finalist: Louise Hawkins.

Other recognition of the acute divisions included:

- The Child At Risk Health Unit (CARHU) therapy team received the Certificate of Appreciation for Collaboration at the Community Safety Directorate Director-General Excellence Awards. CARHU brings together the Child and Youth Protection worker, parents, school executives and family support workers to form a cohesive team around children who have experienced child abuse and those who show challenging behaviours.
- Professor Stephen Robson was elected President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and commenced his office in November 2016. In 2017, he also took up office as President of the ACT branch of the Australian Medical Association.

Future directions

Emergency Department performance

The Division of Critical Care will continue to work towards improving access and timeliness within the Emergency Department, while maintaining quality care and striving to meet the increasing demand on services. The key target area for improvement is reducing the time to be seen for emergency triage categories two to four.

Dental health

The ACT Government has provided additional funding commencing in 2017–18 to expand access to dental services for the most vulnerable Canberrans, by providing more Mobile Dental Clinics (MDCs). Stakeholder consultation is underway to identify which populations may benefit the most from an expansion to this model and how that expansion will be rolled out to the community. The new vans are expected to be operational by December 2018.

Surgery and Oral Health

In 2017–18, the Division of Surgery and Oral Health will be working closely with the Obesity Management Service (OMS) to provide bariatric surgery to public patients who meet the eligibility criteria. This service has been a long awaited development for the ACT community and will provide a clinical pathway for patients waiting to access a potentially life-changing procedure. Long-term studies have shown that weight

reduction surgery can have an impact not only on a person's weight but also on other significant co-morbidities, such as:

- diabetes
- obstructive sleep apnoea
- cardiovascular disease.

The Division of Surgery and Oral Health procured the necessary equipment and resources in order to commence the first procedures in early 2017. The aim is to expand access to this procedure following review of the initial cases. General Surgeons will be working with the multidisciplinary OMS team to ensure that clients are supported and guided through the care pathway for bariatric surgery. The OMS provides people with:

- support from a dietician and a psychologist as part of the multidisciplinary team
- ongoing care coordination, which can involve a GP.

This approach maximises the benefits and health outcomes for the person by:

- providing ongoing monitoring of nutritional status
- preventing nutritional deficiencies
- maximising long-term weight loss.

Chief of Clinical Operations

The Chief of Clinical Operations will continue to develop processes to improve patient flow across CHHS. Patient flow includes:

- reducing wait times for inpatient admission through emergency departments
- achieving timely and efficient transfer of patients from the Intensive Care Unit and the post-anaesthesia care unit to the medical and surgical units
- improving flow from the inpatient setting to long-term care facilities.

Patient flow will be improved by:

- monitoring discharge planning across CHHS
- focusing on predictive and proactive planning for capacity management and patient flow requirements
- monitoring the number of long stay patients across CHHS
- ongoing work to improve the number of weekend discharges.

Increasing access to elective surgery

A Whole-of-Territory elective surgery plan is being developed to manage demand into the future. The plan is being developed by the TWSMC and includes a subcommittee which meets fortnightly to make recommendations for operational change.

The TWSMC has developed:

- a standardised reporting tool to highlight failures to meet time frames and to identify appropriate corrective actions
- a mathematical model to predict and plan the work effort required across the Territory to meet timeliness targets, which can be used to inform budget bids and allocate work across public and private facilities.

Hip Fracture Clinical Pathway

In 2016–17, an ACT Health working group developed a Hip Fracture Clinical Pathway, which was introduced in July 2017. This pathway aims to improve the patient journey for patients with hip fracture, by recognising the importance of a collaborative multidisciplinary healthcare team. It is designed to be used in conjunction with the current Patient Care and Assessment Plan, forming part of the clinical record. The pathway is intended to produce optimal results for patients in terms of pain management, early intervention and better rehabilitation outcomes.

The pathway begins in the Emergency Department, progresses to the inpatient clinical area where the patient is admitted and continues through to discharge. The pathway has been developed using best practice evidence and adheres to standards of care documents for the hip fracture patient. However, it is unique in recognising the roles of all members of the healthcare team involved in caring for patients with a hip fracture.

The pathway includes various enhancements to patient care, such as the enhanced Ortho Geriatric MoC, which provides an increased level of physiotherapy support to this cohort of patients.

Assessment of innovation programs

Several current key areas of focus which are intended to improve patient access and support consumer choice will be monitored closely to ensure they meet expected outcomes, including:

- the publicly funded home birth program
- Emergency Department performance
- endoscopy waiting times.

In addition, a redesign of Central Outpatient Services is expected to deliver further improved access in the ambulatory care setting. Initiatives, such as rapid access clinics, are being considered as possibilities for enhancing the delivery of outpatient services.

The benefits of introducing an Advanced Practice Nurse will be explored for the Ear, Nose and Throat (ENT) Service. As discussed previously, this model has significantly improved patient throughput in the Urology Outpatients Department.

OUTPUT 1.2: MENTAL HEALTH, JUSTICE HEALTH AND ALCOHOL DRUG SERVICES

ACT Health provides a range of Mental Health, Justice Health and Alcohol and Drug Services through:

- the public and community sectors
- public hospitals
- community health centres and other community settings
- adult and youth correctional facilities
- people’s homes across the Territory.

These services work to provide integrated and responsive care through a range of services, including:

- hospital-based specialist services
- therapeutic rehabilitation
- counselling services
- supported accommodation services

- other community-based services.

The key priorities for Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) are ensuring that:

- people's health needs are met in a timely fashion
- care is integrated across hospital, community and residential support services.

This means focusing on:

- ensuring timely access to emergency mental health care
- ensuring that public and community mental health services in the ACT provide people with appropriate assessment, treatment and care that result in improved mental health outcomes
- providing community and hospital-based alcohol and drug services
- providing health assessments and care for people detained in corrective facilities
- engaging and liaising with community sector services, primary care and other government agencies that provide support and shared care arrangements.

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

Overview

The health care provided by MHJHADS directly and through its partnerships with community organisations, ranges from prevention and treatment to recovery and maintenance and harm minimisation. Consumer and carer participation is encouraged in all aspects of service planning and delivery.

The Division delivers services at a number of locations, including:

- hospital inpatient and outpatient settings
- community health centres
- detention centres
- other community settings, including people's homes.

These services include:

Adult Acute Mental Health Services
Adult Mental Health Unit (AMHU)
Mental Health Short Stay Unit
Mental Health Consultation Liaison—Canberra Hospital
Adult Community Mental Health Services
Belconnen Mental Health Team
City Mental Health Team
Gungahlin Mental Health Team
Tuggeranong Mental Health Team
Woden Mental Health Team
Crisis Assessment and Treatment Team
Mobile Intensive Treatment Team- North

Rehabilitation and Specialty Mental Health Services
Aboriginal and Torres Strait Islander Mental Health Services
Adult Mental Health Day Service
Brian Hennessy Rehabilitation Centre
Mental Health Comorbidity Clinician
Mental Health Service for People with Intellectual Disabilities
Neuropsychology
Older Persons Mental Health Team
Justice Health Services
Dhulwa Mental Health Unit
Primary Health Services
Forensic Mental Health Services
Child and Adolescent Mental Health Services (CAMHS)
CAMHS North Community Team
CAMHS South Community Team
Childhood Early Intervention Program
Specialist Youth Mental Health Outreach
Dialectical Behaviour Therapy (DBT) Program
Perinatal Mental Health Consultation Service
Eating Disorders Program
The Cottage
Alcohol and Drug Programs
Consultation and Liaison Service
Counselling and Treatment Services
Police and Court Drug Diversion Services
Opioid Treatment Service
Withdrawal Services

Performance against accountability indicators

In 2016–17, MHJHADS:

> Exceeded the target of 155,000 occasions of service by 25 per cent within the Adult Community Mental Health Services Program. This is predominantly attributable to an incorrect calculation of the 2016–17 targets. The 2016–17 targets were not correctly calculated because they did not include the occasions of service for the Crisis Assessment and Treatment Team (CATT) and Mobile Intensive Treatment Team (MITT), which were moved into the Adult Community Mental Health Services. The 2017–18 targets have been recalculated to reflect the correct services in Adult Community Mental Health Services.

> Achieved 100 per cent of all detainees admitted to the Alexander Maconochie Centre (AMC) having a completed health assessment within 24 hours of detention.

- Exceeded the target of 155,000 occasions of service within Justice Health Services Program by 2 per cent. This achievement can be attributed to the increased number of detainees at the AMC.

There were some challenges for the Division this year and work continues to improve performance for these programs:

- Unexpected staff vacancies and difficulties with the recruitment program were the major factor in a lower than expected result of 12 per cent below the target of 70,000 occasions of service in Alcohol and Drug Services.
- Two detainees admitted to Bimberi did not have their health assessments completed within 24 hours of detention. However, these two detainees' health assessments were completed within 48 hours. The health assessment includes the primary health assessment and the mental health check. Both were completed at the same time, within 48 hours.
- A higher than expected result for episodes of seclusion in 2016–17, of four per cent compared to the target of three per cent, occurred due to the opening of the Dhulwa Mental Health Unit (Dhulwa) this year, which resulted in a new cohort of patients not previously captured in ACT Health seclusion data. This is a small cohort of patients, so a small increase in the raw number causes a significant increase in percentage.
- The targets for occasions of service in the Child and Adolescent Mental Health Service (CAMHS) and Rehabilitation and Speciality Mental Health Services programs were not achieved.

  CAMHS under achieved by 12 per cent against the target of 75,000 partially due to an incorrect calculation in the target due to incorrect clinical mapping. The 2016–17 target should have been increased by 10 per cent not 10,000. If correctly calculated, the variance would have been an underachievement of eight per cent, which is primarily attributable to staff vacancies.

  Rehabilitation and Speciality Mental Health Services under achieved against its target of 80,000 by 64 per cent, which was primarily attributable to incorrect calculation of the 2016–17 target due to incorrect clinical mapping. If correctly calculated the target should have actually been set at 26,250 which would have resulted in an over achievement of nine per cent. This would be attributable to the new Intensive Treatment Services in the older person's mental health and the increase of 3.0 FTE staff during the reporting period.

Emergency mental health care

The Mental Health Short Stay Unit is a six-bed standalone unit adjacent to Canberra Hospital Emergency Department, staffed with experienced mental health medical and nursing staff. The unit is operational 24 hours a day, 365 days a year. It provides people presenting to the Emergency Department with mental health issues with the opportunity for:

- extended clinical observation
- crisis stabilisation
- comprehensive mental health assessment and intervention.

These services are available for up to 48 hours. In 2016–17, 859 people were treated through this service.

On 1 September 2016, the Adult Mental Health Unit (AMHU) increased the number of commissioned mental health inpatient beds from 35 to 37 beds. The additional beds have been accommodated within the existing AMHU Model of Care (MoC) framework and improve:

- access to acute mental health services
- patient flow through Canberra Hospital Emergency Department.

Mental health services

> **DHULWA, THE SECURE MENTAL HEALTH UNIT, OPENED IN NOVEMBER 2016.**

A major achievement this year was the delivery of Dhulwa. Dhulwa provides mental health care in the most secure facility in the ACT. The first ten beds became available in November 2016, although it has a longer term capacity of 25 beds. Dhulwa has a strong rehabilitation and recovery ethos and focuses on helping the whole person and not simply treating a mental illness.

The Mental Health Consultation and Liaison service continues to expand, to provide after-hours support seven days a week, 365 days a year. The service assists people who have mental health-related issues when they are admitted to the general wards of Canberra Hospital.

The CAMHS Specialist Youth Mental Health Outreach Team was initiated in October 2016. It provides assertive outreach and intensive mental health treatment and care for young people aged 14–25 years in the ACT who are at high risk of developing, or are currently experiencing, early onset psychosis. This service also provides outreach care to highly vulnerable young people aged 14–18 years who experience severe anxiety and/or depression and have difficulties accessing clinic-based treatment.

The Older Person's Community Mental Health Team also continues to expand, to provide intensive support for people with psychogeriatric conditions with an acute episode of mental illness who are:

- living in the community with deteriorating mental state
- transitioning from an acute inpatient unit to the community.

This Intensive Treatment Service (ITS) provides assistance and care to older people with moderate to severe mental illness to prevent admission to hospital and to enable safe early discharge from hospital.

Alcohol and Drug Services

Specialist medical, counselling and case management drug treatment services at Tuggeranong and Belconnen Community Health Centres have continued to operate, complementing existing services provided at Canberra Hospital. These outreach services have improved access for people with substance use disorders.

The Youth Drug and Alcohol Program continues to provide services to engage young people with substance use issues. This includes building partnerships with ACT Colleges, Headspace and the Youth Junction to improve access.

In December 2016, a Nurse Practitioner was employed to support the Alcohol and Drug Service Consultation and Liaison services at Canberra Hospital. This position has resulted in more timely access to assessments, information and referrals for people admitted to Canberra Hospital with substance use disorders, particularly those accessing mental health services.

Justice Health Services

Justice Health Services, includes the following teams:

- Dhulwa Mental Health Unit
- Primary Health Services provided at both AMC and Bimberi
- Forensic Mental Health Services provided at AMC, Bimberi and in the community

Throughout 2016–17, Justice Health Services continued to provide health care to:

- people in adult correctional centres

- young people in the Bimberi Youth Justice Centre
- people in the court cells
- people with high-risk mental health needs in the community.

Primary Health Services provided community equivalent primary health services to adults and young people in:

- the AMC
- Bimberi Youth Justice Centre
- the ACT court cells
- Dhulwa.

Forensic Mental Health Services (FMHS) continued to provide its services to:

- people in the AMC
- people in the Bimberi Youth Justice Centre
- people in the courts and court cells
- the community.

In 2016–17, FMHS also began supporting the mental health clinicians in the Australian Federal Police Fixated Threat Assessment team.

Engaging and liaising with other support and shared care organisations

MHJHADS continues to experience challenges in the timely discharge of some patients. This continues to primarily be related to accessing appropriate housing options. Work continues to improve inter-agency relationships, particularly with ACT Housing and the National Disability Insurance Agency (NDIA) to:

- ensure the needs of these people are appropriately met in the community
- reduce the impact on acute and rehabilitation mental health inpatient beds.

Aggression and Violence Divisional Framework

ACT Health is a national leader in reducing the use of seclusion and restraint in mental health inpatient settings and this remains a high priority for staff. Seclusion review meetings continue to monitor seclusion episodes and implement ongoing strategies to minimise the use of seclusion and restraint. The Early Support Intervention Team continues to support patients and staff to identify escalating behaviours that, if not addressed, may lead to the need to use seclusion or restraint by:

- enabling distress in mental health ward patients to be identified early
- providing a supportive response to minimise the impacts of distress.

As an additional support, the Aggression and Violence Divisional Framework has been adopted and is supported by clinical guidelines, which continue to be implemented throughout the adult inpatient mental health units. These guiding documents:

- provide further clinical guidance and support to staff in the early identification and management of aggression and violence
- contribute to the ongoing strategy to reduce seclusion and restraint episodes.

Workforce

The MHJHADS workforce continues to be challenged by staff shortages while also experiencing increased service growth. The last year has seen a net loss of senior medical staff in the Mental Health stream of the

Division and the retirement of the Chief Psychiatrist. Strenuous efforts have been and continue to be, undertaken to recruit to these positions.

Two newly appointed Clinical Directors for the Community and CAMHS have commenced and the Clinical Director for the Forensic Mental Health will commence in October 2017. The junior medical workforce has been stable and the trainees in psychiatry continue to achieve exceptional results in their assessments towards gaining Fellowship of the Royal Australian and New Zealand College of Psychiatrists.

During the year, the approach to Nursing Governance for MHJHADS changed with the formation of Nursing Council. The current model for Nursing Professional Supervision is being expanded to provide a broader range of options with the implementation of Communities of Practice model for nursing. To complement the career structure, Level 1 Registered Nurses have been introduced into the community mental health teams. Nurse Practitioner positions have been created in Alcohol and Drug Services and CAMHS.

The opening of Dhulwa and the expansion of health services at the AMC required a significant recruitment effort, particularly for nursing staff.

The Post Graduate Mental Health Nursing Program, delivered in partnership with the University of Canberra, continues to be highly sought after and demand for undergraduate nursing clinical placements across MHJHADS has been high.

MHJHADS is conducting a six-month pilot of a community-based e-health resource and group program, led by a peer support worker at the Adult Mental Health Day Service (AMHDS). This pilot commenced in March 2017 and is expected to improve consumer's quality of life and their recovery attitudes. The pilot will be evaluated in late 2017, with an expected gradual rollout of peer support workers across MHJHADS. Peer support workers in other Australian and international jurisdictions are increasingly being used to lead self-education and self-help interventions for consumers. This is consistent with research that found outcomes from peer services are as good if not better than conventional mental health services (National Coalition for Mental Health Recovery, 2014)

MHJHADS has developed a culturally responsive framework, to support the establishment of cultural safety for Aboriginal and Torres Strait Islander people accessing the service. In support of this, the current Aboriginal and Torres Strait Islander Liaison Officers (ALOs) have been co-located in one team. The aim is to improve health outcomes for Aboriginal and Torres Strait Islander people by:

- sharing cultural knowledge
- minimising isolation of ALOs
- providing access to a streamlined structure for Aboriginal and Torres Strait Islander people
- enabling better opportunities for preventative care and hospital diversion.

Future directions

Child and adolescent mental health services

The 2017–18 ACT Budget provided funding to CAMHS to enhance the Childhood Early Intervention Team. The team will provide:

- additional screening and single intervention sessions to parents
- targeted group work to ACT primary schools.

Funding was also received to expand the CAMHS hospital consultation liaison to cover the Emergency Department seven days a week, 365 days a year. This will provide patients with immediate assessments and linkages to appropriate services.

CAMHS is intending to provide all CAMHS staff with family therapy training. This will strengthen family and carer participation in psychoeducation and therapeutic treatment.

The 2017–18 ACT Budget also provided funding for an inpatient unit for children and young people at the Centenary Hospital for Women and Children.

Adult mental health services

A further seven beds are expected to open at Dhulwa in 2017–18 for phase two of this project.

The Auditor General Performance Report, Mental Health Services – Transition from Acute Care has made seven recommendations for ACT Health. The ACT Government response to the performance audit report is due to be tabled at the Legislative Assembly in October 2017.

ACT Government funding for a new Step-Up-Step-Down (SUSD) facility was approved as a new capital initiative in the 2016–17 ACT Budget. Planning for a Southside Community SUSD facility has begun. This includes developing a MoC and a Health Planning Unit brief, which will be used to inform the design of the facility.

The SUSD facility will provide an option for people who are becoming unwell, or who are in the early stages of recovery from an acute mental illness, who need a short period of additional support to consolidate their community transition and treatment plans. The facility will be delivered in partnership with a community agency to provide 24-hour clinical and psychosocial services.

Unlike existing SUSD units in the ACT, this new facility will provide shorter term (approximately two weeks) intensive and structured recovery-oriented care. Support will focus on providing:

- clinical treatment and care
- rehabilitation
- community linkage information.

The aim is to reduce inpatient admissions and provide the person with a clear transition pathway back into the community.

Rehabilitation and Specialty Mental Health Services are actively involved with commissioning the Adult Mental Health Rehabilitation Unit (AMHRU) and the AMHDS at the University of Canberra Public Hospital (UCPH). The hospital is due to open mid-2018.

The primary function of the AMHDS will be to offer a multidisciplinary approach to the bio-psychosocial assessment and treatment of people with moderate to severe mental illness, in a supportive and recovery-oriented environment. The primary goal of the service will be to optimise symptom relief and support people living with a mental illness to build the skills and the capacity to cope more effectively and live well in the community.

The AMHRU will provide coordinated intensive individual and group rehabilitation services to help develop and maintain a person’s ability to adapt and function in the community. This will minimise the effects of long-term care and assist with returning to community living. The unit will assist people to:

- identify and address social determinants of health
- access the information and support resources they need to become and stay healthy.

The design of the AMHRU is the result of consultative planning. Central design principles that are reflected in the building’s layout and detail include:

- safety

- privacy
- the ability to personalise spaces.

The new AMHDS will offer various programs, including offering:

- subacute support services and programs to circumvent an acute psychiatric admission where possible
- day treatment medication clinics
- transitional support for those exiting acute mental health services
- intensive psychological therapy and extended recovery/physical health programs to meet specific consumer needs.

The Adult Community Mental Health MoC has been redesigned. A new framework has been proposed to improve and integrate the flow of patients from both inpatient and community settings, including:

- crisis
- assertive outreach
- clinic-based-care
- home-based care.

Preparatory work for implementation continues. The finalised MoC is expected to be fully implemented in early 2018.

Under a separate proposed MoC, it is envisaged that the existing Adult Community Mental Health Service will incorporate the following functions:

- **Access Assessment and Triage:** Providing one centralised 24-hour, seven-day referral line and assessment service for all new referrals.
- **Acute Response and Intensive Home Treatment:** Providing crisis resolution interventions that support hospital diversion and facilitate hospital discharges.
- **Community Recovery Service:** Providing continuing community clinical case management.
- **Assertive Community Outreach Service:** Supporting complex ongoing treatment engagement.
- **Individual Therapies:** Providing structured psychological therapies to complement clinical case management and existing group therapy programs.

The new MoC will seek to further embed service values and principles based on recovery frameworks and best practice, in line with the 5th National Mental Health and Suicide Prevention Plan (currently in draft).

The key changes aim to increase capacity, efficiency and effectiveness of specialist secondary mental health services for people with mental illness complicated by significant psychosocial functional impairment, complexity and risk. Establishing one primary intake service is designed to provide a more equitable and standardised referral management service across the Territory.

To enable a more targeted service to those who are most in need, there will also be an increased emphasis on a 'Stepped Care' approach. This approach links people with primary health and community support structures wherever possible.

MHJHADS currently has two exciting Information Technology Projects underway to improve clinical care:

- Replacing the existing electronic clinical record for Mental Health and paper records for Alcohol and Drug Services and areas of Justice Health Service. The new MHJHADS Electronic Clinical Record system will provide a joint clinical record for services within the Division, to support coordinated care across the divisional service. The system is expected to be fully implemented by the end of 2017.

- With the support of ACT Corrective Services, installing the idose™ computerised methadone dosing system at the AMC. idose™ is currently used by the Alcohol and Drug Service at Canberra Hospital. The idose™ system will be implemented in the AMC by the end of August 2017.

Alcohol and Drug Service

In July 2017, in partnership with the Capital Health Network, the Alcohol and Drug Service established a 12-month Aboriginal and Torres Strait Counsellor position. The position supports Aboriginal and Torres Strait Islander people who have substance use disorders.

Justice Health Services

In response to the Moss Inquiry Recommendation 5, Justice Health Services is working with ACT Corrective Services and Winnunga Nimmityjah Aboriginal Health Service to integrate their MoC into the AMC. This will introduce their holistic MoC to Indigenous detainees.

Mental Health Act

The *Mental Health Act 2015*, which commenced on 1 March 2016, gives people in the ACT living with a mental illness, or their carers and family members, greater opportunity to contribute to decisions on their treatment, care and support. The Act is currently being evaluated, with three stakeholder workshops being held in 2016–17 and 2017–18, to gain a broad range of opinions, which will be used to develop the Monitoring and Evaluation Framework.

OUTPUT 1.3: PUBLIC HEALTH SERVICES

The aim of Output 1.3 is to improve the health status 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.

This includes programs that:

- evaluate and report on the health status of the ACT population
- assist in identifying particular health hazards and measures to reduce the risk to the health of the public from communicable diseases, environmental hazards and the supply of medicines and poisons.

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

Overview

Population Health Protection and Prevention manages public health issues and preventative health matters within the ACT. The Division is grouped into two sections:

- the Health Protection Service (HPS)
- the Health Improvement Branch (HIB).

The HPS works to protect the health of the ACT community by:

- preventing public health incidents and responding to them when they occur
- providing public health advice
- monitoring and enforcing public health regulations.

The HIB is responsible for improving the health and wellbeing of the ACT population by:

> promoting healthy behaviours and lifestyles
> providing ongoing monitoring and evaluation of health programs and policy.

Performance against accountability indicators

The HPS conducts surveillance for notifiable conditions as required under the *Public Health Act 1997*. In 2016–17, all conditions notified to the HPS were followed-up and investigated within routine protocols and guidelines. Where necessary, public health measures were put in place to limit the spread of disease in the ACT and the wider community. Data regarding notifiable conditions was collected and stored in the ACT notifiable diseases database.

Forensic chemistry relies on highly trained and experienced staff to provide expert analysis and expert evidence that supports investigations into controlled substances. Full training of operational analysts routinely takes 18–24 months. Throughout 2012–16, a significant increase in sample numbers caused increasing resource pressure on the unit, resulting in a significant backlog in analysis by late 2015.

A 2016–17 budget bid for additional staff provided funding for two staff for two years. These staff were recruited and employed by late 2016 with preliminary training immediately implemented.

Health status evaluations and reports

Population Health Protection and Prevention undertook the following population health surveys and data collections in 2016–17:

> The ACT General Health Survey (GHS), which is a telephone computer-assisted technology household survey that collects information on a range of factors influencing health status.
> The ACT Secondary Students' Alcohol and Drug (ASSAD) Survey, which commenced in 23 secondary schools in Term 2, 2017. The aim of this survey is to provide information on the prevalence of alcohol, tobacco and drug use and other health risk factors among secondary students, aged 12–17 years.

The Division has adopted two new methods of disseminating data and analysis so that it is of maximum use for practitioners, policy-makers and the general public. These are:

> HealthStats ACT, which is an interactive web interface for ACT population health data and contains downloadable data for a range of health risk factors, diseases and specific populations
> the Focus On Reports, which are short reports focused on specific health topics and which present technical health data using accessible language and an accessible format.

Population Health Protection and Prevention also:

> continued to improve the completeness and timeliness of maternal and perinatal data and to report nationally against key indicators
> through the NSW Cancer Institute, continued to improve the quality and efficiency of ACT Cancer Registry data collection
> released the ACT Prostate Cancer Outcomes Register, which is part of a national research project funded by Movember
> continued to link different data sets using data-linkage with the Centre for Health Record Linkage in New South Wales
> completed the review of the Epidemiology section survey program.

The Division contributed data to a range of reports, evaluations and research projects, including the:

> ACT Government's *A Picture of the ACT's Children and Young People*

> Australian Institute of Health and Welfare's *Australia's Mothers and Babies* Report

> ACT Government's *Healthy Weight Initiative Progress Report 2016–17*

> *Better Cardiac Care for Aboriginal and Torres Strait Islander People*, which is a joint territory, state and federal collaborative project.

Promote smoke-free areas

The HPS has continued to undertake smoke-free policy reforms to protect the community from second-hand smoke.

The *Smoke-Free Public Places Amendment Act 2016* was passed in March 2016. It streamlines the process of declaring new smoke-free areas in the ACT. The initiative also supports the reduction of tobacco-related harms through de-normalising smoking and allows Canberrans to enjoy public amenities without exposure to second-hand smoke.

In July 2016, ACT Health undertook community consultation on the proposal to establish smoke-free areas around ACT Government-owned public playgrounds. There was overwhelming support for this proposal and as of September 2016, all ACT Government-managed play spaces were declared smoke-free. 'No Smoking' signs were installed at all ACT Government-managed parks outlining that smoking is prohibited within 10 metres of play equipment.

ALL ACT GOVERNMENT-MANAGED PLAY SPACES ARE NOW SMOKE-FREE.

Interventions and mitigations

Seasonal influenza activity is monitored using routine laboratory notifications of confirmed cases of influenza. In 2016, the influenza season in the ACT was larger than any season in the previous five years (2011–15). The HPS was notified of almost 1,600 cases of influenza, compared to an average of 779 cases reported for the same time period in the previous five years. In addition, a large number of institutional outbreaks of influenza-like illness (ILI) were reported when compared to previous years, with 19 outbreaks of ILI occurring in institutions across the ACT, compared to four in 2015 and eight in 2014. Of these, 17 were confirmed as being due to influenza.

The HPS supports institutions experiencing an ILI notifiable outbreak by:

> providing advice regarding measures to control the spread of the disease, such as appropriate cleaning and isolation of sick people

> liaising with the facility daily for the duration of the outbreak.

In 2016, antiviral medications were provided to residents and staff in three institutional outbreaks of influenza. Antiviral medications are used to treat viral infections such as influenza, but can also be used in an outbreak setting to prevent influenza infection in well people and limit the spread of disease. HPS assisted with the distribution of the antivirals to the facilities, which were provided from the ACT Health Medical stockpile and used in line with national guidelines.

A large Salmonella outbreak was investigated by HPS in January and February 2017. Over 100 cases of gastroenteritis were reported among people who ate at the same food premises between 29 January and 14 February. Seventy-five of these people had confirmed Salmonella infections and 19 were hospitalised.

Another unrelated outbreak of Salmonella was also investigated around the same time. Four people with confirmed Salmonella infections reported eating at the same food premises between 30 January and 2 February.

Environmental Health Officers from HPS inspected both of the above premises. Both were found to have issues with food handling processes and were subsequently issued with prohibition notices, resulting in the temporary closure of both premises.

A third Salmonella outbreak investigation was conducted in February and March 2017, with 11 cases eating at the same restaurant over a five week period. Several inspections of the premises did not identify any issues. Despite thorough epidemiological and environmental investigations, the source of that outbreak remains unknown.

In May 2017, the annual Aged Care Forum was hosted by the HPS. Thirty people from 19 ACT aged care facilities attended the forum. Staff from across ACT Health presented information on:

- how to manage outbreaks of influenza and gastroenteritis
- other diseases relevant to the aged care setting
- influenza vaccinations that are available for both residents and staff.

In addition to the forum, a respiratory swab collection workshop was funded by ACT Health and provided to aged care facility (ACF) staff. Having aged care staff trained in swab collection enables rapid diagnosis of the cause of illness, meaning that disease-specific control measures can be implemented and the outbreak can be contained more quickly.

The ACT Pharmacist Vaccination Standards were expanded on 22 June 2017, to authorise pharmacists to vaccinate against whooping cough using the diphtheria, tetanus, a-cellular pertussis (dTpa) vaccine. This change means that pharmacists can help to reduce the spread and incidence of both the flu and whooping cough in the ACT. It also aligns the ACT with immunisation programs offered in Queensland, the Northern Territory and Victoria.

The Medicines, Poisons and Therapeutic Goods Regulation 2008 was amended on 1 August 2016, to enable prescribers to seek approval to prescribe a therapeutic class of controlled medicine(s) for a patient through a category approval system. The category approvals enable prescribers to increase or decrease doses and switch between medications within the limits, without having to seek approval each time. The limits for category approvals are set out under the Controlled Medicines Prescribing Standards, which came into effect on 15 September 2016. These changes have significantly improved administrative processing times within the HPS and enabled ACT Health to focus on public health monitoring and investigation activities.

Health hazards and countermeasures

Access Canberra and ACT Health have collaboratively developed a food business self-assessment tool that is available as an App so that it can be used on compatible electronic handheld devices. The self-assessment tool assists food business operators by enabling them to undertake an assessment of their current food safety practices and identify potential areas for improvement. The application provides detailed information about:

- common food safety and regulatory issues
- food business inspections.

IN 2016-17, THE NUMBER OF FOOD HANDLERS COMPLETING THE I'M ALERT FOOD SAFETY

TRAINING INCREASED BY OVER 600 PER CENT.

The effectiveness of current food business and community group engagement is demonstrated by the increased number of food handlers from food businesses and community groups that have conducted the online I'm Alert Food Safety training. During 2016–17, 8,936 food handlers conducted this training, which is an increase of over a 600 per cent from the previous year.

The HPS attends a growing number of events in the ACT, from the Summernats to the National Multicultural Festival. In February 2017, a team of 12 public health officers conducted food inspections during the National Multicultural Festival, which is the ACT's largest food event. This was a strategy to minimise public health risks from serious breaches of the *Food Act 2001.* Over 350 inspections were conducted during the event. During food stall inspections, public health officers routinely look for issues (breaches) that lead to unacceptable food safety risks, including:

> inadequate temperature control

> poor hand washing facilities

> inappropriate food storage.

A number of food safety breaches were identified, resulting in three seizures of food and 17 incidents of voluntary disposal of food.

In December 2016, an extensive clean-up was conducted of an insanitary condition at a residential dwelling using the recent amendments to regulatory processes under the *Public Health Act 1997*. The property had an accumulation of food and other material in and around the house. The food was decaying and odorous, providing harbourage for vermin and impacting on neighbours. Ongoing monitoring of the property has continued since the clean-up to monitor reoccurrence. Under the amended *Public Health Act 1997* an abatement order for an insanitary condition is valid for 12 months. This allows the HPS to clean-up a reoccurrence of an insanitary condition on a premise with a valid abatement order.

On 9 August 2016, the *Public Health Amendment Act 2016* was passed by the Legislative Assembly. The aim of amendment is to improve public health management of insanitary conditions caused by hoarding and domestic squalor in the ACT. The amendments also provided the Minister with the power to create a code of practice that sets out guidelines for the Chief Health Officer.

The code of practice will provide a flexible framework to allow government to better respond to the public health risks associated with insanitary conditions caused by hoarding and domestic squalor. It will also task the Hoarding Case Management Group, an independent advisory group, with the provision of operational advice on best practice management of hoarding and domestic squalor.

Other achievements

The Office of the Chief Health Officer (OCHO) undertook significant work to establish a Medicinal Cannabis Scheme in the ACT to facilitate safe and legal access to high-quality medicinal cannabis products. Two expert committees, the Medicinal Cannabis Medical Advisory Panel (MCMAP) and the Medicinal Cannabis Advisory Group (MCAG) have been established to provide:

> high-level advice on clinical guidelines and regulations

> advice to government on the broader economic, legal and social issues related to the introduction of the Scheme.

New draft ACT prescribing standards for medicinal cannabis are being developed. The ACT Government is committed to ensuring that available medicines are safe and effective.

Future directions

Health status evaluations and reports

In 2017–18, Population Health Protection and Prevention will:

- build on the existing suite of data collections to provide richer data to inform policy and practice
- use new technologies, including simulation modelling and Big Data collection
- continue to develop the *HealthStats* ACT web site, including presenting data in a range of formats
- prepare and release the Chief Health Officer's Report 2018, which provides an account of the health and wellbeing of the ACT population.

Promote smoke-free areas

Following an announcement by the Minister for Health on 26 June 2017, the HPS is working with Transport Canberra and City Services to declare public transport waiting areas smoke-free. Community consultation undertaken between February and April 2017 found that 93 per cent of respondents supported the proposal to declare transport waiting areas smoke-free.

Interventions and mitigations

The HPS will continue to work with ACFs in the ACT to manage and prevent outbreaks of influenza. One strategy that will be further investigated is the supply and administration of seasonal influenza vaccine to ACF workers. Despite relatively high levels of vaccination in residents, poor rates of vaccination among staff (in whom the vaccine is more effective) contribute to an increased likelihood of influenza transmission. It is proposed that by offering seasonal vaccination to ACF workers (who are currently not eligible for funded vaccine under the National Immunisation Program), the vaccination coverage rate among this group will increase, resulting in a reduction in the number, duration and severity of influenza outbreaks in ACFs in the ACT.

The ACT Government is committed to the principal of harm reduction. The OCHO has established a working group to examine the broader public health, legal and social issues related to the potential introduction of pill testing in the ACT.

As various inquiries into harm reduction services progress, new issues will need to be considered. The current significant consultation and policy work will continue.

The ACT Government has also committed to reducing barriers to registering for organ and tissue donation. ACT Labour has set an ambitious target of achieving a 90 per cent donation registration in Canberra. OCHO continues to work with government to:

- develop a coordinated and consistent approach to organ and tissue donation
- facilitate effective and efficient organ donation for transplantation.

Health hazards and countermeasures

Climate change impacts health both directly and indirectly. Population Health Protection and Prevention is participating in multiple inter-jurisdictional and inter-agency discussions about improving health outcomes in the face of climate change. Examples include:

- monitoring air quality
- increasing community resilience to extreme heat
- improving fitness by encouraging active transport options that reduce carbon emissions.

ACT Health will continue to champion the one government approach by strengthening current inter-governmental relationships and collaborative initiatives.

For example, Access Canberra and ACT Health will jointly develop new industry guides and revise existing guides, such as the ACT Government Events Guide. As part of this approach, Access Canberra and ACT Health will aim to engage early with event organisers to support businesses to meet their regulatory obligations.

This approach will also be adopted for the introduction of joint proactive food business site visits in 2017–18. Proactive site visits are designed to improve compliance rates and provide an increased presence in the community. The aim of the visits is to discuss common food safety issues and inform food businesses of the tools that are available to assist them in achieving compliance. This will:

- complement current regulatory activities
- improve food safety by promoting a food safety culture in food businesses.

OUTPUT 1.4: CANCER SERVICES

Canberra Hospital and Health Services (CHHS) provides a comprehensive range of screening, assessment, diagnostic, treatment and palliative care services. Services are provided in inpatient, outpatient and community settings.

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

- ensuring that population screening rates for breast cancer meet targets
- ensuring waiting time for access to essential services, such as radiotherapy, are consistent with agreed benchmarks
- increasing the proportion of women screened through the BreastScreen Australia program for the target population to 70 per cent over time.

Contact details: For more information, email HEALTHACT@act.gov.au.

Overview

The Division of Cancer, Ambulatory and Community Health Support (CACHS) provides:

- a comprehensive range of cancer screening, assessment, diagnostic and treatment services
- palliative care services
- administration support to Ambulatory and Community Health sites
- nursing support to central outpatients.

Services are provided in inpatient, outpatient and community settings.

The key strategic priorities for cancer care services are early detection and timely access to diagnostic, treatment and supportive services. These include:

- ensuring that population screening rates for breast and cervical cancers meet targets
- ensuring that the waiting time for access to essential services, such as radiotherapy, are consistent with agreed benchmarks
- increasing the proportion of women screened through the BreastScreen Australia program for the target population (50–69 years) to 70 per cent over time
- increasing timely access to palliative care support at the Canberra Hospital.

Performance against accountability indicators

During 2016–2017, projects have been undertaken to strengthen services by:

> improving the patient experience
> decreasing the length of inpatient stays
> improving timeliness of admissions
> improving patient flow across all inpatient and outpatient CACHS services.

Outcomes that have been achieved to date are:

> decreased length of stay, in particular for Haematology patients
> improved timeliness of admissions
> improved patient flow in outpatients and screening clinics
> improved access to treatment information in patient files
> increased referrals from GPs to BreastScreen ACT
> improved Health Roundtable benchmarked data for haematology.

Breast cancer screening

BreastScreen ACT is funded by ACT Health and affiliated with the national program, BreastScreen Australia. BreastScreen ACT's access and uptake have had continued success during 2016–17 with:

> 100 per cent of women receiving screening results within 28 days
> for women requiring further investigation at an assessment clinic, 88 per cent were provided an appointment within 28 days from their initial breast screening appointment.

Despite a comprehensive recruitment and promotion program, breast screening participation for the 50–69 years cohort in the ACT has remained steady at 56.4 per cent against the ACT target of 60 per cent. While the ACT rate of participation in breast screening is approximately two percent above the national average and the third highest in the country, achieving the national target set by BreastScreen Australia of 70 per cent participation remains a challenge.

BreastScreen ACT continues to actively promote this important program by:

> using Electoral Roll data to send invitations to women in the target age group
> sending routine re-screen invitation letters
> telephoning lapsed attendees and women who do not respond to invitation letters or who fail to attend appointments
> distributing information packs to all GPs in Canberra
> conducting community and professional information sessions
> staffing stalls at various conventions
> distributing additional resources.

In January 2016, the program installed a new mammography and tomosynthesis machine in Civic. This state-of-the-art technology has enabled the program to continue to detect the smallest of cancers using three-dimensional imaging of the breast.

Cancer services

The Rapid Assessment Unit (RAU) for Cancer Services provides an alternative access point for cancer patients, currently receiving or three months post-treatment, who require management of symptoms and side effects relating to their cancer and/or cancer treatment.

This nurse-led model, with a Nurse Practitioner and Advanced Practice Nurse, has resulted in:

- increased capacity to manage cancer patients outside of the Emergency Department
- reduced admissions
- improved access for patients.

Radiation Oncology

Technology capabilities are a critical component of the Radiation Therapy service. Major equipment at end-of-life is being replaced, which will:

- provide further efficiencies for radiation therapy treatment planning and treatment delivery
- improve access to the service and to more current and targeted radiation therapy treatments, such as Intensity Modulated Radiation Therapy (IMRT).

A project is being conducted to expand the usage of the ARIA® oncology information system and improve integration of ARIA® with other ACT Health systems. This will support:

- increased efficiency
- streamlined processes
- establishing a complete electronic medical record.

Implementing new technologies provides improved treatments and outcomes for patients. However, the increasing complexity, planning and treatment time provides challenges, including:

- increasing demand on the infrastructure and for Radiation Oncologists, Radiation Therapists and Physics groups
- ensuring patients are treated within recommended timelines.

Achievements over the last year include:

- implementing respiratory gating techniques, including:
  - increased application of four-dimensional image acquisition, to improve tumour definition
  - expanded use of deep aspiration breath hold techniques, to reduce the radiation dose to critical organs
- increasing utilisation of IMRT for prostate and other large field pelvic cancer treatments and extending the IMRT Program to upper gastrointestinal sites, to increase total access to IMRT from the previous 16 percent to 16.7 percent of patients
- increasing utilisation of Cone Beam Computed Tomography (CBCT), which provides three-dimensional volumetric anatomical data for treatment verification imaging
- continuing to increase patient participation in clinical trials, both investigator initiated trials and cooperative group clinical trials
- further upgrading the Stereotactic Radiosurgery (SRS) imaging system, which improves the efficiency of the SRS treatment process
- increasing utilisation of Stereotactic Ablative Radiotherapy (SABR) for patients with lung cancer

- progressing the integration of ARIA, Radiation Oncology Clinical Information Management System with other CHHS applications
- implementing paper-reduced external beam treatment and planning to improve efficiencies and achieve cost savings.

Continued patient participation in the Highly Conformal Hypofractionated Image Guided ('Stereotactic') Radiotherapy (CHISEL) clinical trial further consolidated our experience with the SABR clinical technique.

Medical Oncology

The Medical Oncology Department had several achievements this year, including increasing medical oncology consultant staff by a 1.5 Full Time Equivalents (FTEs).

In addition, Medical Oncology participated with other bodies in research and development efforts. This included participating in an academic translational collaboration project with the Australian National University (ANU). This led to the development of a phase I clinical trial of intratumour injection of Complete Freund's Adjuvant into solid human tumours. The first patient was enrolled in October 2016.

Another translational collaboration with the University of Canberra in epigenetic targeting of metastatic breast cancer will lead to another phase I clinical trial, commencing in 2017.

These studies are leading up to establishing a Canberra Region Cancer Centre (CRCC) Phase I Clinical Trials Unit.

In addition, a scoping visit to the National Referral Hospital, Honiara Solomon Islands was conducted to review the local cancer services. This visit was conducted with the support of the John James Foundation. The department will play a key role in assisting this Pacific neighbour in establishing its own dedicated cancer unit.

Ongoing work to decrease patients' length of stay included reviewing processes for weekend handover for medical staff and discharge planning.

Palliative Care

Cancer Services contributed to the Territory-wide palliative care services by providing five specialist nurses and a Nurse Practitioner.

Palliative care-related medical specialist services are provided in conjunction with ACT Palliative Care. These have been enhanced in 2016 by the appointment of a new Palliative Care Specialist. In 2017 a trainee registrar position will be created for Canberra Hospital's palliative care. Close integration of these services with the ACT-wide Palliative Care service is paramount.

Palliative Care staff provide a highly valued consultation service across the Canberra Hospital campus to patients and their families, including those with non-malignant conditions requiring complex symptom control.

Other achievements

In February 2017, the CRCC again held a three-day World Cancer Day event. The Canberra community and health professionals were invited to participate in the event, which provided:

- cancer information sessions
- GP education evening
- daily tours of the CRCC
- the opportunity to browse approximately 30 supporter stalls.

All events over the three days were very well attended and supported.

The BreastScreen Team was presented with an ACT Quality in Health Award in the category of Consumer Participation. This was awarded for research the program undertook to determine the enablers and barriers to mammography screening by ACT resident women aged 50–74 years.

In addition, the Immunology Unit received the highest level of accreditation from the Joint College Training in Immunology and Allergy.

Other awards in the Division included:

- At the 2017 ACT Excellence Awards for Nurses and Midwives, James Slade, Clinical Nurse Specialist, was named 2017 ACT Nurse of the Year and the RAU was awarded the ACT Nursing and Midwifery Team of the year.
- Kerryn Ernst was awarded a Public Service Medal for outstanding public service to community health in the ACT. Kerryn's work as a McGrath Breast Care Nurse has been recognised and is appreciated by all those that she works for and works with.

Future directions

Cancer Services

In 2017–18, Cancer Services will focus on:

- maintaining high-quality, safe care for all patients
- implementing other improvements to improve the experiences of patients and clinical staff.

High-quality, safe care will be maintained for all patients by reviewing and evaluating current MoCs, including:

- the Palliative Care consultation service model, which will be reviewed as part of the development of a Territory-wide model
- the role of the Clinical Nurse Specialists' expertise to inform and progress shared care models
- further expanding the RAU.

Efforts to improve the patient experience and timeliness of care are being progressed, including:

- continuing the Lean Oncology projects to further reduce patients' length of stay and increase capacity in the outpatient setting
- reviewing the multidisciplinary team meeting processes to ensure as many patients as possible can be reviewed by the teams in a timely and efficient way
- implementing the Optimal Cancer Care Pathways (developed by Cancer Australia) for lung cancer and acute myeloid leukaemia
- implementing a targeted exercise program for patients who have lengthy admissions to ensure these patients maintain physical function and muscle strength
- trialling art therapy for inpatients and outpatients.

Regular forums and space will continue to be provided for clinical staff to collect their ideas for improving the patient experience and developing improvements in care.

Cancer Services will also continue to develop and implement clinics, including:

- the anaesthetic allergy clinic
- the Sarcoidosis clinic

- a joint Immunology/Ophthalmology uveitis clinic
- continuing the trial of the Older Person's Oncology clinic, which combines medical oncology, geriatric and social work services into a single clinic.

A Cancer Australia grant of $574,009 will be used to conduct an AUTOCHECK study. This study will investigate the molecular determinants of adverse autoimmunity and immune-related events in advanced cancer patients who have been treated with immune check point inhibitors.

In 2017, Canberra Clinical Genomics will begin providing services to Immunology, Oncology and Haematology.

A new inpatient area that will co-locate all inpatients in a purpose-built refurbished area in Building 3 at Canberra Hospital will be designed and developed.

The Breast Cancer Shared Follow-up Care Program will continue to be promoted. The program involves the person, their GP and specialist and a Breast Care Clinical Nurse Consultant, to provide the best care after a person has finished cancer treatment. It recognises that there are opportunities at the end of treatment to support women to live well, by:

- developing a follow-up care plan for the person
- implementing a shared follow-up care arrangement between specialists and GPs.

Radiation Oncology

Radiation remains an important modality for cancer treatment. With improved clinical outcomes of cancer treatment and increased survival rates, minimising radiation therapy-related toxicities becomes a priority. To support this, future directions for Radiation Oncology include:

- further developing the advanced IMRT treatment Volumetric Arc Therapy (VMAT), which provides more precise targeting of the tumour and spares normal tissues, thus minimising related toxicities
- progressing the implementation of a replacement treatment planning system, which will support more complex planning techniques and provide system efficiencies
- continuing to develop SRS techniques for metastatic spinal disease
- commissioning and clinically releasing software that provides planning and treatment delivery efficiencies for cranial SRS with multiple targets
- developing a business case to obtain funding for the replacement of end-of-life Linear Accelerators, which will provide state-of–the-art treatment delivery and imaging modalities
- further investigating the feasibility of expanding the brachytherapy service to:
    - provide intraoperative brachytherapy for breast cancer
    - use three-dimensional printing to produce surface moulds to treat skin cancer
- further increasing participation in clinical trials and translational biological laboratory research studies.

In addition, the clinical release of VMAT treatment of prostate cancer is expected by October 2017. VMAT provides improved efficiencies by reducing treatment delivery times, which will provide increased access to radiation therapy services.

Radiation Oncology will continue developing the following clinical projects:

- expanding the Stereotactic Radiosurgery/Radiotherapy service to include extra cranial treatment sites
- expanding verification imaging capabilities, including developing a credentialing program
- expanding the application of IMRT to include prostate cancer treatment

> expanding the use of the oncology information management system
> continuing to develop scripting to further automate radiotherapy treatment planning system processes and provide process efficiencies
> increasing access to IMRT in Radiation Oncology from the current 16.7 percent of patients to the recommended 30 to 40 per cent, depending on clinical case mix.

Breast cancer screening

The Expanded Target Age Group Project, which promotes screening to women aged 70–74 years, has entered the final year of current funding. The participation rate in this cohort has increased from 33.2 per cent in July 2014 to 54.7 per cent in June 2017. Commonwealth funding will be provided to extend the program for a further four years.

Community Engagement

World Cancer Day in February 2017 provided an opportunity to highlight what each of us and the CRCC, can do to reduce the impact of cancer on our community. The theme for 2017 is 'We Can, I Can'. It aims to explore how everyone can contribute to reducing the impacts of cancer by achieving greater equity in cancer care and making fighting cancer a priority.

Medical Oncology

Cancer Australia has developed 13 Optimal Cancer Care Pathways (OCCPs) and all jurisdictions in Australia have commenced implementation of the OCCPs. The CRCC has identified lung cancer and acute myeloid leukaemia as the first OCCPs to implement. Progress to date has been reported to the National Cancer Expert Reference Group.

Palliative Care

A Paediatric Palliative Care MoC has been developed and will be implemented in the second half of 2017. This is a nurse-led service that brings together the services required to support families in the ACT who are caring for children and young people with life limiting illnesses.

OUTPUT 1.5: REHABILITATION, AGED AND COMMUNITY CARE

The aim of Output 1.5 is to provide an integrated, effective and timely response to rehabilitation, aged care and community care services in inpatient, outpatient, Emergency Department, subacute and community-based settings.

The key strategic priorities for Rehabilitation, Aged and Community Care (RACC) are:

> ensuring that access is consistent with clinical need, is timely for community-based nursing and allied health services and that community-based services are in place or planned to better provide for the acute and post-acute healthcare needs of the community
> ensuring that hospitalised older persons wait an appropriate time for access to a comprehensive assessment by the ACT Health's Aged Care Assessment Team (ACAT), which assists in their approval to access appropriate support in the community when available, including residential accommodation.

Contact details: For more information, email HEALTHACT@act.gov.au.

Overview

Throughout 2016–17, RACC continued to implement the Commonwealth's aged care reforms. ACAT undertakes comprehensive aged care assessments for the ACT region for older people seeking to access

Commonwealth subsidised aged care services. Hospitals within the ACT region send all referrals for both hospitals-based assessments and non-urgent home services to the My Aged Care Portal. The ACT ACAT link to My Aged Care processes these referrals on a daily basis.

The Commonwealth Key Performance Indicator (KPI) to complete a client assessment in either a public or private hospital is between three and 14 days. ACT Health met this KPI in 2016–17. To improve performance and client outcomes, bimonthly meetings occur between RACC staff and representatives from the My Aged Care Regional Assessment Service (RAS).

During the reporting period, RACC continued working with eligible participants and National Disability Insurance Agency (NDIA) staff to provide ongoing support of the scheme. In line with the scheme's national rollout program, the full NSW implementation began on 1 July 2017. RACC also worked with those eligible participants to optimise continuum of services. RACC continued to provide services and equipment funding in line with existing eligibility criteria for clients who are ineligible to access the scheme and for those aged 65 years and over.

Performance against accountability indicators

Community nursing and allied health targets were achieved within a 5 per cent variance to the end of May 2017, achieving:

> 92,749 nursing occasions of service, against a target of 90,000
> 28,920 allied health regional services, against a target of 30,000.

Hospitalised older persons

RACC currently supports 44 inpatient beds at Canberra Hospital for older people, including:

> 26 acute beds in the Acute Care of the Elderly Unit (Ward 11A)
> 10 subacute and eight non-acute beds in Ward 11B.

In December 2016, patients from Ward 11A were relocated to the 20-bed ward in Ward 4B, Building 1 to allow Ward 11A to be refurbished. This refurbishment will feature the principles of an enabling environment meaning:

> the inpatient environment will be safe and secure by allowing easy access and orientation that promotes independence e.g. the environment will be less clinical and threatening
> the furnishings and fittings will also be consistent with dementia principles, e.g. using colour contrast to assist patients with impaired vision.

The refurbishment will also allow six Geriatric Special Care-specific beds to be established. The total number of Geriatric Medicine beds has remained consistent at 44 beds.

In early 2017, the Geriatric Service established the Geriatric Assessment and Planning Unit (GAPU), a six-bed unit adjacent to Ward 11B to facilitate transfers from the Emergency Department to Geriatric Medicine. A dedicated GAPU medical team is available during normal working hours and comprises a consultant and a registrar. Geriatric patients who present to the Emergency Department are first assessed in the unit and then moved to other appropriate areas, such as acute or subacute geriatric units. Comprehensive geriatric assessment and planning now occurs in a dedicated area. Comparison with the previous year suggests a significant reduction in the length of stay without any adverse effect on the quality of care.

A number of other improvements to care for hospitalised elderly patients have been introduced, which are discussed below.

Falls Minimisation rooms have been established. They have been designed to reduce the risk of falls for those patients who have been:

- admitted following a fall or
- assessed as being at high risk of a fall.

These four-bed rooms in Ward 11B and Ward 11A have a dedicated Assistant in Nursing, working under the supervision of a Registered Nurse (RN), to ensure patients are observed continuously and provided with interaction/diversion activities.

The Falls and Falls Injury Prevention service has begun Staying Active exercise classes, which is a six-week strength and balance program. The exercises are in line with evidenced-based practice principles for falls prevention. Two classes are run per week with 6–10 clients per class.

Improvements in food services were developed to provide a more appropriate service that better caters for the needs of the elderly. This service has worked in partnership with the food services team and includes dedicated food service staff for this area. Having dedicated and trained food service staff who are familiar with the patients has been important for helping patients with cognitive impairment as these staff are able to interact with patients in a more engaging and meaningful manner, for example:

- providing words of encouragement
- opening packets/drinks or
- placing a straw in a drink.

In October 2016, RACC established an Aged Services Emergency Team Nurse in the Emergency Department. The primary role is to review all patient presentations aged 85 years and over who are likely to be discharged home. The aim is to decrease unnecessary admissions and allow geriatric syndromes to be identified early, e.g. delirium. The nurse works collaboratively with Emergency Department staff and the Rehab at Home and Rapid Assessment of the Deteriorating Aged at Risk (RADAR) teams to enable a patient's timely and safe discharge from the Emergency Department.

The Dementia Care in Hospitals Program (DCHP) has now been implemented in 14 Canberra Hospital wards. The program aims to reduce the negative impact of dementia and other forms of cognitive impairment on the patient, families/carers and the health care system. Negative impacts include:

- poorer health outcomes
- events that pose a risk to patient safety
- increased length of hospital stay.

The DCHP links increased awareness of and education about cognitive impairment, delirium and dementia and the need for carer support to a bedside alert for cognitive impairment called the Cognitive Impairment Identifier. Widespread education has been provided to groups including clinical staff of varying disciplines, as well as non-clinical support staff who interact with patients.

The Orthogeriatrics Service for older patients with hip fractures has been enhanced. This Model of Care (MoC) is a co-management model that brings geriatricians and orthopaedic surgeons together to provide improved care of older patients with hip fractures. Providing comprehensive geriatric assessments and ongoing geriatric support throughout a patient's stay in hospital aims to reduce the incidence of delirium and thus shorten people's length of stay in hospital.

Access to services

In response to the demand for community-based allied health services, such as nutrition, occupational therapy and physiotherapy, a number of changes have been introduced in the Models of Care (MoCs), including:

> The RACC Occupational Therapy service is utilising electronic software to draw home modifications, which ensures compliance with National Disability Insurance Scheme (NDIS) requirements and improves the accuracy of dimensions.

> Providing site-based food deliveries has improved access to community nutrition services for renal patients. Dieticians are co-located with community renal units at Tuggeranong and Belconnen Community Health Centres.

Presentations to the WiCs in Belconnen and Tuggeranong continue to increase, with the growth in Belconnen being especially significant in 2016–17. The number of clients who did not wait remains low.

The top presentations for the WiCs for 2016–17 were:

> urinary tract infections

> common colds

> wound dressings

> wounds and lacerations

> ear conditions

> skin conditions

> musculorskeletal conditions

> gastro diarrhoea

> gastro vomiting

> Ear, Nose and Throat (ENT) conditions

> upper respiratory tract infections, i.e. sore throats.

WiCs provide the public with an alternative to attending an Emergency Department for minor illnesses and injuries.

Rehabilitation

In 2016–17, the positive influence of the Canberra Hospital Acute Subacute Early Rehabilitation Service (CHASERS) was realised. The CHASERS team has improved the triaging and fast tracking of acute patients into appropriate subacute services. The CHASERS provides a multidisciplinary leadership approach and aims to create a more proactive model of rehabilitation and prevent functional decline in patients through early intervention. The key changes that were implemented include establishing a Rehabilitation Leadership Group, with multidisciplinary team representation. The group works collaboratively with the acute care health teams. Access to the rehabilitation units has improved while the length of stay in an inpatient rehabilitation unit has reduced.

The Social Work Team have established a Mindfulness Group for carers. This initiative is in response to an identified need to assist carers from the Community Rehabilitation Team and Ward 12B to cope with stress and increase wellbeing. The group is run over four weeks, two hours per week and has received positive feedback from participants. In addition to this project, implementing the first Allied Health Assistant Social Work course in the ACT has seen Allied Health Assistant (AHA) social work students undertaking their placements within RACC.

Junior physiotherapy rotational positions have expanded across all RACC services and now provide:

> mixed skill sets
> improved communication and knowledge between services
> more opportunities for professional development.

The physiotherapy new graduate intake has proven successful, with four new graduates currently completing their first year in RACC.

Over the last 12 months the wait time for suitable clients to access the Community Rehabilitation Team (CRT) was consistently less than four weeks.

Other achievements

In November 2016, Dr Chris Katsogiannis received an award for outstanding innovation for his presentation on the implementation of CHASERS. Key achievements by the CHASERS model include reducing the average length of stay for:

> impairment episodes at Canberra Hospital
> stroke episodes at Calvary's ACRU.

The award recognises the work undertaken by the Rehabilitation Leadership Group in 2016 to:

> realign the current consult and ward team-based models
> develop the CHASERS model to address the long average length of stay in Canberra Hospital Rehabilitation Units and facilitate patient flow from Acute to Subacute Services.

Future directions

The Commonwealth Government announced further reforms to aged care services in the 2015–16 ACT Budget, including a commitment to developing a MoC that:

> combines Commonwealth Home Support Program (CHSP) services and home care packages into a single home care program or
> clearly aligns a level of home care service with identified care needs.

RACC will continue to adapt our service model in response to these reforms.

Upgrades to the My Aged Care system continue on a twice yearly basis, including:

> implementing system enhancements
> developing new forms
> updating information on the My Aged Care website.

RACC continues to work with the Commonwealth to ensure appropriate education is provided on these new initiatives to staff and consumers.

The Social Work Team have engaged with Legal Aid ACT. Work has begun to develop and establish a legal outreach service at Canberra Hospital, with a small grant acquired by Legal Aid. The service is a 12-month pilot and will provide duty advice to community members and patients, particularly elderly clients.

Hospitalised older persons

It is anticipated that with the current ageing population, the demand for hospital beds by older patients will continue to increase. Partnerships with stakeholders, such as Capital Health Network, will continue to be strengthened to facilitate seamless care across various care settings. Throughout 2017–18, strategies will

continue to be developed to improve the care of patients who are admitted to hospital with behavioural and psychology symptoms of dementia.

Discharge planning

The new national system for prioritising access to home care has negatively impacted the availability of packages for patients when discharging from hospital. This has been a challenging time for clinicians, patients and families. Significant wait times continue to be experienced by some patients when accessing supported accommodation and home modification services. In addition, carer needs are increasing. RACC will continue to work collaboratively with the NDIA regarding long stay patients whose discharge is reliant on the NDIS.

RACC will also continue to strengthen the outpatient rehabilitation strategies introduced in 2015–16 for patients experiencing a long length of stay, supporting patients to continue rehabilitation outside the inpatient setting. This includes increasing referrals to:

- ambulatory services, including subacute services such as Community Rehabilitation Service or Rehab@Home service or
- community-based services.

Access to services

The University of Canberra Public Hospital (UCPH) is currently being constructed and is due to be completed by June 2018. Clinical Services will be in place to provide care in early July 2018. Extensive planning has gone into ensuring that the patient spaces support the MoC by providing the best therapeutic space. This includes the innovative use of Information and Communications Technology (ICT) solutions to future proof the potential of UCPH.

CLINICAL SERVICES ARE EXPECTED TO BE AVAILABLE AT THE UCPH FROM JULY 2018.

Throughout 2017–18, medical, nursing, allied health and administrative staff will concentrate on how clinical practice can be undertaken in a safe and effective way in a subacute facility that does not have acute supports. Research will be an important part of UCPH. The collaborative relationship with University of Canberra will be enhanced, including increasing the opportunity for combined research projects.

Rehabilitation

Changes are being made to existing services at the Rehabilitation and Independent Living Unit (RILU) and the CRT to:

- streamline their move to UCPH
- adapt the MoC for this location.

RILU has successfully moved to a day patient model and CRT are reviewing patient management with the aim of developing a more open and adaptable framework.

In February 2018, a further five physiotherapy graduates will be recruited to RACC as part of the rotation program.

The ACT Domiciliary Oxygen and Respiratory Support Scheme, with representatives from the Department of Respiratory and Sleep Medicine, has commenced a trial of portable oxygen concentrators (POCs) to determine their viability as a possible alternative to portable oxygen cylinders. The first clinic was held in April 2017. The trial is expected to finish in late 2017.

OUTPUT 1.6: EARLY INTERVENTION AND PREVENTION

The aim of Output 1.6 is to improve the health and wellbeing of the ACT population through a range of programs, services and initiatives, focused on early intervention, prevention and health promotion.

The key strategic priorities for early intervention and prevention include:

> encouraging and promoting healthy lifestyle choices to decrease the rates of conditions, such as obesity and diabetes and reduce risky health behaviours, such as smoking and alcohol consumption

> maintaining high levels of immunisation.

Contact details: For more information, email phd@act.gov.au.

Overview

ACT Health aims to improve the health and wellbeing of the ACT population through a range of programs, services and initiatives, focused on early intervention, prevention and health promotion. The key strategic priorities for early intervention and prevention include:

> encouraging and promoting healthy lifestyle choices to decrease the rates of conditions, such as obesity and diabetes

> reducing risky health behaviours, such as smoking and alcohol consumption

> maintaining high levels of immunisation.

Performance against accountability indicators

Promoting healthy lifestyle choices

In 2016, the ACT Government announced the development of a comprehensive Preventative Health Strategy, with a specific focus on addressing the key risk factors of:

> smoking

> harmful alcohol consumption

> obesity

> poor nutrition

> physical inactivity.

A stakeholder forum was held on 10 April 2017 as the first part of an ongoing engagement with the ACT community to set and achieve preventative health priorities into the future.

ACT Health continued to support the implementation of the whole-of-government Healthy Weight Initiative (HWI). The HWI focuses on addressing the main drivers of overweight and obesity by making improvements to the active living and food environments. A whole-of-government Steering Committee monitors and coordinates policy and program actions across six key themes:

> schools

> workplaces

> urban planning

> food environment

> social inclusion

> information and data.

The ACT Chief Health Officer is the principal technical advisor on the Steering Committee.

The Population Health Protection and Prevention Division chairs the ACT HWI Food Environment Implementation Group (FEIG). On 8 September 2016, following extensive community consultation, the ACT Government announced a range of measures to change the way unhealthy food and drinks are marketed, particularly towards children and encourage healthier choices. The FEIG is overseeing the implementation of the measures, which focus on working collaboratively with sporting clubs, businesses and ACT venues and events in an effort to keep Canberra healthy. Further details relating to the expansion of this work are provided in Future directions, page 132.

The Population Health Protection and Prevention Division is responsible for the overarching evaluation of the HWI. The second HWI Progress Report focuses on policy and program-level activities implemented in the 2016–17 financial year. It was prepared jointly with the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) and released publicly on 30 June 2017. The report found continued progress towards meeting at least seven of the 14 HWI health targets. Key results from the updated data include:

- obesity and overweight rates in ACT kindergarten children have not increased
- the proportion of children regularly consuming sugary drinks continues to reduce
- on average children are eating enough fruit
- some progress has been achieved in increasing the proportion of children walking and cycling to school.

While the results are positive, meeting and maintaining the long-term target of zero growth in the overweight and obesity rates will require ongoing effort.

Key informant interviews with 33 HWI stakeholders were conducted in 2016 to gain insight into how the whole-of-government partnership is assisting the ACT Government to achieve its HWI objectives. Findings will be used to further strengthen the whole-of-government approach.

The Population Health Protection and Prevention Division developed guidance materials to support the ACT Government's restriction of unhealthy food and drink marketing on ACTION buses. Arrangements were introduced in 2016 with bus advertising provider, Go Transit, to ensure that ACTION bus advertisements promote food and drink choices in accordance with the *Australian Dietary Guidelines* and associated *Australian Guide to Healthy Eating*.

In 2016, ACT Health commissioned a review to assess the impact of the ACT's mandatory kilojoule display laws in guiding consumers towards healthier (lower kilojoule) choices in standard food outlets. The review found that, of the respondents who had purchased food from an outlet displaying kilojoule information, the purchasing decisions of 15 per cent were influenced "a little" or "a lot" by the kilojoule displays. Twenty-seven per cent of respondents knew that the average daily energy intake is approximately 8,700 kilojoules. Overall, the review found that consumers are generally aware of the requirement for kilojoule displays and are supportive of the laws.

ACT Health is working collaboratively under the Council of Australian Governments' Health Council to consider collective action that could improve children's health by limiting the promotion and availability of unhealthy food and drinks.

The settings-based programs delivered by the Health Improvement Branch (HIB) continue to deliver positive results, with the following highlights.

The Kids at Play Active Play Program is delivered in Early Childhood Education and Care (ECEC) settings. It aims to increase the skills of educators in the ECEC sector to promote active play and fundamental movement skills to children aged three to five years.

The Ride or Walk to School (RWTS) Program is delivered to schools in partnership with the Physical Activity Foundation. It is designed to encourage more students to travel actively to school. A recent evaluation of the RWTS Program found that it has been successful in increasing the rates of active travel among primary school students involved in the program. As of 30 June 2017, 64 ACT schools are participating in the RWTS Program, reaching approximately 27,000 students. The RWTS Program won the Bike Culture and Behaviour Change category of the Cycling Promotion Fund's national 2017 Cycling Luminaries Award.

THE NUMBER OF SCHOOLS PARTICIPATING IN THE RWTS PROGRAM INCREASED FROM 52 TO 64. THE PROGRAM NOW REACHES APPROXIMATELY 27,000 STUDENTS, UP FROM 20,000 STUDENTS IN 2015–16.

The Fresh Tastes: healthy food at school Program supports ACT primary schools to:

> improve children's knowledge of, access to and consumption of healthy food and drinks

> implement relevant school food and drink policies, e.g. the ACT Public School Food and Drink Policy.

As of 30 June 2017, 80 schools had signed up to the program reaching approximately 31,500 students. During 2017, the first cohort of Fresh Tastes schools completed their third year of participation in the program.

THE NUMBER OF SCHOOLS PARTICIPATING IN THE FRESH TASTES PROGRAM INCREASED FROM 63 TO 80. THE PROGRAM NOW REACHES APPROXIMATELY 31,500 STUDENTS, UP FROM 24,500 STUDENTS IN 2015–16.

It's Your Move (IYM) focuses on student-led innovation in ACT high schools. IYM began as a two-year (2012–14) obesity prevention research program in three intervention schools in the ACT, using a systems approach. Two of the three schools achieved statistically significant reductions in the proportion of students who were overweight or obese. A further nine schools developed IYM activities in 2015–16.

From the beginning of the 2017 school year, more than 100 students from six high schools were studying Entrepreneurs: It's Your Move. This program uses new and unique curriculum materials to teach students how to use systems approaches and design thinking to lead health improvement in their school community. More than 3,000 high school students have been influenced by these projects.

One of the IYM private sector partners, ThinkPlace, won the Service Design – Education Services category at the Australian Good Design Awards.

Early intervention and prevention programs

The Population Health Protection and Prevention Division continued to oversee and coordinate the ACT Cervical Screening Program. The program aims to encourage women in the ACT aged 20–69 years who have been sexually active at any stage of their lives to have cervical screening tests every two years.

Immunisation rates

The Population Health Protection and Prevention Division worked with the Commonwealth Department of Health to implement new programs under the National Immunisation Program (NIP).

On 1 November 2016, the shingles vaccine Zostavax® was funded under the NIP for all adults aged 70 years, with a single catch-up dose available for adults aged 71–79. The catch-up program continues until 31 October 2021. In support of this program, ACT Health has since distributed more than 14,000 doses of Zostavax® and promotional materials to GPs throughout Canberra.

The Australian Childhood Immunisation Register (ACIR) expanded from 1 September 2016 to become the Australian Immunisation Register (AIR). The register is now a whole-of-life register, allowing immunisation providers to record vaccines administered to patients of any age on the register.

Since the introduction of the Commonwealth's No Jab No Pay policy on 1 January 2016, which links family assistance payments to immunisation status, ACT Health has continued to manage an increase in demand for transcriptions of overseas immunisation records. In addition, during 2016–17, over 2,700 vaccines were distributed to immunisation providers as part of vaccine catch-up schedules for individuals under 20 years.

The ACT Antenatal Pertussis Vaccination Program continued through 2016–17. This program provides a free pertussis-containing vaccine for women from 28 weeks of pregnancy. The program aims to protect both mother and newborn from the effects of whooping cough. An evaluation of the program was conducted by ACT Health in October 2016. The results indicate the program has been well received, with an estimated 75 per cent of pregnant women being immunised with pertussis vaccine.

Immunisation educational activities have continued during 2016–17, with the Capital Health Network engaged to facilitate an Immunisation Education Program for immunisation providers on behalf of ACT Health. During 2016–17, four evening seminars were held. Each session was attended by between 110 and 170 health professionals to hear expert speakers present a range of topics, including:

> August 2016: Clinical theory and rationale of immunisation and local issues and developments
> October 2016: Shingles vaccine (Zostavax®); vaccines in pregnancy; and recommended vaccines not currently on the NIP
> March 2017: Influenza; adverse events and active surveillance
> May 2017: Improving vaccination rates; and vaccines for at risk groups.

Staff of Population Health Protection and Prevention Division continued opportunistic outreach immunisation education for a variety of audiences, including:

> at the Capital Health Network orientation for new practice nurses
> at Capital Health Network Nurse Network meetings
> new and post graduate paediatric nursing students
> Canberra Institute of Technology (CIT) enrolled nursing students
> midwifery staff within the maternity units at the major hospitals
> the Mums and Bubs group at Winnunga Nimmityjah Aboriginal Health Service.

Future directions

Promoting healthy lifestyle choices

In accordance with the ACT Government's 2016 election commitment, a priority in the coming year will be developing a comprehensive Preventative Health Strategy.

The strategy will promote healthy choices and behaviours, focusing on addressing the risk factors of:

> smoking
> harmful alcohol consumption
> obesity
> poor nutrition
> physical inactivity.

A $4 million funding pool will be established to invest in delivering prevention initiatives.

Transitioning effectively from the HWI to a broader Preventative Health Strategy will require planning to ensure that progress under the HWI in stabilising the rates of overweight and obesity in the ACT is maintained as the ACT Government's preventative health agenda is expanded.

Building on the success of the 2016 pilot project, the ACT Government also announced an expansion of the local business engagement program. The pilot, which was undertaken in partnership with the Canberra Business Chamber, showed that consumers want choice and that businesses can introduce healthier food and drinks without damaging their bottom line.

Work to meet targets associated with Fresh Tastes: healthy food at school and IYM, as identified in the 2017–18 ACT Budget will continue. The targets specify that by 30 June 2018:

- 300 teachers are to complete Food&ME training, as part of Fresh Tastes
- 12 new and existing schools are to be recruited to the IYM program.

Early intervention and prevention programs

The Australian Government is leading the renewal of the National Cancer Screening Program (NCSP) and the implementation of a new National Cancer Screening Register. The ACT Cervical Screening Register data will be transferred to the new National Register in late 2017. The Population Health Protection and Prevention Division will continue to work closely with the Australian Government to implement the new NCSP, which includes implementing a new Human Papilloma Virus (HPV) test to be offered every five years to women aged 25–74 years.

Immunisation rates

The immunisation coverage rates for Aboriginal and Torres Strait Islander children in the ACT continue to fluctuate. ACT Health will continue to implement a number of activities to increase awareness and promote immunisation, including:

- mailing postcards to families reminding them that their child's next immunisation is due
- developing a variety of promotional materials, including posters and pamphlets
- liaising with healthcare providers and other government agencies to discuss approaches for increasing rates.

ACT Health will continue to engage with the Commonwealth Government on the proposed No Jab No Play legislation announced by the Prime Minister on 11 March 2017.

B.3 SCRUTINY

INTRODUCTION

ACT Health responds to requests from ACT Legislative Assembly Committees, including reports automatically referred from the ACT Auditor-General's Office as required to assist with and ensure proper examination of matters.

ACT Health also responds to complaints that are referred from the ACT Ombudsman Office. In 2016–17, ACT Health received one complaint referred from the ACT Ombudsman.

Some matters that are referred to the ACT Ombudsman regarding ACT Health are not within the jurisdiction of the ACT Ombudsman and are referred to the Health Services Commissioner in the Human Rights Commission or referred back to ACT Health.

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

ANNUAL AND FINANCIAL REPORTS 2014–15

Reporting Entity	Standing Committee on Health, Ageing, Community and Social Services
Report Number	7
Report Title	Annual and Financial Reports 2014–15
Link to report	http://www.parliament.act.gov.au/__data/assets/pdf_file/0019/830053/8th-HACS-07-AR14-15.pdf
Government Response Title	Government Response to the Standing Committee on Health, Ageing and Community and Social Services Report No 7 - Report on Annual and Financial Reports 2014–15
Date Tabled	2 August 2016
Recommendation Number and Summary of Recommendation	**Recommendation 12** The Committee recommends that ACT Health investigate any negative effects upon graduate nurses from the current 12 month contract employment arrangements **Recommendation 13** The Committee recommends that ACT Health survey staff attitudes to diversity and Aboriginal and Torres Strait Islander people through its three-yearly survey and report its findings in the ACT Health Annual Report **Recommendation 14** The Committee recommends that ACT Health explore the reasons behind low completion rates for traineeships and for other Aboriginal and Torres Strait Islander programs. **Recommendation 15** The Committee recommends ACT Health require ACT Health Promotion Grant applicants to list on their applications any other grants applied for.
Action	**Recommendation 12 – Agreed** ACT Health agrees to monitor the progress of new graduate nurses to determine any negative effects from 12 month employment contracts. In the February 2015 to February 2016 new graduate nurse programs (Transition to Practice Programs), the total number of Enrolled Nurses was seven and there were 51 Registered Nurses. Upon successful completion of the program, all Enrolled Nurses were

Reporting Entity	Standing Committee on Health, Ageing, Community and Social Services
	re-employed and 47 Registered Nurses of the 51 whose contracted ceased after 12 months, were re-employed. ACT Health does not believe there have been any negative effects on the graduate nurses since moving the employment of graduates to 12 month contracts. The EN and RN programs remain competitive attracting many applications from local graduates as well as many from interstate. **Recommendation 13 – Agreed** ACT Health agrees to evaluate attitudes to diversity and Aboriginal and Torres Strait Islander people through the inclusion of specific questions in its next Workplace Culture Survey provisionally scheduled for late 2018 and will report the findings in the ACT Heath Annual Report following the next survey. **Recommendation 14 – Agreed** The previous whole of Government Indigenous Traineeship was coordinated through OATSIA in the Community Services Directorate. The last program was undertaken in 2012-2013 and had 13 Trainees. ACT Health had three placements, two completed the traineeship, and one withdrew. The whole of Government Indigenous Traineeship Program is now being coordinated through the Workforce Capability and Governance Division in CMTEDD. ACT Health has taken on one Trainee within the People Strategy and Services Branch. Reviews of previous Indigenous traineeships identify that some of the reasons for trainees not completing programs was the lack of support, development and pastoral care. This is one of the key areas of support focussed on by the coordinators of the program and the workplace in new traineeships. The new ACTPS Indigenous Traineeship commenced in August 2015 with permanent positions available to the trainees on completion of the traineeship. There are 11 trainees across the ACTPS and one is employed by ACT Health. Several of the unsuccessful applicants from the ACTPS selection process also identified as having a disability, have been contacted and encouraged to apply for the Disability Inclusion Employment Traineeship that is proposed in 2016-17. The new Indigenous Traineeship Program allows for a variety of certification qualifications to be achieved based upon the needs of both the individual trainee and the directorate that the trainee will be placed with upon completion of the traineeship. An Alumni will also be created to accurately show the success of trainees if they move on from the program. The next whole of Government Indigenous Traineeship is proposed to start in 2016-17.
Action	Last calendar year ACT Health placed six Australian School Based Apprentices (ASBAs) within the People Strategy and Services Branch, three identifying as Aboriginal and or Torres Strait Islander and three identifying with a disability. One of the Indigenous apprentice left the program early to undertake a university bridging course that would assist with starting university earlier to undertake nursing studies. The remaining five apprentices completed and graduated the program. Currently ACT Health has two apprentices identifying as having a disability. Work is being undertaken to secure more placements within ACT Health. This is in line with the creation of an ASBA register pool, for areas/units within ACT Health to obtain potential placements in their areas. **Recommendation 15 – Agreed** The ACT Health Promotion Grants Program will include a question in the application forms of both the Health Promotion Innovation Fund and Healthy Canberra Grants requesting information on other grants applied for. This will commence with the next Health Promotion Innovation Fund closing on 20 October 2016.

Reporting Entity	Standing Committee on Health, Ageing, Community and Social Services
Status	Complete

AUDITOR-GENERAL'S REPORT NO. 1 OF 2016: CALVARY PUBLIC HOSPITAL FINANCIAL AND PERFORMANCE REPORTING AND MANAGEMENT

Reporting Entity	ACT Auditor-General's Office
Report Number	1
Report Title	Auditor-General's Report No. 1 of 2016: Calvary Public Hospital Financial and Performance Reporting and Management
Link to report	http://www.audit.act.gov.au/auditreports/reports2016/Report%20No.%201%20of%202016%20Calvary%20Public%20Hospital%20Financial%20and%20Performance%20Reporting%20and%20Management.pdf
Government Response Title	Government Response to Auditor-General's Report Number 1 of 2016 Calvary Public Hospital Financial Performance Report and Management.
Date Tabled	4 August 2016
Recommendation Number and Summary of Recommendation	**Recommendation 1** The ACT Government should examine: a) the fundamental issue of whether or not the Calvary Network Agreement is the most appropriate mechanism for delivering Public Hospital services; and b) whether the Public Hospital staff employed by Calvary Health Care ACT Ltd should be engaged under the terms and conditions of the Public Sector Management Act 1994 and associated enterprise agreements. **Recommendation 2** The ACT Health Directorate and the Little Company of Mary Health Care Ltd should review, negotiate and amend the Calvary Network Agreement to address weaknesses identified in this audit report. **Recommendation 3** The ACT Health Directorate should document its consideration and management of risks associated with the purchase of public hospital services from Calvary Health Care ACT Ltd, including conducting a risk assessment and documenting the management of identified risks. **Recommendation 4** Calvary Health Care ACT Ltd should seek written confirmation from the ACT Health Directorate that the reporting of the external audit of 2014-2015 Calvary Public Hospital's financial reports is adequate for the purposes of clause 14.1 (a) of the Calvary Network Agreement, which requires the provision of externally audited annual reports for the public hospital to the ACT Government. **Recommendation 5** The ACT Health Directorate, in consultation with the Little Company of Mary Health Care Ltd and Calvary Health Care ACT Ltd, should commit to a timeframe for the finalisation and implementation of the successor to the interim funding model for Calvary Public Hospital services. **Recommendation 6** The Little Company of Mary Health Care Ltd and Calvary Health Care ACT Ltd should undertake investigations of inappropriate workplace behaviours by its Public Hospital staff

Reporting Entity	ACT Auditor-General's Office
	in accordance with the Public Sector Management Act 1994 and any related regulations and relevant enterprise agreements. **Recommendation 7** Calvary Health Care ACT Ltd should include the following in its reporting to the ACT Health Directorate in relation the Calvary Network Agreement: a) reconciliation of year to date revenue to the actual funding paid year to date, including explanations for reconciling items; and b) information on the basis of how revenue items have been recognised, to ensure only approved funded items have been included in the revenue reported. **Recommendation 8** The Little Company of Mary Health Care Ltd and Calvary Health Care ACT Ltd should continue to review, amend and promulgate employee behaviour and conduct documents, including policies relating to employees' conduct and 'whistleblowing', so that Calvary Health Care ACT Ltd public hospital staff are provided with information on: a) their duties and obligations under the Public Sector Management Act 1994, including their obligation to report any corrupt or fraudulent conduct or any possible maladministration to an appropriate authority; and b) options, including the making of a public interest disclosure under the Public Interest Disclosure Act 2012, for the reporting of any corrupt or fraudulent conduct or any possible maladministration to appropriate ACT public sector authorities, such as the ACT Health Directorate, the Commissioner for Public Administration or the ACT Auditor-General.
Action	**Recommendation 1** - Agreed in-principle a) The Government will work with Calvary to ensure that the Calvary Network Agreement has the capacity to deliver value in terms of patient care and service efficiency within an integrated public hospital and health service. This work will also assist to inform whether the current Agreement is the most appropriate mechanism to delivery public hospital services, with this process completed by December 2016. b) The Government believes that the current arrangements in relation to the coverage of staff at Calvary Public Hospital by the provisions of the *Public Sector Management Act 1994* and associated enterprise agreements is an effective arrangement given the small size of the ACT and the benefit to employees to be able to transfer between our two public hospitals. This is particularly important for our health reform program which will provide more integrated services between our two public hospitals. However, the outcome of the review noted in (a) above will identify any issues with current arrangements and whether alternatives are appropriate. **Recommendation 2** – Agreed ACT Health and Calvary have established a process to consider and address all findings within the Audit Report. This work will be undertaken in line with the work noted in Recommendation 1 and will be completed by December 2016. **Recommendation 3** – Agreed ACT Health have completed a risk management plan for the purchase of services from Calvary Public Hospital. The plan will be reviewed annually and provided to the ACT Health Audit and Risk Management Committee. **Recommendation 4** – Noted This Recommendation has been completed. Calvary has written to ACT Health and ACT Health has provided specifications to ensure that all future externally audited reports are available annually for Calvary Public Hospital separately from the consolidated Calvary Hospital audited statements that include both public and private hospital entities. **Recommendation 5** – Agreed ACT Health will work with Calvary to implement a new funding model that will be trialled during 2016–17 and fully implemented in 2017–18.

Reporting Entity	ACT Auditor-General's Office
	The funding model will be used across both ACT public hospitals. **Recommendation 6** – Noted ACT Health will seek evidence of systems and processes in place at Calvary that are consistent with the *Public Sector Management Act 1994* and relevant enterprise agreements. This evidence will be required to be provided by October 2016. **Recommendation 7** – Noted The evidence of this is now included in monthly reporting by Calvary to ACT Health. The information is discussed at the Calvary Network Committee Meeting each month. **Recommendation 8** – Noted a) Calvary will provide evidence of their amended employee behaviour and conduct policies to ACT Health by October 2016, with the requirement for these to be reviewed biennially; and b) This recommendation will be further explored following the review of the Calvary Network Agreement outlined in Recommendation 1(b).
Status	Complete

INQUIRY INTO YOUTH SUICIDE AND SELF HARM IN THE ACT

Reporting Entity	Standing Committee on Health, Ageing, Community and Social Services
Report Number	8
Report Title	Inquiry into Youth Suicide and Self Harm in the ACT
Link to report	http://www.parliament.act.gov.au/__data/assets/pdf_file/0004/871915/8th-HACS-08-Inquiry-Into-Youth-Suicide-And-Self-Harm.pdf
Government Response Title	Government Response to the Standing Committee on Health, Ageing, Community and Social Services Report Number 8 Inquiry into Youth Suicide and Self Harm in the ACT
Date Tabled	2 August 2016
Recommendation Number and Summary of Recommendation	**Recommendation 1** The Committee recommends that the ACT Government update the Legislative Assembly on both the development of the national database, and progress made in relation to improving the collection of ACT data, particularly in relation to receiving consistent data from community based organisations. **Recommendation 2** The Committee recommends that the ACT Government update this Committee in relation to Australian Government funding negotiations to mental health funding, including the Capital Health Network. **Recommendation 3** The Committee recommends that the ACT Legislative Assembly consider re-examining this matter when funding and research outcomes are made public in order to determine the most appropriate way to further develop early intervention measures, education approaches and access to service for suicide prevention activities in the ACT.
Action	**Recommendation 1 – Agreed** The ACT Government will update the Legislative Assembly on progress made to improve the collection of ACT data, including receiving consistent data from community-based

Reporting Entity	Standing Committee on Health, Ageing, Community and Social Services
	organisations. The ACT Government submission to the Standing Committee in April 2016 reported that work is underway at a national level to develop a national child death and injury database. The ACT Government notes that work to develop this national database is not being progressed at this time. The *Australian Government response to the Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services* (Australian Government Response) highlighted the role that primary health networks will have in commissioning suicide prevention services at the regional level. Given the Commonwealth's shift towards outcomes focussed measurement, ACT Health expects that nationally consistent data or a specific key performance indicator will inevitably be required to successfully monitor and evaluate suicide prevention outcomes at the regional level. Should this be the case, ACT Health looks forward to discussions with Capital Health Network on this issue, particularly in the context of joint service planning within the mental health and suicide prevention setting. **Recommendation 2 – Agreed** ACT Health will provide the Standing Committee with an update on Australian Government mental health funding negotiations where they relate to, or integrate with, joint activity on mental health or suicide prevention between Capital Health Network and ACT Health. ACT Health will also provide Capital Health Network with a copy of the Standing Committee's Report given their specific responsibility for regional-based primary mental health and suicide prevention commissioning in the ACT region. Australian Government funding negotiations is outside ACT Government's remit and ACT Health is currently only privy to information that is publicly available. The Commonwealth Department of Health or Capital Health Network may be better placed to provide such information either at a national or regional level. **Recommendation 3 – Noted** The ACT Government notes this recommendation and will await future advice from the ACT Legislative Assembly. The Capital Health Network has undertaken a preliminary regional needs analysis for the ACT and is required to produce a comprehensive mental health and suicide prevention needs assessment in March 2017, followed by a regional mental health and suicide prevention plan. This plan will aim to support a broader regional model of stepped care, support the process of integration with state services, make optimal use of available workforce and resources, and help to target investment by primary health networks in mental health and suicide prevention activity. ACT Health is contributing to this activity and is liaising with the Capital Health Network on strategic opportunities in mental health and suicide prevention policy going forward. The Education and Training Directorate has an important role to play in the prevention and intervention of suicide in young people. ACT Health will work with the Education and Training Directorate and the Capital Health Network to operationalise support for young people in schools when the changes to funding models and approaches to prevention initiatives and services are finalised. **Additional information** ACT public schools are committed to providing positive and engaging environments where children and young people feel connected, respected, achieve success and are fully engaged in education. Schools are committed to developing and maintaining safe schools through a whole-school and evidence-based approach to building the social and emotional skills to build self awareness, self management, social awareness and social management capabilities of students that in turn support their ability to develop and maintain relationships and enhance resilience. These elements are strong protective factors against suicide.

Reporting Entity	Standing Committee on Health, Ageing, Community and Social Services
	The Children and Young People Death Review Committee also acknowledges the complexity of identifying predictive factors for a first attempt at suicide. However, it reiterates that after a first attempt has been made the risk of completing suicide from a second or subsequent attempt increases significantly.
Status	Complete

REVIEW OF THE AUDITOR-GENERAL'S REPORT NO. 1 OF 2016: CALVARY PUBLIC HOSPITAL FINANCIAL AND PERFORMANCE REPORTING AND MANAGEMENT

Reporting Entity	Standing Committee on Public Accounts
Report Number	27
Report Title	Review of the Auditor-General's Report No. 1 of 2016: Calvary public hospital financial and performance reporting and management
Link to report	http://www.parliament.act.gov.au/__data/assets/pdf_file/0006/871917/8th-PAC-27-AG1-2016.pdf
Government Response Title	The Government Response to the Auditor-General's Report No. 1 of 2016: Calvary public hospital financial and performance reporting and management
Date Tabled	4 August 2016
Recommendation Number and Summary of Recommendation	**Recommendation 1** The Committee recommends that the ACT Government take appropriate steps to ensure that its response to Auditor-General's Report No. 1 of 2016: Calvary Public Hospital Financial and Performance Reporting, is tabled by the end of the first sitting week in August 2016. **Recommendation 2** The Committee recommends that the ACT Government report to the ACT Legislative Assembly by the last sitting day in August 2017, on the progress of its implementation of the recommendations made in Auditor-General's Report No. 1 of 2016: Calvary Public Hospital Financial and Performance Reporting, that have been accepted either in-whole or in-part. This should include: (i) a summary of action to date, either completed or in progress (including milestones completed); and (ii) the proposed action (including timetable), for implementing recommendations (or parts thereof), where action has not yet commenced. **Recommendation 3** The Committee recommends that the ACT Government take appropriate steps to improve its contract management capability of all government contracts it enters into on behalf of the Territory. This should include: (i) clear allocation of contract management roles within acquiring entities; and (ii) adequately resourcing, relative to the size of each contract, the respective contract management functions within each acquiring entity to effectively manage the contract(s). **Recommendation 4** The Committee recommends that the ACT Government take appropriate steps to ensure that all contract acquiring entities within ACT Government monitor contractor performance in accordance with contract provisions, and where applicable, take appropriate steps to act on contractor underperformance.

Reporting Entity	Standing Committee on Public Accounts
	Recommendation 5 The Committee recommends that the ACT Government take appropriate steps, as part of specific contract provisions, to require contracting entities delivering services on behalf of the Territory to ensure, relative to the size of each contract, that: (i) public interest disclosure policies and procedures are developed, implemented and appropriate steps taken to monitor compliance; and (ii) an employee code of conduct is developed, promoted and appropriate steps are taken to monitor compliance.

Reporting Entity	Standing Committee on Public Accounts
Action	**Recommendation 1 - Agreed** This document provides the Government Response to the Auditor-General's Report and was tabled in line with ACT Legislative Practice in the first sitting week of August 2016. **Recommendation 2 - Not Agreed** It is not appropriate for a Government to bind a future Government to actions. While a future ACT Labor Government would welcome the opportunity to demonstrate progress against the Auditor-General's recommendations, the next Legislative Assembly should determine whether it requires this information in the terms recommended by the current Standing Committee on Public Accounts. **Recommendation 3 – Agreed in part** The Government accepts the recommendation in terms of the contractual relationship between the ACT and Calvary Public Hospital. The Auditor-General's Report specifically focussed on issues with contract management in terms of the agreement between the ACT and Calvary for the provision of public hospital services. In terms of the total funding provided over time, the agreement between the ACT and Calvary for public hospital services is the largest contract for services managed by the ACT Government. Further, there is considerable evidence of effective contract management across many ACT Government services. In relation to the findings in the Auditor General's Report, ACT Health is undertaking a contracting review which may include consolidation of major contract management functions within a single area that will provide for greater oversight of the agreement with Calvary and ensure that sufficient resources are allocated to the management of the contract with Calvary. A wider application of Government regulations as noted above would require considerable consultation with business and community groups, with a timeframe that is not possible within the current term of the Legislative Assembly. **Recommendation 4 – Agreed in Part** As noted above, the Government agrees with the recommendation in relation to the agreement between the ACT and Calvary for the provision of public hospital services. The Auditor-General noted in findings that the full provisions of the Calvary Network Agreement were not implemented to maximise the protection of the Territory. While the Territory was not financially at risk in relation to the issue that resulted in the Auditor General's Report, the Auditor General noted provisions within the agreement with Calvary that were not being used, particularly in relation to more robust funding and performance measurement provisions. ACT Health is working with Calvary to establish new, consolidated governance processes. In addition, ACT Health is establishing a contract management and risk plan for the Agreement with Calvary to place the arrangement on a more robust and transparent footing. This work will be completed during 2016–17. This will build on the decisions made over recent years to establish a contract management role for Calvary within ACT Health. **Recommendation 5 - Agreed in Part** As noted in the response to Recommendation Three, the Government supports this recommendation in relation to the agreement with Calvary Public Hospital. Calvary public hospital employees are employed under the same provisions as ACT public servants and it is appropriate to ensure that employees of Calvary have access to safeguards in relation to the reporting of inappropriate behaviours.

Reporting Entity	Standing Committee on Public Accounts
Status	Complete

INQUIRY INTO THE APPROPRIATION BILL 2016–17 AND APPROPRIATION (OFFICE OF THE LEGISLATIVE ASSEMBLY) BILL 2016–17

Reporting Entity	Select Committee on Budget Estimates 2016–17
Report Number	1
Report Title	Inquiry into the Appropriation Bill 2016–17 and Appropriation (Office of the Legislative Assembly) Bill 2016–17
Link to report	http://www.parliament.act.gov.au/__data/assets/pdf_file/0005/913883/Govt-Response-to-Estimates-2016-17-tabled-9-August-2016.pdf
Government Response Title	Government Response to the Report of the Select Committee on Estimates 2016–2017 on the Inquiry into the Appropriation Bill 2016–17 and Appropriation (Office of the Legislative Assembly) Bill 2016–17
Date Tabled	4 August 2016
Recommendation Number and Summary of Recommendation	**Recommendation 22** The Committee recommends that the ACT Government continue to lobby the Federal Government for increased funding to headspace ACT. **Recommendation 27** The Committee recommends that ACT Government continue to work with the Australian Government to ensure that funding for mental health continues to be increased to match the need in the ACT. **Recommendation 28** The Committee recommends that the ACT Government details its targets for funding for service delivery by the community sector dealing with mental health. **Recommendation 34** The Committee recommends that the ACT Government detail to the ACT Legislative Assembly how it will improve the coordination and delivery of mental health services to young people in the ACT. **Recommendation 47** The Committee recommends that the ACT Government detail how it is defining 'junk food' in its public health initiatives. **Recommendation 68** The Committee recommends that the ACT Government clarify ministerial responsibilities relating to palliative care. **Recommendation 69** The Committee recommends that the Clinical Culture Committee provide an update, through the ACT Health Annual Report, on the progress of the implementation of the KPMG report on the Canberra Hospital. **Recommendation 70** The Committee recommends that the ACT Government provides advice to the ACT Legislative Assembly on the status of the implementation of the seven recommendations from the KPMG report into hospital culture.

Reporting Entity	Select Committee on Budget Estimates 2016–17
	Recommendation 71 The Committee recommends that the ACT Government provides advice to the ACT Legislative Assembly on the current status of accreditation for the Canberra public hospitals and for each of the separate divisions and accreditation of services by individual medical colleges, including the calendars for future accreditation inspections. **Recommendation 72** The Committee recommends that the ACT Government provide detail to the ACT Legislative Assembly on the total expenditure outlaid to develop the previous facilities development plan for the Canberra Hospital. **Recommendation 73** The Committee recommends that the ACT Government provide advice to the ACT Legislative Assembly on current capital redevelopments at Canberra Hospital including the current and planned decanting plans and the status of the extension of the Emergency Department. **Recommendation 74** The Committee recommends that the ACT Government provide an update to the ACT Legislative Assembly on the current capacity of sterilisation services for ACT hospitals. **Recommendation 75** The Committee recommends that the ACT Government provide advice to the ACT Legislative Assembly on the upgrade of sterilisation facilities for ACT Health and plans for relocation of these services on the Canberra Hospital campus. **Recommendation 76** The Committee recommends that the Health Directorate investigate low uptake of private cover utilisation in the ACT and measures that could be undertaken to improve this. **Recommendation 77** The Committee recommends that the Health Directorate release quarterly data reports within two months of each quarter concluding. **Recommendation 78** The Committee recommends that the ACT Government provides advice to the ACT Legislative Assembly on the progress of implementing the recommendations of the Auditor-General report 1/2016 into Calvary Public Hospital financial and performance reporting and management. **Recommendation 79** The Committee recommends that the ACT Government consider providing a detailed public review of the performance of the Walk-In Centres including costs of operation, numbers of patients seen, numbers of ‘did not waits’ and numbers of those referred; including to general practitioners, and those patients requesting consultation information be provided to general practitioners. **Recommendation 80** The Committee recommends that the ACT Government provide advice to the ACT Legislative Assembly on strategies to reduce waiting times for elective surgery. **Recommendation 81** The Committee recommends that the ACT Government provides advice to the ACT Legislative Assembly on strategies to reduce waiting times for non-emergency non-elective surgery. **Recommendation 82** The Committee recommends that the ACT Government advise the ACT Legislative Assembly on the status of capital work at the University of Canberra Public Hospital including when it will be opened, when it will be fully operational, and the cost.

Reporting Entity	Select Committee on Budget Estimates 2016–17
	Recommendation 83 The Committee recommends that the ACT Government review the planning, scoping and delivery of the Secure Mental Health Facility given the additional time and funding required to complete the project. **Recommendation 84** The Committee recommends that adequate support is provided to staff in the Adult Mental Health Unit given the number and types of incidents recorded. **Recommendation 85** The Committee recommends that the ACT Government provides advice on how it is addressing the increases in sexually transmitted infections, including HIV and chlamydia. **Recommendation 86** The Committee recommends that the ACT Government provide an update to the ACT Legislative Assembly on how it is addressing the issues of smoking rates in teenage and indigenous women. **Recommendation 87** The Committee recommends that the ACT Government provide an update to the ACT Legislative Assembly on how it is addressing the issue of E cigarettes and its health impact. **Recommendation 88** The Committee recommends that the ACT Government provides an update to the ACT Legislative Assembly on how it is addressing the issues of increased alcohol consumption in women aged 45-55 years. **Recommendation 96** The Committee recommends that the ACT Government provide an update to the ACT Legislative Assembly on what measures and policies are in place or working on in order to ensure that the ACT is effectively responding to the manufacturing, distribution, and use of crystal methamphetamine (ice). **Recommendation 97** The Committee recommends that the ACT Government provide an update to the ACT Legislative Assembly on what specific work has been done to implement the national drug taskforce outcomes in the ACT.
Action	**Recommendation 22 – Agreed** The ACT Government will raise funding issues regarding Commonwealth funded mental health programs in the ACT, including headspace, at appropriate Commonwealth, State and Territory Fora. **Recommendation 27 - Agreed** The ACT Government will raise funding issues regarding Commonwealth funded mental health programs in the ACT at appropriate Commonwealth, State and Territory Fora. **Recommendation 28 - Noted** The future targets for funding for mental health service delivery by the community sector will subject to the policy decisions of the incoming government following the October 2016 ACT government election. **Recommendation 34 – Agreed** ACT Health advises that most mental health services to young people are provided through primary health services: GPs, headspace ACT, and other Medicare funded services for mild to moderate mental illnesses. ACT Health is working with the Capital Health Network to coordinate the delivery of services to young people with serious mental illness. ACT Health Policy and Stakeholder Relations Division will be reviewing mental health community sector procurement over the next two years young people’s mental health will be a focus

Reporting Entity	Select Committee on Budget Estimates 2016–17
	of the community sector mental health services component of the review. ACT Health public mental health services for young people have been significantly enhanced through the 2016–17 ACT Government Budget. **Recommendation 47 – Noted** *Government Response – 2016–17 Select Committee on Estimates Page 19* The ACT Government is not looking to define the term 'junk' food, but does recognise the need for greater certainty around what is meant by 'healthy' and 'unhealthy' food and drink following the recent community consultation on food and drink marketing. Definitions of these terms are in development and will assist stakeholders, including businesses, sporting clubs, community groups and event organisers, to implement initiatives to reduce unhealthy food and drink marketing, and encourage healthier choices. In defining 'healthy' and 'unhealthy' food and drinks, the ACT Government will have regard to the existing ACT Public Sector Healthy Food and Drink Choices Policies, which classify food and drinks using the traffic light system. This traffic light system is based on the Australian Dietary Guidelines, released under the auspice of the National Health and Medical Research Council, which recommend limiting the intake of foods containing saturated fat, added sugar and salt. Recommendation 68 – Noted Ministerial responsibility for palliative care sits with the Minister for Health. **Recommendation 69 – Noted** The Clinical Culture Committee (CCC) was established to develop, oversee and monitor initiatives to remove inappropriate workplace behaviours from ACT Health. This includes addressing the findings of the Review of the Clinical Training Culture at Canberra Hospital and Health Services, which was conducted in September 2015 by KPMG. The 14 member Committee meets monthly and is chaired by the ACT Health Director-General, Nicole Feely, and reports regularly to the Minster for Health. **Recommendation 70 - Noted** **Recommendation 71 – Agreed in part** The Government notes that: • all Public Hospitals within the ACT have attained full accreditation status against the National Safety and Quality Health Service Standards. This includes Canberra Hospital and Health Services and Calvary Hospital; and • there is no set calendar of accreditation inspections, they are determined by each College. **Recommendation 72 - Noted** ACT Health has provided a response to the Committee – refer to *Question on Notice E16-303*. **Recommendation 73 – Agreed** ACT Health advises that the Emergency Department Expansion is underway at the Canberra Hospital campus. The first three stages of this project are complete, delivering: • Stage 1: the Emergency Medicine Unit and Mental Health Short Stay Unit; • Stage 2: Paediatric Streaming function, and the Clinical Forensic Medicine Service; and • Stage 3: Discharge Stream. The project is due for completion in late 2016. Additionally, ACT Health is currently undertaking a number of capital works at Canberra Hospital including:

Reporting Entity	Select Committee on Budget Estimates 2016–17
	- hospital road upgrades, inclusive in ground and above ground upgrades to services infrastructure, as part of the Continuity of Services – Essential Infrastructure (COSEI) project; - mechanical and engineering upgrades, including lift works, as part of the Canberra Hospital Essential Works – Infrastructure and Engineering (CHEWIE) project; and - installation of solar panels on the roof of the multi-storey car park. **Recommendation 74 – Agreed** ACT Health advises that sterilising services for ACT Hospitals is currently a fully ISO accredited service and is meeting all demand for ACT Health. **Recommendation 75 – Agreed** ACT Health is currently undertaking a proof of concept study to advise the most practicable location for the delivery of sterilising services across ACT Health. **Recommendation 76 – Noted** This is a matter for Federal Government. **Recommendation 77 – Not agreed** ACT Health is cognisant of the need to ensure that data is correct. Quality assurance processes take time to complete. **Recommendation 78 - Agreed** Refer to the ACT Government Response tabled in the Assembly on 4 August 2016. **Recommendation 79 – Noted** Adequate information on the walk in centres is provided through regular health service reporting and specific information provided to the Select Committee. For example, the number of patients seen and the ‘did not waits’ is reported in the ACT Health Annual Reports. **Recommendation 80 – Agreed** ACT Health advises that they will continue to build on the strategies implemented in 2015–16, which resulted in 900 fewer people on the long wait list. The focus of the strategy moving into 2016–17 continues to be improving access and includes: - Boost to capacity: The ACT Government invested in additional elective surgery in 2016–17 which will provide increased access to surgery and the number of patients treated. - Continue to drive reform in wait list management: This is a continuation of the focus on our existing booking procedures and review of the wait list to ensure that it accurately captures the readiness of people for surgery. - Improved utilisation of existing theatre capacity: This includes working with the private sector to increase our overall theatre capacity. **Recommendation 81 – Not Agreed** There is currently no category of non-emergency non-elective surgery that ACT Health reports on, therefore waiting times are unable to be calculated. **Recommendation 82 – Agreed** ACT Health advises that construction for the University of Canberra Public Hospital (UCPH) has commenced and is expected to be opened in 2018. To date, the capital appropriation for the UCPH is $212 million. **Recommendation 83 – Not Agreed** The Secure Mental Health Unit is on time, and on budget. **Recommendation 84 – Noted**

Reporting Entity	Select Committee on Budget Estimates 2016–17
	The safety of all staff is ACT Health's paramount concern and will continue to provide support to all staff in the Adult Mental Health Unit. **Recommendation 85 – Agreed** • The Government launched the *Hepatitis B virus (HBV), Hepatitis C virus (HCV), Human Immunodeficiency Virus (HIV) and Sexually Transmissible Infections: ACT Statement of Priorities 2016–2020* (ACT Statement of Priorities) in June 2016. An implementation plan is currently being developed to detail the critical steps towards the operationalisation of the priorities. • Priorities described within the ACT Statement of Priorities align the ACT budget initiative, 'Expanding access to sexual health and blood borne virus services'. This dedicated budget will support the ACT in working towards identified priorities and the National targets for sexual health and blood borne viruses. • Projects within the budget initiative will aim to expand HBV, HCV, HIV and sexually transmissible infection (STI) vaccination, testing and treatment services, with a particular emphasis on outreach to vulnerable populations. Education and prevention will be cornerstones of the proposed activities, and programs will help address complex sexual health issues experienced within the ACT community. • In addition, the Communicable Disease Control Section (CDC) of the Health Protection Service monitors the incidence of STIs, including HIV and Chlamydia. CDC provides data on STIs to the ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Viral Hepatitis and Related Diseases (SHAHRD) and works with the Canberra Sexual Health Centre and ACT General Practitioners in relation to the follow up of notified cases and contacts of STIs in line with recommended contact tracing guidelines. **Recommendation 86 – Agreed** Smoking rates in teenagers continue to decline in the ACT, as long-term Australian Secondary Students Alcohol and Drug Survey (ASSAD) data indicate. The proportion of secondary students who have never smoked almost doubled between 1996 (44 per cent) and 2014 (81 per cent). However, smoking rates in ACT pregnant women under the age of 20 years (42 per cent) were much higher than in women aged 35 years or more (5 per cent). Also, Aboriginal and Torres Strait Islander women were six times more likely to smoke during pregnancy (48 per cent) than their non-Aboriginal and Torres Strait Islander counterparts (8 per cent) (Data as published in *Healthy Canberra: ACT Chief Health Officer's Report 2016*). In 2015–2016, ACT Health implemented the following initiatives to address smoking rates in ACT Aboriginal and Torres Strait Islander communities: • Funding was provided to Winnunga Nimmityjah Aboriginal Health Service (Winnunga) to support a number of smoking cessation activities including: development of new information materials for pregnant smokers, community education and events, staff education and professional development, the purchase of new educational resources, and provision of NRT (free to clients where costs would otherwise be associated). • Funding to Gugan Gulwan Youth Aboriginal Corporation (Gugan Gulwan) for the development of additional materials for Street Beat, the Arts and Therapy Program, and other programs; smoking cessation activities for Little Brotha Little Sista Playgroup, Young Women's Group and Young Men's Group; and community education and events. • Funding to the Alcohol, Tobacco, and Other Drug Association ACT (ATODA) to undertake a small smoking cessation capacity building project in partnership with a local health mainstream community service provider that has a high proportion of Aboriginal and Torres Strait Islander family clients

Reporting Entity	Select Committee on Budget Estimates 2016–17
	• Additional 'Beyond Today...it's up to you' campaign resources were provided to Winnunga and Gugan Gulwan for distribution • A review of the *ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy 2010-11 – 2013-4* and a plan for updating the strategy was completed. • ACT Health continued to support the Tackle Smoking Program, through its Service Funding Agreement with Winnunga. • ACT Health continued to support the Street Beat Youth Outreach Network, through its Service Funding Agreement with Gugan Gulwan. The Street Beat service includes smoking cessation information, education, referral and support, for at-risk Aboriginal and Torres Strait islander young people. **Recommendation 87 – Noted** In April 2016, the ACT Legislative Assembly passed the *Smoke Free Legislation Amendment Act 2016* (the Act). The Act that commenced on 1 August 2016 regulates the sale, promotion and use of personal vaporisers, including e-cigarettes, as smoking products. The Act amended the *Tobacco and Other Smoking Products Act 1927* (previously the *Tobacco Act 1927),* the *Smoke-Free Public Places Act 2003* and *Smoking in Cars with Children (Prohibition) Act 2011* to define personal vaporisers and related products as smoking products. **Recommendation 88 – Agreed** ACT Health invests in a comprehensive suite of specialist alcohol and other drug treatment services for those with severe alcohol problems including withdrawal, counselling and day and residential rehabilitation programs.
Status	Complete

INQUIRY INTO THE APPROPRIATION BILL 201-18 AND APPROPRIATION (OFFICE OF THE LEGISLATIVE ASSEMBLY) BILL 2017–18

Reporting Entity	Select Committee on Estimates 2017–18
Report Number	1
Report Title	Inquiry into the Appropriation Bill 201-18 and Appropriation (Office of the Legislative Assembly) Bill 2017–18
Link to report	Not applicable
Government Response Title	Government Response to the Inquiry into the Appropriation Bill 201-18 and Appropriation (Office of the Legislative Assembly) Bill 2017–18
Date Tabled	As at 30 June 2017 the inquiry is ongoing
Recommendation Number and Summary of Recommendation	Not applicable
Action	Not applicable
Status	Ongoing

ACT AUDITOR-GENERAL'S REPORT NO 6 OF 2017: MENTAL HEALTH SERVICES – TRANSITION FROM ACUTE CARE

Reporting Entity	ACT Auditor-General's Office
Report Number	6
Report Title	ACT Auditor-General's Report No 6 of 2017: Mental Health Services – Transition from Acute Care
Link to report	http://www.audit.act.gov.au/auditreports/reports2017/Report%20No%206%20of%202017%20-%20Mental%20Health%20Services%20-%20Transition%20from%20Acute%20Care.pdf
Government Response Title	Government Response to the ACT Auditor-General's Report No 6 of 2017: Mental Health Services – Transition from Acute Care
Date Tabled	23 June 2017 - The Government Response is not due as at 30 June 2017
Recommendation Number and Summary of Recommendation	Not applicable
Action	Not applicable
Status	Ongoing

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 2015–16
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	8 June 2017 - The Government Response is not due as at 30 June 2017
Recommendation Number and Summary of Recommendation	Not applicable
Action	Not applicable
Status	Ongoing

B.4 RISK MANAGEMENT

INTRODUCTION/OVERVIEW

ACT Health provides a high-quality service to our community, safe and effective care to our consumers as well as maintaining a safe environment for patients, visitors and employees. To achieve this, ACT Health is committed to managing risks that may prevent its objectives being achieved.

DEVELOPING THE RISK MANAGEMENT PLAN

In line with ACT Government risk management protocols, the ACT Health risk management policy, framework and guidelines are maintained in full compliance with International Standard for Risk Management, AS/NZS ISO 31000:2009 . The documents provide clear governance arrangements, including responsibilities and measurable Key Performance Indicators (KPIs).

ACT Health is committed to establishing a risk culture that demonstrates the principles of risk management through:

- proactive and timely identification and reporting of actual as well as perceived risks by staff
- including risk management in the planning, implementation and maintenance phases of all ACT Health systems, processes, policies and procedures.

MONITORING RISKS

Executive risk management forums and workshops are held regularly to review the Directorate's organisational-level risks.

IDENTIFYING AND RESPONDING TO EMERGING RISKS

ACT Health's Executive is responsible for:

- monitoring the timely, effective management of organisational-level risks
- managing the escalation of risks to an organisational level.

B.5 INTERNAL AUDIT

INTRODUCTION/OVERVIEW

The ACT Government's Internal Audit Frameworkprovides guidance to all internal audit functions within the ACT Government. ACT Health's Internal Audit Charter and Internal Audit Policy and Procedures are based on this legislation and guide the work performed by ACT Health's Audit, Risk Management and Compliance Branch.

INTERNAL AUDIT ARRANGEMENTS

ACT Health's Internal Audit, Risk Management and Compliance Branch promote and improve ACT Health's corporate governance by:

- conducting internal audits and investigations
- making recommendations for improvements.

In 2016–17, five internal audit assignments were completed, as follows:

- Internal Audit of Accreditation Process Management
- MyShift Project Review
- Internal Audit of Canberra Hospital and Health Services (CHHS) Divisional Governance
- Internal Audit of Pathology Sample Management
- Health Infrastructure Handover Commissioning.

Audit findings and recommendations are rated in line with ACT Health's Risk Management Guidelines.

Throughout the year, the Director, Internal Audit, Risk Management and Compliance reported developments in implementing:

- the Strategic Internal Audit Program
- audit recommendations to the Executive Directors' Council and to the Audit and Risk Management Committee.

The Audit and Risk Management Committee is also informed of the implementation of recommendations made by the ACT Auditor-General's Office, where these apply to ACT Health.

INTERNAL AUDIT COMMITTEE

ACT Health's Audit and Risk Management Committee Charter and Terms of Reference govern the operation of the Audit and Risk Management Committee, which provides:

- assurance to the Director-General on ACT Health's governance
- oversight in relation to risk management, internal systems and legislative compliance.

During 2016–17, the composition of the five committee members was as follows:

- an independent chair
- an independent deputy chair
- one independent member
- two senior executives from ACT Health.

Observers from ACT Health and the ACT Auditor-General's Office also attended meetings.

In 2016–17, the Audit and Risk Management Committee held five meetings, including the meeting to review the financial statements. Attendances are set out in Table 17.

TABLE 17: COMMITTEE MEMBERS AND ATTENDENCES

Name	Position	Duration on the committee	Meetings attended
Mr Geoff Knuckey	Independent Chairperson	6 years	4
Mr Jeremy Chandler	External member and Deputy Chairperson	4.5 years	5
Ms Janine McMinn	External member	1 year	3
Mr Chris Bone	Internal member	1 year	5
Mr Brad Burch	Internal member	1 year	5
Ms Nicole Feely	Observer	N/A	4
ACT Auditor-General's Office	Observer	N/A	3

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

B.6 FRAUD PREVENTION

INTRODUCTION/OVERVIEW

ACT Health's fraud control and prevention strategy aims to foster an environment that promotes the highest standards of ethical behaviour.

RISK ASSESSMENTS CONDUCTED

Fraud risk assessments are undertaken by Divisions of ACT Health, in line with ACT Health Risk Management protocols. Mitigating controls are put in place to address fraud threats and risks. The ACT Health Senior Executive responsible for Business Integrity Risk:

> analyses trends and risk assessments for fraud and other integrity breaches

> provides biannual reports to the Audit and Risk Management Committee.

No fraud matters were reported in 2016–17.

FRAUD CONTROL PLANS

Under the provisions of section 13 of the *Public Sector Management Act 2006* the Director-General of each agency is required to ensure that threats to the integrity of the agency are addressed in a detailed fraud and prevention plan. To address this obligation ACT Health has a:

> Fraud and Corruption Policy

> Fraud and Corruption Plan.

FRAUD PREVENTION STRATEGIES

In ACT Health, the Director-General, Deputy Directors-General and Executive Directors are responsible for:

> managing fraud and corruption

> ensuring compliance with the policy and plan at all levels within their areas.

FRAUD AWARENESS TRAINING

Staff receive fraud control and prevention training during orientation and through the e-learning Ethics, Integrity and Fraud Prevention program.

Managers are provided with further fraud control and prevention information and training during managers' orientation programs.

Staff and manager training is supported by targeted information that alerts staff to the responsibilities and protocols intended to improve systems or mitigate identified fraud threats and risks.

B.7 WORK HEALTH AND SAFETY

INTRODUCTION/OVERVIEW

ACT Health is committed to providing a safe and healthy environment for staff, patients, visitors, contractors and others.

The approach of ACT Health to Work Health and Safety (WHS) is one of continuous improvement. This occurs by consistently reviewing our WHS policies, procedures and systems with the aim of:

- eliminating and minimising workplace injuries and illness
- remaining compliant with the *Work Health and Safety Act 2011*
- ensuring staff and patient safety.

WORKER CONSULTATION ARRANGEMENTS

ACT Health has three tiers of WHS Committees:

- The Tier 1 WHS Committee meets quarterly and is the peak organisational body for WHS in ACT Health. This committee is chaired by the Director-General or Deputy Director-General and includes management representatives and employee representatives.
- The Tier 2 Health and Safety Committees are chaired by Executive Directors or Senior Managers and represent divisions and larger work units. Tier 2 committees meet quarterly.
- The Tier 3 Health and Safety Committees represent localised work areas and bring together groups within similar locations/job types. Tier 3 committees meet quarterly.

At 30 June 2017, ACT Health had 318 elected Health and Safety Representatives (HSRs). HSRs are appointed under the *Work Health and Safety Act 2011*and represent employees about WHS matters during consultations with management. HSRs receive appropriate WHS training to support them in the duties that they perform.

STAFF WORK HEALTH AND SAFETY INCIDENT REPORTS

Table 18 identifies the number of staff WHS incident reports and associated reported lost time injury of one day or more.

TABLE 18: STAFF WHS INCIDENTS AND LOST TIME 2014–15 TO 2016–17

Year	No. of staff WHS incidents*	Lost time injury of one day or more*
2016–17	1,454	175
2015–16	1,299	159
2014–15	1,318	151

*Source: * Riskman - Staff Accident Incident Register*

In 2016–17, there were 1,454 staff incident reports with 175 of these incidents involving a lost time injury of one day or more. This compares to 2015–16, where there were 1,299 staff incident reports with 159 of these incidents involving a lost time injury of one day or more.

WORK HEALTH AND SAFETY ACT 2011 REPORTING

Reportable incidents and notices under the *Work Health and Safety Act 2011*for the 2016–17 financial year were as follows:

> Twelve WHS staff incidents were classified as Notifiable Incidents and reported to WorkSafe ACT.
> One Prohibition Notice was issued for ACT Health by WorkSafe ACT. The Prohibition Notice was issued on 6 April 2017 in relation to the potential presence and disturbance of asbestos in the electrical switchboard room, Building 1, Canberra Hospital. After tests were conducted by qualified external contractors the Prohibition Notice was subsequently lifted by WorkSafe on 7 April 2017.
> No Improvement Notices were issued for ACT Health by WorkSafe ACT.
> No Provisional Improvement Notices were issued for ACT Health by appointed HSRs.

WORKPLACE SAFETY TEAM

The Workplace Safety (WPS) team provides a variety of services that support ACT Health's Work Health and Safety Management System (WHSMS). The WHSMS assists management and staff to:

> comply with the *Work Health and Safety Act 2011*
> report WHS incidents and hazards to the appropriate committee or authority and manage associated risks
> ensure appropriate consultation occurs for issues and matters that impact WHS.

WPS provides occupational medicine services across ACT Health to prevent infectious diseases being transmitted to and from healthcare workers and consumers. These services include:

> employment screening and vaccination, including annual influenza vaccinations
> blood-body fluid exposure incident management, counselling and advice.

WPS provides an early intervention physiotherapy service, including ergonomic workstation assessments, to prevent, manage and reduce staff musculoskeletal injuries. This assists in:

> reducing time off work
> facilitating early return to work
> decreasing workers compensation claims
> improving staff morale.

During 2016–17, a total of 2,247 clinical appointments were provided and 645 workstation ergonomic assessments were conducted for ACT Health staff.

PERFORMANCE AGAINST AUSTRALIAN WORK HEALTH AND SAFETY STRATEGY 2012–22 TARGETS

As shown in Figure 6 and Table 19, in 2016–17, ACT Health continued to reduce the number of new claims that exceeded five days off work per 1,000 employees. This is due to early intervention strategies and proactive case management.

The 2016–17 figures are consistent with historical trends and overall performance continues to be good against both the Health Directorate and ACT Public Service (ACTPS) targets.

Target 1: Reduce the incidence rate of claims resulting in one or more weeks off work

FIGURE 6: INCIDENT RATE OF CLAIMS RESULTING IN ONE OR MORE WEEKS OFF WORK

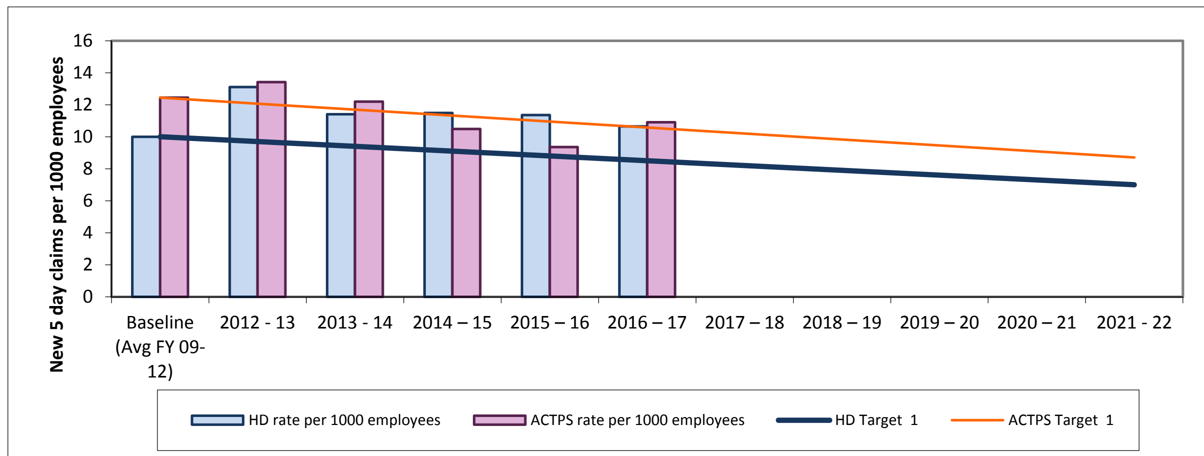


TABLE 19: INCIDENT RATE OF CLAIMS RESULTING IN ONE OR MORE WEEKS OFF WORK

Year	Health Directorate # new 5 day claims	Health Directorate rate per 1,000 employees	Health Directorate Target 1	ACTPS # new 5 day claims	ACTPS rate per 1,000 employees	ACTPS Target 1
Baseline (avg FY 09–12)	50.33	10.00	10.00	243.33	12.45	12.45
2012–13	71.00	13.11	9.70	274.00	13.42	12.08
2013–14	67.00	11.41	9.40	257.00	12.20	11.70
2014–15	70.00	11.49	9.10	228.00	10.49	11.33
2015–16	72.00	11.37	8.80	205.00	9.36	10.96
2016–17	70.00	10.66	8.50	243.00	10.91	10.58
2017–18	-	-	8.20	-	-	10.21
2018–19	-	-	7.90	-	-	9.84
2019–20	-	-	7.60	-	-	9.46
2020–21	-	-	7.30	-	-	9.09
2021–22	-	-	7.00	-	-	8.72

Target 2: Reduce the incidence rate of claims for musculoskeletal disorders (MSD)

As shown in Figure 7 and Table 20, in 2016–17, ACT Health reduced the incidence of musculoskeletal disorder (MSD) claims resulting in five days or more off work. This continues a trend from previous years and brings the incidence rate below the target level. The overall trend in performance on these claims has been achieved with early intervention strategies and proactive case management.

FIGURE 7: INCIDENT RATE OF CLAIMS FOR MUSCULOSKELETAL DISORDERS RESULTING IN FIVE DAYS OFF WORK

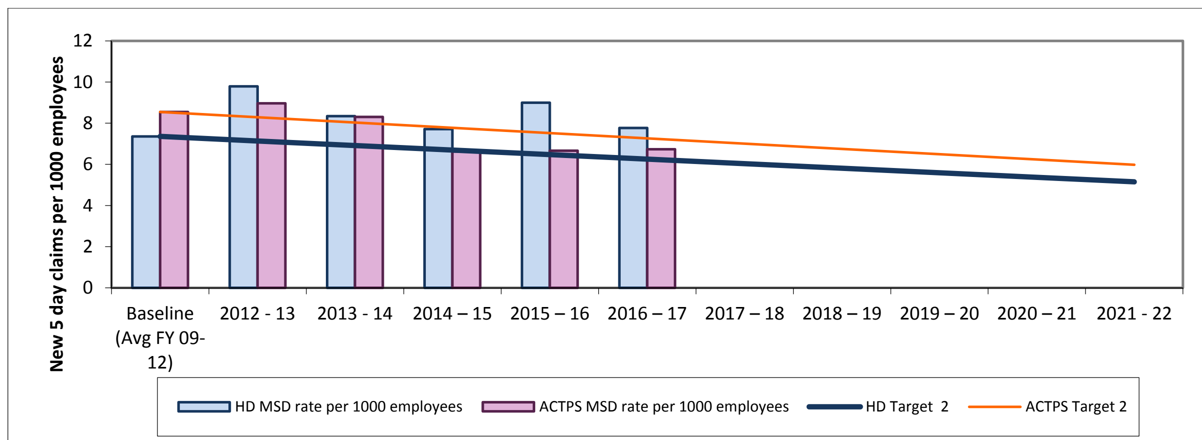


TABLE 20: INCIDENT RATE OF CLAIMS FOR MUSCULOSKELETAL DISORDERS RESULTING IN FIVE DAYS OFF WORK

Year	Health Directorate # new 5 day MSD claims	Health Directorate MSD rate per 1,000 employees	Health Directorate Target 2	ACTPS # new 5 day MSD claims	ACTPS MSD rate per 1,000 employees	ACTPS Target 2
Baseline (avg FY 09–12)	37.00	7.35	7.35	167.00	8.55	8.55
2012–13	53.00	9.79	7.13	183.00	8.96	8.29
2013–14	49.00	8.34	6.91	175.00	8.31	8.03
2014–15	47.00	7.71	6.69	144.00	6.63	7.52
2015–16	57.00	9.00	6.47	146.00	6.67	7.52
2016–17	51.00	7.76	6.25	150.00	6.73	7.26
2017–18	-	-	6.03	-	-	7.01
2018–19	-	-	5.81	-	-	6.75
2019–20	-	-	5.59	-	-	6.49
2020–21	-	-	5.37	-	-	5.98
2021–22	-	-	5.15	-	-	5.98

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

B.8 HUMAN RESOURCES MANAGEMENT

INTRODUCTION / OVERVIEW

ACT Health has a dispersed model for human resources management with many areas sharing responsibility for staff-related issues. The People and Culture Branch is responsible for Directorate-wide and/or strategic human resource issues, such as providing:

> general clinical and leadership training
> enterprise bargaining negotiations
> high-level workforce planning
> Directorate-wide people policies.

Business units are responsible for deciding their workforce composition below executive level. They make their own recruitment decisions and undertake day-to-day management duties. People and Culture work closely with business units to support and respond to their human resource needs and functions and provide advice and assistance, especially in complex or difficult situations such as when:

> allegations of misconduct have been made
> team interventions are required to address specific workplace culture issues
> advice on public sector employment obligations is needed
> it is difficult to recruit staff with specialised skill sets and/or qualifications.

ACT Health is committed to building a collaborative, capable, flexible and innovative workforce to deliver positive, person-centred healthcare outcomes now and into the future by investing in and valuing our people.

HUMAN RESOURCE MANAGEMENT

The ACT Health workforce is the core for delivering quality health services across the ACT and surrounding region. The organisation recognises the delivery of established, new and enhanced health services requires a parallel focus on the people who will be delivering these services.

Health care is now being delivered in a changed environment, reflecting the shift to community-based services and a focus on recovery and consumer-oriented services. The dynamic and evolving health environment, coupled with current social trends means that health service delivery will continue to change into the future.

ACT Health clinical areas routinely review their Models of Care (MoCs) to validate national and international best practice. ACT Health is an active participant in national health workforce committees, including the:

> Australian Health Workforce Ministerial Advisory Council (AHWMC)
> Health Workforce Principle Committee (HWPC).

It is essential that ACT Health has the ability to attract and retain a workforce that will enable it to meet the current and future health care needs of the ACT and surrounding community. This issue has been a significant priority over the past year as evidenced by the first tranche of reform, which was undertaken during 2016–17.

A major challenge facing ACT Health is recruiting and retaining the right people in a competitive labour market.

WORKFORCE PLANNING

A SKILLED AND SUSTAINABLE WORKFORCE IS FUNDAMENTAL TO THE SUCCESS OF ACT HEALTH IN DELIVERING HEALTH CARE TO THE PEOPLE OF THE ACT AND SURROUNDING AREAS.

The ACT Health workforce is the core for delivering quality health services across the ACT and surrounding region. ACT Health recognises that the delivery of new and enhanced health services requires a parallel focus on the people who will be delivering these services.

The principal recurrent cost for ACT Health is its employees. The organisation has undertaken workforce planning activities, including gap analysis and trending data. This information has informed the development of a workforce plan that delivers robust and targeted strategies to meet the workforce requirements now and into the future.

The regular review of the workforce plan identified an increase in collaborative efforts to meet the plan's strategic deliverables.

During 2016–17, ACT Health continued to build its workforce planning capability, including:

> current and future capability gaps
> the roles that will be critical for future workforce needs.

In addition to this, the Directorate undertook other key workforce planning activities, including:

> incorporating targeted resourcing discussions with Senior Managers
> partnering with educational facilities to continue the Directorate's 'grow your own' program which has increased the number of ACT medical and nursing graduates in our workforce
> undertaking targeted recruitment, which has resulted in a number of successful outcomes, through advertising in profession-specific areas, such as:
  - healthcare professional publications and journals
  - healthcare-specific electronic job boards, social media sites and databases
> promoting ACT Health as an employer of choice at healthcare conferences and seminars
> participating in career expos.

The Directorate continues to align its workforce planning with its business strategy to meet current requirements and plan for the future. Workforce data is analysed to gain an understanding of our workforce profile, trends and future requirements.

To optimise work roles, capabilities and mix of skills, ACT Health has undertaken a review of Work-Level Standards across craft groups to ensure relevance and suitability for the workforce.

Interdisciplinary teams are being introduced across the care continuum in ACT Health to:

> enhance the commitment to, and focus on, patient-centred care
> prevent assessment and workload duplication.

These multidisciplinary teams include staff from medical nursing and allied health disciplines who share a common patient population and patient care goals.

RETENTION STRATEGIES

ACT Health's retention strategies focus on, and specifically address, performance, communication and loyalty. This approach is considered to be an advantage in retaining positive and motivated employees, which is vital to the success of service delivery.

How retention strategies are implemented is important as this helps create a positive work environment and strengthens employees' commitment to remaining with ACT Health. This begins during the recruitment phase by providing prospective employees with a realistic view of the working environment, job expectations and advancement opportunities.

The Directorate's separation rate for ongoing employees in 2016–17 was 7.6 per cent. This includes all separations for ongoing staff, including terminations, redundancies, resignations and retirements. It does not include ongoing staff moving to other Directorates.

ACT Health has developed a number of retention strategies to provide effective methods of reducing employee turnover and attrition and ensuring employees are engaged and productive, including:

- ongoing professional development
- career pathways for promotion and career development
- flexible working arrangements in the relevant Enterprise Bargaining Agreements.

The *ACT Health Workforce Plan 2013–18* includes a number of initiatives aimed at improving retention. ACT Health will monitor the retention rate to evaluate the effectiveness of these initiatives.

WORKPLACE CULTURE

Workplace culture and staff engagement continue to be an area of priority for ACT Health given the strong correlation between retention, staff engagement and overall performance. Following the release of the results of the 2015 (November) Workplace Culture Survey in late February 2016, a number of activities have been undertaken, including:

- developing and publishing Divisional Workplace Culture Action Plans
- implementing the Divisional Workplace Culture Action Plans
- quarterly reporting of progress against Divisional Workplace Culture Action Plans to the ACT Health's Director-General
- undertaking pulse surveys to diagnose workplace culture and assess culture improvement initiatives in a number of Divisions
- supporting two work units whose culture survey results indicated that procuring external assistance was particularly challenging.

In addition, interviews were conducted with managers of 11 teams whose culture had significantly improved between the 2012 and 2015 surveys. As a result of these interviews, the top ten practices for improving culture were identified and are now being used to support improvement in other teams.

In 2016–17, the Organisational Development Unit provided targeted assistance to 45 teams across the organisation. This included:

- analysing workplace culture issues
- developing strategies to address issues that recognised the unique factors of each team.

The majority of assistance and support was provided across Canberra Hospital and Health Services (CHHS). The range of professions participating in interventions included:

> medical and nursing staff
> administrative staff
> support and infrastructure staff.

Evaluations undertaken after the strategies were implemented identified positive improvements.

ACT Health continues to embed the ACT Public Service (ACTPS) Respect, Equity and Diversity (RED) Framework across the organisation using an established and active RED contact officer network.

The number of RED contact officers as at 30 June 2017 was 103, with 18 new staff trained as RED officers during 2016–17. RED contact officers come from various work groups, including:

> medical and nursing staff
> allied health professionals
> administrative staff
> staff who work outside traditional business hours.

The RED contact officers' network meets quarterly to provide support and professional development on topics such as:

> raising awareness and tolerance for people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ)
> discussing ACT Health's Multicultural and Diversity Policy - Inclusion (Culturally and Linguistically Diverse (CALD) and LGBTIQ)
> raising awareness and strategies to manage unconscious biases.

The Clinical Culture Committee (CCC) meets regularly to progress the seven key recommendations of the ACT Health Review of the Clinical Training Culture, which was undertaken in 2015. The CCC is chaired by ACT Health's Director-General and membership includes key senior clinicians and senior executives from Canberra Hospital.

In 2016–17, the CCC undertook a number of actions to address and progress the seven key recommendations, including:

> Analysis of the 2015 ACT Health Workplace Culture Survey for medical staff continued, which included follow-up discussions with medical staff executives. The CCC is considering pulse surveys in 2017 to track progress. In addition, a review of the performance management arrangements for medical staff began, including performance planning and feedback processes.
> Drafting of the Statement of Desired Culture started using information and data from focus groups held in:
- July–August 2016 (attended by 153 doctors)
- September–November 2016 (attended by 474 staff from across ACT Health).
> Development of a new Workplace Culture intranet site started. This website will include self-help resources and tools for managers and staff and is scheduled to be operational in October 2017.
> The Senior Doctor Leadership Program for Clinical and Unit Directors was delivered between August 2016 and June 2017. This program provides practical skills and strategies for:
- influencing behaviour change
- analysing team dynamics

- setting expectations
- encouraging a culture of innovation.

> The Respect at Work Policy was reviewed. This policy focuses on promoting a positive workplace. Significant consultation was undertaken across the organisation and with unions.

People and Culture, organisational development, key achievements

During 2016–17, People and Culture:

> delivered the Critical Care Frontline Leadership Program

> delivered the MyHealth Program

> provided quarterly reporting on Divisional Workplace Culture Action Plans

> provided internal consultancy services to 45 teams across the organisation.

Leadership, management and culture programs

ACT Health is strongly committed to staff development. In 2016–17, ACT Health provided a number of leadership and management development programs focused on acquiring practical skills and knowledge specifically for the healthcare environment.

In addition to a number of well embedded and highly regarded programs, new programs were developed and delivered in 2016–17. These included the:

> Emerging Managers Program

> Critical Care Frontline Leadership Program

> Senior Doctor Leadership Program

> Leading Teams through Change Program

> 360 degree feedback tools.

The Emerging Managers Program is an introductory management program designed specifically for ACT Health staff who aspire to, or have recently transitioned into, a supervisory role. The aim of this two-day program is to introduce foundational management knowledge and skills. It is aligned with the key elements of Health LEADS Australia: the Australian Health Leadership Framework.

The Critical Care Frontline Leadership Program was developed as a result of extensive collaboration between ACT Health's Organisational Development Unit and the Division of Critical Care. The program addresses the identified leadership capability gaps of clinical leaders (specifically nurses and doctors) working within the critical care environment. This program comprises six two-hour modules delivered over the clinical handover period. The content is evidence-based, referencing current and contemporary leadership research, with practical activities to help transfer learning to the workplace.

The Senior Doctor Leadership Program is discussed in Workplace culture, page 162.

The Leading Teams through Change Program was developed to increase leaders' understanding of the psychological and emotional issues staff may experience while going through periods of extensive change. This program is targeted to specific work areas that are experiencing significant change and equips leaders with strategies to support their staff through that change.

In 2016–17, a number of senior leaders participated in the Human Synergistics Life Style Inventory (LSI) 360 degree feedback. The LSI tool identifies key leadership styles, strengths and shortfalls. Internally accredited LSI coaches supported participants to develop more constructive leadership styles by:

> understanding their 360 degree profile

- creating a development plan
- implementing strategies.

The People Manager Program (PMP), which aims to develop people management skills underpinned by ACT Health's values, continued to be delivered throughout 2016-17. The PMP is designed for frontline supervisors and middle managers with people management responsibilities. It consists of five half-day modules.

The ACTPS Performance Framework was further strengthened and supported by the development and delivery of the Let's Talk...Performance workshops for supervisors and managers. These workshops focused on developing practical skills for conversations on performance and providing feedback, including feedback on conduct and behaviour.

2016–17 leadership and management programs

As shown in Table 21, 48 leader and management-related workshops were delivered to 887 participants.

TABLE 21: 2016–17 LEADERSHIP AND MANAGEMENT PROGRAMS

Program	Number of workshops	Number of participants
Emerging Managers Program	9	209
Critical Care Frontline Leadership Program (6 modules)	5	45
Senior Doctor Leadership Program	8	Workshop 1 – 39 Workshop 2 – 35 Workshop 3 – 31 Workshop 4 – 25
Leading Teams through Change Program	8	123
People Manager Program (five modules)	13	300
Let's talk...Performance	5	80

Culture improvement training programs

ACT Health continued its commitment to improving culture by delivering a number of training programs to help staff:

- deal with inappropriate behaviours
- have difficult conversations
- better manage stress
- use diagnostic tools to help teams understand differences in thinking styles.

ACT Health continues to embed the ACTPS Respect, Equity and Diversity Framework across the organisation through a number of training programs.

For example, the Respect@Work training program provides staff with information on managing and preventing bullying, harassment and discrimination.

The Preliminary Assessment for Managers Program provides managers with information on how to deal with allegations of inappropriate behaviour, including:

> breaches of conduct
> bullying
> harassment
> discrimination.

More specifically, this program assists managers by providing them with:

> accurate information for how to conduct a preliminary assessment in accordance with the relevant Enterprise Agreements
> case studies and role plays to practice skills for having difficult conversations.

The Keep Calm and Have a Crucial Conversation workshop teaches participants the 'Crucial Conversation tool'. This provides participants with advice for preparing for a difficult conversation and strategies for staying calm and focused on achieving a positive result.

The Third Space workshop is based on Dr Adam Fraser's model for improving behavioural flexibility and managing negative interactions with others. The workshop provides strategies for altering mindsets, which affect moods and behaviours so that interactions are positive and professional.

The Hermann Brain Dominance Instrument (HBDI) is a neuroscience-based psychometric assessment that rates an individual's thinking agility, cognitive diversity and behaviour preferences. It is currently embedded in the PMP and has resulted in Managers requesting team awareness sessions. The aim of these sessions is to improve the team dynamics, by teaching individuals to recognise their communication and problem solving preferences and how they best interact with others.

As shown in Table 22, 49 cultural improvement training programs were delivered to 1,014 participants.

TABLE 22: 2016-17 CULTURE IMPROVEMENT TRAINING PROGRAMS

Program	Number of workshops	Number of participants
Respect @ Work	26	632
Preliminary Assessment for Managers	2	45
Keep Calm and Have a Crucial Conversation	11	165
Third Space	6	145
HBDI – Team Awareness Sessions	4	27

Future learning and development key priorities

Leadership and management development will continue to be a key priority for ACT Health, with a number of programs currently being considered, including:

> financial management training, to assist staff with budgetary responsibilities to transition to Activity Based Funding
> a Leading Change Program, to support leaders through ACT Health's current and future change initiatives

- learning and development programs that are aligned with ACT Health's Quality Strategy, to further embed quality improvement principles and patient-centred care across the organisation.

DEMONSTRATED COMMITMENT TO WHOLE-OF-GOVERNMENT LEARNING AND DEVELOPMENT INITIATIVES

ACT Public Service Graduate Program in ACT Health

ACT Health participates in the ACTPS Graduate Program. This program is designed to recruit skilled and talented graduates to support the ongoing renewal of the ACTPS. It complements clinical graduate programs in nursing, allied health and medicine.

Following successful completion of the program, graduates are permanently appointed to the ACTPS at the Administrative Service Officer Level 5 or equivalent within ACT Health. ACT Health had three participants during 2016 and five participants during 2017.

ACT Health also invests significantly each year in clinical graduates. In 2016, we had 230 clinical graduates, including:

- 45 allied health professionals
- 100 medical interns
- 85 nurses.

Graduates and their supervisors are supported by:

- whole-of-government training and development programs managed by Chief Minister, Treasury and Economic Development Directorate (CMTEDD)
- a dedicated coordinator.

The coordinator liaises with graduates and CMTEDD to facilitate the program, for example, by monitoring performance plans and probationary periods and resolving any queries or concerns.

Staff Health and Wellbeing

In 2016–17, ACT Health continued to make the health and wellbeing of staff a priority. The *MyHealth Staff Health and Wellbeing Strategy and Action Plan 2016–2018* outlines the current priorities and objectives. The strategy is supported by the *MyHealth* Manager and 131 *MyHealth* Champions from across ACT Health. The four key areas of focus for *MyHealth* are to promote and support:

- emotional wellbeing
- smoke-free environment
- healthy eating and drinking
- physical health.

As shown in Table 23, 88 MyHealth workshops/programs were conducted for 2,236 staff. This is an increase of 624 participants from the previous financial year.

TABLE 23: STAFF HEALTH AND WELLBEING WORKSHOPS/PROGRAMS 2016-17

Workshops/programs	Number of workshops	Participants
MyHealth Information and Self Care sessions	28	604
MyHealth Health and Wellbeing Expo promoted all four focus areas	2	304

Workshops/programs	Number of workshops	Participants
Emotional Wellbeing		
Accidental Counsellor	1	14
Adapting to Change	2	35
Awareness and Links Enable Resilient Teams	1	22
Compassion Fatigue	4	118
Conflict Resolution	8	126
Conversations for Life	2	23
Employee Assistance Program – Springboard sessions	2	15
How to Beat Fatigue	2	36
Lifeline - Accidental Counsellor	1	14
Making the Most of Your Working Day	1	17
Managing Psychological Illness in the Workplace	6	74
Mental Health Toolbox Talks	9	99
Motivation and Morale in Teams	4	86
Pillars of Resilience	1	12
Red Cross Blood Donations - Red25	N/A	182
Resilience in the Workplace	1	20
Seated Massage	N/A	182
Sleep Awareness	3	93
Work Life Balance	4	46
Physical Health		
Pedometer Challenge	N/A	63
Workplace Activity Workshop	2	13
Smoke-free Environment		
Quit Skills	1	1
Healthy Eating and Drinking		
Healthy Food and Drink sessions	3	37
TOTAL	88	2,236

EMPLOYEE ASSISTANCE PROGRAM

ACT Health provides staff and their immediate family members with access to an employee assistance program. The program provides a free confidential counselling service to assist staff experiencing work-related or personal problems. The employee assistance program collects generic data that provides guidance for ACT Health wellbeing strategies.

To complement this service, the employee assistance service also offers an online wellbeing resource, which provides interactive and user-friendly information and guidance on work and personal issues.

Managers and executives may seek advice and support on managerial issues through a dedicated and confidential program.

DIVERSITY IN ACT HEALTH

ACT Health continues to support the Government's commitment to improving the representation of diverse groups within the workplace. More specifically, ACT Health is striving to create an organisation that is both attractive to, and representative of, the ACT community that it serves. The Directorate recognises that it must behave and be seen as an inclusive employer to attract members of diversity groups and those who seek an inclusive employer.

To achieve diversity, ACT Health has implemented a series of initiatives that are designed to improve the recruitment and retention of:

- Aboriginal and Torres Strait Islander peoples
- people from culturally and linguistically diverse backgrounds
- people with a disability.

This year the Directorate continued to focus and participated in events such as:

- Harmony Day
- NAIDOC Week
- Reconciliation Week
- National Families Week.

EMPLOYMENT STRATEGIES

ACT Health continues to develop its employment programs, including the:

- Graduate Program
- Aboriginal and Torres Strait Islander Traineeship
- Australian School-based Apprentice (ASBA) programs.

The Directorate is also committed to participating in Disability Employment Programs and will continue to develop its recruitment capability for targeted diversity groups.

To promote inclusion placements across ACT Health, the Employment Inclusion Manager meets with individual managers to explain the support that is available to them and their staff.

The Directorate has implemented a panel of employment service providers specifically for the employment of people with disability and Aboriginal and Torres Strait Islander peoples. These service providers can also deliver support, advice and, potentially, funding towards workplace modifications and adjustments.

Aboriginal and Torres Strait Islander peoples

The Directorate remains committed to attracting, recruiting and retaining Aboriginal and Torres Strait Islander peoples. We recognise the important role our Aboriginal and Torres Strait Islander staff play in sharing their skills and knowledge across ACT Health.

The *ACT Health Reconciliation Action Plan 2015–18* guides our approach to Aboriginal and Torres Strait Islander recruitment, retention and development. We continue to provide employment pathways for Aboriginal and Torres Strait Islander peoples, including the Aboriginal and Torres Strait Islander Traineeship

Program. ACT Health is committed to providing a supportive and respectful work environment that recognises and values Aboriginal and Torres Strait Islander peoples.

A total of 12 Aboriginal and Torres Strait Islander identified positions have been established across ACT Health. Table 24 provides a breakdown staff by employee group.

TABLE 24: ABORIGINAL AND TORRES STRAIT ISLANDER STAFF BY EMPLOYEE GROUP

Role	Headcount
Administrative Officers	25
Technical Officers	1
Health Support Worker	6
Allied Health Professionals	13
Medical Officers	3
Nursing & Midwifery Staff including Assistants in Nursing	28
Total Staffing	76

Employment of people with disability

The *ACT Health Disability Employment Action Plan 2015–18* outlines our undertaking to providing a supportive and inclusive work environment that attracts, retains and develops the career aspirations of employees with disability.

ACT HEALTH HAS RENEWED ITS COMMITMENT TO PROVIDING OPPORTUNITIES FOR PEOPLE WITH DISABILITY.

During 2016–17, ACT Health has undertaken a number of actions, including providing:

> ongoing support, mentoring and assistance to supervisors and managers who employ or are looking to employ staff with disability

> staff with access to awareness training, inclusion seminars and external provider presentations on effective communication with clients and employees with disability

> all new employees with a copy of the *ACT Health Disability Employment Action Plan 2015–18* during orientation

> the *ACT Health Disability Employment Action Plan 2015–18* electronically for staff on the ACT Health HUB and for the public on the ACT Health website.

Apprenticeships

ACT Health continued to promote and participate in the ASBA Program. During 2016-17, this comprised:

> two Aboriginal and Torres Strait Islander ASBAs

> five Disability ASBAs.

Following the implementation of the Inclusion ASBA Register in 2016–17, ACT Health is better able to promote employment via the ASBA Program to work units.

Traineeships

Since February 2017, and through our partnership with CMTEDD, ACT Health has participated in the:

> ACTPS Graduate Program
> Aboriginal and Torres Strait Islander Traineeship.

Future programs will include a disability placement:

- traineeship
- cadetships
- other development programs.

LEARNING AND DEVELOPMENT PROGRAMS

ACT Health implements governance strategies to ensure education and training provides the workforce with the skills and knowledge required to fulfil their roles and responsibilities.

Educational programs are based on the annual learning needs analysis and identified organisational requirements. To support this:

- a Learning and Development Framework provides guidance on creating a learning organisation by integrating strategies into business practices
- a Standard Operating Procedure guides the design, development and approval of training programs.

Key Achievements 2016–17

The learning management system, Capabiliti, was upgraded to improve mandatory and recommended education management. The project was initiated to ensure that staff education meets the capability requirements of job roles, which will ensure the quality and safety of service delivery. System enhancements included:

- allowing more detailed training requirements to be allocated to groups of staff at an organisational, divisional or work area level using multiple parameters
- allowing managers to create team or individualised learning plans for their staff
- allowing staff and managers to easily monitor participation compliance and progress
- providing a new look and feel, with easier navigation, faster search features and more self-serve options for updating personal details.

ACT Health is a Registered Training Organisation (RTO). This provides a quality framework for delivering training in line with the Standards for RTOs 2015. During 2016–17, ACT Health achieved re-registration as an RTO until 2024. This will allow us to continue to provide nationally recognised training and maintain an ongoing commitment to national quality standards for education delivery.

A tracheostomy education project was initiated to:

- improve the safety and management of patients with tracheostomies
- provide a consistent approach to education.

A review of reported incidents and workplace practice by the Tracheostomy Assessment and Consultation Service (TRACS) identified that there was lack of consistent knowledge and training across clinical areas and no formal skills assessment. The project involved updating a self-directed learning package and creating a formal skills assessment process in consultation with TRACS. The revised education and assessment package is currently being trialled in four wards. Work has also commenced on an e-learning program

consisting of multidisciplinary modules for nurses, physiotherapists, doctors and speech pathologists. The first modules are planned for release in early 2018.

Leadership and management programs

ACT Health sponsored four places in the Public Sector Management Program (PSMP), which is delivered by the Queensland University of Technology (QUT). It is aimed at emerging public sector mid-level managers. The PSMP provides an engaging and relevant curriculum, delivered using:

- work-based learning
- workshops
- a virtual learning environment.

On successful completion of the program, participants are awarded a Graduate Certificate in Business (Public Sector Management).

Education programs to support patient experience and partnership with consumers

A number of education programs are provided for ACT Health staff to improve the patient experience by addressing the requirements of the *National Safety and Quality Health Service (NSQHS) Standards*, Standard 2 – 'Partnering with Consumers'. The education sessions are delivered to an interprofessional audience. Table 25 provides course details, including attendances.

TABLE 25: CONSUMER AND CONSUMER GROUP PARTNERED COURSES

Course	Attendance/completions
Australian Charter of Health Care Rights e-learning	143
Consent e-learning	382
Consumer Feedback In-service	32
Patient Experience In-service	233
Patient Experience Week	31
Patient Stories - collecting and analysing	10
Respecting Patient Choices e-learning	160
Writing Consumer Publications e-learning	49

The ACT Health Cultural Competence Program

The ACT Health Cultural Competence Program was developed to provide staff with the opportunity to enhance cultural awareness while working with CALD consumers and staff. The content of the program meets the requirements of Standard 2 of the *NSQHS Standards*. Cultural Competence has also been recognised as a driving influence towards CALD services within ACT Health noted by item 4.2 of the *Towards Culturally Appropriate and Inclusive Services – A Co-ordinating Framework for ACT Health 2014–2018*.

Participants complete either an e-learning program or a face-to face education session. In 2016–17:

- 250 staff completed the face-to-face education session
- 433 staff completed the e-learning program.

Safety training

A range of targeted manual task programs are provided to meet the safety requirements of various work groups in the clinical and administrative environment. Workers in high-risk occupations complete annual refreshers.

In 2016–17, 1,341 staff completed the e-learning program. Face-to-face training in manual tasks was completed by:

> 3,119 staff
> 232 students
> 196 volunteers.

Staff also have access to training to assist with managing challenging and aggressive behaviour from clients. During 2016–17, there were 1,593 completions across the five e-learning modules on Personal Safety and Conflict Awareness. The face-to-face, skills-based Predict, Assess and Respond to Challenging/Aggressive Behaviour (PART) Program was completed by 145 staff and the refresher by 68 staff. Several new initiatives were implemented to improve access to these courses, including piloting:

> a shorter one-day program for administrative and support staff
> shorter refreshers for specific work groups
> area-specific courses facilitated by Mental Health, Justice Health, Alcohol and Drug Division.

Medication safety is a key requirement for patient safety and of the *NSQHS Standards*. In 2016–17, 222 nurses and midwives completed the medication e-learning package during the orientation process, with 98 per cent passing in their initial assessment. A further workshop and assessment is provided for those who do not achieve 100 per cent in their initial assessment. An additional 859 staff completed the Medication Safety Legislation and Processes e-Learning Program.

The Cytotoxic Awareness course provides a basic safe practice skill set for clinical staff working with patients who are receiving chemotherapy and cytotoxics in clinical areas outside Cancer Services. Forty staff attended workshops and work area in-services on cytotoxic awareness.

ESSENTIAL EDUCATION AND CLINICAL EDUCATION

Orientation programs

Orientation programs are provided to ensure staff are welcomed and informed of their responsibilities and of legislative and organisational requirements. Programs cover key safety, quality and risk topics relevant to job roles and linked to the *NSQHS Standards*.

Table 26 lists the programs that were conducted, including the number of sessions and attendance.

TABLE 26: ORIENTATION PROGRAMS IN ACT HEALTH

Program	Number of sessions 2016–17	Attendance 2016–17
ACT Health Orientation - all staff	13 programs	908 staff 110 volunteers
Nursing and Midwifery Orientation	13 programs	353 staff
Managers Orientation	6 programs	89 participants
Workplace Induction Pathway- all staff	Continuous access	e-learning: 1039 completions Work-based: 186 completions

Program	Number of sessions 2016–17	Attendance 2016–17
Medical Interns and Registrars Orientation	1 program	93 participants

Child protection

Child Protection Training is essential education for all ACT Health employees. Three levels of training are provided, depending on the level of contact an employee has with children, young people and families. Staff may access more than one level of training. Table 27 lists the programs that were conducted, including the number of participants at each. The participant total reflects the number of attendees at education sessions and includes:

> staff from ACT Health, Calvary Bruce and John James

> community organisations.

TABLE 27: CHILD PROTECTION PROGRAMS IN ACT HEALTH

Child Protection training course	Participants trained
Level 2 face-to-face	600
Level 3 face-to-face	460
Level 3 refresher face-to-face	151
In-service	62
Level 1 e-learning CHHS	632
Level 2 e-learning CHHS	418
Level 1 and 2 e-learning Calvary Bruce	483
Level 1 and 2 e-learning Calvary John James	396
Total July 2016–June 2017	3,202

Life support programs

ACT Health provides life support training and assessment programs that align with:

> National safety and quality standards

> Australian Resuscitation Council guidelines

> the ACT Health Essential Education Policy.

The courses provide staff with the knowledge and skills required to effectively manage resuscitation. During 2016–17, a number of quality improvements were implemented, including:

> The Basic Life Support (BLS) e-Learning Program was revised in response to staff feedback.

> The BLS Train the Trainer course was renamed to be BLS Train the Assessor, which more accurately reflects its purpose

> The Advanced Life Support (ALS) pre-course test was converted to be an e-learning module, rather than being paper-based.

> An ALS assessment only course was approved for trial by Emergency Department and Intensive Care Unit (ICU) staff, as an alternative to the Staff Development Unit (SDU)-run ALS refresher course.

In addition, the ALS post-test was made available in Capabiliti. This allows candidates to complete the test after they have successfully completed a skills-based assessment. The post-test for SDU-run ALS courses remains paper-based.

TABLE 28: NUMBER OF STAFF WHO ATTENDED LIFE SUPPORT COURSES

Life Support Courses	Attendance
Advanced Life Support	187
Advanced Life Support Refresher	212
Advanced Life Support Assessment only (pilot)	26
Basic Life Support e-learning (prerequisite to assessment)	4,025
Basic Life Support workshops and/or assessment sessions	3,431
Basic Life Support Train the Trainer/Assessor and refresher programs	77
Neonatal Advanced Life Support	172
Neonatal Advanced Life Support Refresher – e-learning plus assessment	236
Paediatric Life Support	116

Mandatory Update Day Program

The Mandatory Update Day (MUD) Program offers nurses and midwives annual refresher training in essential and highly recommended education in a day-long program. It is offered as an alternative to completing separate sessions on different days or e-learning courses. In 2016–17, 23 programs were conducted. These were attended by 919 staff.

Human Rights Act training for managers

Education on the *Human Rights Act 2004* is provided through an e-learning program, which was developed in consultation with the ACT Human Rights Commission. This is essential education for policy writers and managers in ACT Health, but is available for all staff. In 2016–17, 185 staff completed the e-learning program.

COMPASS

The Early Recognition of the Deteriorating Patient Program (COMPASS) is designed for:

> nurses
> physiotherapists
> doctors
> undergraduates.

It is delivered by the Early Recognition of the Deteriorating Patient team. Specific workshops and refreshers:

> focus on adult, paediatric, maternity and neonatal patients
> aim to enable health professionals to recognise the deteriorating patient and initiate appropriate and timely interventions.

In 2016–17, 1906 staff attended workshops and refreshers and 472 completed the e-learning quiz.

The Patientrack system, which is a system that captures vital signs electronically, was trialled in two wards with:

> 151 staff completing the training
> an additional 41 staff completing the scenarios.

Five Medical Emergency Team (MET) and Modified Early Warning Scores (MEWS) forums were held throughout the year for 131 staff. These forums included topics about recognising and responding to deterioration in patients' condition and collected feedback on quality initiatives. Work has commenced on an e-learning package to provide an alternative to the refresher training. This training is planned for release during 2017–18.

Assistants in Nursing Development Program

The role of the Assistant in Nursing (AIN) is to support registered nurses (RNs) and enrolled nurses (ENs) deliver general patient care, particularly with day-to-day tasks and meals. AINs are always supervised by an RN.

The aim of the Assistants in Nursing Development Program is to provide educational opportunities that support and develop the AIN role. During education sessions AINs engage in practical learning activities, including workshops on:

> communication and partnerships with consumers
> infection control
> empathy.

In 2016–17, four workshops were held for 59 participants.

Enrolled Nurse Professional Development Program

The Enrolled Nurse Professional Development Program (ENPDP) provides participants with:

> innovative, interactive, evidence-based learning opportunities
> updates on current trends in clinical practice.

The content is aligned with several of the *NSQHS Standards*. In 2016–17, 33 sessions were held for 458 participants.

The annual Enrolled Nurse Forum was held in September 2016 with the theme of 'Enrolled Nurses - the Human Factor Caring'. It was attended by 91 ENs and 17 students from ACT Health and regional NSW. The forum received very positive feedback.

Invasive devices education programs

A range of invasive device education programs are provided for nurses, midwives and medical officers. The aim is to reduce risk and improve patient safety. Staff members are assessed in their clinical area to ensure competency. Table 29 lists the courses and provides attendance and completions information.

TABLE 29: INVASIVE DEVICES EDUCATION PROGRAMS IN ACT HEALTH

Course	Attendance and completions 2016–17
Peripheral Intravenous Cannulation: A 3-part course with self-directed learning package, workshop skills and assessment in clinical area	260 staff attended the workshop, including 92 visiting medical officers

Course	Attendance and completions 2016–17
Venepuncture and Blood Culture Collection Workshop and skills assessment in clinical area	93 attended a practical workshop
Central Venous Access Devices (CVAD): e-learning program prerequisite plus skills assessment in clinical area	265 completed the e-learning
Indwelling Urinary Catheter	223 staff completed the e-learning program

The Night Duty Continuing Education Program

The Night Duty Continuing Education Program provides educational opportunities for nursing and midwifery staff that work mostly at night and may have limited access to education sessions. It provides essential education, clinical updates and information on professional issues. In 2016–17, 916 people attended 30 sessions.

Allied Health clinical education

Allied Health (AH) clinical education is coordinated by the Chief Allied Health Office's (CAHO's) Clinical Education Unit and delivered by designated clinical educators. AH education programs provide evidence-based professional development for staff through workplace education. During 2016–17, the Operational Guideline: Clinical Supervision for Allied Health Clinicians was implemented, which included establishing group supervision programs.

The AH Professional Development Small Grants Program continued and provided financial support for seven teams to hold professional development activities or purchase resources that support ACT Health's key priority areas.

The 10th annual Allied Health Symposium 'The 3 R's: Responsive Services, Reliable Systems and a Resilient Workforce - Back to Basics or Forward to the Future?' was held on 5 April 2016. It was attended by 205 allied health staff from across the ACTPS.

Recruitment, Graduate and Transition to Practice programs

As part of its recruitment and retention strategies, ACT Health recruits and conducts Transition to Practice (TTP) programs for:

- ENs
- RNs
- allied health graduates.

The programs focus on the graduate learning experience by providing a high level of clinical and professional support, care, feedback and guidance during the transition year.

The Enrolled Nurse Transition to Practice Program (ENTTPP) intake increased by over 100 per cent. This was partly due to Canberra Institute of Technology increasing their Diploma of Nursing intakes in order to meet growing industry needs.

The ACT Health ENTTPP provides a diverse range of learning opportunities throughout the organisation. The content of the ENTTPP is aligned with Standard 1 of the *NSQHS Standards*.

Education to support TTP RNs incorporates a tailored curriculum that is:

> guided by the Registered Nurse Standards for Practice (Nursing and Midwifery Board of Australia (NMBA), 2016)

> aligned with the *NSQHS Standards*.

Participants who complete all program requirements are eligible for advanced standing (credit) for one unit of study towards a Postgraduate Diploma in Professional Nursing Practice with the University of Canberra. There were 505 attendances at sessions in 2016–17.

TABLE 30: NUMBER OF PARTICIPANTS IN TRANSITION TO PRACTICE PROGRAMS 2016-17

Intakes	No. intakes 2016-17	No. participants
Enrolled Nurse Transition to Practice Program	6	33
Registered Nurse Transition to Practice Program	4	98

The CAHO facilitates the Allied Health Graduate Program twice each year to build the capabilities required for effective interprofessional collaboration among new graduates from allied health professional groups. A formal evaluation of the Allied Health Graduate Program was completed in 2015–16. This evaluation found:

> significant improvements in the value participants placed on interprofessional collaboration post-program compared to pre-program

> increases in participants' confidence and self-perceived ability to implement interprofessional practice.

Evaluation data from the 2016–17 edition of the program found a continuation of these findings.

The Interprofessional Graduate Program is facilitated by a team of education coordinators from:

> nursing

> midwifery

> medicine

> allied health.

It provides an opportunity for new graduates from all health professional areas in ACT Health to learn with, from and about each other on topics of organisation-wide importance. In 2016–17, the topics included:

> clarifying the role of health professional groups

> providing patient-centred care.

During 2016–17, 203 participants from 15 disciplines attended sessions.

Table 31 lists the new graduate education programs, including the number of participants and the number of disciplines represented.

TABLE 31: NUMBER OF PARTICIPANTS IN NEW GRADUATE EDUCATION PROGRAMS 2016–17

Program	No. of participants	No. of disciplines represented
Allied Health New Graduate Program 2016-17 The Allied Health Graduate Program includes six modules and runs twice a year	45	13

Program	No. of participants	No. of disciplines represented
Interprofessional Graduate Program 2016-2017 Involves allied health, medical, nursing and midwifery graduates	203	15

EDUCATION FOR HEALTH CARE STAFF WHO SUPPORT, ASSESS AND EDUCATE OTHERS

ACT Health has a suite of programs to provide professional development to staff from all disciplines responsible for providing:

> workplace learning support, education and competency assessment

> clinical supervision to students and new staff.

These programs support compliance with Standard 1 of the *NSQHS Standards*. Programs are shown in Table 32.

TABLE 32: EDUCATIONAL PROGRAMS PROVIDED IN 2016–17

Program name	Program description	No. sessions and attendees
Teaching on the run	This program is provided by AH clinical educators for staff who provide clinical teaching and supervision.	15 sessions 206 participants
Peer Assisted Learning	The Peer Assisted Learning (PAL) course provides training in clinical supervision for supervisors who are directly working as the supervisor of more than one student.	2 sessions 27 participants
Social Work Allied Health Assistants - developing the role	This workshop is for social workers and examines how to develop the role of the Social Work Allied Health Assistants (AHA).	1 session 18 participants
Social Work Allied Health Assistants – scope of practice	This program examines the scope of practice for the Social Work AHAs.	1 session 17 participants
Allied Health Assistant Network	A quarterly network for the AHA workforce across the jurisdiction that provides: > personal development activities > information about role clarification and resource sharing > networking opportunities.	4 sessions 35 participants per session
Allied Health Clinical Educators Network	This education-focused network meets six times a year and involves clinical educators or primary supervisors from over 25 different allied health professions. The aim of the network is to support allied health clinical educators (or equivalent) to consistently deliver high-quality clinical education across all allied health professions within ACT Health.	6 sessions 100 participants
Clinical supervision for supervisor	Provides group programs to improve the clinical supervision skills of staff.	2 sessions 37 participants

Program name	Program description	No. sessions and attendees
The Clinical Support and Supervision Program	The aim of this interprofessional program is to provide introductory training for professionals who fulfil a preceptorship or clinical supervision role with new staff, graduates or undergraduate students in the clinical environment.	101 participants
Nationally recognised training in Training and Assessment	In 2016–17, nationally recognised training was provided for units from the TAE40110 Certificate IV in Training and Assessment. The courses support staff who provide education and skills-based competency assessment in the workplace.	> Workplace Assessor: 47 participants > Workplace Trainer: 50 participants
Clinical Development Nurse/Midwife (CDNM) Professional Development Program	This monthly/bi-monthly program is aligned with the *NSQHS Standards* and ACT Health's core values. The sessions provide a forum for: > networking with colleagues > participating in recruitment of new graduates > showcasing new initiatives within their clinical areas.	7 sessions 107 participants

SCHOLARSHIPS TO SUPPORT FURTHER LEARNING IN ALLIED HEALTH, NURSING AND MIDWIFERY

Each year, ACT Health offers educational scholarship opportunities for nurses and midwives employed within the public health sector. The scholarships largely assist nurses and midwives to study in their chosen area of practice, focusing on clinical, educational, research, leadership or managerial opportunities. The scholarships support specialist knowledge and skills development and are a key element of ACT Health's recruitment and retention strategy. In 2016–17, ACT Health offered 198 postgraduate scholarships to public sector nurses and midwives. The Mental Health, Justice Health and the Alcohol and Drug sectors were the most highly represented practice group.

ACT Health sponsors an Aboriginal and Torres Strait Islander Enrolled Nursing Scholarship under the Council of Australian Governments (COAG) National Partnership Agreement and Closing the Gap in Indigenous Health Outcomes. In 2016–17, two scholarships were awarded. A further 11 scholarships were awarded to nurses and midwives representing ACT Health at national and international conferences.

The CAHO supports ongoing learning and development through the Allied Health Postgraduate Scholarship Scheme. The scheme supports allied health professionals to undertake further learning at postgraduate level in:

- clinical practice, education and training
- research
- management and leadership.

In 2016–17, the CAHO funded 61 postgraduate scholarship payments to 44 recipients, with funds supporting between 50 to 70 per cent of course costs.

The University of Canberra and ACT Health collaborated to provide nine scholarships to allied health, nursing and midwifery staff to undertake the:

- Graduate Certificate in Tertiary Education or
- Graduate Certificate in Tertiary Research.

The CAHO also promoted the 2016 round of the Allied Health Assistant Training Support Fund to enable 10 Allied Health Assistants (AHA) to achieve the Social Work AHA skillset.

STUDENT PLACEMENT SUPPORT

Student placements for Tertiary students

The Clinical Placement Office (CPO), formerly known as the Student Clinical Placement Unit, reports directly to the ACT Chief Nurse. It coordinates clinical placements for nursing, midwifery, medical and allied health students and health professionals in accordance with Deeds and Schedules that exist with other education and health care providers.

In 2016–17, the CPO team:

- worked collaboratively with 40 tertiary and vocational providers across Australia
- coordinated professional development placements within ACT Health for health professionals from regional health services and the Australian Defence Force
- supported external health professionals who required supervised practice.
- supported those requiring supervised practice.

A diverse range of clinical placement options are available, which offer opportunities to integrate theoretical learning with clinical practice.

In 2016–17, 4,737 placements were provided for students and trainees, equating to 70,254 days. Of these:

- 36,176 placement days were provided to nursing and midwifery students
- 34,078 placement days were provided to allied health students.

Activities and initiatives in 2016–17 included developing and installing a document upload function and upgrade to version 8.0 of the Student Placement Online (SPO) database system. This system is the platform for:

- registering placement requests
- monitoring compliance
- reporting
- providing students with access to mandatory e-learning modules.

In conjunction with local education providers, ACT Health designed and implemented a single evaluation survey took for nursing, midwifery and allied health disciplines. The tool will improve placement evaluations and allow ACT Health to better understand student requirements.

The Clinical Placement website has also been redesigned to provide information in a clearer format.

Agreement has been reached for students to work night duty, weekend and public holiday rosters, depending on their stage of academic study.

Work experience in ACT Health for school students

ACT Health provides educational and practical healthcare work experience placements to ACT Year 10, 11 and 12 students in clinical and non-clinical areas. The program ensures that any risk to patients, students and the organisation are mitigated, while providing an opportunity for school students to experience the health care setting and encouraging them to pursue a career in health care.

ACT Health is strongly committed to employment inclusion and encourages students who are Aboriginal or Torres Strait Islander or students with disability to participate in work experience.

In 2016–17, 262 work experience students completed placements from a mix of government, Catholic and independent schools.

The ACT Health Orientation evaluation asks new staff commencing employment to identify if they were previously a work experience student at ACT Health. In 2016–17, 105 new staff identified as having attended the work experience program.

E-LEARNING

Currently 138 e-learning courses are available on the learning management system, Capabiliti. The courses comprise both essential and non-essential training developed by the SDU and Digital Solutions.

During 2016–17, SDU developed 24 new e-learning courses. Key course development achievements included releasing the new Working with Aboriginal and Torres Strait Islander Patients and Clients course, which now forms part of the essential education requirements for all ACT Health staff.

Other releases included:

- the pre- and post-test courses for ALS
- five wound management modules
- six Activity Based Funding modules adapted from WA Health
- an Intravenous (IV) Cannulation course.

Content experts/owners are responsible for their e-learning course material and are required to maintain the quality of the course by ensuring it is based on current evidence, standard operating procedures and policies. All e-learning courses underwent an annual review, including analysis of user feedback. As a result, SDU updated 51 courses, which required significant content realignment.

Table 33 shows ACT Health's participation in other whole-of-government learning and development initiatives and ACT Health staff provided with study assistance.

TABLE 33: ACT HEALTH'S PARTICIPATION IN WHOLE-OF-GOVERNMENT LEARNING AND DEVELOPMENT INITIATIVES

Initiative	No. of participants 2016–17
Studies Assistance	201
Shared Services Calendar of Training	171

TOTAL LEARNING AND DEVELOPMENT ACTIVITY

In 2016–17, an upgrade of the learning management system resulted in the ability to report on the nominal hours taken to complete e-learning courses, based on the average completion time. This has allowed the salary value of completing courses to be calculated, based on staff hourly rates. The total hours taken to complete training has increased this financial year when compared to last year, because both face-to-face attendances and e-learning completions have been calculated. However, some staff members choose to attend courses and complete e-learning in their own time. Therefore, the salary cost total is only an estimate of salary costs to ACT Health.

TABLE 34: LEARNING AND DEVELOPMENT ACTIVITY FOR FACE-TO-FACE PROGRAMS AND COMPLETION OF E-LEARNING BY DIVISION, 2016–17

Health division	No. of course attendees	e-learning completions	Hours[1]	Salary[2]
Canberra Hospital and Health Services	60,647	36,035	139,973	5,923,682
Corporate	1,399	1,018	3,063	119,459
Innovation	271	173	772	39,916
Office of Director-General	53	71	134	6,219
Population Health Protection and Prevention	242	517	864	41,839
Quality, Governance and Risk	680	430	1,712	86,567
Special Purpose Account	51	26	65	2,623
Calvary[3]	31	N/A	N/A	N/A
Non-staff	2,153	1,408	4,639	N/A
Total	65,527	39,678	151,222	$6,220,305

Notes:

1. Hours = total number of hours of attendance at courses plus average hours completing e-learning.
2. Salary = staff salary based on hourly rate for the number of hours as above.
3. Calvary hours and salary costs are not currently available.

FUTURE LEARNING AND DEVELOPMENT KEY PRIORITIES

A project has been established within People and Culture to develop and implement a Performance Excellence Framework. This framework will be tailored to meet the needs of the diverse workforce across ACT Health, to strengthen performance and accountability within the organisation. One of the project's key deliverables is to develop and implement a performance plan process in Capabiliti, the learning management system. The system will:

> provide customised performance plans, including key criteria for health professionals with links to clinical quality, safety and risk

> improve access for both managers and staff by simplifying completion and approval of performance plans

> enhance communication by incorporating online records and notes of meetings related to the performance plan process

> strengthen accountability by providing valid and reliable reporting for the number of plans in place and performance plan histories.

The performance system is due to be released in August 2017.

Leadership and management development will continue to be a key priority for ACT Health, with a number of programs currently being considered. These include:

> Financial Management Training through e-learning modules, which was initially developed in 2016–17. During 2017–18, further education for staff with budgetary responsibilities will be provided to assist them transition to Activity Based Funding.

> The Leading Change Program, which will support leaders during ACT Health's current and future change initiatives.

> Learning and development programs aligned with ACT Health's Quality Strategy, which are designed to further embed quality improvement principles and patient-centred care across the organisation.

A comprehensive assessment of educational needs will be conducted, including a review of the Essential Education Policy and Guideline to include training definitions to meet professional, legislative and accreditation requirements. Learning requirements will be further refined in consultation with divisions and work areas, to allocate training on the learning management system by position, classification, branch, sub section and section.

A revised model delivering of Child Protection Training will be developed and implemented. The model will comprise two levels:

> a child protection foundation e-learning package for all staff, to be completed every three years

> an additional half-day face-to-face session for staff and managers who work directly with:

- children and young people or
- adults with reduced parenting capacity who have children in their care.

This has been developed in parallel with the development of a new online Child of Concern Report through 'Riskman'. It is anticipated that both initiatives will be launched simultaneously.

In addition, an e-learning for managers on the Reportable Conduct Scheme will be developed.

ATTRACTION AND RETENTION INITIATIVES

Table 35 provides details for Attraction and Retention Initiatives (ARIns).

TABLE 35: ATTRACTION AND RETENTION INITIATIVES

Description	No. of individual (A)	No. of group ARIns (B)	Total employees covered by group (C)	Total A + C
Number of ARIns at 30 June 2016	237	14	170	407
Number of Special Employment Arrangements (SEAs) that have become ARIns during period	0	0	0	0
Number of ARIns entered into during period	3	0	0	3
Number of ARIns terminated during period[1]	4	0	0	4
Number of ARIns for Privately plated vehicles as at 30 June 2016	5	0	0	5

Notes:

1. The number of ARIns terminated during the period indicates the number of staff whose ARIn payment ceased during the period due to resignation, or ineligibility for payment under a group SEA. It does not represent the number of ARIns terminated.

AUSTRALIAN WORKPLACE AGREEMENTS

Table 36 provides Australian Workplace Agreement (AWA) details.

TABLE 36: AUSTRALIAN WORKPLACE AGREEMENTS

Description	No. of individual (A)	No. of group (B)	Total employees covered by group (C)	Total A + C
Number of AWAs at 30 June 2016	2	0	0	2
Number of AWAs terminated/lapsed (including formal termination and those that have lapsed due to staff departures)	0	0	0	0

CLASSIFICATION AND REMUNERATION RATES

Table 37 provides classification and remuneration rates.

TABLE 37: CLASSIFICATION AND REMUNERATION RATES

Individual and group ARIns	Classification range	Remuneration as at 30 June 2016
Individual and Group ARIns	DEN1/2, DEN3, DEN4	$97,767–$178,218
	HPO1- HPO6	$73,475–$148,321
	SITA - SITB	$143,942–$172,010
	SOA, SOB, SOC	$113,266–$176,862
	TCMG1 - TCMG3	$197,240–$205,765
	SPEC, SSPEC	$76,138–$614,774
AWAs (includes AWAs ceasing during reporting period)	SOGC SSPEC	$108,116–$109,546 $222,156–$331,703

OUR WORKFORCE

Full-time Equivalent and headcount by division/branch

Table 38 shows Full-time Equivalent (FTE) and headcount by division/branch.

TABLE 38: FTE AND HEADCOUNT BY DIVISION/BRANCH

Branch/Division	FTE	Headcount
Canberra Hospital and Health Services	5,497.9	6,343
Corporate	518.7	559
Innovation	117.8	126

Branch/Division	FTE	Headcount
Office of the Director-General	39.5	42
Population Health Protection and Prevention	170.1	184
Quality, Governance and Risk	125.6	138
Special Purpose Account The Canberra Hospital	6.8	11
Total	6,476.4	7,403

FTE and headcount by gender

Table 39 shows FTE and headcount by gender.

TABLE 39: FTE AND HEADCOUNT BY GENDER

	Female	Male	Total
FTE by gender	4,761.1	1,715.2	6,476.3
Headcount by gender	5,540	1,863	7,403
% of workforce	74.8%	25.2%	100.0%

Headcount by classification and gender

Table 40 shows headcount by classification and gender.

TABLE 40: HEADCOUNT BY CLASSIFICATION AND GENDER

Classification group	Female	Male	Total
Administrative Officers	812	196	1,008
Dental	11	6	17
Executive Officers	19	11	30
General Service Officers and Equivalent	195	308	503
Health Assistants	91	24	115
Health Professional Officers	877	256	1,133
Information Technology Officers	0	1	1
Legal Officers	0	1	1
Medical Officers	438	476	914
Nursing Staff	2,714	394	3,108
Professional Officers	5	3	8
Senior Officers	265	143	408
Technical Officers	109	36	145
Trainees and Apprentices	4	8	12
TOTAL	5,540	1,863	7,403

Headcount by employment category and gender

Table 41 shows headcount by employment category and gender.

TABLE 41: HEADCOUNT BY EMPLOYMENT CATEGORY AND GENDER

Employment category	Female	Male	Total
Casual	275	113	388
Permanent Full-time	2,491	1,016	3,507
Permanent Part-time	1,742	220	1,962
Temporary Full-time	763	453	1,216
Temporary Part-time	269	61	330
TOTAL	5,540	1,863	7,403

Headcount by diversity group

Table 42 shows headcount by diversity group.

TABLE 42: HEADCOUNT BY DIVERSITY GROUP

Diversity group	Headcount	% of total staff
Aboriginal and/or Torres Strait Islander	76	1.0%
Culturally and Linguistically Diverse	1,940	26.2%
People with a disability	137	1.9%

Note: Employees may identify with more than one of the workforce diversity groups.

Headcount by age group and gender

Table 43 shows headcount by age group and gender.

TABLE 43: HEADCOUNT BY AGE GROUP AND GENDER

Age group	Female	Male	Total
Under 25	322	92	414
25-34	1,598	580	2,178
35-44	1,339	486	1,825
45-54	1,283	408	1,691
55 and over	998	297	1,295

Average length of service by gender (headcount)

Table 44 shows the average length of service by gender (headcount).

TABLE 44: AVERAGE LENGTH OF SERVICE BY GENDER (HEADCOUNT)

Gender	Female	Male	Total
Average years of service	7.9	6.6	7.6

Recruitment and separation rates by classification group

Table 45 shows recruitment and separation rates by classification group.

TABLE 45: RECRUITMENT AND SEPARATION RATES BY CLASSIFICATION GROUP

Classification group	Recruitment rate	Separation rate
Administrative Officers	14.1%	7.5%
Dental	24.6%	16.4%
General Service Officers and Equivalent	1.6%	5.9%
Health Assistants	15.7%	7.2%
Health Professional Officers	12.0%	7.9%
Information Technology Officers	0.0%	0.0%
Legal Officers	0.0%	0.0%
Medical Officers	8.4%	4.8%
Nursing Staff	13.0%	7.8%
Professional Officers	34.2%	102.6%
Senior Officers	5.4%	9.1%
Technical Officers	2.4%	5.6%
Trainees and Apprentices	57.8%	0.0%
Total	11.3%	7.6%

Recruitment and separation rates for executive officers

Table 46 shows recruitment and separation rates for Executive Officers.

TABLE 46: RECRUITMENT AND SEPARATION RATES FOR EXECUTIVE OFFICERS

Classification group	Recruitment rate	Separation rate
Executive Officers	29.6%	36.2%

Contact details: For more information, contact Jackie Laws at EDpeopleandculture@act.gov.au.

B.9 ECOLOGICALLY SUSTAINABLE DEVELOPMENT

COMMISSIONER FOR SUSTAINABILITY AND THE ENVIRONMENT

ACT Health provides the Commissioner for Sustainability and the Environment with updates on progress with the implementation of the Commissioner's recommendations from completed reports and inquiries. These updates are incorporated into the Commissioner's annual report .

In 2016–17, the Commissioner for Sustainability and the Environment did not investigate any activities carried out by ACT Health.

ECOLOGICALLY SUSTAINABLE DEVELOPMENT

To achieve the ACT Government's target of zero net emissions by 2020, ACT Health actively:

- participates in the whole-of-government ecologically sustainable development initiatives
- continues to work towards embedding sustainability initiatives into service delivery.

In addition, ACT Health works closely with the Environment, Planning and Sustainable Development Directorate (EPSDD) on sustainability activities and initiatives.

During 2016–17, ACT Health developed and/or relied on the following internal documents to guide its emission reduction priorities:

- *ACT Health Sustainability Strategy 2016–2020* (the Strategy)
- *ACT Health Resource Management Plan 2016–2020* (RMP)
- *ACT Health Sustainability Environmental Principles and Guidelines - Building and Infrastructure Projects 2015-2020* (SEPGBIP).

ACT Health also relies on whole-of-government documentation to:

- provide guidance on the Digital Health Environment, Sustainable Transport and Sustainable Procurement strategy
- integrate the principles and practices in the associated documentation into its decision-making processes.

The Strategy contains a roadmap that effectively identifies the attributes required to build an environmentally sustainable directorate.

The RMP sets a reportable obligation for ACT Health to demonstrate its commitment to environmental sustainability to the wider ACT Public Service (ACTPS) and the Canberra community. It provides an exciting opportunity for ACT Health to demonstrate what can be achieved in terms of sustainability.

ACT Health provides data on a quarterly basis to EPSDD, which is then rolled up into a whole-of-government report that monitors how the government is holistically performing against the projected target of zero net emissions by 2020.

ACT Health used the ACT Health SEPGBIP document to inform new building developments and building refurbishments.

ACT Health policies, programs and plans assist to promote Environmentally Sustainable Development (ESD), by including economic, social and environmental considerations in decision-making processes, as mandated by the *Climate Change and Greenhouse Gas Reduction Act 2010* and the *Environment Protection Act 1997* .

ACT Health actively participates in the ACT Government Carbon Neutral Government Implementation Committee and Buildings and Infrastructure Subcommittee.

In 2016–17, ACT Health continued to utilise the $3.3 million loan from the Carbon Neutral Government Fund (CNGF) to:

- finalise the installation of a 500kw solar photovoltaic (PV) array on the roof of the southern, multi-storey car park (Building 26), which is now fully operational and producing electricity into ring main at Canberra Hospital
- continue upgrading Light-emitting Diode (LED) lighting across Canberra Hospital.

On completion, this project will actualise energy savings for ACT Health's largest energy consumption site.

ACT Health also provided a supported framework for staff to set up Green Teams. ACT Health is required to establish Green Teams to progress the actions contained in the ACT Government Carbon Neutrality Framework with a key objective of reducing greenhouse gas emissions.

In addition, Facilities Management, a unit of the Health Infrastructure Services Branch, has listed sustainability as a topic for discussion during toolbox meetings. The aim is to encourage maintenance staff to think more sustainably and provide input into strategies that will lead to positive environmental outcomes.

Energy

ACT Health continues to utilise the whole-of-government Enterprise Sustainability Platform (ESP) Envizi database to capture data for analysis and reporting purposes and to inform operational management of trends and potential energy usage reduction strategies.

In October 2016, the installation of a 500kw solar PV array on the roof of the multi-storey car park at Canberra Hospital became operational. The second part of the CNGF project, which is the ongoing upgrading of LED lighting to Canberra Hospital buildings, will continue into the 2017–18 financial year.

Initiatives incorporated into the various ACT Health new building projects, upgrades and improvements, aimed at reducing carbon emissions include:

- installing energy efficient lighting, including emergency lighting
- installing motion sensors for lighting in office areas
- trialling energy efficient window glazing, including double glazing in some areas
- installing intelligent networked lighting controls, such as the Dali lighting system, to enable ongoing lighting efficiencies
- considering sustainable procurement principles when purchasing consumables and products used in building maintenance
- installing energy efficient chillers
- upgrading the building management system for heating ventilation and air conditioning
- installing variable speed drive control for ventilation fans and motors
- converting selected large air handling systems to modulating economy cycle operation
- using the Building IQ system and building analytical software to better manage Property Management and Maintenance utilities
- analysing Actsmart Enterprise Sustainable Platform data to help identify saving opportunities.

Water

The nature of the services delivered by ACT Health causes a heavy reliance on water, for both clinical and domestic usage, for example:

- patient showers
- theatre operations
- sterilising surgical equipment.

Efficient water initiatives incorporated into the various ACT Health new buildings, upgrades and improvements aimed at reducing water usage include:

- re-using Reverse Osmosis (RO) water from the renal process in the toilet facilities at identified community health centres
- installing flow restrictors on a range of plumbing fixtures, for example, showers, hand basins and toilets
- installing motion sensors where applicable, while considering infection control issues
- using star-rated plumbing fixtures when replacing old, broken or outmoded equipment, where practical
- replacing heating pipe work and associated works at Canberra Hospital, in accordance with the preventative maintenance schedule
- continuing restrictions on the use of potable (drinkable) water for outside watering of landscapes at all ACT Health facilities, deactivating all garden sprinklers and decommissioning fountains
- using Canberra Hospital water meter data to monitor and analyse water usage, identify any anomalies and allow identified issues to be fixed immediately
- continuing to use tank water for outdoor garden watering and external washing of facilities, buildings and pavements, where tanks are installed
- analysing Actsmart Enterprise Sustainable Platform data to help identify saving opportunities.

Waste

ACT Health recycled numerous types of waste in 2016–17, including:

- paper
- cardboard
- plastics
- cans and glass
- batteries
- organic matter
- fluorescent light tubes
- metal.

The total amount of waste recycled in 2016–17 increased by an estimated 62.02 per cent when compared to 2015–16.

A new contract to provide Domestic and Environmental Services to ACT Health was implemented in February 2017. The contract requires the waste contractor to comply with ACT Health waste policy, plans and strategies, including the Actsmart business recycling program.

The contract also requires that the implemented waste management strategy be consistent with the Actsmart accreditation. This accreditation strategy's key objectives include:

> providing waste training for staff
> upgrading infrastructure to support waste streaming.

During 2016–17, over 90 per cent of contractor staff received waste training. More than 80 waste streaming stations were purchased and are being rolled out. In addition, a project to process organic/food wastes at Canberra Hospital commenced. This project aim to significantly increase the volumes of organic wastes diverted from landfill.

The ACT Health Staging and Decanting strategy also incorporates the Actsmart Business Recycling program into the refurbishment of new areas and staff are supported to participate in the training offered to achieve maximum recycling outcomes.

Transport

ACT Health assesses replacement vehicles for efficiencies, both fuel and greenhouse gas emissions, when vehicle replacement occurs.

The ACT Health electric vehicles fleet remains at five. The directorate continues to follow whole-of-government direction on how to choose an appropriate vehicle given its intended use, for example, hybrid or electric vehicles. A total of 16 electric vehicle charging stations have been installed at ACT Health buildings across the Canberra region. The ACT Health total fleet is 321 vehicles.

ACT Health continues to install Electronic Log Books into vehicles. This improves Fringe Benefit Tax (FBT) reporting and enhances the data used to improve fleet utilisation.

Staff are encouraged to use active travel (walk, bus or bike) for trips of less than four kilometres, instead of using motor vehicles.

This year, ACT Health introduced two e-bikes for staff to ride between Bowes Street and Canberra Hospital.

To encourage staff to use bus services as an alternative mode of transport, ACT Health offers MyWay passes to staff for work-related bus travel.

NEW DEVELOPMENTS

The University of Canberra Public Hospital (UCPH) project is implementing the following environmentally sustainable design features and elements:

> **Building Code of Australia (BCA) Part J Energy:** Exceeding all BCA Part J Energy Targets by a further 10 per cent above code compliance.
> **Energy and greenhouse gas emissions:** Focusing on achieving energy efficiency to reduce operational costs and minimise the facility's greenhouse gas emissions using building elements such as:
  - high efficiency fixtures
  - collected solar energy
  - highly efficient plant and mechanical systems.

> **Water conservation:** Harvesting rainwater for irrigation.
> **Building envelope:** Using low-e glazing on all windows and a high performance façade system that has been specifically designed for the Canberra climate.
> **Indoor environmental quality:** Providing a high quality internal amenity, including very high levels of natural light and operable windows.

> **Transport:** Providing vehicle charging points and end of trip cycling facilities.

The Dhulwa Mental Health Unit (Dhulwa) project has implemented the following environmentally sustainable design features and elements:

> **Energy Efficiency:** Installing LED lighting throughout the facility.

> **Water Conservation:** Harvesting rainwater for irrigation and planting water efficient native plants.

> **Indoor Environmental Quality:** Providing a high quality internal amenity, including a full fresh air mechanical system and operable windows in consumer bedrooms.

> **Transport:** Providing end of trip cycling facilities.

> **Orientation:** Positioning the building to maximise solar access and views.

> **Planning:** Using double-loaded corridors to minimise the building's footprint.

Sustainable Development Performance: Current and Previous Financial Year

ACT Health presents the following data as evidence of its leadership in reducing greenhouse gas emissions and support for achieving the Territory's legislated greenhouse gas reduction targets, while balancing the challenge of increasing service delivery.

Indicator as at 30 June	Unit	Current FY (2016-17)	Previous FY (2015-16)[1]	Percentage change
Directorate / public sector body staff and area				
Directorate / public sector body staff	FTE	6,476.3	6,324.2	2.41
Workplace floor area	Area (m^2)	213,186	214,545[2]	-0.63[3]
Stationary energy use[4]				
Electricity use	Kilowatt hours	38,059,721	38,058,788	0.00
Natural gas use	Megajoules	124,083,454	110,232,681	12.57
Diesel	Kilolitres	-	-	-
Transport fuel usage				
Electric vehicles	Number	5	5	0
Hybrid vehicles[5]	Number	18	16	12.50
Other vehicles (that are not electric or hybrid)	Number	-	-	-
Total number of vehicles[6]	Number	321	321	0
Total kilometres travelled	Kilometres	3,252,848	3,387,120	-3.96
Fuel use – Petrol[7]	Kilolitres	163	140	16.43
Fuel use – Diesel[8]	Kilolitres	120	130	-7.69
Fuel use – Liquid Petroleum Gas (LPG)	Kilolitres	-	-	-
Fuel use – Compressed Natural Gas (CNG)	Cubic Metres (Cm^3)	-	-	-

[1] Figures for the 2015-16 financial year have been updated to reflect full year outcomes. The 2015-16 Annual Report included figures that were available at the time of preparation.

[2] The figure contained in the 2015-16 Annual Report for workplace floor area of 292,849m^2 was calculated based on the total square meterage from the C.4 Asset management table of the same year. Figures reported in this table are extracted from the Envizi (Enterprise Sustainability Platform) Whole of Government database as per the instructions contained in the 2016-17 Annual Report Directions.

[3] The difference of 1,359m^2 relates to two properties being removed from the Envizi database, this included 12 Moore Street (449m^2) and Woden Police Station (910m^2).

[4] Electricity and Natural gas use data does not include calculations for any impact from the increase in m^2 or service throughputs that occurred during the 2016-17 financial year.

[5] Separate reporting on the number of Hybrid vehicles is a new requirement for the 2016-17 financial year Annual Report. The number of Hybrid vehicles that were in the ACT Health fleet in the 2015-16 financial year has also been included for information.

[6] The total number of vehicles reported in this table is inclusive of all vehicles, for example, petrol, diesel, electric, hybrid etc.

[7] Prior to the 2016-17 financial year, ACT Health extracted fuel data in accordance with Whole of Government Fleet Manager directions. In accordance with the 2016-17 Annual Report Directions, data has been sourced from the SG Fleet. Therefore the 2015-16 figure has been adjusted.

[8] Prior to the 2016-17 financial year, ACT Health extracted fuel data in accordance with Whole of Government Fleet Manager directions. In accordance with the 2016-17 Annual Report Directions, data has been sourced from the SG Fleet. Therefore the 2015-16 figure has been adjusted.

Indicator as at 30 June	Unit	Current FY (2016-17)	Previous FY (2015-16)[1]	Percentage change
Water usage				
Water use	Kilolitres	152,415	239,138	-36.26
Resource efficiency and waste				
Reams of paper purchased	Reams	47,829	44,415	7.69
Recycled content of paper purchased	Percentage	21.46	9	138.44
Waste to landfill	Litres	26,123,081	24,791,035	5.37
Co-mingled material recycled	Litres	8,871,204	5,475,279	62.02
Paper & Cardboard recycled (incl. secure paper)	Litres	1,150,795	1,195,288	-3.72
Organic material recycled	Litres	11,395	11,984	-4.91
Greenhouse gas emissions[9]				
Emissions from stationary energy use	Tonnes CO_2-e	26,375	32,321	-18.40
Emissions from transport	Tonnes CO_2-e	716	687	4.22
Total emissions	Tonnes CO_2-e	27,091	33,008	-17.93

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

[9] Stationary Energy Emissions captured in this table are as reflected in the Envizi (Enterprise Sustainability Platform) Whole of Government database as per the 2016-17 Annual Report Directions.

PART
C
PART C:
FINANCIAL
MANAGEMENT
REPORTING

C. FINANCIAL MANAGEMENT REPORTING

C.1 MANAGEMENT DISCUSSION & ANALYSIS FOR THE HEALTH DIRECTORATE FOR THE YEAR ENDED 30 JUNE 2017

Management Discussion & Analysis for the Health Directorate For the Year Ended 30 June 2017

General Overview

Operations and Principal Activities

The Health Directorate (the Directorate) partners with the community and consumers for better health outcomes by:

- delivering patient and family centred care;
- strengthening partnerships;
- promoting good health and wellbeing;
- improving access to appropriate healthcare; and
- having robust safety and quality systems.

The Directorate aims for sustainability and improved efficiency in the use of resources, by designing sustainable services to deliver outcomes efficiently, and embedding a culture of research and innovation.

The Directorate continues to strengthen clinical governance of its processes, and strives to be accountable to both the government and community.

The Directorate aims to support its people and strengthen teams, by helping staff to reach their potential, promoting a learning culture and providing high-level leadership.

Changes in Administrative Structure

The Directorate did not gain or lose any functions in the 2016-17 financial year.

Risk Management

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

- abnormal rates of staff separation;
- the cost of medical malpractice indemnity;
- ability to attract and retain health professionals;
- demands on replacing systems, equipment and infrastructure; and
- growth in demand for services.

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

- implementation of strategies for the retention and recruitment of doctors, nurses, midwives and allied health professionals;
- strengthening our patient safety and clinical practice review framework;

- establishing the Medical School in cooperation with the Australian National University;
- enhancement of procurement processes to maximise benefits from contracting;
- a significant investment in infrastructure replacement and growth; and
- a significant investment in clinical systems and recording systems.

The above risks are monitored regularly throughout the year.

Financial Performance

The following financial information is based on audited financial statements for 2015-16 and 2016-17, and the budget and forward estimates contained in the 2017-18 Health Directorate Budget Statements.

Total Net Cost of Services

	Actual 2015-16 $m	Budget 2016-17 $m	Actual 2016-17 $m	Budget 2017-18 $m	Forward Estimate 2018-19 $m	Forward Estimate 2019-20 $m	Forward Estimate 2020-21 $m
Total Expenditure	1 295.0	1 320.3	1 328.0	1 387.1	1 398.4	1 420.9	1 445.5
Total Own Source Revenue	960.3	987.9	997.8	1 023.5	1 048.3	1 074.6	1 101.4
Net Cost of Services	334.7	332.4	330.2	363.6	350.1	346.3	344.1

Comparison to Budgeted Net Cost of Services

The Directorate's net cost of services for 2016-17 of $330.2 million was within 1 per cent of the 2016-17 budget.

Comparison to 2015-16 Net Cost of Services

There was a 1.2 per cent decrease in net cost of services or $4.5 million less when compared to the 2015-16 actual cost of $334.7 million.

This decrease in net cost of services was due to higher Own Source revenue ($37.5 million), partially offset by higher expenses ($33.0 million).

Total Own Source Revenue increased by $37.5 million mainly due to higher:

- ACT Government User Charges ($42.7 million) - due to $23.1 million indexation for payrises and cost escalation and growth in services for intensive and critical care, emergency department, trauma and stroke services and the Dhulwa Mental Health Unit ; and
- Other Revenue ($1.7 million) - due to recoveries of $1.2 million relating to assets found during the stock take and insurance recoveries of $1.2 million that included the switchboard fire damages claim of $1.1 million, partially offset by lower rebates received from Pharmaceutical companies $0.7 million.

The four main increases in expenses are:

- Employee Expenses ($8.7 million) - largely due to Enterprise Agreement payrises of 3 per cent and a 2 per cent increase in staff numbers;
- Grants and Purchased Services ($7.7 million) - due to 2.5 per cent indexation and purchasing additional elective surgery procedures from private providers as a result of the elective surgery program that commenced in February 2016 and continued for the first half of this financial year;

- Superannuation ($5.7 million) - due to a 3 per cent enterprise agreement pay rise and 2 per cent increase in staff, with the majority in accumulation schemes; and
- Other Expenses ($5.7 million) - largely due to writing off of the loss of use value of the University of Canberra Public Hospital building premises.

Future Trends

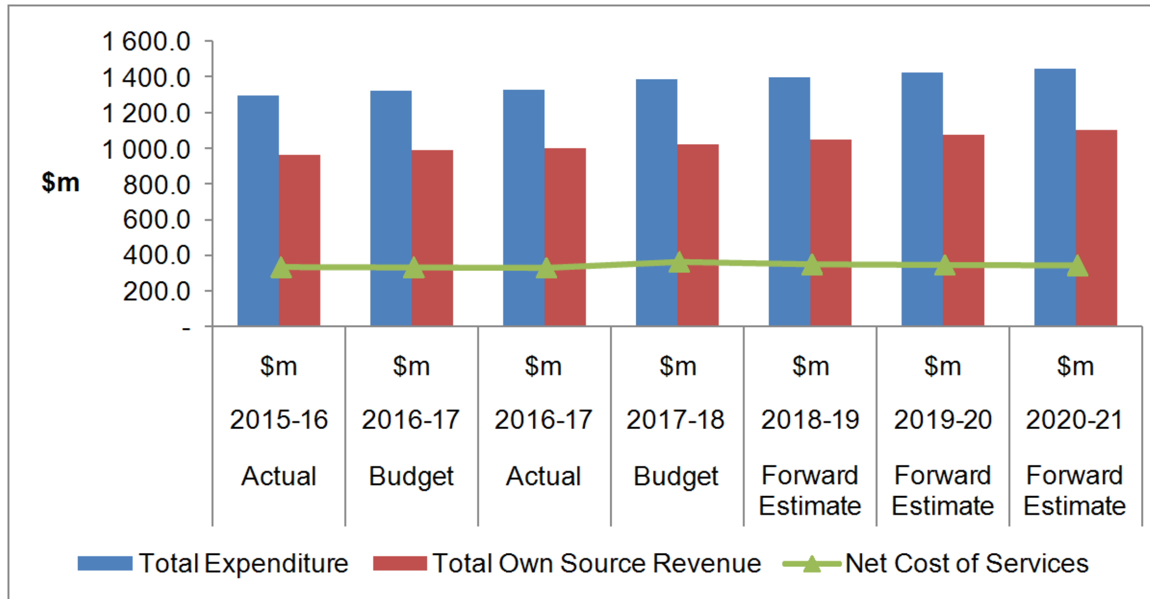


Figure 1: Net Cost of Services

Net cost of services is planned to increase slightly in 2017-18 and then decrease steadily over the future years consistent with funding provided in the 2017-18 Budget and the forward estimate years for growth in own source revenue for public health services including acute services, critical care, cancer services, rehabilitation, aged and community services and mental health services.

Total Expenditure

Components of Expenditure

Figure 2, below, indicates the components of the Directorate's expenses for 2016-17. The three largest components of expense are employee expenses which represents 53.0 per cent or $703.4 million, supplies and services which represents 27.1 per cent or $359.6 million, and grants and purchased services, which represents 7.6 per cent or $101.2 million.

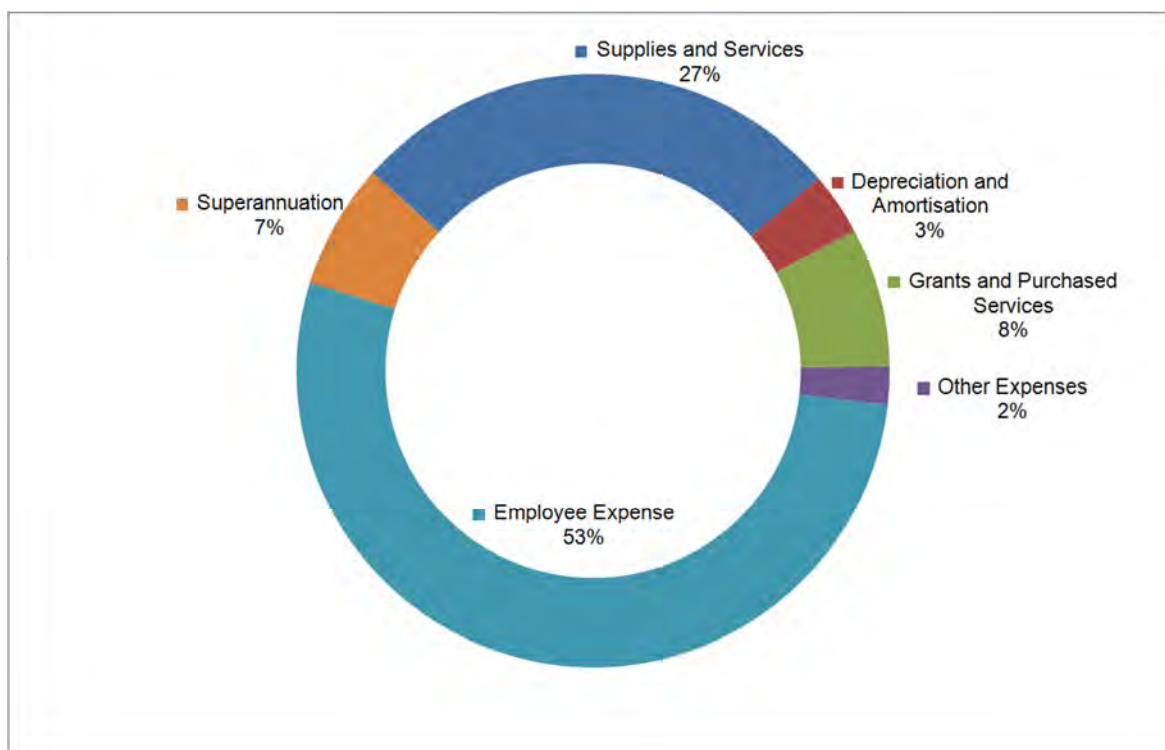


Figure 2: Components of Expenditure

Comparison to Budget

Total expenses of $1 328.0 million was within 1 per cent of the 2016-17 budget of $1 320.3 million.

Comparison to 2015-16 Actual Expenses

Total expenses were $33.0 million or 2.5 per cent higher than the 2015-16 actual result. The increase was predominantly due to higher:

- Employee Expenses ($8.7 million) - largely due to Enterprise Agreement payrises of 3 per cent and a 2 per cent increase in staff numbers;
- Grants and Purchased Services ($7.7 million) - due to 2.5 per cent indexation and purchasing additional elective surgery procedures from private providers to reduce waiting list;
- Superannuation ($5.7 million) - due to a 3 per cent enterprise agreement pay rise and 2 per cent increase in staff;
- Other Expenses ($5.7 million) - largely due to asset loss recognised for the loss of use value of the University of Canberra Public Hospital building premises;
- Supplies and Services ($2.9 million) – largely due to increased costs for:

- staff development and recruitment ($9.1 million) - due to additional Medical Education Expenses (MEE) incurred to meet current obligations that were not provided for in prior years;
- contractors and consultants ($4.5 million) - partly due to consultancies in relation to the System Innovation programs ($1.2m), hiring of additional clinical coders (0.4m), the new Genome service ($0.3m), support staff costs for Chair of Surgery ($0.5m) and data audit conducted by PricewaterhouseCoopers ($1.2m);
- visiting medical officers ($2.8 million) - partly due to a 3% payrise and employment of additional anaesthetist VMO's in surgery and Gastroenterology. Previously, in Gastroenterology, sedations were administered by nursing staff. Since November 2015 it is a requirement that sedations are administered by a specialist. Two senior specialists converting to VMO's have also contributed to this increase;
- domestic services, food and utilities ($2.5 million) - mainly attributable to price rises in electricity, gas and water and cost of cleaning additional buildings, including Dhulwa Mental Health Unit, Ngunnawal Bush Healing Farm and 2-6 Bowes Place;
- property and rental expenses ($1.9 million) - mainly due to the provision of security to three additional sites in 2017, Dhulwa Mental Health Unit, Ngunnawal Bush Healing Farm and Bowes Street; and
- repairs and maintenance ($1.3m) – mainly relates to expensing of Repairs and Maintenance component of 'Upgrading and Maintaining ACT Health Assets' which is a new initiative aimed at sustaining ACT Health's assets.

The increased expenditure against supplies and services was partially offset by a reduction in:

- pharmaceuticals ($13.5 million) - due to Hepatitis C medicines added to the Commonwealth High Cost Drug reimbursement scheme during the 2015-16 financial year. There was a spike in demand immediately after the drug was added to the scheme. The demand has now moderated, hence the fall in amounts received for highly specialised drugs; and
- insurance ($5.0 million) – this mainly relates ACT Insurance Authority (ACTIA) passing on cost savings, including the change in ACTIA's reserving methodology, a 26 per cent decrease in administrative costs and a 50 per cent reduction reinsurance costs; and

- Depreciation and Amortisation ($2.3 million) - due to building projects completed during the year, including the Ngunnawal Bush Healing Farm, Dhulwa Mental Health Unit and expanded Emergency Department at the Canberra Hospital campus.

Future Trends

Figure 1 indicates that expenses are budgeted to increase steadily across the forward years to account for inflation and growth in services.

Total Own Source Revenue

Components of Own Source Revenue

Figure 3 below indicates that for the financial year ended 30 June 2017, the Directorate received 85.8 per cent of its total own source revenue from ACT Government user charges ($855.6 million).

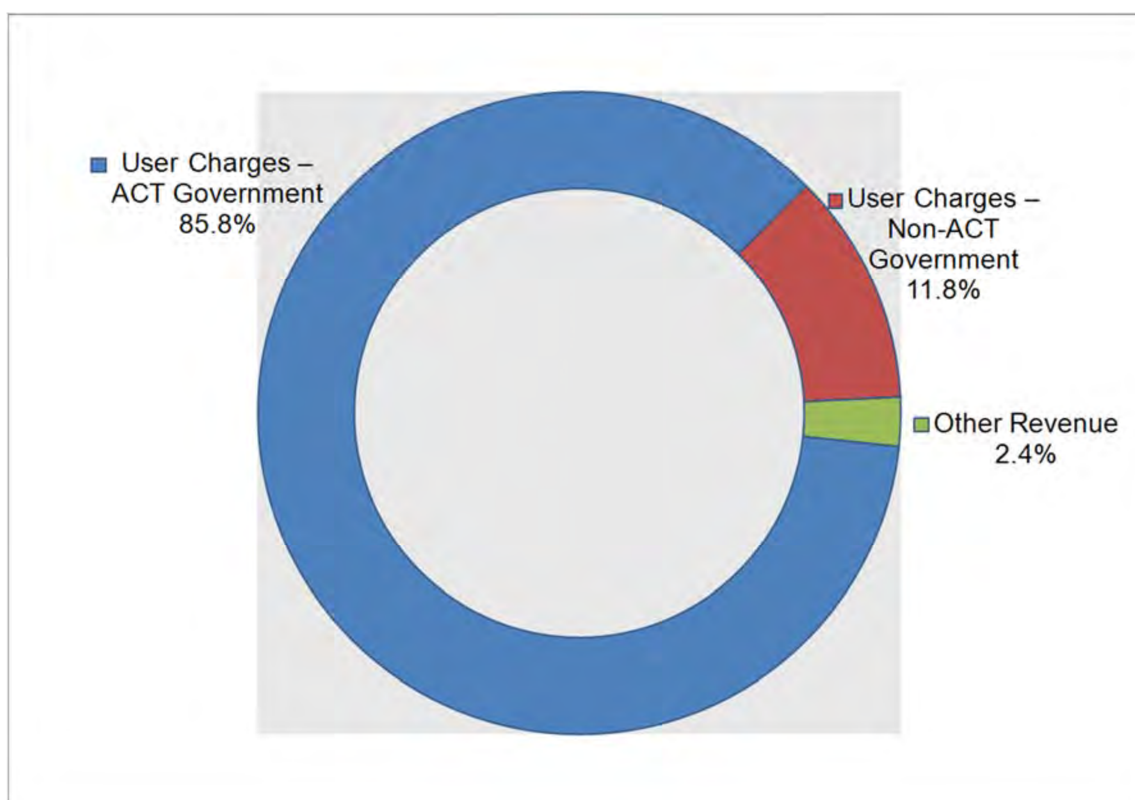


Figure 3 – Components of Own Source Revenue

Comparison to Budget

Total own source revenue of $997.8 million was 1 per cent higher than the 2016-17 budget of $987.9 million.

Comparison to **2015-16** *Actual Revenue*

Total own source revenue of $997.8 million is $37.5 million or 3.9 per cent higher than the 2015-16 actual result of $960.3 million.

The increase compared to last financial year is due to:

- ACT Government User Charges ($42.7 million) - due to $23.1 million indexation for payrises and cost escalation and growth in services for intensive and critical care, emergency department, trauma and stroke services and the Dhulwa Mental Health Unit; and
- Other Revenue ($1.7 million) - due to recoveries of $1.2 million relating to assets found during the stock take and insurance recoveries of $1.2 million that included the switchboard fire damages claim of $1.1 million, partially offset by lower rebates received from Pharmaceutical companies $0.7m

The above increases were partially offset by a reduction in Non-ACT Government User Charges ($7.4 million) - largely relating to Hepatitis C medicines that were added to the Commonwealth High Cost Drug reimbursement scheme during the 2015-16 financial year. There was a spike in demand immediately after the drug was added to the scheme. The demand has now moderated hence the fall in amounts received for highly specialised drugs.

Future Trends

Total own source revenue, Figure 1, is expected to increase steadily across the forward years consistent with funding provided to the ACT Local Hospital Network to purchase increased activity from the Canberra Hospital and Health Services in 2017-18 and the forward estimate years.

Financial Position

Total Assets

Components of Total Assets

Figure 4 below indicates that, for the financial year ended 30 June 2017, the Directorate held 71.1 per cent of its assets in property, plant and equipment.

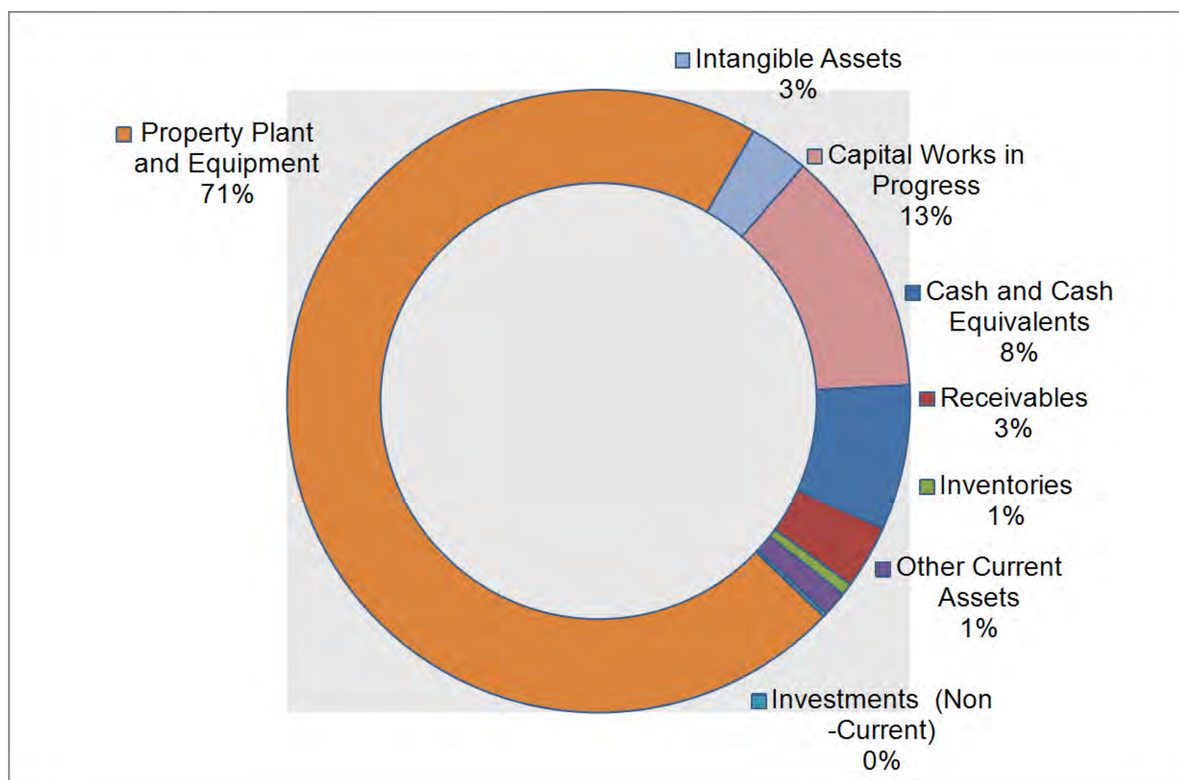


Figure 4 – Total Assets as at 30 June 2017

Comparison to Budget

The total asset position at 30 June 2017 is $1 431.9 million, $24.0 million lower than the 2016-17 budget of $1 455.9 million.

The variance reflects the timing associated with the acquisition and completion of various assets over the 2016-17 financial year resulting in lower:

- Property, Plant and Equipment ($46.3 million) - largely due to delays with current capital works projects from lengthy contract negotiations, construction delays, and a flow on effect of delays between projects;
- Receivables ($3.0 million) – largely due to lower accrued revenue for high cost drugs and patient accommodation due to lower activity; and
- Capital Works in Progress ($49.5 million) - mainly due to project delays for the construction of new buildings, upgrades of current buildings and computer software development; and

Partially offset by higher:

- Intangible Assets ($8.3 million) - mainly due to the completion of several computer software projects that created new assets;
- Cash and Cash Equivalents ($52.7 million) - largely due to higher than budgeted opening cash balance of $43 million. Capital works funding received in June 2017 were not settled until July 2017 which has also contributed to this variance; and
- Other Assets ($13.9 million) - largely due to the rent free period allowed for in the multi year lease on 2-6 Bowes Place Phillip.

Comparison to 2015-16 Actual

The Directorate's total asset position is $128.4 million higher than the 2015-16 actual result of $1 303.5 million, largely due to increases in:

- Property, Plant and Equipment ($84.2 million) - the increase is mainly due to additions for land at the University of Canberra Public Hospital and at the Calvary Public Hospital car park, the completion of various construction projects, including Dhulwa Secure Mental Health Unit, the Ngunnawal Bush Healing Farm, the Emergency Department expansion, the Helipad, site improvements across the Canberra Hospital campus and the acquisition of additional plant and equipment to meet operational needs in existing and new facilities;
- Capital Works in Progress ($16.6 million) - as a result of continuing construction for the University of Canberra Public Hospital, refurbishments and upgrades across ACT Health buildings and improvements to essential infrastructure at the Canberra Hospital campus. These increases are partially offset by reductions from the creation of new assets and addition to current assets including the Dhulwa Mental Health Facility, Ngunnawal Bush Healing Farm and Emergency Department expansion at the Canberra Hospital; and
- Intangible Assets ($16.9 million) - The increase is due to completion of several computer software projects that created new assets or expanded existing ones including Electronic Medication Management, Clinical Portal, My Shift eRostering, Order Entry and Single Sign On.

Total Liabilities

Components of Total Liabilities

Figure 5, below, indicates that the majority of the Directorate's liabilities relate to employee benefits 67.3 per cent and payables 25.0 per cent.

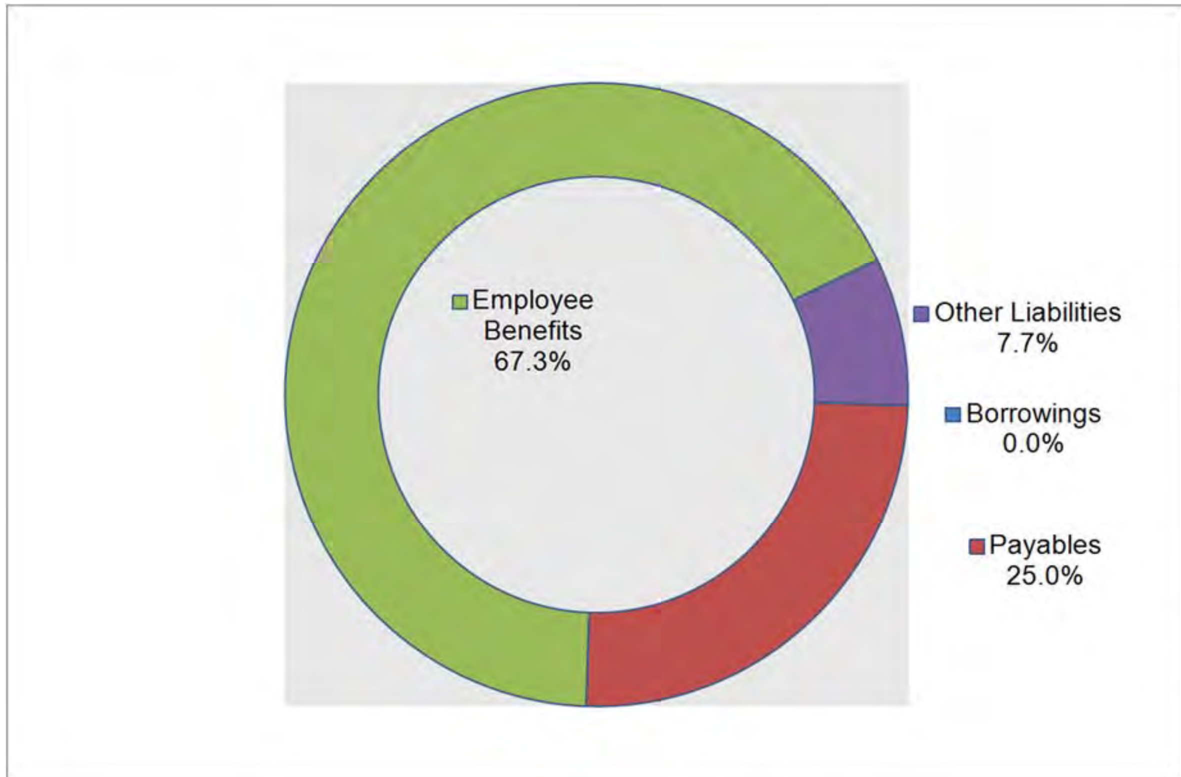


Figure 5 – Total Liabilities at 30 June 2017

Comparison to Budget

The Directorate's liabilities for the year ended 30 June 2017, of $357.8 million, are $54.5 million higher than the 2016-17 budget of $303.2 million.

This was largely due to higher:

- Payables ($34.3 million) - due to a large number of unpaid capital works invoices amounting to $15.0 million as well as increases to accrued Medical Education Expense and remaining liability for the Calvary Network Agreement; and
- Other Liabilities ($23.1 million) - due to the liability component of a building lease whose conditions include a multi-year rent free period ($16.2 million) and the recognition of deferred income for the portion of the University of Canberra Public Hospital building of which the University of Canberra will have sole use ($6.8 million).

Comparison to 2015-16 Actual

Total liabilities of $357.8 million are $20.1 million higher than the actual results at 30 June 2016 of $337.7 million. This is due to an increase in:

- Other Liabilities ($22.9 million) – due to the liability component of a building lease whose conditions include a multi-year rent free period ($16.2 million) and the recognition of deferred income for the portion of the University of Canberra Public Hospital building of which the University of Canberra will have sole use ($6.8 million).

This was partially offset by:

- Payables ($2.3 million) – due to a lower amount of capital works invoices outstanding than in previous year ($17.0 million) which partially offset by increase in accrued expenses for Medical Education Expense ($9.3 million) and remaining liability relating to Calvary Network Agreement ($6.3 million).

Attachment A - Comparison of net cost of services to budget 2016-17

	Original	**Actual**	**Variance to be Explained**	
	Budget			
	2017	**2017**		
Description	**$'000**	**$'000**	**$'000**	**%**
Expenses				
Employee Expense and Superannuation	812 624	794 677	(17 947)	-2.2%
Supplies and Services	358 113	359 594	1 481	0.4%
Depreciation and Amortisation	41 141	45 223	4 082	9.9%
Grants and Purchased Services	89 680	101 162	11 482	12.8%
Other Expenses	6 918	18 172	11 254	162.7%
Cost of Goods Sold	11 829	9 150	(2 679)	-22.6%
Total Expenses	**1 320 305**	**1 327 978**	**7 673**	**0.6%**
Own Source Revenue				
User Charges	966 539	972 980	6 441	0.7%
Interest	93	58	(35)	-37.6%
Resources Received Free of Charge	1 744	1 600	(144)	-8.3%
Gains	887	2 276	1 389	156.6%
Other Revenue	18 596	20 870	2 274	12.2%
Total Own Source Revenue	**987 859**	**997 784**	**9 925**	**1.0%**
Total Net Cost of Services	**332 446**	**330 194**	**(2 252)**	**-0.7%**

Territorial Statement of Revenue and Expenses

The activities whose funds 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 Calvary Public Hospital.

Total Income

Figure 6, below, indicates that 13.8 per cent of Territorial income is regulatory licence fees, with the balance being the receipt, for on-passing, of monies for capital works at Calvary Public Hospital (expenses on behalf of the Territory).

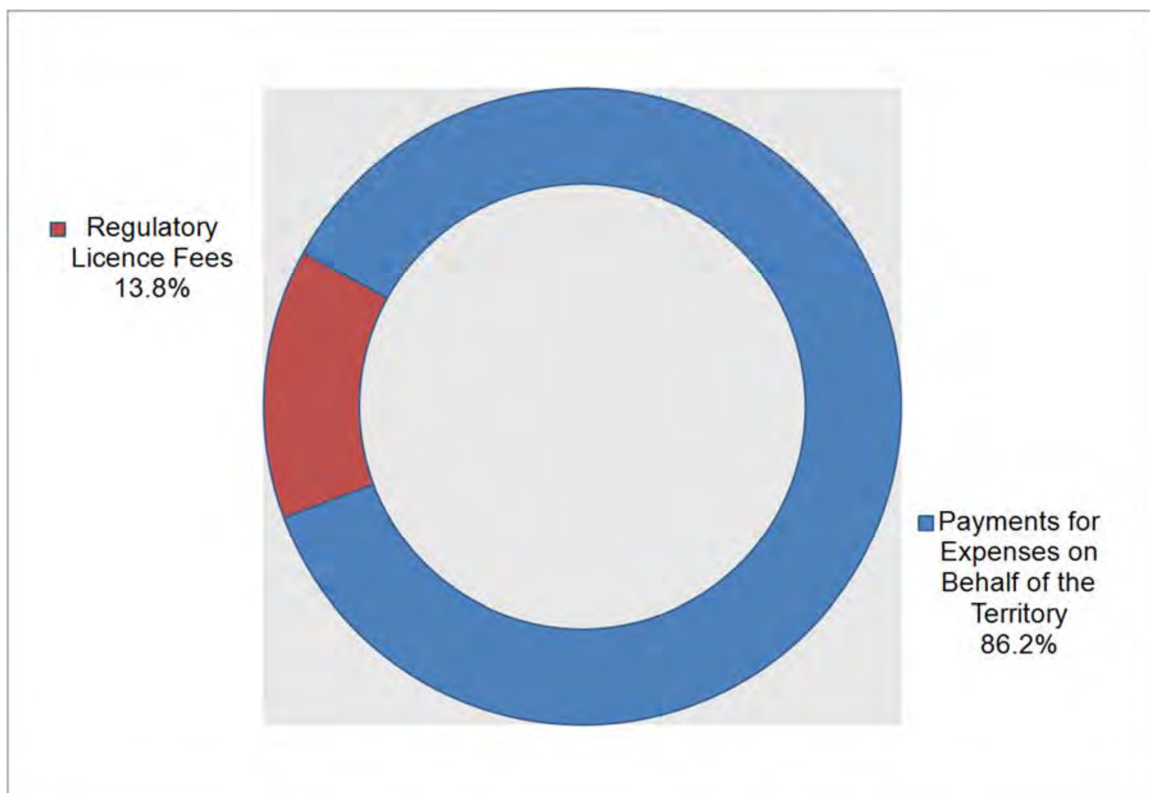


Figure 6 - Sources of Territorial Revenue

Comparison to Budget

Total Territorial income for the year ended 30 June 2017 was $7.6 million, which is $15.2 million lower than the budget figure of $22.7 million. The Directorate did not draw down on budgeted EBT due to delays in the University of Canberra carpark capital works project and capital works projects at Calvary Public Hospital, relating to operating theatre upgrade and the upgrade of medical imaging equipment.

Comparison to 2015-16

Total Territorial income for 2016-17 of $7.6 million is $4.8 million higher than the 2015-16 income of $2.8 million. The main contributor to this increase is payment for expenses on behalf of the Territory of $5.1 million for the provision of funding to onpass to Calvary Public Hospital for upgrading and maintaining assets.

Total Expenses

Figure 7 below indicates that 82.3 per cent of expenses incurred on behalf of the Territory relate to the on-passing of monies for capital works to Calvary Public Hospital, with the other 17.7 per cent being the transfer, to Government, of regulatory licence fees.

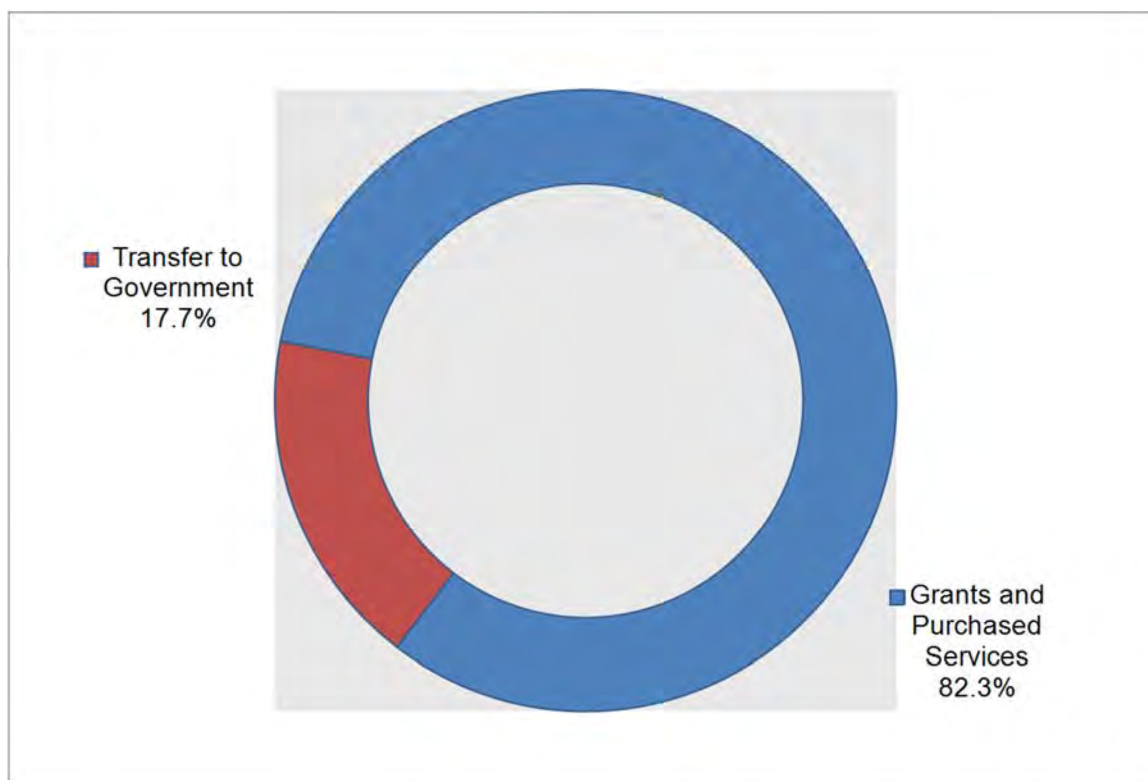


Figure 7 - Sources of Territorial Expenses

Comparison to Budget

Total expenses were $7.1 million, which was $15.6 million lower than the budget of $22.7 million relates to delays in the University of Canberra carpark capital works project and capital works projects at Calvary Public Hospital, relating to operating theatre upgrade and the upgrade of medical imaging equipment.

Comparison to 2015-16

Total expenses were $4.4 million higher than the 2015-16 total of $2.7 million. This is due to a higher level of approved capital works for Calvary Public Hospital.

C.2 FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017 HEALTH DIRECTORATE

ACT Audit Office

AUDITOR-GENERAL AN OFFICER OF THE ACT LEGISLATIVE ASSEMBLY

INDEPENDENT AUDIT REPORT

HEALTH DIRECTORATE

To the Members of the ACT Legislative Assembly

Audit opinion

I am providing an **unqualified audit opinion** on the financial statements of the Health Directorate (the Directorate) for the year ended 30 June 2017. These comprise the following financial statements and accompanying notes:

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

In my opinion, the financial statements:

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

(ii) present fairly the financial position of the Directorate and results of its operations and cash flows.

Basis for the audit opinion

The audit was conducted in accordance with the Australian Auditing Standards. I have complied with the requirements of the Accounting Professional and Ethical Standards 110 *Code of Ethics for Professional Accountants*.

I believe that sufficient evidence was obtained during the audit to provide a basis for the audit opinion.

Responsibility for preparing and fairly presenting 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 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.

Responsibility 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 audit opinion on the financial statements of the Directorate.

Level 4, 11 Moore Street Canberra City ACT 2601 PO Box 275 Civic Square ACT 2608
T 02 6207 0833 F 02 6207 0826 E actauditorgeneral@act.gov.au W www.audit.act.gov.au

As required by Australian Auditing Standards, the auditors:

- applied professional judgement and maintained scepticism;
- identified and assessed the risks of material misstatements due to error or fraud and implemented procedures to address these risks so that sufficient evidence was obtained to form an audit opinion. The risk of not detecting material misstatements due to fraud is higher than the risk due to error, as fraud may involve collusion, forgery, intentional omissions or misrepresentations or the override of internal controls;
- obtained an understanding of internal controls to design audit procedures for forming an audit opinion;
- evaluated accounting policies and estimates used to prepare the financial statements and disclosures made in the financial statements;
- evaluated the overall presentation and content of the financial statements, including whether they present the underlying transactions and events in a manner that achieves fair presentation;
- reported the scope and timing of the audit and any significant deficiencies in internal controls identified during the audit to the Director-General; and
- assessed the going concern* basis of accounting used in the preparation of the financial statements.

(*Where the auditor concludes that a material uncertainty exists which cast significant doubt on the appropriateness of using the going concern basis of accounting, the auditor is required to draw attention in the audit report to the relevant disclosures in the financial statements or, if such disclosures are inadequate, the audit opinion is to be modified. The auditor's conclusions on the going concern basis of accounting are based on the audit evidence obtained up to the date of this audit report. However, future events or conditions may cause the entity to cease to continue as a going concern.)

Limitations on the scope of the audit

An audit provides a high level of assurance about whether the financial statements are free from material misstatements, whether due to fraud or error. However, an audit cannot provide a guarantee that no material misstatements exist due to the use of selective testing, limitations of internal control, persuasive rather than conclusive nature of audit evidence and use of professional judgement in gathering and evaluating evidence.

An audit does not provide assurance on the:

- reasonableness of budget information included in the financial statements;
- prudence of decisions made by the Directorate;
- adequacy of controls implemented by the Directorate; or
- integrity of audited financial statements presented electronically or information hyperlinked to or from the financial statements. Assurance can only be provided for the printed copy of the audited financial statements.

Dr Maxine Cooper
Auditor-General
12 September 2017

Health Directorate
Financial Statements
For the Year Ended 30 June 2017

Statement of Responsibility

In my opinion, the financial statements are in agreement with the Health Directorate's (the Directorate's) accounts and records and fairly reflect the financial operations of the Directorate for the year ended 30 June 2017 and the financial position of the Directorate on that date.

Mr David Nicol
A/g Director-General
Health Directorate
12 September 2017

HEALTH DIRECTORATE
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

Statement by the Chief Finance Officer

In my opinion, the financial statements have been prepared in accordance with the Australian Accounting Standards, and are in agreement with the Health Directorate's (the Directorate's) accounts and records and fairly reflect the financial operations of the Directorate for the year ended 30 June 2017 and the financial position of the Directorate on that date.

TVivian

Mr Trevor Vivian
Chief Finance Officer
Health Directorate
12 September 2017

Health Directorate
Operating Statement
For the Year Ended 30 June 2017

	Note No.	Actual 2017 $'000	Original Budget 2017 $'000	Actual 2016 $'000
Income				
Revenue				
Controlled Recurrent Payments	3	290 692	286 041	272 366
User Charges	4	972 980	966 539	937 701
Grants from the Commonwealth		-	4 033	-
Interest	6	58	93	77
Distribution from Investments with the Territory Banking Account	5	106	98	64
Resources Received Free of Charge	7	1 600	1 744	1 743
Other Revenue	8	20 764	14 465	19 053
Total Revenue		**1 286 200**	**1 273 013**	**1 231 004**
Gains				
Gains on Investments	9	10	-	-
Other Gains	10	2 266	887	1 681
Total Gains		2 276	887	1 681
Total Income		**1 288 476**	**1 273 900**	**1 232 685**
Expenses				
Employee Expenses	11	703 423	720 752	694 736
Superannuation Expenses	12	91 254	91 872	85 571
Supplies and Services	13	359 594	358 113	356 691
Depreciation and Amortisation	14	45 223	41 141	42 968
Grants and Purchased Services	15	101 162	89 680	93 491
Borrowing Costs	16	-	422	44
Cost of Goods Sold	17	9 150	11 829	9 000
Other Expenses	18	18 172	6 496	12 520
Total Expenses		**1 327 978**	**1 320 305**	**1 295 021**
Operating (Deficit)		**(39 502)**	**(46 405)**	**(62 336)**
Other Comprehensive Income				
Items that will not be reclassified subsequently to profit or loss				
Increase in the Asset Revaluation Surplus	35	1 594	-	1 604
Total Comprehensive (Deficit)		**(37 908)**	**(46 405)**	**(60 732)**

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 Health and Community Care Output Class.

HEALTH DIRECTORATE
BALANCE SHEET
AT 30 JUNE 2017

	Note No.	Actual 2017 $'000	Original Budget 2017 $'000	Actual 2016 $'000
Current Assets				
Cash and Cash Equivalents	22	109 219	56 493	106 575
Investments		-	3 027	-
Receivables	23	32 975	35 945	38 761
Inventories	24	9 018	9 055	10 106
Other Assets	29	8 068	5 105	4 004
Total Current Assets		**159 280**	**109 625**	**159 446**
Non-Current Assets				
Investments	25	3 029	-	3 019
Property, Plant and Equipment	26	1 028 959	1 075 304	944 756
Intangible Assets	27	45 022	36 770	28 148
Other Assets	29	10 909	-	-
Capital Works in Progress	28	184 735	234 241	168 175
Total Non-Current Assets		**1 272 654**	**1 346 315**	**1 144 098**
Total Assets		**1 431 934**	**1 455 940**	**1 303 544**
Current Liabilities				
Payables	30	89 377	55 067	91 654
Borrowings	31	352	-	352
Employee Benefits	33	224 886	227 790	224 073
Other Liabilities	34	8 064	765	252
Total Current Liabilities		**322 679**	**283 622**	**316 331**
Non-Current Liabilities				
Borrowings	31	2 567	-	2 919
Employee Benefits	33	16 016	18 181	16 966
Other Provisions	32	1 462	1 418	1 462
Other Liabilities	34	15 039	-	-
Total Non-Current Liabilities		**35 084**	**19 599**	**21 347**
Total Liabilities		**357 763**	**303 221**	**337 678**
Net Assets		**1 074 171**	**1 152 719**	**965 866**
Equity				
Accumulated Funds		941 545	1 023 291	834 834
Asset Revaluation Surplus	35	132 626	129 428	131 032
Total Equity		**1 074 171**	**1 152 719**	**965 866**

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 Health and Community Care Output Class.

HEALTH DIRECTORATE
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2017

	Note No.	Accumulated Funds Actual 2017 $'000	Asset Revaluation Surplus Actual 2017 $'000	Total Equity Actual 2017 $'000	Original Budget 2017 $'000
Balance at 1 July 2016		**834 834**	**131 032**	**965 866**	**995 774**
Comprehensive Income					
Operating (Deficit)		(39 502)	-	(39 502)	(46 405)
Increase in the Asset Revaluation Surplus	35	-	1 594	1 594	-
Total Comprehensive (Deficit)/Income		**(39 502)**	**1 594**	**(37 908)**	**(46 405)**
Transactions Involving Owners Affecting Accumulated Funds					
Capital Injections		146 213	-	146 213	203 350
Total Transactions Involving Owners Affecting Accumulated Funds		**146 213**	**-**	**146 213**	**203 350**
Balance at 30 June 2017		**941 545**	**132 626**	**1 074 171**	**1 152 719**

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

HEALTH DIRECTORATE
STATEMENT OF CHANGES IN EQUITY (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2017

	Note No.	Accumulated Funds Actual 2016 $'000	Asset Revaluation Surplus Actual 2016 $'000	Total Equity Actual 2016 $'000
Balance at 1 July 2015		**758 870**	**129 428**	**888 298**
Comprehensive Income				
Operating (Deficit)		(62 336)	-	(62 336)
Increase in the Asset Revaluation Surplus	35	-	1 604	1 604
Total Comprehensive (Deficit)/Income		**(62 336)**	**1 604**	**(60 732)**
Transactions Involving Owners Affecting Accumulated Funds				
Capital Injections		138 299	-	138 299
Total Transactions Involving Owners Affecting Accumulated Funds		**138 299**	**-**	**138 299**
Balance at 30 June 2016		**834 834**	**131 032**	**965 866**

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

HEALTH DIRECTORATE
CASH FLOW STATEMENT
FOR THE YEAR ENDED 30 JUNE 2017

	Note No.	Actual 2017 $'000	Original Budget 2017 $'000	Actual 2016 $'000
Cash Flows from Operating Activities				
Receipts				
Controlled Recurrent Payments		290 692	286 041	272 366
User Charges		979 730	960 722	922 958
Grants Received from the Commonwealth		-	4 033	3 995
Interest Received		58	93	77
Distribution from Investments with the Territory Banking Account		106	98	64
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		52 697	54 400	46 843
Goods and Services Tax Collected from Customers		3 844	2 689	4 996
Other		21 741	14 718	21 429
Total Receipts from Operating Activities		**1 348 868**	**1 322 794**	**1 272 728**
Payments				
Employee		703 693	708 564	698 717
Superannuation		91 255	87 772	85 571
Supplies and Services		359 214	360 971	348 128
Grants and Purchased Services		94 913	89 680	89 823
Goods and Services Tax Paid to Suppliers		56 297	49 100	51 724
Borrowing Costs		-	422	44
Other		14 532	19 827	13 460
Total Payments from Operating Activities		**1 319 904**	**1 316 336**	**1 287 467**
Net Cash Inflows/(Outflows) from Operating Activities	39	**28 964**	**6 458**	**(14 739)**
Cash Flows from Investing Activities				
Receipts				
Proceeds from the Sale of Property, Plant and Equipment		64	-	64
Total Receipts from Investing Activities		**64**	**-**	**64**
Payments				
Purchase of Property, Plant and Equipment		17 899	13 791	11 179
Payments for Capital Works		154 346	203 350	114 209
Total Payments from Investing Activities		**172 245**	**217 141**	**125 388**
Net Cash (Outflows) from Investing Activities		**(172 181)**	**(217 141)**	**(125 324)**

Health Directorate
Cash Flow Statement (Continued)
For the Year Ended 30 June 2017

	Note No.	Actual 2017 $'000	Original Budget 2017 $'000	Actual 2016 $'000
Cash Flows from Financing Activities				
Receipts				
Capital Injections		146 213	203 350	138 299
Proceeds from Borrowings		-	-	3 319
Total Receipts from Financing Activities		**146 213**	**203 350**	**141 618**
Payments				
Repayment of Borrowings		352	-	48
Total Payment from Financing Activities		**352**	**-**	**48**
Net Cash Inflows from Financing Activities		**145 861**	**203 350**	**141 570**
Net Increase/(Decrease) in Cash and Cash Equivalents		**2 644**	**(7 333)**	**1 506**
Cash and Cash Equivalents at the Beginning of the Reporting Period		106 575	63 826	105 069
Cash and Cash Equivalents at the End of the Reporting Period	39	**109 219**	**56 493**	**106 575**

The above Cash Flow Statement is to be read in conjunction with the accompanying notes.

Health Directorate
Controlled Statement of Appropriation
For the Year Ended 30 June 2017

	Original Budget 2017 $'000	Total Appropriated 2017 $'000	Appropriation Drawn 2017 $'000	Appropriation Drawn 2016 $'000
Controlled				
Controlled Recurrent Payments	286 041	295 713	290 692	272 366
Capital Injections	203 350	207 985	146 213	138 299
Total Controlled Appropriation	**489 391**	**503 698**	**436 905**	**410 665**

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

Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Cash Flow Statement presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2016-17 Budget Statements). This amount also appears in the Cash Flow Statement.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* is the total amount of appropriation received by the Directorate during the reporting period. This amount appears in the Cash Flow Statement.

Variances between 'Original Budget', 'Total Appropriated' and 'Appropriation Drawn'.

Reconciliation of Appropriation for 2016-17	**Controlled Recurrent Payments $'000**	**Capital Injections $'000**
Original Appropriation for 2016-17	286 041	203 350
Neutral Transfers between Appropriations[a]	9 672	(9 672)
Additional Approved Appropriations[b]	-	14 307
Total Appropriated	295 713	207 985
Controlled Appropriation Drawn	**290 692**	**146 213**

a) The transfer from Capital Injections to Controlled Recurrent Payments is to reflect the recurrent components of capital projects.

b) The additional Capital Injection Appropriations are transfer of unspent funds from 2015-16 into 2016-17 under Section 16B of the *Financial Management Act 1996* for capital projects, including Clinical Services and Inpatient Unit Design and Infrastructure Expansion, An E-Healthy Future, Integrated Cancer Care Centre and Aboriginal Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility.

Controlled Recurrent Payments

Variances between 'Original Budget' and 'Total Appropriated'

The difference between Original Budget and Total Appropriated relates to the transfer of appropriation from capital injection, mainly for University of Canberra Hospital ($5.95m), Health Infrastructure Project Management ($1.842m), Surgical Procedures, International Radiology and Emergency Centre ($1.1m), Walk-in Centres and Inner North Community Health Infrastructure ($0.6m), Centenary Hospital for Women ($0.5m) and Northside Hospital Scoping ($0.5m).

Controlled Recurrent Payments (Continued)

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between the Total Appropriated and Appropriation Drawn is mainly due to delays in completion of the programs outlined below, with funds being transferred to 2017-18 to meet future commitments:

- The Systems Innovation Program which is a comprehensive reform program to improve efficiency in the delivery of healthcare ($1.9 million);
- Essential Vaccines Program which delivers the National Immunisation Program vaccines to children and at risk groups ($0.7 million);
- Health Infrastructure Program which is building and improving health facilities across the ACT ($0.6 million); and
- Establishing the Dhulwa Mental Health Unit ($0.4 million).

Capital Injections

Variances between 'Original Budget' and 'Total Appropriated'

The difference between Original Budget and Total Appropriated is the transfer of unspent funds from 2015-16 into 2016-17 of $14.307m mainly relating to An E-Healthy Future ($5.688m), Clinical Services and Inpatient Unit Design and Infrastructure Expansion ($4.293m), Capital Upgrades ($1.837m), the Ngunnawal Bush Healing Farm ($0.722m) and Essential Infrastructure and Engineering Works ($0.567m), that has been partially offset by the transfer of capital appropriation to Controlled Recurrent Payments ($9.672m) for the recurrent components of capital projects including delivery, feasibility, business case development and planning for election commitments, facilities management and recurrent ICT costs.

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between the Total Appropriated and Appropriation Drawn for capital injections is a result of timing at the end of the financial year between the last available draw down and receipting of invoices and delays in:

- construction at the University of Canberra Public Hospital due to wet weather;
- additional works required for recently constructed buildings during the defect liability period including the Dhulwa Mental Health Unit, Ngunnawal Bush Healing Farm that will be completed once the service provider is in place, and works for Emergency Department expansion at the Canberra Hospital;
- computer software development due to data migration issues, requiring legislation changes and sourcing of compatible suitable hardware; and
- sourcing of an appropriate property for the new mental health accommodation project.

HEALTH DIRECTORATE
CONTROLLED NOTE INDEX
FOR THE YEAR ENDED 30 JUNE 2017

Note 1 Objectives of the Health Directorate

Note 2 Significant Accounting Policies (see Appendices A, B and C)

Appendix A – Basis of Preparation of the Financial Statements

Appendix B – Significant Accounting Polices

Appendix C – Impact of Accounting Standards Issued But Yet to be Applied

Income Notes

Note 3 Controlled Recurrent Payments

Note 4 User Charges

Note 5 Distribution from Investments with the Territory Banking Account

Note 6 Interest

Note 7 Resources Received Free of Charge

Note 8 Other Revenue

Note 9 Gains on Investments

Note 10 Other Gains

Expense Notes

Note 11 Employee Expenses

Note 12 Superannuation Expenses

Note 13 Supplies and Services

Note 14 Depreciation and Amortisation

Note 15 Grants and Purchased Services

Note 16 Borrowing Costs

Note 17 Cost of Goods Sold

Note 18 Other Expenses

Note 19 Waivers, Impairment Losses and Write-Offs

Note 20 Act of Grace Payments

Note 21 Auditor's Remuneration

Asset Notes

Note 22 Cash and Cash Equivalents

Note 23 Receivables

Note 24 Inventories

Note 25 Investments

Note 26 Property, Plant and Equipment

Note 27 Intangible Assets

Note 28 Capital Works in Progress

Note 29 Other Assets

Liability Notes

Note 30 Payables

Note 31 Borrowings

Note 32 Other Provisions

Note 33 Employee Benefits

Note 34 Other Liabilities

Equity Note

Note 35 Equity

Other Notes

Note 36 Financial Instruments

Note 37 Commitments

Note 38 Contingent Liabilities

Note 39 Cash Flow Reconciliation

HEALTH DIRECTORATE
CONTROLLED NOTE INDEX
FOR THE YEAR ENDED 30 JUNE 2017

Other Notes

Note	40	Events Occurring after Balance Date
Note	41	Third Party Monies
Note	42	Related Party Disclosures
Note	43	Budgetary Reporting

Note 1. Objectives of the Health Directorate

Operations and Principal Activities

The Health Directorate (the Directorate) partners with the community and consumers for better health outcomes by:

- delivering patient and family centred care;
- strengthening partnerships;
- promoting good health and wellbeing;
- improving access to appropriate healthcare; and
- having robust safety and quality systems.

The Directorate aims for sustainability and improved efficiency in the use of resources, by designing sustainable services to deliver outcomes efficiently, and embedding a culture of research and innovation.

The Directorate continues to strengthen clinical governance of its processes, and strives to be accountable to both the government and community.

The Directorate aims to support its people and strengthen teams, by helping staff to reach their potential, promoting a learning culture and providing high-level leadership.

Note 2. Significant Accounting Policies

Refer to the following appendices for the notes comprising significant accounting policies and other explanatory information.

Appendix A - Basis of Preparation of the Financial Statements

Appendix B - Significant Accounting Policies

Appendix C - Impact of Accounting Standards Issued But Yet to be Applied

Note 3. Controlled Recurrent Payments

Controlled Recurrent Payments (CRP) are revenue received from the ACT Government to fund the costs of delivering outputs. The ACT Government pays CRP appropriation on a fortnightly basis.

	2017 $'000	2016 $'000
Revenue from the ACT Government		
Controlled Recurrent Payments[a]	290 692	272 366
Total Controlled Recurrent Payments	**290 692**	**272 366**

a) The increase is mainly to fund:
- cost escalation and pay rises ($7.7m);
- new services including Intensive Care, Emergency Department, Trauma and Stroke services funded in the 2016-17 Budget ($1.0m); and
- funding transferred from capital injection to reflect the recurrent components of capital projects ($9.6m).

Note 4. User Charges

User charge revenue is derived by providing goods and services to other ACT Government agencies and to the public. User charges revenue is paid by the user of the goods or services and legally retained by the agency. This revenue is driven by consumer demand.

	2017 $'000	2016 $'000
User Charges - ACT Government		
Local Hospital Network Funding[a]	853 331	810 999
Service Revenue	2 306	1 922
Total User Charges - ACT Government	**855 637**	**812 921**
User Charges - Non-ACT Government		
Service Revenue	12 075	11 711
Amounts Received for Highly Specialised Drugs[b]	26 307	34 241
Inpatient Fees	34 489	35 312
Facilities Fees	27 499	26 450
Non-inpatient Fees	1 153	1 291
Inventory Sales	12 198	12 001
Accommodation and Meals	3 622	3 774
Total User Charges - Non-ACT Government	**117 343**	**124 780**
Total User Charges	**972 980**	**937 701**

a) The increase relates to:
- $23.1m of indexation for staff pay increases and cost escalation;
- growth in services for intensive and critical care, emergency department, trauma and stroke services; and
- the Dhulwa Mental Health Unit funded in the 2016-17 Budget.

b) Hepatitis C medicines were added to the Commonwealth High Cost Drug reimbursement scheme during the 2015-16 financial year. There was a spike in demand immediately after the drug was added to the scheme. The demand has now moderated hence the fall in amounts received for highly specialised drugs.

Note 5. Distribution from Investments with the Territory Banking Account

	2017 $'000	2016 $'000
Revenue from ACT Government Entities		
Distribution from Investments with the Territory Banking Account	106	64
Total Distribution from Investment with the Territory Banking Account	**106**	**64**

Note 6. Interest

	2017 $'000	2016 $'000
Revenue from Non-ACT Government Entities		
Interest Revenue	58	77
Total Interest Revenue	**58**	**77**

Note 7. Resources Received Free of Charge

	2017 $'000	2016 $'000
Revenue from ACT Government Entities		
Legal Services	1 493	1 591
Other Resources Received Free of Charge	107	152
Total Resources Received Free of Charge	**1 600**	**1 743**

Note 8. Other Revenue

Other Revenue arises from the core activities of the Directorate. Other Revenue is distinct from Other Gains, as Other Gains are items that are not part of the core activities of the Directorate.

	2017 $'000	2016 $'000
Revenue from Non-ACT Government Entities		
Grants	15 336	15 374
Other[a]	5 428	3 679
Total Other Revenue	**20 764**	**19 053**

a) The increase mainly relates to Insurance recoveries of $1.2m, including the switchboard fire damages claim of $1.1m and recoveries of $1.2m relating to assets found during the stock take offset by reduction of $0.7m in Other Revenue due to lower rebates received from Pharmaceutical companies.

The Directorate has received grants from various entities which must be spent on specific purposes.

	2017 $'000	2016 $'000
Contribution Analysis - Grants		
Contributions which have conditions of expenditure still required to be met:		
Contributions recognised as revenue during the current reporting period for which expenditure in manner specified had not occurred at balance date	701	784
Contributions recognised as revenue in previous reporting periods which were not expended in the current reporting period	14 294	12 785
Total Amount of Unexpended Contributions at Balance Date	**14 995**	**13 569**

Note 9. Gains on Investments

	2017 $'000	2016 $'000
Revenue from ACT Government Entities		
Unrealised Gains on Investments	10	-
Total Gains on Investments	**10**	**-**

Note 10. Other Gains

Other gains are transactions that are not part of the Directorate's core activities. Other gains are distinct from other revenue, as other revenue arises from the core activities of the Directorate.

	2017 $'000	2016 $'000
Gains from the Sale of Assets	65	64
Assets Transferred from Other Entities[a]	940	200
Donations	1 261	1 417
Total Other Gains	**2 266**	**1 681**

a) This relates to transfer of ownership to the Directorate of land on which Calvary car park is located.

The Directorate has received donations from organisations and the general public which must be spent on specific purposes.

	2017 $'000	2016 $'000
Contribution Analysis - Donations		
Contributions which have conditions of expenditure still required to be met:		
Contributions recognised as revenue during the current reporting period for which expenditure in manner specified had not occurred at balance date	242	248
Contributions recognised as revenue in previous reporting periods which were not expended in the current reporting period	4 495	4 412
Total Amount of Unexpended Contributions at Balance Date	**4 737**	**4 660**

Note 11. Employee Expenses

	2017 $'000	2016 $'000
Wages and Salaries[a]	659 185	621 057
Annual Leave Expense[b]	13 914	17 374
Long Service Leave Expense[c]	(56)	26 148
Workers' Compensation Insurance Premium	20 216	19 438
Termination Expense[d]	247	1 586
Other Employee Benefits and On-Costs	9 917	9 133
Total Employee Expenses	**703 423**	**694 736**

	No.	No.
Average full-time equivalent staff levels during the year were.	6 404	6 270

a) The increase is due to Enterprise Agreement payrises of 3% and a 2% increase in staff numbers.
b) The decrease is partly due to a decrease in the rate used to estimate the present value of annual leave liabilities which flows through to annual leave payments of $1.7m. An increase in leave consumption compared to previous year also contributed to a fall in annual leave expense.
c) The decrease in is mainly due to a decrease in the rate used to estimate the present value of long service leave liabilities which flows through to long services leave payments of $14.0m. An increase in leave consumption compared to previous year also contributed to a fall in long service leave expense.
d) The reduction in termination payments of $1.3m is due to a lower number of redundancies in 2017 compared to 2016.

Note 12. Superannuation Expenses

	2017 $'000	2016 $'000
Superannuation Contributions to the Territory Banking Account	35 838	36 830
Productivity Benefit	4 646	4 699
Superannuation Payment to ComSuper (for the PSSAP)	3 423	3 560
Superannuation to External Providers[a]	47 347	40 482
Total Superannuation Expenses	**91 254**	**85 571**

a) The $6.865m increase in superannuation guarantee and accumulation superannuation funds is mainly due to:
   - 3% enterprise agreement payrise; and
   - 2% increase in staff, with the majority in accumulation plans.

Note 13. Supplies and Services

	2017 $'000	2016 $'000
Audit Fees	685	660
Blood Products	8 129	8 621
Clinical Expenses/Medical Surgical Supplies	60 548	62 005
Communications	4 308	3 743
Computer Expenses	40 989	40 877
Contractors and Consultants[a]	18 946	14 402
Domestic Services, Food and Utilities[b]	36 426	33 943
General Administration[c]	21 867	20 132
Hire and Rental Charges[d]	3 486	4 921
Insurance[e]	27 357	32 335
Minor Capital[f]	2 362	3 501
Non-Contract Services[g]	6 654	5 625
Operating Lease Rental Payments	9 068	8 959
Pharmaceuticals[h]	40 070	53 548
Printing and Stationery	2 717	2 381
Property and Rental Expenses[i]	4 099	2 178
Public Relations	671	625
Publications	1 526	1 615
Repairs and Maintenance[j]	19 621	18 331
Staff Development and Recruitment[k]	16 340	7 284
Travel and Accommodation	1 147	1 122
Vehicle Expenses	587	696
Visiting Medical Officers[l]	31 991	29 187
Total Supplies and Services	**359 594**	**356 691**

$3.668m renal dialysis price per treatment payment to Baxter Healthcare was classified as 'Contractors and Consultants' in 2015-16. This has now been re-classified as 'Payment to Service Providers' under Note 16: Grants and Purchased Services. This had the effect of decreasing 'Supplies and Services' by $3.668m for 2015-16 and increasing 'Grants and Purchased Services' by the same amount.

a) The increase is partly due to consultancies in relation to System Innovation programs, hiring of additional clinical coders, new Genetic (Genome) service and a data audit conducted by PricewaterhouseCoopers.
b) The increase is mainly attributable to price rises in Electricity, Gas and Water and cost of cleaning additional buildings, including the Mental Health Unit, Ngunnawal Bush Healing Farm and Bowes Place.
c) The increase mainly relates to recruitment of agency staff to cover vacancies.

Note 13. Supplies and Services (Continued)

d) The reduction is mainly due to reduced asset rental cost from Shared Services ICT and a reduction in equipment hire due to the transfer of ACT Equipment Scheme services to National Disability Insurance Authority.

e) The reduction is mainly due to ACT Insurance Authority (ACTIA) passing on

- decrease in administrative costs; and
- a reduction in reinsurance costs due to ACTIA negotiating a new primary reinsurer in a competitive market.

f) The reduction is mainly due to a lower number of assets purchased during 2016-17 that were below the capitalisation threshold of $5,000.

g) The increase is mainly due to recruitment of agency nursing, locum medical, dental health professional staff due to vacancies and staff on work cover arrangements.

h) Hepatitis C medicines were added to the Commonwealth High Cost Drug reimbursement scheme during the 2015-16 financial year. There was a spike in demand immediately after the drug was added to the scheme. The demand has now moderated, hence the fall in amounts received for highly specialised drugs.

i) The increase is mainly due to the provision of security to three additional sites in 2016-17, including Dhulwa Mental Health Unit, Miowera Bush Healing Farm and Bowes Street.

j) The increase mainly relates to expensing of Repairs and Maintenance component of 'Upgrading and Maintaining of ACT Health Assets' which is a new initiative aimed at sustaining ACT Health's assets.

k) The increase relates to additional Medical Education Expenses (MEE) to meet obligations that was not provided for in prior years.

l) The increase is partly due to 3% payrise and employment of additional anaesthetist visiting medical officers in surgery and Gastroenterology. Previously, in Gastroenterology sedations were administered by Nursing staff. Since November 2015 it is a requirement that that this is administered by a specialist. Two senior specialists converting to VMOs also have contributed to this increase.

Note 14. Depreciation and Amortisation

	2017 $'000	2016 $'000
Depreciation		
Buildings[a]	19 782	17 998
Plant and Equipment	9 951	10 434
Leasehold Improvements	1 793	1 580
Total Depreciation	**31 526**	**30 012**
Amortisation		
Intangible Assets	13 697	12 956
Total Amortisation	**13 697**	**12 956**
Total Depreciation and Amortisation	**45 223**	**42 968**

a) The increase is due to additional depreciation charges, relating to projects being completed during the year, including the Miowera Bush Healing Farm, Dhulwa Mental Health Unit and the expanded Emergency unit.

Note 15. Grants and Purchased Services

Grants are sums of money provided to organisations or individuals for a specified purpose directed at achieving goals and objectives consistent with Government policy on health promotion.

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

- Purchased Services from Calvary Hospital are for the provision of healthcare in the ACT.
- Services are purchased from Non-Government Organisations in a range of areas including Home and Community Care, Alcohol and Drug, Community Mental Health, Women's Health, Aged Care and Aboriginal Health.
- Cross-Border Health Costs relates to costs incurred by ACT residents in interstate hospitals.
- Expenditure to Other Service Providers are mainly for the provision of elective surgery procedures by private hospitals.

	2017 $'000	2016 $'000
Grants		
Grants	2 503	3 139
Total Grants	**2 503**	**3 139**
Purchased Services		
Calvary Hospital[a]	11 944	8 214
Non-Government Organisations	68 151	67 068
Payments to Service Providers	4 151	3 668
Cross-Border Health Costs	26	28
Other[b]	14 387	11 374
Total Purchased Services	**98 659**	**90 352**
Total Grants and Purchased Services	**101 162**	**93 491**

$3.668m renal dialysis price per treatment payment to Baxter Healthcare was classified as 'Contractors and Consultants' in 2015-16 under Note 14: Supplies and Services. This has now been re-classified as 'Payment to Service Providers'. This had the effect of decreasing 'Supplies and Services' by $3.668m for 2015-16 and increasing 'Grants and Purchased Services' by the same amount.

a) The increase relates to a 2.5% indexation of purchased services from the Calvary Hospital.
b) The increase is mainly due to the purchase of additional elective surgery procedures from private providers. This is the result of an elective surgery program that commenced in the previous financial year and continued for the first half of the 2016-17 financial year.

Note 16. Borrowing Costs

	2017 $'000	2016 $'000
Finance Cost on Make Good	-	44
Total Borrowing Costs	**-**	**44**

Note 17. Cost of Goods Sold

Cost of Goods Sold represents hospital supplies sold to private hospitals.

	2017 $'000	2016 $'000
Cost of Goods Sold	9 150	9 000
Total Cost of Goods Sold	**9 150**	**9 000**

Note 18. Other Expenses

	2017 $'000	2016 $'000
Miscellaneous Expenses[a]	4 656	7 828
Legal Settlements	2 140	2 105
Waivers, Impairment Losses and Write-offs (see Note 19)[b]	7 211	2 562
Loss on Sale of Assets[c]	4 165	25
Total Other Expenses	**18 172**	**12 520**

a) The decrease is due to expensing, in 2015-16, of ICT projects that were discontinued partially offset by the recurrent components of capital projects including feasibility studies for the redevelopment of various buildings on the Canberra Hospital Campus.
b) The increase is mainly due to expensing of computer software works in progress following an impairment review, writing-off of obsolete pharmacy stock and an increase in impairment losses due to an increased amount of overdue debts.
c) The increase is due to expensing of $4.1m to recognise a component of University of Canberra Public Hospital that is controlled by the University of Canberra.

Note 19. Waivers, Impairment Losses and Write-Offs

Under Section 131 of the *Financial Management Act 1996* the Treasurer may, in writing, waive the right to payment of an amount payable to the Territory.

The waivers, impairment losses and write-offs listed below have occurred during the reporting period for the Directorate.

		2017		**2016**
	No.	**$'000**	**No.**	**$'000**
Impairment Losses				
Impairment Loss from Receivables				
Trade Receivables	672	1 930	1 104	1 477
Total Impairment Loss from Receivables	672	1 930	1 104	1 477
Impairment Loss from Property, Plant and Equipment				
Plant and Equipment	100	313	42	247
Computer Software Works in Progress	13	3 523	-	-
Total Impairment Losses from Property, Plant and Equipment	113	3 836	42	247
Total Impairment Losses	**785**	**5 766**	**1 146**	**1 724**
Write-Offs				
Irrecoverable Debts	4 212	1 191	3 412	838
Obsolete Stock	252	254	-	-
Total Write-Offs	**4 464**	**1 445**	**3 412**	**838**
Total Waivers, Impairment Losses and Write-Offs	**5 249**	**7 211**	**4 558**	**2 562**

Note 20. Act of Grace Payments

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

The Directorate made no Act of Grace Payments during the current and prior reporting period.

Note 21. Auditor's Remuneration

Auditor's remuneration consists of financial audit services provided to the Directorate by the ACT Audit Office and any other services provided by a contract auditor engaged by the ACT Audit Office to conduct the financial audit.

	2017 $'000	2016 $'000
Audit Services		
Audit Fees Paid or Payable to the ACT Audit Office	266	232
Total Audit Fees	**266**	**232**

No other services were provided by the ACT Audit Office.

Note 22. Cash and Cash Equivalents

The Directorate holds a number of bank accounts with the Westpac Bank, as part of the whole-of-government banking arrangements. The Directorate received interest at the rate of 2.35 % (2.81% in 2015-16). These funds may be withdrawn upon request.

	2017 $'000	2016 $'000
Cash on Hand	44	43
Cash at Bank	109 175	106 532
Total Cash and Cash Equivalents	**109 219**	**106 575**

Note 23. Receivables

	2017 $'000	2016 $'000
Current Receivables		
Trade Receivables	1 085	1 835
Trade Receivables - Patient Fees [a]	13 835	12 607
	14 920	**14 442**
Less: Allowance for Impairment Losses [b]	(6 171)	(4 141)
	8 749	**10 301**
Other Trade Receivables	16 551	15 950
Less: Allowance for Impairment Losses	(467)	(567)
	16 084	**15 383**
Accrued Revenue[c]	4 982	9 674
Net GST Receivable	3 160	3 403
Total Current Receivables	**32 975**	**38 761**
Total Receivables	**32 975**	**38 761**

a) The increase is mainly due to a higher number (407) of Medicare ineligible patients compared to the 2015-16 financial year. Medicare ineligible patients are non-resident patients seeking Hospital treatment at the Canberra Hospital.
b) The increase is mainly due to recognising additional impairment for 407 Medicare ineligible patient debt which are overdue more than 90 days and 218 private patient debts that have been overdue for more than 120 days.
c) The 2015-16 financial year had high accruals mainly for High Cost drugs reimbursements because of high demand last year.

Note 23. Receivables (Continued)

Ageing of Receivables

	Not Overdue	Overdue			Total
		Less than 30 days	30 to 60 days	Greater than 60 days	
	$'000	$'000	$'000	$'000	$'000
2017					
Not Impaired					
Receivables	27 135	1 699	449	3 692	32 975
Impaired					
Receivables	-	-	-	6 638	6 638
2016					
Not Impaired					
Receivables	27 887	2 915	598	7 361	38 761
Impaired					
Receivables	-	-	-	4 708	4 708

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

Note 23. Receivables (Continued)

	2017 $'000	2016 $'000
Reconciliation of the Allowance for Impairment Losses		
Allowance for Impairment Losses at the Beginning of the Reporting Period	4 708	3 231
Additional Allowance and Impairment Losses Recognised	1 930	1 477
Allowance for Impairment Losses at the End of the Reporting Period	**6 638**	**4 708**
Classification of ACT Government/Non-ACT Government Receivables		
Receivables from ACT Government Entities		
Net Trade Receivables	72	69
Net Other Trade Receivables	5 315	236
Net Goods and Services Tax Receivable	33	-
Total Receivables from ACT Government Entities	**5 420**	**305**
Receivables from Non-ACT Government Entities		
Net Trade Receivables	8 209	9 665
Net Other Trade Receivables	11 236	15 714
Net Goods and Services Tax Receivable	3 128	3 403
Accrued Revenue	4 982	9 674
Total Receivables from Non-ACT Government Entities	**27 555**	**38 456**
Total Receivables	**32 975**	**38 761**

Note 24. Inventories

The Directorate's inventory consists of Pharmaceuticals, Medical and Surgical Supplies, Pathology Supplies and general consumables.

	2017 $'000	2016 $'000
Inventory		
Purchased Items - Cost[a]	9 018	10 106
Total Inventory	**9 018**	**10 106**

a) The decrease is mainly due to an error in the pharmacy stock management system which had overstated pharmacy stock in 2015-16 by $0.9m.

Note 25. Investments

Short-term investments were held with the Territory Banking Account in the Cash Enhanced Portfolio throughout the year. These funds are able to be withdrawn upon request.

The purpose of the investment in the Fixed Interest Portfolio is to hold it for a period of longer than 12 months. The total carrying amount of the Fixed Interest Portfolio investment has been measured at fair value.

	2017 $'000	2016 $'000
Non-Current Investments		
Investments with the Territory Banking Account - Cash Enhanced Portfolio	3 029	3 019
Total Investments	**3 029**	**3 019**

Note 26. Property, Plant and Equipment

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

- *Land* includes leasehold land held by the Directorate.
- *Buildings* include hospital buildings, community health centres and multi storey car parks.
- *Leasehold improvements* represent capital expenditure incurred in relation to leased assets. The Directorate has fit-outs in its leased buildings.
- *Plant and equipment* includes medical equipment, motor vehicles, mobile plant, air conditioning and heating systems, office and computer equipment, furniture and fittings, and other mechanical and electronic equipment.

	2017 $'000	2016 $'000
Land and Buildings		
Land at Fair Value[a]	47 550	41 605
Total Land Assets	**47 550**	**41 605**
Buildings at Fair Value [b]	929 025	894 516
Less: Accumulated Depreciation	-	(34 413)
Total Written Down Value of Buildings	**929 025**	**860 103**
Total Land and Written Down Value of Buildings	**976 575**	**901 708**
Leasehold Improvements		
Leasehold Improvements at Fair Value[c]	10 012	6 786
Less: Accumulated Depreciation	-	(4 669)
Total Written Down Value of Leasehold Improvements	**10 012**	**2 117**
Plant and Equipment		
Plant and Equipment at Cost[d]	122 050	116 172
Less: Accumulated Depreciation	(79 678)	(74 994)
Less: Accumulated Impairment Losses	-	(247)
Total Written Down Value of Plant and Equipment	**42 372**	**40 931**
Total Written Down Value of Property, Plant and Equipment	**1 028 959**	**944 756**

Note 26. Property, Plant and Equipment (Continued)

a) The increase in land assets is due to additions for land at the University of Canberra Public Hospital and the Calvary Public Hospital car park. General increases across most pieces of land assets from the land, building and leasehold improvement valuation is also a contributor.
b) The increase in building assets is due to the completion of various projects including Dhulwa Secure Mental Health Unit, the Ngunnawal Bush Healing Farm, the Emergency Department expansion, the Helipad and site improvements across the Canberra Hospital.
c) The increase in leasehold improvements is due to the fit out of new office space at Bowes Place in Phillip.
d) The increase is due to the acquisition of addition plant and equipment to meet operation needs in existing and new facilities such as the Emergency Department expansion and the Dhulwa Secure Mental Health Service.

Note 26. Property, Plant and Equipment (Continued)

Reconciliation of Property, Plant and Equipment

The following table shows the movement of Property, Plant and Equipment during 2016-17.

	Land $'000	Buildings $'000	Leasehold Improvement $'000	Plant and Equipment $'000	Total $'000
Carrying Amount at the Beginning of the Reporting Period	**41 605**	**860 103**	**2 117**	**40 931**	**944 756**
Additions	3 590	88 966	10 187	11 808	114 551
Revaluation Increment/(Decrement)	2 355	(262)	(499)	-	1 594
Disposals	-	-	-	(2 396)	(2 396)
Depreciation	-	(19 782)	(1 793)	(9 951)	(31 526)
Depreciation Write Back for Asset Disposals	-	-	-	2 293	2 293
Impairment Losses Recognised in the Operating (Deficit)	-	-	-	(313)	(313)
Carrying Amount at the End of the Reporting Period	**47 550**	**929 025**	**10 012**	**42 372**	**1 028 959**

The following table shows the movement of Property, Plant and Equipment during 2015-16.

	Land $'000	Buildings $'000	Leasehold Improvement $'000	Plant and Equipment $'000	Total $'000
Carrying Amount at the Beginning of the Reporting Period	**40 645**	**798 818**	**3 439**	**43 227**	**886 129**
Additions	200	78 461	259	8 243	87 163
Revaluation Increment	760	844	-	-	1 604
Disposals	-	(22)	-	(2 201)	(2 223)
Depreciation	-	(17 998)	(1 580)	(10 434)	(30 012)
Depreciation Write Back for Asset Disposals	-	1	-	1 904	1 905
Impairment Losses Recognised in the Operating (Deficit)	-	-	-	(247)	(247)
Reversal of Impairment Losses Recognised in the Operating	-	-	-	439	439
Carrying Amount at the End of the Reporting Period	**41 605**	**860 103**	**2 117**	**40 931**	**944 756**

Note 26. Property, Plant and Equipment (Continued)

Fair Value Hierarchy

The Directorate is required to classify property, plant and equipment into a Fair Value Hierarchy that reflects the significance of the inputs used in determining their fair value. The Fair Value Hierarchy is made up of the following three levels:

- Level 1 – quoted prices (unadjusted) in active markets for identical assets or liabilities that the Directorate can access at the measurement date;
- Level 2 – inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly; and
- Level 3 – inputs that are unobservable for particular assets or liabilities.

Details of the Directorate's property, plant and equipment at fair value and information about the Fair Value Hierarchy at 30 June 2017 are as follows:

Classification According to Fair Value Hierarchy at 30 June 2017

	Level 1 $'000	Level 2 $'000	Level 3 $'000	Total $'000
Property, Plant and Equipment at Fair Value				
Land	-	940	46 610	47 550
Buildings	-	3 890	925 135	929 025
Leasehold Improvements	-	-	10 012	10 012
	-	**4 830**	**981 757**	**986 587**

Details of the Directorate's property, plant and equipment at fair value and information about the Fair Value Hierarchy at 30 June 2016 is as follows:

Classification According to Fair Value Hierarchy at 30 June 2016

	Level 1 $'000	Level 2 $'000	Level 3 $'000	Total $'000
Property, Plant and Equipment at Fair Value				
Land	-	-	41 605	41 605
Buildings	-	2 758	857 345	860 103
Leasehold Improvements	-	-	2 117	2 117
	-	**2 758**	**901 067**	**903 825**

Note 26. Property, Plant and Equipment (Continued)

Transfers between Categories

The June 2017 valuation of land, building and leasehold improvements by Egan National Valuers Pty Ltd reclassified two properties from Level 3 to Level 2 and their corresponding land asset. The two properties are the cancer patient accommodation house located in Duffy and a residential step up and step down mental health property located in Kambah.

There have been no transfers between Levels 1, 2 and 3 during the current and previous reporting period.

Valuation Techniques, Inputs and processes

Level 2 Valuation Techniques and Inputs

Valuation Technique: the valuation technique used to value land and buildings is the market approach that reflects recent transaction prices for similar properties and buildings (comparable in location and size).

Inputs: Prices and other relevant information generated by market transactions involving comparable land and buildings were considered. Regard was taken of the Crown Lease terms and tenure, the Australian Capital Territory Plan and the National Capital Plan, where applicable, as well as current zoning.

Level 3 Valuation Techniques and Significant Unobservable Inputs

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.

Valuation Technique: Buildings and Leasehold Improvements were considered specialised assets by the Valuers and measured using the cost approach.

Significant Unobservable Inputs: Estimating the cost to a market participant to construct assets of comparable utility adjusted for obsolescence. For Buildings, historical cost per square metre of floor area was also used in measuring fair value. For Infrastructure Assets the historical costs per cubic metre was also used in measuring fair value. In determining the value of buildings, leasehold improvements, infrastructure assets and community and heritage 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 Health Directorate.

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.

Note 26. Property, Plant and Equipment (Continued)

Fair Value Measurements using significant unobservable inputs (Level 3)

At 30 June 2017	Land $'000	Buildings $'000	Leasehold Improvements $'000
Fair Value at the Beginning of the Reporting Period	**41 605**	**860 103**	**2 117**
Additions	2 650	85 076	10 187
Revaluation Increments/(Decrements) Recorded in Other Comprehensive Income	2 355	(262)	(499)
Depreciation	-	(19 782)	(1 793)
Fair Value at the End of the Reporting Period	**46 610**	**925 135**	**10 012**

At 30 June 2016	Land $'000	Buildings $'000	Leasehold Improvements $'000
Fair Value at the Beginning of the Reporting Period	**40 645**	**798 818**	**3 439**
Additions	200	78 461	259
Revaluation Increments Recorded in Other Comprehensive Income	760	844	-
Depreciation	-	(17 998)	(1 580)
Other Movements	-	(22)	-
Fair Value at the End of the Reporting Period	**41 605**	**860 103**	**2 117**
Total gains or losses for the period included in Profit or Loss, under 'Other Gains'	-	-	-

Note 27. Intangible Assets

The Directorate has only internally generated software.

	2017 $'000	2016 $'000
Computer Software		
Internally Generated Software		
Computer Software at Cost[a]	113 555	83 348
Less: Accumulated Amortisation[b]	(68 533)	(55 200)
Total Computer Software	**45 022**	**28 148**
Total Intangible Assets	**45 022**	**28 148**

a) The increase is due to the completion of several computer software projects that created new assets or expanded existing ones including Electronic Medication Management, Clinical Portal, My Shift eRostering, Order Entry and Single Sign On.

b) The increase is due to amortisation related to the addition of the new computer software systems, including what is listed above.

Reconciliation of Intangible Assets

The following table shows the movement of internally generated Intangible Assets during 2016-17. There was no externally purchased software during this reporting period.

	Internally Generated Software $'000	Total $'000
Carrying Amount at 1 July 2016	**28 148**	**28 148**
Additions	30 571	30 571
Amortisation	(13 697)	(13 697)
Carrying Amount at 30 June 2017	**45 022**	**45 022**

Reconciliation of Intangible Assets

The following table shows the movement of internally generated Intangible Assets during 2015-16. There was no externally purchased software during this reporting period.

	Internally Generated Software $'000	Total $'000
Carrying Amount at 1 July 2015	**22 583**	**22 583**
Additions	18 520	18 520
Amortisation	(12 955)	(12 955)
Carrying Amount at 30 June 2016	**28 148**	**28 148**

Note 28. Capital Works in Progress

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

Assets, which are under construction or development in 2016-17, include hospital buildings, software and plant and equipment.

	2017 $'000	2016 $'000
Building Works in Progress[a]	173 416	129 508
Plant and Equipment Works in Progress	1	-
Computer Software Works in Progress[b]	11 318	38 667
Total Capital Works in Progress	**184 735**	**168 175**

a) The increase is due to the continuing construction of the University of Canberra Public Hospital, refurbishments and upgrades across ACT Health buildings and improvements to essential infrastructure at the Canberra Hospital campus. These increases are offset by reductions from the creation of new assets and addition to current assets, including the Dhulwa Mental Health Facility, Ngunnawal Bush Healing Farm and Emergency Department expansion at the Canberra Hospital.

b) The decrease is due to the completion of several computer software projects that have created new assets or expanded existing ones, including Electronic Medication Management, Clinical Portal, My Shift eRostering, Order Entry and Single Sign On and the expensing of computer software works in progress following an impairment review.

Note 28. Capital Works in Progress (Continued)

Reconciliation of Capital Works in Progress

The following table shows the movement of Capital Works in Progress during 2016-17.

	Buildings 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	**129 508**	**-**	**38 667**	**168 175**
Additions	153 744	1 318	7 496	162 558
Capital Works in Progress				
Completed and Transferred to Property, Plant and Equipment and Intangible Assets	(103 205)	(1 317)	(31 156)	(135 678)
Capital Works Expensed	(6 631)	-	(3 689)	(10 320)
Carrying Amount at the End of the Reporting Period	**173 416**	**1**	**11 318**	**184 735**

Reconciliation of Capital Works in Progress

The following table shows the movement of Capital Works in Progress during 2015-16

	Buildings 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	**82 785**	**227**	**48 744**	**131 756**
Additions	128 816	-	15 434	144 250
Capital Works in Progress				
Completed and Transferred to Property, Plant and Equipment and Intangible Assets	(81 477)	(222)	(19 021)	(100 720)
Capital Works Expensed	(616)	(5)	(6 490)	(7 111)
Carrying Amount at the End of the Reporting Period	**129 508**	**-**	**38 667**	**168 175**

Note 29. Other Assets

	2017 $'000	2016 $'000
Current Other Assets		
Prepayments	4 200	4 004
Lease Incentive[a]	3 868	-
Total Current Other Assets	**8 068**	**4 004**
Non-Current Other Assets		
Lease Incentive[a]	10 909	-
Total Non-Current Other Assets	**10 909**	**-**
Total Other Assets	**18 977**	**4 004**

a) The increase is due to the rent free period allowed for in the multi-year lease on 2-6 Bowes Place Phillip.

Note 30. Payables

	2017 $'000	2016 $'000
Current Payables		
Trade Payables [a]	4 743	23 229
Other Payables	12	-
Accrued Expenses[b]	84 622	68 425
Total Payables	**89 377**	**91 654**

a) 2015-16 had a large number of capital works invoices amounting to $15.0m that remained unpaid at year end.
b) The increase mainly relates to accrued Medical Education Expenses ($9.3m) and the remaining liability relating to the Calvary Network Agreement ($6.3m).

	2017 $'000	2016 $'000
Payables are aged as followed		
Not Overdue	87 437	91 627
Overdue for Less than 30 Days	1 811	27
Overdue for 30 to 60 Days	92	-
Overdue for More than 60 Days	37	-
Total Payables	**89 377**	**91 654**
Classification of ACT Government/Non-ACT Government Payables		
Payables with ACT Government Entities		
Accrued Expenses	32 442	4 938
Total Payables with ACT Government Entities	**32 442**	**4 938**
Payables with Non-ACT Government Entities		
Trade Payables	4 743	97
Other Payables	12	-
Accrued Expenses	52 180	86 619
Total Payables with Non-ACT Government Entities	**56 935**	**86 716**
Total Payables	**89 377**	**91 654**

Note 31. Borrowings

The Directorate received an interest-free loan in 2015-16 from Environment, Planning and Sustainable Development Directorate payable over 10 years. The loan is for implementing energy and resource efficiency projects to reduce greenhouse gas emissions.

	2017 $'000	2016 $'000
Current Borrowings		
ACT Government Borrowings	352	352
Total Current Borrowings	**352**	**352**
Non-Current Borrowings		
ACT Government Borrowings	2 567	2 919
Total Non-Current Borrowings	**2 567**	**2 919**
Total Borrowings	**2 919**	**3 271**

Note 32. Other Provisions

Provision for Make Good

The Directorate entered into lease agreements for some office space in Civic and Belconnen. There are clauses within the lease agreements 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 tenancies run for 5 years.

	2017 $'000	2016 $'000
Non-Current Other Provisions		
Provision for Make Good at the Beginning of the Reporting Period	1 462	1 418
Increase in Provision due to Unwinding of Discount	-	44
Total Other Provisions	**1 462**	**1 462**

Note 33. Employee Benefits

	2017 $'000	2016 $'000
Current Employee Benefits		
Annual Leave	106 292	104 363
Long Service Leave	112 172	116 236
Accrued Salaries[a]	6 335	3 436
Other Benefits	84	38
Total Current Employee Benefits	**224 883**	**224 073**
Non-Current Employee Benefits		
Long Service Leave	16 016	16 966
Total Non-Current Employee Benefits	**16 016**	**16 966**
Total Employee Benefits	**240 899**	**241 039**

At 30 June 2017, the Directorate employed 6,476 full time equivalent (FTE) staff. There were 6,324 FTE staff at 30 June 2016. The increase in staff numbers is due to growth in services in acute services, mental health, outpatient, community and primary care services and women and children's health.

a) The increase is due to two days of salary accrued in 2016-17 compared to one day of salary accrued in 2015-16.

Estimate of when Leave is Payable	2017 $'000	2016 $'000
Estimated Amount Payable within 12 months		
Annual Leave	61 005	59 527
Long Service Leave	8 355	8 685
Accrued Salaries	6 335	3 436
Other Benefits	84	38
Total Employee Benefits Payable within 12 months	**75 779**	**71 687**
Estimated Amount Payable after 12 months		
Annual Leave	45 290	44 836
Long Service Leave	119 833	124 516
Total Employee Benefits Payable after 12 months	**165 123**	**169 352**
Total Employee Benefits	**240 902**	**241 039**

Note 34. Other Liabilities

	2017 $'000	2016 $'000
Current Other Liabilities		
Revenue Received in Advance [a]	6 950	252
Lease Incentives[b]	1 114	-
Non-Current Other Liabilities		
Lease Incentives[b]	15 039	-
Total Non-Current Other Liabilities	**15 039**	**-**
Total Other Liabilities	**23 103**	**252**

a) The increase is due to the recognition of deferred income for the portion of the University of Canberra Public Hospital building of which the University of Canberra will have sole use.

b) In 2016-17 the Directorate entered into a building lease whose conditions include a multi-year rent free period.

Note 35. Equity

Asset Revaluation Surplus

The Asset Revaluation Surplus is used to record the increments and decrements in the value of property, plant and equipment.

	2017 $'000	2016 $'000
Balance at the Beginning of the Reporting Period	**131 032**	**129 428**
Increment in Land due to Revaluation	2 355	760
(Decrement)/Increment in Buildings due to Revaluation	(1 966)	844
Increment in Leasehold Improvements due to Revaluation	1 205	-
Total Increase in the Asset Revaluation Surplus	**1 594**	**1 604**
Balance at the End of the Reporting Period	**132 626**	**131 032**

Note 36. Financial Instruments

Details of the significant policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability are disclosed in Note 2: Significant Accounting Policies.

Interest Rate Risk

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

The Directorate does not hold any financial liabilities with floating interest rates, therefore the Directorate is not exposed to movements in interest payable. The Directorate is, however, exposed to movements in interest rates on amounts held in Cash at Bank.

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

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

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the amount of the financial assets it holds net of any allowance for impairment. The Directorate expects to collect all financial assets that are not past due or impaired.

Credit risk is managed by the Directorate for cash at bank by holding bank balances with the ACT Government's banker, Westpac Banking Corporation (Westpac). Westpac holds a AA- issuer credit rating with Standard and Poors. An AA- credit rating is defined as 'very strong capacity to meet financial commitments'.

Credit risk is managed by the Directorate for investments by only investing surplus funds with the Territory Banking Account, which has appropriate investment criteria for the external fund manager engaged to manage the Territory's surplus funds.

The Directorate's receivables are predominantly from ACT Government, Commonwealth Government and insurance companies for compensable patients. As the Commonwealth Government has a AAA credit rating, it is considered that there is a very low risk of default for those receivables.

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

Liquidity Risk

Liquidity risk is the risk that the Directorate will encounter difficulties in meeting obligations associated with financial liabilities that are settled by delivering cash or other financial assets. The Directorate's financial obligations relate to the payment of grants and the purchase of supplies and services. Grants are paid on a quarterly basis and purchases of supplies and services are paid within 30 days of receiving the goods or services.

The main source of cash to pay these obligations is user charges revenue from the ACT Local Health Network Directorate and Controlled Recurrent Payments (CRP) from the ACT Government which are paid on a fortnightly basis during the reporting period. The Directorate manages its liquidity risk through forecasting appropriation drawdown requirements to enable payment of anticipated obligations. See the maturity analysis provided later in this note for further details of when financial assets and liabilities mature.

The Directorate's exposure to liquidity risk is considered insignificant based on experience from prior reporting periods and the current assessment of risk.

Note 36. Financial Instruments (Continued)

Price Risk

Price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether these changes are caused by factors specific to the individual financial instrument or its issuer, or by factors affecting all similar financial instruments traded into the market. The only price risk the Directorate is exposed to results from its investment in the Cash Enhanced Fund. The Directorate has units in the Cash Enhanced Fund that fluctuate in value. The price fluctuation in the units of the portfolio is caused by movements in the underlying investments of the portfolio. The underlying investments are managed by an external fund manager who invests in a variety of different securities, including bonds issued by the Commonwealth Government, the State Government guaranteed treasury corporations and semi-government authorities, as well as investment-grade corporate issues.

The Directorate's exposure to price risk and the management of this risk has not changed since the last reporting period.

A sensitivity analysis has not been undertaken for the price risk of the Directorate as it has been determined that the possible impact on profit and loss or total equity from fluctuations in price is immaterial.

Fair Value of Financial Assets and Liabilities

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

	Note No.	Carrying Amount 2017 $'000	Fair Value Amount 2017 $'000	Carrying Amount 2016 $'000	Fair Value Amount 2016 $'000
Financial Assets					
Cash and Cash Equivalents	22	109 219	109 219	106 575	106 575
Receivables	23	29 815	29 815	35 358	35 358
Investment with the Territory Banking Account	25	3 029	3 029	3 019	3 019
Total Financial Assets		**142 063**	**142 063**	**144 951**	**144 951**
Financial Liabilities					
Payables	30	89 377	89 377	91 654	91 654
ACT Government Borrowings	31	2 919	2 919	3 271	3 271
Total Financial Liabilities		**92 296**	**92 296**	**94 925**	**94 925**

Note 36. Financial Instruments (Continued)

Fair Value Hierarchy

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

2017	Classification According to the Fair Value Hierarchy			
	Level 1 $'000	Level 2 $'000	Level 3 $'000	Total $'000
Financial Assets				
Investment with the Territory Banking Account - Cash Enhanced Fund	-	3 029	-	3 029
Total Financial Assets	**-**	**3 029**	**-**	**3 029**

2016	Classification According to the Fair Value Hierarchy			
	Level 1 $'000	Level 2 $'000	Level 3 $'000	Total $'000
Financial Assets				
Investment with the Territory Banking Account - Cash Enhanced Fund	-	3 019	-	3 019
Total Financial Assets	**-**	**3 019**	**-**	**3 019**

Transfer Between Categories

There have been no transfers of financial assets or liabilities between Level 1, Level 2 and Level 3 during the current and previous reporting periods.

Note 36. Financial Instruments (Continued)

The following table sets out the Directorate's maturity analysis for financial assets and liabilities as well as the exposure to interest rates, including the weighted average interest rates by maturity period at 30 June 2017. Except for non-current payables, financial assets and liabilities which have a floating interest rate or are non-interest bearing will mature in 1 year or less. All amounts appearing in the following maturity analysis are shown on an undiscounted cash flow basis.

2017	Note No.	Weighted Average Interest Rate	Floating Interest $'000	Fixed Interest Maturing In: 1 Year or Less $'000	Over 1 Year to 5 Years $'000	Over 5 Years $'000	Non-Interest Bearing $'000	Total $'000
Financial Instruments								
Financial Assets								
Cash and Cash Equivalents	22		-	-	-	-	109 219	109 219
Receivables	23		-	-	-	-	29 815	29 815
Investments with the Territory Banking Account	25	2.35%	3 029	-	-	-	-	3 029
Total Financial Assets			**3 029**	**-**	**-**	**-**	**139 034**	**142 063**
Financial Liabilities								
Payables	30		-	-	-	-	89 377	89 377
Borrowings	31		-	-	-	-	2 919	2 919
Total Financial Liabilities			**-**	**-**	**-**	**-**	**92 296**	**92 296**
Net Financial Assets			**3 029**	**-**	**-**	**-**	**46 738**	**49 767**

Note 36. Financial Instruments (Continued)

The following table sets out the Directorate’s maturity analysis for financial assets and liabilities as well as the exposure to interest rates, including the weighted average interest rates by maturity period at 30 June 2016. Financial assets and liabilities which have a floating interest rate or are non-interest bearing will mature in 1 year or less. All amounts appearing in the following maturity analysis are shown on an undiscounted cash flow basis.

2016	**Note No.**	**Weighted Average Interest Rate**	**Floating Interest $’000**	**Fixed Interest Maturing In: 1 Year or Less $’000**	**Over 1 Year to 5 Years $’000**	**Over 5 Years $’000**	**Non-Interest Bearing $’000**	**Total $’000**
Financial Instruments								
Financial Assets								
Cash and Cash Equivalents	22		-	-	-	-	106 575	106 575
Receivables	23		-	-	-	-	35 358	35 358
Investments with the Territory Banking Account	25	2.51%	3 019	-	-	-	-	3 019
Total Financial Assets			**3 019**	**-**	**-**	**-**	**141 933**	**144 952**
Financial Liabilities								
Payables	30		-	-	-	-	91 654	91 654
Borrowings	31		-	-	-	-	3 271	3 271
Total Financial Liabilities			**-**	**-**	**-**	**-**	**94 925**	**94 925**
Net Financial Assets			**3 019**	**-**	**-**	**-**	**47 008**	**50 027**

Note 36. Financial Instruments (Continued)

Carrying Amount of Each Category of Financial Asset and Financial Liability

	2017 $'000	2016 $'000
Financial Assets		
Loans and Receivables Measured at Amortised Cost	29 815	35 358
Financial Assets at Fair Value through the Profit and Loss Designated upon Initial Recognition	3 029	3 019
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	92 296	94 925

Gains/(Losses) on Each Category of Financial Asset and Financial Liability

	2017	2016
Gains/(Losses) on Financial Assets		
Financial Assets at Fair Value through the Profit and Loss Designated upon Initial Recognition	-	(8)

Note 37. Commitments

Capital Commitments

Capital commitments, contracted at reporting date, include the construction of new buildings such as:

	2017 $'000	2016 $'000
Capital Commitments - Property, Plant and Equipment		
Payable:		
Within one year[a]	161 109	200 091
Later than one year but not later than five years[b]	44 941	110 815
Total Capital Commitments - Property, Plant and Equipment	**206 050**	**310 906**
Total Capital Commitments	**206 050**	**310 906**

a) The decrease is due to construction of the University of Canberra Public Hospital progressing in 2016-17 leaving a lower commitment in 2017-18, partially offset by the transfer from the Territorial Commitments of the commitment for the University of Canberra Public Hospital Car Park (See Note 54 *Commitments – Territorial*).

b) The decrease is due to construction of the University of Canberra Public Hospital progressing in 2016-17 leaving a lower commitment in future years.

Note 37. Commitments (Continued)

Operating Lease Commitments

The Directorate has several non-cancellable operating leases for buildings and computer assets.

	2017 $'000	2016 $'000
Non-cancellable operating commitments are as follows:		
Within one year[a]	6 386	8 147
Later than one year but not later than five years [a]	23 323	26 459
Later than five years[b]	62 165	512
Total Operating Lease Commitments	**91 874**	**35 118**

a) The reduction is due to lower computer lease charges by Shared Services compared to previous year.
b) The increase is due to a new 15 year lease for office accommodation at Bowes Place in Phillip.

Other Commitments

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

	2017 $'000	2016 $'000
Non-cancellable other commitments are as follows:		
Within one year[a]	46 797	43 762
Later than one year but not later than five years[b]	39 636	83 591
Total Other Commitments	**86 433**	**127 353**

a) The increase is due to indexation and new services provided for after hours locum medical service and other community services.
b) The decrease is due to organisations generally being in contract for three years and their contracts commencing in 2016-17, leaving two years of commitment instead of three.

Operating Lease Commitments - Motor Vehicles

All motor vehicles are now on a operating lease arrangement with SG Fleet.

	2017 $'000	2016 $'000
Non-cancellable other commitments are payable as follows:		
Within one year	1 843	1 842
Later than one year but not later than five years	1 250	1 115
Total Operating Lease Commitments - Motor Vehicle	**3 093**	**2 957**

Note 38. Contingent Liabilities and Contingent Assets

Contingent Liabilities

The Directorate is subject to 131 legal actions (2016 - 143 actions). The Directorate's maximum exposure under the ACT Insurance Authority insurance policy is estimated at $5,390,000 at 30 June 2017 (30 June 2016 - $5,840,705), which has not been provided for in the accounts.

Note 39. Cash Flow Reconciliation

(a) Reconciliation of Cash and Cash Equivalents at the End of the Reporting Period in the Cash Flow Statement to the Equivalent Items in the Balance Sheet

	2017 $'000	2016 $'000
Cash and Cash Equivalents Disclosed in the Balance Sheet	109 219	106 575
Cash and Cash Equivalents at the End of the Reporting Period as Recorded in the Cash Flow Statement	**109 219**	**106 575**

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

	2017 $'000	2016 $'000
Operating (Deficit)	(39 502)	(62 336)
Add/(Less) Non-Cash Items		
Depreciation of Property, Plant and Equipment	31 525	30 012
Amortisation of Intangibles	13 697	12 956
Bad and Doubtful Debts	3 121	2 315
Asset Book Value Written Down	4 164	6 762
Impairment Loss of Non-Current Assets	3 836	247
Obsolete Stock	254	-
Lease Payment	1 377	-
Rent Incentive	(557)	-
Assets transferred from Other ACT Government Entities	(940)	(200)
Add/(Less) Items Classified as Investing or Financing		
Net Gain on Disposal of Non-Current Assets	(65)	(64)
Unrealised Gain on Investments	(10)	-
Cash Before Changes in Operating Assets and Liabilities	**16 900**	**(10 308)**
Changes in Operating Assets and Liabilities		
Decrease/(Increase) in Receivables	5 786	(11 529)
Decrease/(Increase) in Inventories	1 088	(1 451)
(Increase) in Other Assets	(14 974)	(65)
(Decrease)/Increase in Payables	4 265	11 728
(Decrease) in Employee Benefits	(137)	(2 996)
Increase/(Decrease) in Other Liabilities	16 036	(118)
Net Changes in Operating Assets and Liabilities	**12 064**	**(4 431)**
Net Cash Inflows/(Outflows) from Operating Activities	**28 964**	**(14 739)**

Note 40. Events Occurring After Balance Date

There were no events occurring after the balance date, which would affect the financial statements as at 30 June 2017, or in future reporting periods.

Note 41. Third Party Monies

The Directorate held funds in trust relating to the activities of the Health Directorate Human Research Ethics Committee.

	2017 $'000	2016 $'000
Human Research Ethics Committee Account		
Balance at the Beginning of the Reporting Period	**342**	**492**
Cash Receipts	312	549
Cash Payments	(327)	(699)
Balance at the End of the Reporting Period	**327**	**342**

The Directorate held funds in trust relating to residents of its Mental Health Facilities.

	2017 $'000	2016 $'000
Mental Health Account		
Balance at the Beginning of the Reporting Period	**35**	**43**
Cash Receipts	84	91
Cash Payments	(105)	(99)
Balance at the End of the Reporting Period	**14**	**35**

The Directorate held funds relating to the activities of Salaried Specialists.

	2017 $'000	2016 $'000
Private Practice Fund		
Balance at the Beginning of the Reporting Period	**26 419**	**28 510**
Cash Receipts	33 731	22 304
Cash Payments	(23 219)	(24 395)
Balance at the End of the Reporting Period	**36 931**	**26 419**

Note 42. Related Party Disclosures

A related party is a person that controls or has significant influence over the reporting entity, or is a member of the Key Management Personnel (KMP) of the reporting entity or its parent entity, and includes their close family members and entities in which the KMP and/or their close family members individually or jointly have controlling interests.

KMP are those persons having authority and responsibility for planning, directing and controlling the activities of the Directorate, directly or indirectly.

KMP of the Directorate are the Portfolio Minister, Director-General and certain members of the Senior Management Team.

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 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 2017.

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 2017.

Compensation by Health Directorate to KMP is set out below.

	2017 $'000
Short-term employee benefits	7 714
Post employment benefit	181
Other long-term benefit	1 016
Total Compensation by the Health Directorate to KMP	**8 911**

The total average Full Time Equivalent of Key Management Personnel that are included in the above table is 27.

Note 42. Related Party Disclosures – Continued

B.2 Transactions with Key Management Personnel

There were no transactions with KMP that were material to the financial statements of the Directorate.

B.3 Transactions with parties related to Key Management Personnel

There were no transactions with parties related to KMP, including transactions with KMP's close family members or other related entities that were material to the financial statements of the Directorate.

(C) Transactions with other ACT Government Controlled Entities

There were no transactions with other ACT Government controlled entities that were material to the financial statements of the Directorate.

Note 43. Budgetary Reporting

The following are brief explanations of major line item variances between budget estimates and actual outcomes. Variances are considered to be major variances if **both** of the following criteria are met:

(a) The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated category (Income, Expenses and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and

(b) The variances (original budget to actual) are greater than plus (+) or minus (-) 10% of the budget for the financial statement line item.

Operating Statement Line Items	Actual 2016-17 $'000	Original Budget[1] 2016-17 $'000	Variance $'000	Variance %	Variance Explanations
Other Gains	2 266	887	1 379	155	Higher than budgeted 'Other Gains' is mainly due to $0.940m revenue recognised in relation the transfer of the Calvary Carpark land that wasn't anticipated in the budget.
Increase in the Asset Revaluation Surplus	1 594	-	1 594	N/A	Valuation increments are not included in the budget due to the difficulty in estimating the balance.

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2016-17 Budget Statements). These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

Note 43. Budgetary Reporting

Balance Sheet Line Items	Actual 2016-17 $'000	Original Budget[1] 2016-17 $'000	Variance $'000	Variance %	Variance Explanation
Cash and Cash Equivalents	109 219	56 493	52 726	93	Higher than budgeted cash and cash equivalents is largely due to higher than budgeted opening cash balance of $43m.
Capital Works in Progress	184 735	234 241	(49 506)	(21)	Lower than budgeted Capital Works in Progress is largely due to project delays for upgrades of current buildings, computer software development and the construction of new buildings, in particular the University of Canberra Public Hospital.
Payables	89 377	55 067	34 310	62	Higher than budgeted Payables is largely due to unexpected accrued expenses in June 2017 for Medical Education Expenses relating to the prior years of $9.3m, Calvary Liabilities $6.2m and due to significant invoices received at the end of the year relating to capital works for the University of Canberra Public Hospital $21m which were not anticipated in the budget.
Other Liabilities	23 103	765	22 338	N/A	This consists of liability component of a building lease whose condition include a multi-year rent free period $16.1m and Employee Entitlements payable to Calvary Hospital $6.1m which were not included in the budget.
Employee Benefits - Non-Current	16 016	18 181	(2 165)	(12)	Lower than budgeted Employee Benefits is mainly due to reduction in non-current long service leave liability as a result of reduction in the rate used to estimate the present value of long service leave liability.

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2016-17 Budget Statements). These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

Statement of Changes in Equity
These line items are covered in other financial statements

Health Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2017

Note 43. Budgetary Reporting

Cash Flow Statement Line Items	Actual 2016-17 $'000	Original Budget 2016-17 $'000	Variance $'000	Variance %	Variance Explanation
Proceeds from the Sale of Property, Plant and Equipment	65	-	65	N/A	This relates to the profit on sale of motor vehicles at the end of their leases which was not included in the budget.
Purchase of Property, Plant and Equipment	17 899	13 791	4 108	30	Higher than budgeted Purchase of Property, Plant and Equipment is largely due to some purchases were against 'Capital Works' budget as part of a construction project.
Payment for Capital Works	154 346	203 350	(49 004)	(24)	The lower than budgeted Payment for Capital Works is largely due to project delays for the construction of new buildings, upgrades of current buildings and computer software development. Some plant and equipment purchases made as part of a construction project is accounted for against 'Purchase of Property, Plant and Equipment ' which also have contributed this variance.
Capital Injections	146 213	203 350	(57 137)	(28)	The lower than budgeted Capital injection is largely due to delays in University of Canberra Public Hospital $7m, Upgrading and Maintaining ACT Health Assets $11.8m, 'An E-Healthy Future' projects $8.4m, transfer of Capital budget to Controlled Recurrent payments for election commitments $9.6m and other plant and equipment purchases.
Repayment of Borrowings	352	-	352	N/A	This is the current portion of the interest free loan from Environment and Planning Directorate for funding energy efficiency projects that was not included in the budget.
Cash and Cash Equivalents at the end of the Reporting Period	109 219	56 493	52 726	93	Higher than budgeted cash and cash equivalents is largely due to higher than budgeted opening cash balance of $43m.

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2016-17 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.

TERRITORIAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017 HEALTH DIRECTORATE

HEALTH DIRECTORATE
STATEMENT OF INCOME AND EXPENSES ON BEHALF OF THE TERRITORY
FOR THE YEAR ENDED 30 JUNE 2017

	Note No.	Actual 2017 $'000	Original Budget 2017 $'000	Actual 2016 $'000
Income				
Revenue				
Payments for Expenses on Behalf of the Territory	45	6 290	21 403	1 213
Fees	46	1 264	1 342	1 595
Total Revenue		**7 554**	**22 745**	**2 808**
Total Income		**7 554**	**22 745**	**2 808**
Expenses				
Grants and Purchased Services	47	5 909	21 403	1 176
Transfer to Government	48	1 269	1 342	1 587
Total Expenses		**7 178**	**22 745**	**2 763**
Total Comprehensive Surplus		**376**	**-**	**45**

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

The funds which flow through the Directorate's Territorial accounts are the receipt of regulatory licence fees and the receipt and on-passing of monies for capital works at the Calvary Public Hospital.

HEALTH DIRECTORATE
STATEMENT OF ASSETS AND LIABILITIES ON BEHALF OF THE TERRITORY
AT 30 JUNE 2017

	Note No.	Actual 2017 $'000	Original Budget 2017 $'000	Actual 2016 $'000
Current Assets				
Cash and Cash Equivalents	49	674	192	349
Receivables	50	51	112	-
Total Current Assets		**725**	**304**	**349**
Total Assets		**725**	**304**	**349**
Current Liabilities				
Advance from the Territory Banking Account	51	300	300	300
Total Liabilities		**300**	**300**	**300**
Net Assets		**425**	**4**	**49**
Equity				
Accumulated Funds		425	4	49
Total Equity		**425**	**4**	**49**

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

Health Directorate
Statement of Changes in Equity on Behalf of the Territory
For the Year Ended 30 June 2017

	Accumulated Funds Actual 2017 $'000	Total Equity Actual 2017 $'000	Original Budget 2017 $'000
Balance at 1 July 2016	**49**	**49**	**4**
Comprehensive Income			
Operating Surplus	376	376	-
Total Comprehensive Income	**376**	**376**	**-**
Balance at 30 June 2017	**425**	**425**	**4**

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

	Accumulated Funds Actual 2016 $'000	Total Equity Actual 2016 $'000
Balance at 1 July 2015	**4**	**4**
Comprehensive Income		
Operating Surplus	**45**	**45**
Total Comprehensive Income	**45**	**45**
Balance at 30 June 2016	**49**	**49**

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

Health Directorate

Cash Flow Statement on Behalf of the Territory

For the Year Ended 30 June 2017

	Note No.	Actual 2017 $'000	Original Budget 2017 $'000	Actual 2016 $'000
Cash Flows from Operating Activities				
Receipts				
Cash from Government for Expenses on Behalf of the Territory		6 290	21 403	1 213
Fees		1 265	1 342	1 595
Other Receipts		539	2 140	112
Total Receipts from Operating Activities		**8 094**	**24 885**	**2 920**
Payments				
Grants and Purchased Services		5 909	21 403	1 226
Transfer of Territory Receipts to the ACT Government		1 269	2 140	1 587
Other		591	1 342	-
Total Payments from Operating Activities		**7 769**	**24 885**	**2 813**
Net Cash Inflows from Operating Activities	52	**325**	**-**	**107**
Net Increase in Cash and Cash Equivalents		**325**	**-**	**107**
Cash and Cash Equivalents at the Beginning of the Reporting Period		349	192	242
Cash and Cash Equivalents at the End of the Reporting Period	52	**674**	**192**	**349**

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

Health Directorate
Territorial Statement of Appropriation
For the Year Ended 30 June 2017

	Original Budget 2017 $'000	Total Appropriated 2017 $'000	Appropriation Drawn 2017 $'000	Appropriation Drawn 2016 $'000
Territorial				
Expenses on Behalf of the Territory	21 403	24 851	6 290	1 213
Total Territorial Appropriation	**21 403**	**24 851**	**6 290**	**1 213**

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

Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Cash Flow Statement in the Budget Papers.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* is the total amount of appropriation received by the Directorate during the reporting period. These amounts appear in the Cash Flow Statement on Behalf of the Territory.

Reconciliation of Territorial Appropriation for 2016-17	**Payment for Expenses on Behalf of the Territory $'000**
Original Appropriation for 2016-17	21 403
Additional Approved Appropriations	3 448
Total Appropriated	24 851
Controlled Appropriation Drawn	**6 290**

Variances between 'Original Budget' and 'Total Appropriated'

The difference between Original Budget and Total Appropriated is the transfer of unspent 2015-16 Calvary Public Hospital Bruce (CPHB) construction funds into 2016-17 mainly relating to operating theatre upgrades, expansion of services to enable 8 additional beds and upgrade of medical imaging equipment.

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between Total Appropriated and Appropriation Drawn mainly relates to delays from lengthy contract negotiations for the construction of the car park at the University of Canberra Public Hospital, delays to the upgrade of operating theatres at CPHB due to increased surgical activity resulting in the theatres not being able to be accessed and a prolonged tender process delaying the upgrade of medical imaging equipment at CPHB.

Health Directorate
Territorial Note Index
For the Year Ended 30 June 2017

Note 44 Significant Accounting Policies - Territorial

Appendix A – Basis of Preparation of the Financial Statements

Appendix B – Significant Accounting Polices

Income Notes

Note 45 Payment for Expenses on behalf of the Territory - Territorial

Note 46 Fees - Territorial

Expenses Notes

Note 47 Grants and Purchased Services - Territorial

Note 48 Transfer to Government - Territorial

Assets Notes

Note 49 Cash and Cash Equivalents - Territorial

Note 50 Receivables - Territorial

Liabilities Note

Note 51 Advance from the Territory Banking Account - Territorial

Other Notes

Note 52 Cash Flow Reconciliation - Territorial

Note 53 Financial Instruments - Territorial

Note 54 Commitments - Territorial

Note 55 Contingent Liabilities and Contingent Assets - Territorial

Note 56 Events Occurring after Balance Date - Territorial

Note 57 Budgetary Reporting

Note 44. Significant Accounting Policies - Territorial

The Directorate's accounting policies are contained in the Appendices A and B referred to in Note 2: Summary of Significant Accounting Policies. The policies outlined in Note 2, Appendices A and B apply to both the Controlled and Territorial financial statements.

Note 45. Payment for Expenses on Behalf of the Territory - Territorial

Under the *Financial Management Act 1996,* funds can be appropriated for expenses incurred on behalf of the Territory. The Directorate receives this appropriation to fund capital grants to Calvary Public Hospital.

(See Note 47: Grants and Purchased Services – Territorial)

	2017 $'000	2016 $'000
Payment for Expenses on Behalf of the Territory[a]	6 290	1 213
Total Payment for Expenses on Behalf of the Territory	**6 290**	**1 213**

a) The increase largely due to the provision of funding to pay to Calvary Public Hospital in 2017 of $4.2m for upgrading and maintaining assets.

Note 46. Fees – Territorial

Fee refers to the collection of licence fees, including from food businesses, smoke free places, boarding houses and for radiation equipment.

	2017 $'000	2016 $'000
Fees		
Fees for Regulatory Services[a]	1 264	1 595
Total Fees	**1 264**	**1 595**

a) The decrease is largely due to higher fees revenue received in 2016 from the option to purchase multiyear licences.

Note 47. Grants and Purchased Services – Territorial

Grants are amounts provided by the Directorate, to ACT Government entities and non-ACT Government entities for general assistance or for a particular purpose. Grants may be for capital, current or recurrent purposes and the name or category reflects the use of the grant. The grants given are usually subject to terms and conditions set out in a contract, correspondence, or by legislation.

	2017 $'000	2016 $'000
Capital Grants to External Parties - Calvary Public Hospital[a]	5 909	1 176
Total Grants and Purchased Services	**5 909**	**1 176**

a) The increase is largely due to the payment of funding to Calvary Public Hospital in 2017 of $4.2m for upgrading and maintaining assets.

Note 48. Transfer to Government – Territorial

Transfer to Government represents the transfer of money, which the Directorate has collected on behalf of the Territory, to Government. The money collected by the Directorate on behalf of the Territory includes licence fees collected.

	2017 $'000	2016 $'000
Transfers to the Territory Banking Account	1 269	1 587
Total Transfer to Government	**1 269**	**1 587**

Note 49. Cash and Cash Equivalents – Territorial

The Directorate holds one Territorial bank account. Interest is not earned on cash at bank held in the Territorial Bank Account.

	2017 $'000	2016 $'000
Cash at Bank	674	349
Total Cash and Cash Equivalents	**674**	**349**

Note 50. Receivables – Territorial

	2017 $'000	2016 $'000
Current Receivables		
Net Goods and Services Tax Receivable	51	-
Less: Allowance for Impairment Losses	-	-
Total Current Receivables	**51**	**-**
Total Receivables	**51**	**-**

There were no receivables that were overdue or impaired (nil in 2016).

Classification of Non-ACT Government Receivables	2017 $'000	2016 $'000
Receivables with Non-ACT Government Entities		
Net Goods and Services Tax Receivable	51	-
Total Receivables with Non-ACT Government Entities	**51**	**-**
Total Receivables	**51**	**-**

Note 51. Advance from the Territory Banking Account - Territorial

	2017 $'000	2016 $'000
Advance from the Territory Banking Account	300	300
Total Advance from the Territory Banking Account	**300**	**300**

This cash advance is for the purpose of funding the Goods and Services Tax (GST) cash outlay due to the timing difference between the GST payment and receiving of refunds from the Australian Taxation Office. Capital upgrade funds transferred to Calvary Public Hospital attracts GST, which is not appropriated.

Note 52. Cash Flow Reconciliation - Territorial

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

	2017 $'000	2016 $'000
Total Cash Disclosed on the Statement of Assets and Liabilities on Behalf of the Territory	674	349
Cash at the End of the Reporting Period as Recorded in the Cash Flow Statement on Behalf of the Territory	**674**	**349**

Note 52. Cash Flow Reconciliation – Territorial (Continued)

(b) Reconciliation of the Operating Surplus to Net Cash Inflows/(Outflows) from Operating Activities

	2017 $'000	2016 $'000
Operating Surplus	376	45
Cash Before Changes in Operating Assets and Liabilities	**376**	**45**
Changes in Operating Assets and Liabilities		
(Increase)/Decrease in Receivables	(51)	112
(Decrease) in Advance from the Territory Banking Account	-	(50)
Net Changes in Operating Assets and Liabilities	**(51)**	**62**
Net Cash Inflows from Operating Activities	**325**	**107**

Note 53. Financial Instruments - Territorial

Details of the significant policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability are disclosed in Note 44: Significant Accounting Policies - Territorial.

Interest Rate Risk

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

The Directorate has all Territorial financial assets and financial liabilities held in non-interest bearing arrangements. This means that the Directorate is not exposed to movements in interest rates, and, as such does not have interest rate risk. Therefore a sensitivity analysis has not been undertaken.

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 allowance for impairment losses.

The Directorate's Territorial financial assets only consist of Cash and Cash Equivalents.

Credit risk to Cash and Cash Equivalents is managed by the Directorate by holding bank balances with the ACT Government's banker, Westpac Banking Corporation (Westpac). Westpac holds a AA- issuer credit rating with Standard and Poors.

Liquidity Risk

Liquidity risk is the risk that the Directorate will be unable to meet its financial obligations as they fall due. The Directorate's only Territorial financial obligation relates to an advance received from the Territory Banking Account where there is no requirement to repay the advance within the next twelve months. The Directorate's exposure to liquidity risk is therefore insignificant.

Price Risk

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

The Directorate holds no investments on behalf of the Territory that are subject to price risk and as a result, is not considered to have any price risk. Accordingly, a sensitivity analysis has not been undertaken.

Note 53. Financial Instruments – Territorial (Continued)

Fair Value of Financial Assets and Liabilities

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

	Note No.	Carrying Amount 2017 $'000	Fair Value 2017 $'000	Carrying Amount 2016 $'000	Fair Value 2016 $'000
Financial Assets					
Cash and Cash Equivalents	49	674	674	349	349
Total Financial Assets		**674**	**674**	**349**	**349**
Financial Liabilities					
Advance from the Territory Banking Account	51	300	300	300	300
Total Financial Liabilities		**300**	**300**	**300**	**300**
Net Financial Assets		**374**	**374**	**49**	**49**

Note 53. Financial Instruments – Territorial (Continued)

The following table sets out the Directorate's maturity analysis for financial assets and liabilities as well as the exposure to interest rates, including the weighted average interest rates by maturity period at 30 June 2017. All financial assets and liabilities, excluding Advance from the Territory Banking Account, which are non-interest bearing will mature in 1 year or less. All amounts appearing in the following maturity analysis are shown on an undiscounted cash flow basis.

	Note No.	Weighted Average Interest Rate	Floating Interest Rate $'000	Fixed Interest Maturing In: 1 Year or Less $'000	Over 1 Year to 5 Years $'000	Over 5 Years $'000	Non-Interest Bearing $'000	Total $'000
Financial Instruments								
Financial Assets								
Cash and Cash Equivalents	49		-	-	-	-	674	674
Total Financial Assets			**-**	**-**	**-**	**-**	**674**	**674**
Financial Liabilities								
Advance from the Territory Banking Account	51		-	-	-	-	300	300
Total Financial Liabilities			**-**	**-**	**-**	**-**	**300**	**300**
Net Financial Assets			**-**	**-**	**-**	**-**	**374**	**374**

Note 53. Financial Instruments – Territorial (Continued)

The following table sets out the Directorate's maturity analysis for financial assets and liabilities as well as the exposure to interest rates, including the weighted average interest rates by maturity period at 30 June 2016. All financial assets and liabilities, excluding Advance from Territory Banking Account, which are non-interest bearing will mature in 1 year or less. All amounts appearing in the following maturity analysis are shown on an undiscounted cash flow basis.

	Note No.	Weighted Average Interest Rate	Floating Interest Rate $'000	Fixed Interest Maturing In: 1 Year or Less $'000	Over 1 Year to 5 Years $'000	Over 5 Years $'000	Non-Interest Bearing $'000	Total $'000
Financial Instruments								
Financial Assets								
Cash and Cash Equivalents	49		-	-	-	-	349	349
Total Financial Assets			**-**	**-**	**-**	**-**	**349**	**349**
Financial Liabilities								
Advance from the Territory Banking Account	51		-	-	-	-	300	300
Total Financial Liabilities			**-**	**-**	**-**	**-**	**300**	**300**
Net Financial Assets			**-**	**-**	**-**	**-**	**49**	**49**

Note 53. Financial Instruments – Territorial (Continued)

Carrying Amount of Each Class of Financial Asset and Financial Liability

	2017 $'000	2016 $'000
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	300	300

Fair Value Hierarchy

The Directorate does not have any financial assets or financial liabilities on behalf of the Territory at fair value. As such no Fair Value Hierarchy disclosures have been made.

Note 54. Commitments – Territorial

Capital Commitments
Capital commitments at reporting date that have not been recognised as liabilities are as follows:

	2017 $'000	2016 $'000
Capital Grant Commitments		
Within one year[a]	8 304	21 403
Total Capital Commitments	**8 304**	**21 403**

All amounts shown in the commitment note are exclusive of Goods and Services Tax (GST).

a) The decrease in capital commitments is due to:
- the anticipated conversion of grant/territorial funding for the University of Canberra Public Hospital Car Park to ACT Health Controlled capital injection of $10.2 million, therefore in 2017 this is shown in ACT Health Controlled commitments (See Note 37 *Commitments*); and
- reduced future funding for Calvary Public Hospital from work that has already been completed on operating theatre upgrade and expanded hospital services.

Note 55. Contingent Liabilities and Contingent Assets – Territorial

There were no contingent liabilities or contingent assets at 30 June 2017 (Nil at 30 June 2016).

There were no indemnities at 30 June 2017 (Nil at 30 June 2016).

Note 56. Events Occurring After Balance Date – Territorial

There were no events occurring after the balance date, which would affect the financial statements at 30 June 2017, or in future reporting periods.

Note 57. Budgetary Reporting

The following are brief explanations of major line item variances between budget estimates and actual outcomes. Variances are considered to be major variances if **both** of the following criteria are met:

(a) The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated category (Income, Expenses and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and

(b) The variances (original budget to actual) are greater than plus (+) or minus (-) 10% of the budget for the financial statement line item.

Statement of Income and Expenses on Behalf of the Territory Line Items	Actual 2016-17 $'000	Original Budget[1] 2016-17 $'000	Variance $'000	Variance %	Variance Explanations
Payments for Expenses on Behalf of the Territory	6 290	21 403	(15 113)	(71)	Lower than budgeted revenue relates to delays in the University of Canberra carpark capital works project and capital works projects at Calvary Public Hospital relating to operating theatre upgrade, and upgrade of medical imaging equipment.
Grants and Purchased Services	5 909	21 403	(15 494)	(72)	Lower than budgeted capital grants paid relates to delays in the University of Canberra carpark capital works project and capital works projects at Calvary Public Hospital relating to operating theatre upgrade, and upgrade of medical imaging equipment.

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2016-17 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.

Note 57. Budgetary Reporting (Continued)

Statement of Assets and Liabilities on Behalf of the Territory Line Items	Actual 2016-17 $'000	Original Budget[1] 2016-17 $'000	Variance $'000	Variance %	Variance Explanations
Cash and Cash Equivalents	674	192	482	251	Higher than budgeted cash and cash equivalents is mainly due to net cash inflow from timing of payables and receivables.
Accumulated Funds	425	4	421	#	Higher than budgeted Accumulated Funds is mainly due to timing associated with transfer to Government payments.

Statement of Changes in Equity on Behalf of the Territory

These line items are covered in other financial statements

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2016-17 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.

Note 57. Budgetary Reporting (Continued)

Cash Flow Statement on Behalf of the Territory Line Items	Actual 2016-17 $'000	Original Budget[1] 2016-17 $'000	Variance $'000	Variance %	Variance Explanations
Cash from the ACT Government for Expenses on Behalf of the Territory	6 290	21 403	(15 113)	(71)	Lower than budgeted cash from ACT Government mainly relates to delays in the University of Canberra carpark capital works project and capital works projects at Calvary Public Hospital relating to operating theatre upgrade and upgrade of medical imaging equipment.
Grants and Purchased Services	5 909	21 403	(15 494)	(72)	Lower than budgeted grants and purchased services mainly relates to delays in the University of Canberra carpark capital works project and capital works projects at Calvary Public Hospital relating to operating theatre upgrade and upgrade of medical imaging equipment.
Transfer of Territory Receipts to the ACT Government	1 269	2 140	(871)	(41)	Lower than budgeted transfer to Territory receipts is associated with lower Fees revenue.

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2016-17 Budget Statements). These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

APPENDIX A - BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS

LEGISLATIVE REQUIREMENT

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

The FMA and the *Financial Management Guidelines* issued under the Act, requires the 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 Cash Flow Statement for the year;

v. a Statement of Appropriation for the year;

vi. the significant accounting policies adopted for the year; and

vii. such other statements as are necessary to fairly reflect the financial operations of the Directorate during the year and its financial position at the end of the year.

These general-purpose financial statements have been prepared to comply with Australian Accounting Standards as required by the FMA. Accordingly, these financial statements have been prepared in accordance with:

i. Australian Accounting Standards; and

ii. ACT Accounting and Disclosure Policies.

ACCRUAL ACCOUNTING

The financial statements have been prepared using the accrual basis of accounting, which recognises the effects of transactions and events when they occur. The financial statements have also been prepared according to the historical cost convention, property, plant and equipment, which were valued at fair value in accordance with the re/valuation policies applicable to the Directorate during the reporting period, where applicable.

CURRENCY

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

INDIVIDUAL REPORTING ENTITY

The Directorate is an individual 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.

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.

APPENDIX A - BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS (Continued)

CONTROLLED AND TERRITORIAL ITEMS

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 2017 together with the financial position of the Directorate as at 30 June 2017.

COMPARATIVE FIGURES

Budget Figures

To facilitate a comparison with the Budget Papers, as required by the FMA, budget information for 2016-17 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the Budget Papers.

Prior Year Comparatives

Comparative information has been disclosed in respect of the previous period for amounts reported in the financial statements, except where an Australian Accounting Standard does not require comparative information to be disclosed.

Where the presentation or classification of items in the financial statements is amended, the comparative amounts have been reclassified where practical. Where a reclassification has occurred, the nature, amount and reason for the reclassification is provided.

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

As at 30 June 2017, the Directorate’s controlled current assets are insufficient to meet its current liabilities. The controlled Balance Sheet shows that the Directorate’s current liabilities of ($322.7 million) exceed its current assets of ($159.3 million) by $163.4 million. However, this is not considered a liquidity risk as its cash needs are funded through appropriation from the ACT Government on a cash-needs basis. This is consistent with the whole of government cash management regime, which requires excess cash balances to be held centrally rather than within individual agency bank accounts.

The 2016-17 financial statements have been prepared on a going concern basis as the Directorate has been funded in the 2016-17 Budget and Budget Papers include forward estimates for the Directorate.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES

SIGNIFICANT ACCOUNTING POLICIES – INCOME

REVENUE RECOGNITION

Revenue is recognised at the fair value of the consideration received or receivable in the Operating Statement.

NOTE 3 – CONTROLLED RECURRENT PAYMENTS

Controlled Recurrent Payments are recognised as revenue when the Directorate gains control over the funding. Control over appropriated funds is obtained upon the receipt of cash.

Effective from 1 July 2016 the term appropriation for the provision of outputs (or Government Payment for Outputs) was replaced with the term Controlled Recurrent Payments to better reflect the nature of this type of appropriation.

NOTE 4 – USER CHARGES

ACT Government User Charges
The Directorate receives funding from the Local Hospital Network Directorate (LHN). The funding received from the LHN is based on the historical costs of the Directorate adjusted for growth in services provided and inflation. Funding from the LHN is recognised as revenue when the Directorate gains control over the funding. Control over LHN funding is obtained on the receipt of cash.

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

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

Amounts Received for Highly Specialised Drugs
Revenue from the supply of highly specialised drugs is recognised as revenue when the drugs have been supplied to the patients.

Inpatient Fees
For the hospital treatment of chargeable patients, inpatient fees are recognised as revenue when the services have been provided.

Revenue related to hospital services provided to the Department of Veterans Affairs patients is recognised when the number of patients and complexities of the treatments provided can be measured reliably and the contract price for such services is agreed with the Department of Veterans Affairs. Actual patient numbers and services are settled following an acquittal process undertaken in subsequent years and variations to the revenue recognised are accounted for in the year of settlement with the Department of Veterans Affairs.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – INCOME (CONTINUED)

NOTE 4 – USER CHARGES (CONTINUED)

Facilities Fees
Facilities fees are generated from the provision of facilities to enable specialists and senior specialists to exercise rights of private practice in the treatment of chargeable patients at a Health Directorate facility. They are recognised as revenue when the amount of revenue can be measured reliably.

NOTE 6 – INTEREST

Interest revenue is recognised using the effective interest method.

NOTE 5 - DISTRIBUTION FROM INVESTMENTS WITH THE TERRITORY BANKING ACCOUNT

Distribution revenue is received from investments with the Territory Banking Account. This is recognised on an accrual basis.

NOTE 7 - RESOURCES RECEIVED FREE OF CHARGE

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

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

NOTE 8 - OTHER REVENUE

Grants
Grants are non-reciprocal in nature and are recognised as revenue in the reporting period in which the Directorate obtains control over them.

Where grants are reciprocal in nature, the revenue is recognised over the term of the funding arrangements.

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.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – EXPENSES

NOTE 11 – EMPLOYEE EXPENSES

Employee benefits include:

- short-term employee benefits such as wages and salaries, annual leave loading, and applicable on-costs, if expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related services;
- other long-term benefits such as long service leave and annual leave; and
- termination benefits.

On-costs include annual leave, long service leave, superannuation and other costs that are incurred when employees take annual and long service leave.
(See Appendix B – Note 33 Employee Benefits for accrued wages and salaries, and annual and long service leave).

NOTE 12 – SUPERANNUATION EXPENSES

The Directorate receives funding for superannuation payments as part of the Controlled Recurrent Payments. The Directorate makes fortnightly payments to the Territory Banking Account to extinguish its superannuation liability for employees who are members of the Commonwealth Superannuation Scheme (CSS) and the Public Sector Superannuation Scheme (PSS). This payment does not include the CSS and PSS productivity component which is paid directly to the Commonwealth Superannuation Corporation (CSC) by the Directorate. The CSS and PSS are defined benefit superannuation plans meaning that the defined benefits received by employees are based on the employee's years of service and average final salary.

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

The Directorate's accruing superannuation liability obligations are expensed as they are incurred.

SUPERANNUATION LIABILITY RECOGNITION

The superannuation liability for the Territory's relevant share of the employer financial portion of entitlements of all employees participating in the CSS and PSS schemes who become Territory employees with effect on or after 1 July 1989 is recognised at a total Territory level in the Chief Minister, Treasury and Economic Development Directorate's Superannuation Provision Account.

The ACT Government reimburses the CSC annually for the Territory's share of the employer superannuation benefits paid to entitled Territory employees who are, or were members of the CSS and PSS. These reimbursement payments are made from the Superannuation Provision Account.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – EXPENSES (CONTINUED)

NOTE 13 – SUPPLIES AND SERVICES

Insurance

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

Repairs and Maintenance

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

Operating Leases

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

NOTE 14 - DEPRECIATION AND AMORTISATION

Amortisation is used in relation to intangible assets and depreciation is applied to physical assets such as buildings and plant and equipment.

Land has an unlimited useful life and is therefore not depreciated.

Leasehold improvements are depreciated over the estimated useful life of each asset improvement, or the unexpired period of the relevant lease, whichever is shorter.

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

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

Class of Asset	Depreciation/Amortisation Method	Useful Life (Years)
Buildings	Straight Line	40-80
Leasehold Improvements	Straight Line	2-10
Plant and Equipment	Straight Line	2-20
Externally Purchased Intangibles	Straight Line	2-5
Internally Generated Intangibles	Straight Line	2-5

Land improvements are included with buildings.

The useful lives of all major assets held are reassessed on an annual basis.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – EXPENSES (CONTINUED)

NOTE 16 – BORROWING COSTS

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

NOTE 19 – WAIVERS, IMPAIRMENT LOSSES AND WRITE-OFFS

Waivers

Debts that are waived under section 131 of the FMA are expensed during the year in which the right to payment was waived. Further details of waivers are disclosed at Note 19 *Waivers, Impairment Losses and Write-Offs*.

Impairment Losses - Assets

Expense impairment losses of assets include: land, buildings and land improvements assets (see Appendix B - Note 26 Property, Plant and Equipment - Impairment of Assets).

Impairment Losses and Write-Offs - Receivables

The allowance for impairment of receivables (see Note 23 Receivables - Impairment Loss Receivables).

SIGNIFICANT ACCOUNTING POLICIES – ASSETS

ASSETS – CURRENT AND NON-CURRENT

Assets are classified as current or non-current in the Balance Sheet and in the relevant notes. Assets are classified as current where they are expected to be realised within 12 months after the reporting date.

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

NOTE 22 – CASH AND CASH EQUIVALENTS

Cash and cash equivalents include cash at bank, cash on hand and cash held in the Territory Banking Account. Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

NOTE 23 – RECEIVABLES

ACCOUNTS RECEIVABLES

Accounts receivable (including trade receivables and other trade receivables) are initially recognised at fair value and are subsequently measured at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement (see Appendix B - Note 19 Waivers, Impairment Losses and Write-Offs).

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – ASSETS (CONTINUED)

IMPAIRMENT LOSSES - RECEIVABLES

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

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

The amount of the allowance is recognised in the Operating Statement. The allowance for impairment losses is written off against the allowance account when the Directorate ceases action to collect the debt when the cost to recover debt is more than the debt is worth.

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – ALLOWANCE FOR IMPAIRMENT LOSSES

The Directorate has made a significant estimate in the calculation of the allowance for impairment losses for receivables in the Territorial Financial Statements. This significant estimate is based on a number of categorisations of receivables. These categorisations are considered by management to be appropriate and accurate, based upon the pattern demonstrated in collecting receivables in the past financial years. The categorisations are associated with accounts in bankruptcy, unpaid objections and past write-offs.

NOTE 24 – INVENTORIES

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

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

NOTE 25 – INVESTMENTS

The Directorate holds one long-term investment. It is held with the Territory Banking Account in a unit trust called the Cash Enhanced Fund. Investments are measured at fair value with any adjustments to the carrying amount recorded in the Operating Statement. Fair value is based on an underlying pool of investments which have quoted market prices as at the reporting date.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – ASSETS (CONTINUED)

NOTE 26 - PROPERTY, PLANT AND EQUIPMENT

ACQUISITION AND RECOGNITION OF PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment is initially recorded at cost.

Where property, plant and equipment is acquired at no cost, or minimal cost, cost is its fair value as at the date of acquisition. However, property, plant and equipment acquired at no cost or minimal cost as part of a Restructuring of Administrative Arrangements is measured at the transferor's book value.

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

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

MEASUREMENT OF PROPERTY, PLANT AND EQUIPMENT AFTER INITIAL RECOGNITION

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

Fair value for land and non-specialised buildings is measured using the market approach valuation technique and uses prices and other relevant information generated by market transactions involving identical or similar assets.

Fair value for specialised buildings and leasehold improvements is measured by reference to the cost of replacing the remaining future economic benefits embodied in the asset (i.e. depreciated replacement cost). This is the cost approach valuation technique.

Land, buildings and leasehold improvements are revalued every 3 years. However, if at any time management considers that the carrying amount of an asset materially differs from its fair value, then the asset will be revalued regardless of when the last valuation took place. Any accumulated depreciation relating to buildings and leasehold improvements at the date of revaluation is written-back against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – USEFUL LIVES OF PROPERTY PLANT AND EQUIPMENT

The Directorate has made a significant estimate in determining the useful lives of its property, plant and equipment. The estimation of useful lives of property, plant and equipment is based on the historical experience of similar assets and in some cases has been based on valuations provided by Egan National Valuers (ACT). The useful lives are assessed on an annual basis and adjustments are made when necessary.

Disclosures concerning assets useful life (see Appendix B -Note 14 Depreciation and Amortisation).

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – ASSETS (CONTINUED)

NOTE 26 - PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES - FAIR VALUE OF ASSETS

The Directorate has made a significant estimate regarding the fair value of its assets. Land and buildings have been recorded at the market value of similar properties as determined by an independent valuer. In some circumstances, buildings that are purpose built may in fact realise more or less in the market. Infrastructure assets have been recorded at fair value based on depreciated replacement cost as determined by an independent valuer. The valuation uses significant judgements and estimates to determine fair value, including the appropriate indexation figure and quantum of assets held. The fair value of assets is subject to management assessment between formal valuations.

Valuation of Non-Current Assets

Certified practicing registered valuers Egan National Valuers (ACT) performed an independent valuation of the Directorate's Land, Buildings and Leasehold Improvements as at 30 June 2017. Names and qualifications of the valuers are:

1. Carolyn Mowbray – Certified Practising Valuer, Bachelor of Business (Property Studies)
2. Tony Leonard – Certified Practising Valuer, Bachelor of Business (Land Economy)
3. Phillip Mannell – Certified Practising Valuer, Bachelor of Health Administration
4. Ben Driller – Certified Practising Valuer (Victoria)

The next valuation will be undertaken during 2019-20.

IMPAIRMENT OF ASSETS

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

Any resulting impairment losses for land, buildings and leasehold improvements are recognised as a decrease in the Asset Revaluation Surplus relating to these classes of assets. Where the impairment loss is greater than the balance in the Asset Revaluation Surplus for the relevant class of asset, the difference is expensed in the Operating Statement.

Impairment losses for plant and equipment and intangible assets are recognised in the Operating Statement, as plant and equipment and intangibles are carried at cost. The carrying amount of the asset is reduced to its recoverable amount.

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

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – ASSETS (CONTINUED)

NOTE 27 – INTANGIBLE ASSETS

The Directorate's intangible assets are comprised of internally developed software. Software is recognised and capitalised when:

- it is probable that the expected future economic benefits that are attributable to the software will flow to the Directorate;
- the cost of the software can be measured reliably; and
- the acquisition cost is equal to or exceeds $50,000.

Internally generated software is recognised when it meets the general recognition criteria outlined above and where it also meets the specific recognition criteria relating to intangible assets arising from the development phase of an internal project.

Capitalised software has a finite useful life. Software is amortised on a straight-line basis over its useful life, over a period not exceeding 5 years.

Intangible assets are measured at cost.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – LIABILITIES

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 30 – PAYABLES

Payables are initially recognised at fair value based on the transaction cost and subsequent to initial recognition at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. All amounts are normally settled within 30 days after the invoice date.

Payables include Trade Payables, Accrued Expenses and Other Payables.

NOTE 31 – BORROWING COSTS

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

NOTE 33 – EMPLOYEE BENEFITS

Wages and Salaries

Accrued wages and salaries are measured at the amount that remains unpaid to employees at the end of the reporting period.

Annual and Long Service Leave

Annual and long service leave including applicable on-costs that are not expected to be wholly settled before twelve months after the end of the reporting period, when the employees render the related service are measured at the present value of estimated future payments to be made in respect of services provided by employees up to the end of the reporting period. Consideration is given to the future wage and salary levels, experience of employee departures and periods of service. At the end of each reporting period, the present value of future annual leave and long service leave payments is estimated using market yields on Commonwealth Government bonds with terms to maturity that match, as closely as possible, the estimated future cash flows.

Annual leave liabilities have been estimated on the assumption that they will be wholly settled within three years. In 2016-17 the rate used to estimate the present value of future annual leave payments is 99.8% (101.4% in 2015-16). This had the impact of reducing the annual leave liabilities by $1.7m.

In 2016-17, the rate used to estimate the present value of future payments for long service leave is 103.4% (114.7% in 2015-16). The use of a lower rate resulted in an decrease in the long service leave liability and the related expense by $14m.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – LIABILITIES (CONTINUED)

NOTE 33 – EMPLOYEE BENEFITS (CONTINUED)

The long service leave liability is estimated with reference to the minimum period of qualifying service. For employees with less than the required minimum period of 7 years of qualifying service, the probability that employees will reach the required minimum period has been taken into account in estimating the provision for long service leave and applicable on-costs.

The provision for annual leave and long service leave includes estimated on-costs. As these on-costs only become payable if the employee takes annual and long service leave while in-service, the probability that employees will take annual and long service leave while in service has been taken into account in estimating the liability for on-costs.

Annual leave and long service leave liabilities are classified as current liabilities in the Balance Sheet where there are no unconditional rights to defer the settlement of the liability for at least 12 months. Conditional long service leave liabilities are classified as non-current because the Directorate has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – EMPLOYEE BENEFITS

Significant judgements have been applied in estimating the liability for employee benefits. The estimated liability for annual and long service leave requires a consideration of the future wage and salary levels, experience of employee departures, probability that leave will be taken in service and periods of service. The estimate also includes an assessment of the probability that employees will meet the minimum service period required to qualify for long service leave and that on-costs will become payable.

The significant judgements and assumptions included in the estimation of annual and long service leave liabilities include an assessment by an actuary. The Australian Government Actuary performed this assessment in May 2014. The assessment by an actuary is performed every 5 years. However, it may be performed more frequently if there is a significant contextual change in the parameters underlying the 2014 report. The next actuarial review is expected to be undertaken by May 2019.

NOTE 34 – OTHER LIABILITIES

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.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – EQUITY

NOTE 35 – EQUITY

EQUITY CONTRIBUTED BY THE ACT GOVERNMENT

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

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

SIGNIFICANT ACCOUNTING POLICIES – OTHER NOTES

NOTE 42 – 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.

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.

NOTE 43 – BUDGETARY REPORTING

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – NOTE 43 – BUDGET REPORTING

Significant judgements have been applied in determining what variances are considered 'major variances'. Variances are considered major if both of the following criteria are met:

- The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated category (Income, Expenses and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and

- The variances (original budget to actual) are greater than plus (+) or minus (-) 10% of the budget for the financial statement line item.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – SPECIFIC TO TERRITORIAL – INCOME

NOTE 45 – PAYMENT FOR EXPENSES ON BEHALF OF THE TERRITORY – TERRITORIAL

The payment for expenses on behalf of the Territory is recognised on an accrual basis. 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.

NOTE 46 – FEES – TERRITORIAL

Fees are either recognised as revenue at the time of payment or when the fee is incurred.

TERRITORIAL NOTES REFERENCED TO CONTROLLED NOTES

NOTE 49 – CASH AND CASH EQUIVALENTS – TERRITORIAL: see Appendix B: Note 22 Cash and Cash Equivalents.

NOTE 50 – RECEIVABLES – TERRITORIAL: see Appendix B: Note 23 Receivables.

NOTE 57 – BUDGETARY REPORTING – TERRITORIAL: see Appendix B: Note 43 Budgetary Reporting.

APPENDIX C - IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED

Appendix C - impact of accounting standards issued but yet to be applied concerns both the Controlled and Territorial financial statements. Where specific to Territorial they are listed below under the heading Territorial.

ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED

The following new and revised accounting standards and interpretations have been issued by the Australian Accounting Standards Board but do not apply to the current reporting period. These standards and interpretations are applicable to future reporting periods. The Directorate does not intend to adopt these standards and interpretations early. Where applicable, these Australian Accounting Standards will be adopted from their application date.

- AASB 9 *Financial Instruments* (December 2014) (application date 1 January 2018);

This standard supersedes AASB 139 Financial Instruments: Recognition and Measurement. The main impact of AASB 9 is that it will change the classification, measurement and disclosures of the Directorate's financial assets. At this stage the Directorate is not able to estimate the impact of this new standard on its financial statements. The Directorate will make a more detailed assessment of the impact over the next 12 months.

- AASB 15 *Revenue from Contracts with Customers* (application date 1 January 2018);

AASB 15 is the new standard for revenue recognition. It establishes a comprehensive framework for determining whether, how much and when revenue is recognised. It replaces AASB 111 Construction Contracts and AASB 118 Revenue. At this stage the Directorate is not able to estimate the impact of this new standard on its financial statements. The Directorate will make a more detailed assessment of the impact over the next 12 months.

- AASB 2016-7 *Amendments to Australian Accounting Standards – Deferral of AASB 15 for not-for-profit Entities* (application date 1 January 2017, which was the original mandatory effective date of AASB 15);

This standard amends the mandatory effective date of AASB 15 for not-for-profit entities, so that AASB 15 is required to be applied by these entities for annual reporting periods beginning on or after 1 January 2019 instead of 1 January 2018. At this stage the Directorate is not able to estimate the impact of AASB 15 on its financial statements. The Directorate will make a more detailed assessment of the impact over the next 12 months.

- AASB 2016-2 Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 107 (application date 1 January 2017)

This standard amends AASB 107 Statement of Cash Flows to require agencies preparing financial statements in accordance with Tier 1 reporting requirements to provide disclosures that enable users of financial statements to evaluate changes in liabilities arising from financing activities, including both changes arising from cash flows and non-cash changes. This standard affects disclosures only and there is no material financial impact on the Directorate

APPENDIX C - IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED (Continued)

ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED (CONTINUED)

- AASB 1058 *Income of Not-for-Profit Entities* (application date 1 January 2019)

The standard clarifies and simplifies the income recognition requirements that apply to not-for-profit entities in conjunction with AASB 15 Revenue from Contracts with Customers. These standards supersede all the income recognition requirements relating to private sector not-for-profit entities, and the majority of income recognition requirements relating to public sector not-for-profit entities, previously in AASB 1004 *Contributions*. At this stage the Directorate is not able to estimate the impact of AASB 1058 on its financial statements. The Directorate will make a more detailed assessment of the impact over the next 12 months.

- AASB 1059 Service Concession Arrangements: Grantor (Application date 1 January 2019)

This standard was released by the AASB on 20 July 2017. This new accounting standard prescribes the accounting for service concession arrangements including Public Private Partnerships (PPPs) from the perspective of the public sector grantor. AASB 1059 mainly impacts the recognition of assets and liabilities and associated expenses that relate to PPPs. The Health directorate will be reviewing its existing arrangements to assess if any of these arrangements fall within the scope of this standard. Given the timing of the release of this standard, at this stage the Health Directorate is not able to make this assessment and estimate the impact on its future financial statements. The Health Directorate will make an assessment of the impact in the coming years leading up to the standard becoming effective.

C.3 CAPITAL WORKS

INTRODUCTION/OVERVIEW

Capital Works delivery in ACT Health occurs under the administration of the Health Infrastructure Services (HIS) Division within Corporate Division. To meet ACT Health's current and future infrastructure demands, the Division uses a combination of:

> in-house staff

> Chief Minister, Treasury and Economic Development Directorate (CMTEDD) staff

> external contractors.

HIS is responsible for delivering capital projects and managing facilities and responds to a complex mix of:

> population growth and ageing

> changing technology

> changing provider and consumer expectations

> ageing infrastructure.

The Building Health Services Program (BHSP) embeds a program management office within ACT Health that is focused on planning, designing and constructing the Capital Works Program, which was announced by the Government during the 2016 election campaign.

The BHSP will be heavily informed by the Territory Wide Health Services Planning Program, including the outcomes of:

> the Clinical Services Plan

> specialty services plans

> clinical services plans.

The BHSP works directly with HIS and provides planning support and feasibility analysis. The collaboration ensures projects closely align with the Strategic Asset Management Plans (SAMPs), which are currently being developed throughout ACT Health for the built asset portfolio.

The Capital Upgrades Program is funded annually. It aims to maintain and improve the Directorate's existing infrastructure. Work priorities are determined under the following categories:

> building upgrades

> electrical, fire and safety upgrades

> mechanical system upgrades

> patient and medical facility upgrades

> workplace improvement upgrades

> medical and administration office upgrades.

Completed projects

Five projects were completed under HIS in 2016–17:

> Dhulwa Mental Health Unit (Dhulwa) facility, which officially opened in November 2016

> Emergency Department expansion, completed in December 2016, which has increased capacity by more than a third

- Helipad Landing Site upgrade, which was completed in January 2017
- Multistorey Car Park Solar Panel Project, which became operational in October 2016
- Ngunnawal Bush Healing Farm (NBHF), which was completed in May 2017.

Works in progress

Works in progress under HIS as at 30 June 2017 are:

- University of Canberra Public Hospital (UCPH)
- The Canberra Hospital – Continuity of Services Essential Infrastructure (COSEI)
- Canberra Hospital Essential Works – Infrastructure and Engineering (CHEWIE)
- Upgrade and Maintain ACT Health Assets (UMAHA).

University of Canberra Public Hospital

The University of Canberra Public Hospital (UCPH) will provide:

- 140 overnight beds and 75 day service beds for Rehabilitation, Aged and Community Care and Mental Health services
- additional outpatient services.

Key services will include providing:

- a general rehabilitation ward
- a neurological rehabilitation ward
- a slow stream rehabilitation ward
- admitted day services
- adult mental health rehabilitation
- an older person's rehabilitation ward.

The Canberra Hospital – Continuity of Services Essential Infrastructure

The Canberra Hospital – Continuity of Services Essential Infrastructure (COSEI) Project includes service upgrades at Canberra Hospital that will future proof future developments.

The following activities were completed in 2016–17:

- Service upgrades along Hospital Road (South), including those for:
  - gas
  - water
  - fire services
  - Information and Communications Technology (ICT)
  - electrical conduit installation.
- Replacing street lights along Hospital Road (South) with low maintenance energy efficient Light-emitting Diode (LED) street lighting.
- Installing pneumatic tubes, which were required to decrease congestion on the existing system and provide a connection from the Adult Mental Health Unit through the Canberra Region Cancer Centre to Pathology, bypassing Building 3. The 160 mm tube connection became operational in late 2016. The 110 mm system became operational in February 2017.

Canberra Hospital Essential Works – Infrastructure and Engineering

The Canberra Hospital Essential Works – Infrastructure and Engineering (CHEWIE) Project commenced in September 2014. It provides funding for specified projects that replace or prepare essential engineering infrastructure that support future health infrastructure works and will allow major plant and equipment at Canberra Hospital to be replaced.

Works completed in 2016–17 include:

- modernising the public lifts in Buildings 1, 5 and 7
- replacing and upgrading the fire detection systems in Building 1 and Building 10.

Upgrade and Maintain ACT Health Assets

The Upgrade and Maintain ACT Health Assets (UMAHA) program of works is intended to:

- identify risks that could interrupt the delivery of health services
- deliver associated remedial works efficiently and on a planned basis.

Specific areas of focus for UMAHA program of works include:

- building and infrastructure upgrade works
- building electrical systems
- building facade
- building fire protection
- building heating, ventilation and air conditioning (HVAC) systems
- building hydraulic systems
- developing SAMPs for ACT Health's property portfolio
- ICT infrastructure
- lifts.

CAPITAL WORKS TABLE – HEALTH DIRECTORATE

TABLE 47: ACT HEALTH CAPITAL WORKS

Project	Proposed or Actual completion date	Original project value $'000	Revised project value $'000	Prior year expenditure $'000	Current year (2016-17) expenditure $'000	Total expenditure to date $'000
New Works						
Cancer Inpatients and Acute Aged Care	Dec-17	2,200	2,200	0	693	693
Walk-in Centres and Inner North Community Health Infrastructure	Jun-18	825	825	0	0	0
Supporting Good Mental Health - Support for people with mental health	Jun-18	2,390	2,390	0	0	0
Better Health Services - Upgrading & Maintaining ACT Health Assets	Jun-19	95,328	88,843	0	8,153	8,153
Bowes Street Fit Out	Apr-17	9,000	11,000	0	10,703	10,703

Project	Proposed or Actual completion date	Original project value $'000	Revised project value $'000	Prior year expenditure $'000	Current year (2016-17) expenditure $'000	Total expenditure to date $'000
Better Health Services – Improved Drugs and Poisons Information System	Jun-19	729	729	0	41	41
Capital Upgrade Program						
Building upgrades	Sep-17	2,400	2,400	0	815	815
Electrical, fire and safety upgrades	Sep-17	1,200	1,200	0	749	749
Mechanical and services infrastructure	Sep-17	542	542	0	116	116
Works in Progress						
Canberra Hospital – More beds	Jun-18	2,475	500	0	0	0
Sterilising Services - Relocation and upgrade	Jun-19	17,290	5,852	32	36	68
University of Canberra Public Hospital (construction and ICT)	Mar-18	200,000	195,405	13,591	101,420	115,011
The Canberra Hospital – Essential Infrastructure and Engineering Works	Jul-17	5,640	5,390	592	2,964	3,556
Canberra Hospital Redevelopment	Aug-16	21,241	15,716	13,087	196	13,283
Health Infrastructure Program – Project Management continuation	Jun-17	27,706	24,620	19,014	5,093	24,107
Secure Mental Health Unit	Nov-16	43,491	43,491	29,381	12,586	41,967
Continuity of Health Services Plan – Essential Infrastructure (less previously completed Territorial works)	Feb-17	16,517	15,267	10,995	2,404	13,399
Clinical Services and Inpatient Unit Design and Infrastructure Expansion	Jan-17	40,780	27,595	21,003	3,143	24,146
Staging, Decanting and Continuity of Services	Feb-16	19,430	17,928	16,871	0	16,871
Clinical Services Redevelopment – Phase 3	Jun-18	25,700	15,690	11,374	1,975	13,349
Ngunnawal Bush Healing Farm	Dec-16	6,883	11,731	8,590	1,282	9,873
Clinical Services Redevelopment – Phase 2	Sep-17	15,000	8,625	8,248	113	8,361
Critical Hospital Infrastructure Systems - Enhancing patient and staff safety	Jun-18	1,646	1,646	303	109	412

Project	Proposed or Actual completion date	Original project value $'000	Revised project value $'000	Prior year expenditure $'000	Current year (2016-17) expenditure $'000	Total expenditure to date $'000
Major Building Plant Replacement and Upgrade	Sep-17	5,292	5,292	4,687	395	5,082
An E-Healthy Future	Jun-18	90,185	90,185	71,600	6,843	78,443
Physically but not financially completed						
Staging and Decanting – Moving to our Future	Aug-16	22,300	20,880	20,525	0	20,525
Integrated Cancer Centre – Phase 2	Jul-14	15,102	20,413	20,386	2	20,388
Replacement of CT Scanner at the Canberra Hospital	Sep-13	2,893	2,609	2,509	0	2,509
Completed Projects – physically and financially complete						
Calvary Public Hospital – Car park	Dec-15	16,872	14,475	14,352	123	14,475
Provision for Project Definition Planning	Jun-17	63,800	57,102	57,102	0	57,102
Building Upgrades	Jun-16	2,180	2,180	1,046	1,133	2,179
Electrical/Fire/Safety Upgrades	Jun-16	938	938	767	165	932
Mechanical System Upgrades	Jun-16	923	923	456	466	922

CAPITAL WORKS TABLE – TERRITORIAL

TABLE 48: TERRITORIAL CAPITAL WORKS

Project	Proposed or Actual completion date	Original project value $'000	Revised project value $'000	Prior year expenditure $'000	Current year (2016-17) expenditure $'000	Total expenditure to date $'000
Capital Upgrade Program						
New Capital Upgrades – Calvary Hospital	Sep-17	823	823	0	388	388
Works in Progress						
Calvary Public Hospital - Expanded hospital services	Jun-17	3,079	3,079	141	42	183
Calvary Public Hospital - Operating theatre upgrade	Dec-17	5,627	5,627	38	880	918
Calvary Public Hospital - Upgrade of medical imaging equipment	Sep-17	3,722	3,722	0	13	13
University of Canberra Public Hospital - Car Park (Grant component)	May-18	11,200	11,200	0	448	448

Project	Proposed or Actual completion date	Original project value $'000	Revised project value $'000	Prior year expenditure $'000	Current year (2016-17) expenditure $'000	Total expenditure to date $'000
The Canberra Hospital Redevelopment - Grant Component	Dec-17	3,022	3,022	2,522	304	2,826
Better Health Services - Upgrading & Maintaining ACT Health Assets (Grant)	Jun-19	4,160	4,160	0	0	0

RECONCILIATION SCHEDULE

TABLE 49: ACT HEALTH RECONCILIATION SCHEDULE – CAPITAL WORKS AND CAPITAL INJECTION

	Approved Capital Works Program financing to capital injection as per cash flow statement					
	Original $'000	Section 16B $'000	Variation $'000	Deferred $'000	Not drawn $'000	Total $'000
Capital Works	188,112	5,960	-9,672	-9,139	-38,545	136,716
ICT Capital Injections	9,850	5,688	0	-6,300	-2,836	6,402
Other Capital Injections	5,388	2,659	0	-1,250	-3,702	3,095
Total Departmental	203,350	14,307	-9,672	-16,689	-45,083	146,213
Total Territorial	21,403	3,448	-13,589	0	-4,972	6,290

Contact details: For more information, contact Health Infrastructure Services at HIS@act.gov.au.

C.4 ASSET MANAGEMENT

INTRODUCTION/OVERVIEW

The Health Directorate managed assets with a total written down value of $1,028.959 million at 30 June 2017.

ASSETS MANAGED

The Directorate's managed assets include:

> **built property assets:** $929.025 million

> **land:** $47.550 million

> **plant and equipment:** $42.372 million

> **leasehold improvements:** $10.012 million.

The estimated replacement value of building assets was $1,466.900 million.

Table 50 lists ACT Health's property assets.

TABLE 50: ACT HEALTH'S PROPERTY ASSETS

Canberra Hospital campus	Area m^2	Health facilities	Area m^2
CH Building 1 – Tower Block	37,560	Barton – Clare Holland House	1,600
CH Building 2 – Reception / Administration	5,950	Belconnen Community Health Centre	11,160
CH Building 3 – Oncology / Aged Care / Rehabilitation	17,390	Bruce – Brian Hennessy House	3,719
CH Building 3 – Radiation Oncology	1,650	Bruce – Arcadia House	467
CH Building 4 – ANU Medical School	4,115	Bruce – Arcadia Meeting Room	54
CH Building 5 – Staff Training / Accommodation	8,230	Bruce – Calvary Carpark	22,554
CH Building 6 – / Offices	4,710	Civic – Health Protection Service Air Monitoring Station	18[10]
CH Building 7 – Alcohol and Drug	1,260	Conder – Lanyon Family Care Centre	194
CH Building 8 – Pain Management	660	Curtin – QEll Family Care Centre	1,120
CH Building 9 – Accommodation	740	Dickson Health Centre	490
CH Building 10 – Pathology	10,250	Duffy – Cancer Patient Accommodation	319
CH Building 11 – Centenary Hospital for Women and Children	19,200	Fadden – Karralika	534
CH Building 12 – Diagnostic and Treatment (including Emergency Department / Intensive Care Unit	20,510	Florey – Health Protection Service Air Monitoring Station	18

[10] Property asset was not reported in 2015–16.

Canberra Hospital campus	Area m²	Health facilities	Area m²
CH Building 13 – Helipad Northern Car Park	7,980	Gungahlin Health Centre	2,608
CH Building 15	4,130	Holder – Health Protection Services	1,600
CH Building 19 – Canberra Region Cancer Centre	7,980	Isabella Plains – Karralika	1,400
CH Building 23 – Redevelopment Unit offices	1,810	Kambah – Step Up Step Down Unit	279
CH Building 24 – Health Administration offices	1,332	Monash – Health Protection Service Air Monitoring Station	18
CH Building 25 – Adult Mental Health Unit	5,436	Ngunnawal Family Care Centre	215
CH Building 26 – Southern Car Park	53,000	O'Connor – Mental Illness Fellowship	100
Gaunt Place Building 1 – Dialysis Unit	871	O'Connor – Northside Contractors	100
Gaunt Place Building 2 – RILU	688	Paddys River – Ngunnawal Bush Healing Farm	715
Gaunt Place Buildings 3, 4, 5, 6 (Health Offices)	668	Phillip Health Centre	3,676
Yamba Drive Car Park (Phillip Block 7, Section 1)	N/A	Rivett – Burrangiri –Respite Care Centre	1,054
Calvary Car Park	22,554	Student Accommodation – Belconnen (2units)	220
		Student Accommodation – Garran (1 unit)	117
		Student Accommodation – Phillip (3 units)	276
		Symonston – Dhulwa Mental Health Unit Facility	7,880
		Tuggeranong – Community Health Centre	6,960
		Watson Hostel	2,431
		Weston – Independent Living Centre	1,143
		Woden Valley Child Care Centre	3,681

Assets added to the asset register

During 2016–17, the following assets were added to the agency's asset register:

- Ngunnawal Bush Healing Farm
- Dhulwa Mental Health Unit facility
- Emergency Department expansion
- Helipad Landing Site upgrade
- Multistorey Car Park Solar Panel Project.

Assets removed from the asset register

During 2016–17, one asset was removed from the agency's asset register. This was Building 22 at Canberra Hospital, which was used to accommodate E-health and Records. Staff have now relocated to the Bowes Street offices.

Properties not being utilised by ACT Health

On 30 June 2017, the Directorate had one property not being utilised by the Directorate or that had been identified as potentially surplus. This property is the former Belconnen Community Health Centre.

ASSETS MAINTENANCE AND UPGRADE

Asset upgrades

Works completed in 2016–17 across ACT Health sites included:

- upgrading the fire doors in Building 3 at Canberra Hospital
- repainting all patient rooms and corridors at Clare Holland House
- upgrading Dickson Health Centre
- upgrading emergency lighting at Canberra Hospital
- installing bird netting on Building 10 balconies and Building 12 plant room at Canberra Hospital
- upgrading the cleaners facility at Duffy House
- upgrading evacuation pathways from Building 11 at Canberra Hospital
- upgrading bathrooms and Security at Burrungiri Respite Centre
- upgrading Building 10, Level 3 Goods Store
- upgrading the Communications Room in Building 1, Level 2 at Canberra Hospital
- upgrading various bathrooms at Canberra Hospital
- upgrading floor coverings in various locations at Canberra Hospital
- upgrading security access control for Communication Rooms
- upgrading sterilising equipment at Mitchell Sterilising Centre.

Details of the capital works program are included in section C.3, Capital works.

Property, plant and equipment are maintained to a high standard to meet health requirements. Expenditure on repairs and maintenance, excluding salaries, was $19.621 million, which represents 1.3 per cent of the replacement value.

Building audits and condition of assets

Building condition assessments, hazardous materials audits and fire reports were undertaken to assess buildings managed by ACT Health. These audits are used to inform the Directorate's ongoing asset management program.

The condition audits were used to inform the Health Infrastructure Services Risk Register and develop Strategic Asset Management Plans (SAMPs) to support the future alignment of capital upgrades activities with ACT Health's strategic priorities.

OFFICE ACCOMMODATION

The agency employs 7,403 staff, of whom 1,196 occupy office-style accommodation in the sites listed in Table 51. The average utilisation rate is 15.5 square metres (m^2) per employee. Total office-style accommodation occupied is 19,716 m^2.

TABLE 51: OFFICE ACCOMMODATION

Location	Property	Owned / leased	Work points / staff on 30 June 2017	Office area (m^2)	Utilisation rate m^2 per employee
Civic	1 Moore Street Level 3	Leased	100	1,954	19.5
Garran	TCH Building 2	Owned	63	793	12.6
Garran	TCH Building 6	Owned	166	3,051	18.4
Garran	TCH Building 12 Medical Records	Owned	65	613	9.4
Garran	TCH Building 23	Owned	150	1,810	12.1
Garran	TCH Building 24	Owned	60	1,332	22.2
Holder	Health Protection Services	Owned	81	1,163	14.4
Phillip	Callam Offices	Leased	50	640	12.8
Woden	Bowes Street	Leased	515	8,360	18.1

A further 6,207 staff are employed in non-office environments within ACT Health's acute and non-acute facilities. Due to the clinical nature of these workplaces, the average area per employee is not applicable.

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

C.5 GOVERNMENT CONTRACTING

Contact details: For more information, contact ACT Health Procurement on 6207 9063.

PROCUREMENT PRINCIPLES AND PROCESSES

In 2016–17, ACT Health exercised all procurement activities in accordance with the ACT Government tender thresholds and complied with procurement policies and procedures as stated in the *Government Procurement Act 2001* and the Government Procurement Regulation 2007.

To ensure compliance with ACT Government procurement legislation, ACT Health:

> sought advice on government procurement policies and procedures from Procurement and Capital Works (PCW)

> notified PCW of all procurements over $25,000 undertaken by ACT Health

> appropriately referred procurements requiring single, restrictive or open tender procurement processes to PCW

> referred all procurements requiring Government Procurement Board (GPB) consideration and/or approval to PCW.

In accordance with procurement legislation, ACT Health afforded the highest standard of probity and ethical behaviour towards prospective tenderers. Such behaviour included equality, impartiality, transparency and fair dealing.

A competitive procurement process is conducted wherever possible; however, due to the specialised nature of the industry, ACT Health frequently accesses single select and restricted select procurement methodologies. These procurement methodologies are justified under the following circumstances:

> The procurement needs to be compatible with existing medical equipment, both hardware and software, within the clinical setting.

> Clinical units are seeking to standardise medical equipment with existing equipment. This mitigation strategy reduces the risk of human error in the delivery of clinical practice because equipment is familiar due to established equipment operating procedures.

> A limited number of providers possess the specialised medical knowledge and/or expertise that can fulfil the ACT Health's requirements.

> Timing may preclude public tenders being called in situations that could result in disruption to medical services.

Single select and/or restricted select procurement processes are completed in accordance with the provisions of the Government Procurement Regulation 2007 and are approved by the Director-General with a statement of justification, as required by the *Government Procurement Act 2001*.

Frequently, ACT Health relies on the NSW Department of Commerce Standing Offer Agreements for restricted select procurement. Through open tender, NSW has a selected panel of preferred suppliers/providers from which procurement is made.

To use the buying power of the NSW Government, ACT Health frequently asks panel suppliers to offer NSW Department of Commerce pricing on tenders. This strategy:

> increases the likelihood of better value for money to the Territory in comparison to a standalone open tender

> creates a more efficient procurement process.

Social procurement is considered wherever possible. However, due to the specialised nature of its operations, ACT Health is not always able to consider utilising social enterprises. ACT Health did not undertake any social procurement in the 2016–17 year.

EXTERNAL SOURCES OF LABOUR AND SERVICES

In 2016–17, ACT Health engaged a range of external consultants and contractors to undertake services in the following areas:

- frontline clinical health services
- structural and procedural reviews of current business models
- dispute resolution services, including complaint investigation and mediation services
- capital works projects.

The following tables catalogue all procurements over $25,000 undertaken by ACT Health for contractors and consultants for the reporting period.

Goods, Services and Works

Table 52 provides goods, services and works details.

TABLE 52: GOODS, SERVICES AND WORKS

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
Community Assistance and Support Program (CASP)	Select	Works	Community Connections	$28,081.00	01-Jul-16	30-Jun-17	Yes	Yes
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	A Gender Agenda	$317,317.00	01-Jul-16	30-Jun-19	No	No
Immunisation Education Program	Quotation	Services (non-consultancy)	Capital Health Network Ltd	$201,758.00	05-Jul-16	30-Jun-18	Yes	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Post and Antenatal Depression Support and Information Inc	$500,293.00	06-Jul-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	ANU	$166,461.00	06-Jul-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 - 19	Single select	Services (non-consultancy)	The Salvation Army Recovery Services	$1,355,323.00	07-Jul-16	19-Jun-19	No	Yes
ACT Health Strategic Sub-Sector Procurement Plan 2016 - 19	Single select	Services (non-consultancy)	The RSI & Overuse Injury Association of the ACT	$25,762.00	07-Jul-16	30-Jun-17	Yes	Yes
ACT Health Strategic Sub-Sector Procurement Plan 2016 - 19	Single select	Services (non-consultancy)	Council on the Ageing ACT	$173,255.00	07-Jul-16	30-Jun-17	Yes	Yes
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Women's Centre for Health Matters	$0.00	07-Jul-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 - 19	Single select	Services (non-consultancy)	Community Connections	$220,117.00	08-Jul-16	30-Jun-19	Yes	Yes

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
ACT Health Strategic Sub-Sector Procurement Plan 2016 - 19	Single select	Services (non-consultancy)	Trustees of the Roman Catholic Church for the Archdiocese of Canberra & Goulburn	$48,923.00	08-Jul-16	30-Jun-17	No	Yes
ACT Health Strategic Sub-Sector Procurement Plan 2016 - 19	Single select	Services (non-consultancy)	Carers ACT	$220,117.00	08-Jul-16	30-Jun-19	Yes	Yes
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	ACT Disability Aged & Carer Advocacy Service Inc	$125,760.00	08-Jul-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Relationships Australia Canberra & Region Inc	$156,823.00	11-Jul-16	22-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan - 2016 - 19	Single select	Services (non-consultancy)	Community Options	$513,605.00	13-Jul-16	30-Jun-17	Yes	Yes
ACT Health Strategic Sub-Sector Plan - Community Assistance and Support Program 2016-18	Public	Services (non-consultancy)	ALZHEIMER'S AUSTRALIA ACT LTD	$248,201.00	15-Jul-16	30-Jun-18	No	Yes
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	The Pastoral Care Council of the ACT	$69,370.00	15-Jul-16	30-Jun-19	No	No
Provision of a Vaccine Inventory Management System	Public	Services (non-consultancy)	Smartward Pty Limited	$637,658.00	18-Jul-16	17-Jul-21	No	No
Antibiotic Infusers and Associated Accessories and Consumables for The Canberra Hospital (TCH)	Select	Goods	Slade Health	$0.00	19-Jul-16	18-Jul-21	Yes	No
Antibiotic Infusers and Associated Accessories and Consumers for The Canberra Hospital (TCH)	Select	Services (non-consultancy)	The Wesley Pharmacy	$0.00	19-Jul-16	18-Jul-21	Yes	No
University of Canberra Operating Budget Development	Quotation	Consultancy	Paxton Partners	$219,638.00	22-Jul-16	30-Sep-16	No	No

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	St Vincent De Paul Pty Limited	$110,611.00	22-Jul-16	30-Jun-19	No	No
Provision of Medical Transcription Solution	Public	Services (non-consultancy)	Paul Prosser	$373,759.76	27-Jul-16	26-Jul-18	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	ACT Mental Health Consumer Network Inc	$345,098.00	27-Jul-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Ozhelp Foundation Ltd	$677,070.00	27-Jul-16	30-Jun-19	No	No
Post-Hospital Community Support for Women	Single select	Community-based services	Community Options	$304,362.00	28-Jul-16	30-Jun-17	Yes	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Dr Otilia Maria Rodrigues	$65,150.00	28-Jul-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	INANNA Inc	$278,762.00	28-Jul-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Mental Illness Education ACT (MIEACT)	$578,275.00	28-Jul-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Woden Community Service Inc	$897,937.00	29-Jul-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Carers ACT Ltd.	$410,502.00	29-Jul-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Consultancy	Brindabella Women's Community Group	$36,619.00	02-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	GROW (National) - NSW & ACT	$185,368.00	02-Aug-16	30-Jun-19	No	No
Data Assurance Services	Single select	Consultancy	PricewaterhouseCoopers	$48,500.00	03-Aug-16	30-Aug-16	No	Yes

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	CatholicCare Canberra & Goulburn	$1,204,075.00	08-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Belconnen Community Service Inc.	$366,721.00	08-Aug-16	30-Jun-19	No	No
Clinical Services Framework Research Consultancy	Quotation	Consultancy	Health Policy Analysis Pty Ltd	$138,713.00	10-Aug-16	21-Sep-16	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Mental Health Community Coalition of the ACT	$721,653.00	10-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Canberra Institute of Technology - CIT	$37,653.00	10-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Majura Women's Group Inc.	$36,619.00	12-Aug-16	30-Jun-19	No	No
Panel for the Provision of Spinal Fixation and Implant Systems (Cervical-Thoracic and Thoraco-Lumbar)	Public	Goods	LIFEHEALTHCARE DISTRIBUTION PTY LTD	$0.00	15-Aug-16	14-Aug-19	No	No
Panel for the Provision of Spinal Fixation and Implant Systems (Cervical-Thoracic and Thoraco-Lumbar)	Public	Goods	LIFEHEALTHCARE DISTRIBUTION PTY LTD	$0.00	15-Aug-16	14-Aug-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	AIDS Action Council of the ACT Inc	$1,125,826.00	16-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	ACT ME/CFS Society Inc	$68,033.00	16-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Asthma Foundation of ACT	$153,240.00	17-Aug-16	30-Jun-19	No	No

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	ACT Eden Monaro Cancer Support Group	$129,678.00	19-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Wellways Australia Ltd	$2,561,255.00	19-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Palliative Care ACT	$637,125.00	22-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Canberra Afterhours Locum Medical Service	$1,237,678.00	23-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Diabetes NSW & ACT	$243,674.00	24-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Haemophilia Foundation Australian Capital Territory INC	$42,207.00	24-Aug-16	30-Jun-19	No	No
TCH Helipad Upgrade	Public	Consultancy	Manteena Commercial Pty Ltd	$1,285,455.30	25-Aug-16	29-Dec-17	No	No
Variation Request: Data Integrity Services	Single select	Consultancy	PricewaterhouseCoopers	$96,500.00	26-Aug-16	26-Oct-16	No	Yes
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Barnardos Australia (ACT)	$123,904.00	30-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Canberra & Region Centre for Spiritual Care & Clinical Pastoral Education Inc.	$136,810.00	31-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	St Vincent's Hospital Sydney	$99,189.00	31-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Capital Health Network Ltd - HIV Program	$168,348.00	31-Aug-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Cancer Council ACT	$296,904.00	31-Aug-16	30-Jun-19	No	No

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
Provision of Governance Assurance Framework	Single Select	Consultancy	PricewaterhouseCoopers	$36,850.00	01-Sep-16	07-Sep-16	No	Yes
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Hepatitis ACT Inc	$428,982.00	01-Sep-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Sexual Health and Family Planning ACT Incorporated	$939,894.00	01-Sep-16	30-Jun-19	No	No
Opportunities to better manage community health service provision	Select	Consultancy	EY	$225,500.00	02-Sep-16	21-Oct-16	No	Yes
Specialist Health Planning Services	Public	Consultancy	Kristine Battye Consulting Pty Ltd	$0.00	05-Sep-16	15-Oct-19	No	No
Specialist Health Planning Services	Public	Consultancy	Siggins Miller	$0.00	05-Sep-16	15-Oct-19	No	No
Specialist Alcohol and Other Drug Treatment and Support Services	Public	Community-based services	Karralika Programs Incorporated	$2,465,365.00	09-Sep-16	30-Jun-19	No	No
Specialist Alcohol and Other Drug Treatment and Support Services	Public	Community-based services	ATODA	$656,025.00	09-Sep-16	30-Jun-19	No	No
Data Integrity Work	Single select	Consultancy	PricewaterhouseCoopers	$392,861.00	12-Sep-16	01-Oct-16	No	Yes
Specialist Alcohol and Other Drug Treatment and Support Services	Public	Community-based services	AIVL	$348,570.00	12-Sep-16	30-Jun-19	No	No
Specialist Alcohol and Other Drug Treatment and Support Services	Public	Community-based services	Ted Noffs Foundation	$1,475,191.00	12-Sep-16	30-Jun-19	No	No
Specialist Health Planning Services	Public	Consultancy	Paxton Partners	$142,075.00	13-Sep-16	15-Oct-19	No	No
Specialist Health Planning Services	Public	Consultancy	Donald Cant Watts Corke (Health Advisory)	$0.00	13-Sep-16	15-Oct-19	No	No
Specialist Health Planning Services	Public	Consultancy	Healthcare Management Advisors Pty Ltd	$0.00	13-Sep-16	15-Oct-19	No	No

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
Review of Clinical Service Needs of the ACT Community	Single select	Consultancy	EY	$565,810.00	16-Sep-16	20-Dec-16	No	Yes
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Community-based services	Anglicare NSW South NSW West and ACT	$1,292,566.00	18-Sep-16	30-Jun-19	No	No
Specialist Alcohol and Other Drug Treatment and Support Services	Public	Community-based services	Communities@Work	$180,216.00	18-Sep-16	30-Jun-19	No	No
Specialist Alcohol and Other Drug Treatment and Support Services	Public	Community-based services	Toora Women Incorporated	$988,073.00	18-Sep-16	30-Jun-19	No	No
Provision of Governance Assurance Process	Single Select	Consultancy	PricewaterhouseCoopers	$84,513.88	20-Sep-16	07-Oct-16	No	Yes
Aboriginal and Torres Strait Islander Youth Support Services	Public	Community-based services	Gugan Gulwan Youth Aboriginal Corporation	$778,109.35	20-Sep-16	30-Jun-19	No	No
Specialist Alcohol and Other Drug Treatment and Support Services	Public	Community-based services	Assisting Drug Dependents Inc	$3,384,070.00	21-Sep-16	30-Jun-19	No	No
Ben lift chair with Preston Arm to meet the Infectious Disease Protocol covered in Warwicks Lustrell Coverings	Quotation	Goods	Harvey Norman Furniture Fyshwick	$37,919.90	23-Sep-16	22-Sep-17	No	No
Specialist Alcohol and Other Drug Treatment and Support Services	Public	Community-based services	CatholicCare Canberra & Goulburn	$511,337.00	27-Sep-16	30-Jun-19	No	No
Specialist Alcohol and Other Drug Treatment and Support Services	Public	Community-based services	Northside Community Service	$26,668.00	28-Sep-16	30-Jun-19	No	No
Specialist Alcohol and Other Drug Treatment and Support Services	Public	Community-based services	Salvation Army (NSW) Property Trust	$273,437.00	29-Sep-16	30-Jun-19	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Services (non-consultancy)	Australian Breastfeeding Association ACT & STHN NSW Branch	$0.00	30-Sep-16	30-Jun-19	Yes	No

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
Provision of Generation of Data and the Quality Assurance of Process	Single Select	Consultancy	PricewaterhouseCoopers	$74,081.83	3-Oct-16	21-Oct-16	No	Yes
Specialist Health Planning Services Panel	Public	Consultancy	Grosvenor Management Consulting	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	EY	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	AECOM Australia	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Annmerc Pty Ltd	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Aurora Projects Pty Limited	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Australian Healthcare and Hospitals Association	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Callida Pty Ltd	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Carramar Consulting Pty Ltd	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Communio Pty Ltd	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Daryl Jackson, Alastair Swayn Pty Ltd	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services	Public	Consultancy	360Edge Pty Limited	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Hardes & Associates Pty Ltd	$0.00	12-Oct-16	15-Oct-19	No	No

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
Specialist Health Planning Services Panel	Public	Consultancy	Health Projects International Pty Limited	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Healthkare Intelligence Pty Ltd	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Jacobs Group (Australia) Pty Ltd	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Synergy Health and Business Collaborative	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	The University of Wollongong	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Vanguard Consulting & Services Pty Ltd	$0.00	12-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	AECOM Australia	$0.00	13-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Destravis Pty Ltd	$0.00	13-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	Johnstaff Projects Pty Ltd	$0.00	13-Oct-16	15-Oct-19	No	No
Specialist Health Planning Service Panel	Public	Consultancy	Kristine Battye Consulting Pty Ltd	$0.00	13-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	National Prescribing Service Limited	$0.00	13-Oct-16	15-Oct-19	No	No
XPORT Ultrasound Kiosk System and all Parts listed in Quotation 386207	Quotation	Goods	Fujifilm Sonosite Australasia Pty Ltd	$71,500.01	14-Oct-16	13-Oct-17	No	No
Autoclave Belimed LSTV 6-6-12 VS1 AS PER QUOTE: 24112.A1/15 ST:LA	Quotation	Goods	Gallay Medical & Scientific Pty. Ltd.	$173,814.30	14-Oct-16	13-Oct-17	No	No

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
Specialist Health Planning Services Panel	Public	Consultancy	Noetic Solutions Pty Limited	$0.00	19-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	KPMG, Evan Rawstron,02-9455 9586	$0.00	26-Oct-16	15-Oct-19	No	No
Specialist Health Planning Services Panel	Public	Consultancy	RSM Australia Pty Ltd	$0.00	26-Oct-16	15-Oct-19	No	No
Consultancy Services for the Evaluation of the Implementation of the Mental Health Act 2015	Public	Consultancy	Australian Continuous Improvement Group Pty. Ltd. (ACIG)	$196,500.00	04-Nov-16	04-Nov-19	No	No
Portable FS-430 Fibroscan with Case including M & XL Probes as per Quotation ACT2908016	Quotation	Goods	Medical Technologies Australia	$104,500.00	07-Nov-16	06-Nov-17	No	No
Giraffe Warmer PLUS Accessories as per Quotation NO 1253B which includes in Service Product Training	Quotation	Goods	REEF MEDICAL PTY LTD	$30,679.00	07-Nov-16	06-Nov-17	No	No
Digital Diagnost 4.1 as per quote reference NO 2000237 1DIGITAL Diagnost 4.1 as per quote reference No 2000237 1	Single select	Goods	Philips Electronics Australia Limited	$335,071.00	07-Nov-16	06-Nov-17	No	Yes
Traceability Recording System (TRS) Series 3 Soluscope Reprocessor	Quotation	Goods	Gallay Medical & Scientific Pty. Ltd.	$123,532.65	07-Nov-16	06-Nov-17	No	No
V Pro Double Steriliser	Single select	Goods	Device Technologies	$151,250.00	08-Nov-16	11-Nov-17	No	Yes
PICS Maintenance and Support Services FY16/17	Single select	Services (non-consultancy)	Stygron Systems Pty Ltd	$38,632.00	10-Nov-16	09-Nov-17	No	Yes
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Services (non-consultancy)	SIDS & KIDS ACT	$0.00	16-Nov-16	30-Jun-19	Yes	No

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
Maintenance Services for ACT Health Facilities	Public	Works	Shepherd Electrical (ACT) Pty Ltd	$0.00	18-Nov-16	14-Nov-19	Yes	No
Maintenance Services for ACT Health Facilities	Public	Works	Custom Plumbing Services	$0.00	18-Nov-16	14-Nov-19	Yes	No
Maintenance Services for ACT Health Facilities	Public	Works	DORMA Australia	$0.00	18-Nov-16	14-Nov-19	Yes	No
Varian Collimator Windup Cable. Guide Cable Modified	Quotation	Goods	VARIAN MEDICAL SYSTEMS	$36,940.60	21-Nov-16	20-Nov-17	No	No
VS4 NIBP SPO2 PHILIPS FAST SPO2	Quotation	Goods	Philips Electronics Australia Limited	$57,576.42	21-Nov-16	20-Nov-17	No	No
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Public	Consultancy	Health Care Consumers Association of the ACT Inc.	$586,128.00	05-Dec-16	30-Jun-19	No	No
Panel for Supply and Delivery of Antibiotic Infusers and Associated Accessories and Consumables on behalf of ACT Health Directorate for The Canberra Hospital (TCH)	Public	Goods	Baxter Healthcare	$0.00	08-Dec-16	08-Dec-21	No	No
Data Assurance Services	Single select	Consultancy	PricewaterhouseCoopers	$501,712.00	16-Dec-16	23-Dec-16	No	Yes
Technical Advisory Panel “B”	Public	Consultancy	Integrated Building Services Management Pty Ltd	$0.00	16-Dec-16	20-Apr-18	Yes	No
Technical Advisory Panel “A”	Public	Consultancy	Integrated Building Services Management Pty Ltd	$0.00	16-Dec-16	15-Mar-18	Yes	No
Provision of a Slide Identification and Workflow System	Select	Goods	Roche Diagnostics Australia Pty Limited	$275,000.00	19-Dec-16	30-Nov-20	No	No
PCF-H190 Paediatric Colonovideoscope	Quotation	Goods	Olympus Australia	$144,096.37	20-Dec-16	19-Jan-18	No	No

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
Enhanced Software Support Services 24/7 SEE QUOTE A2016-0224MS	Single select	Goods	Fredon Security Pty Ltd	$38,789.30	21-Dec-16	20-Jan-18	No	Yes
Return conveyor base	Quotation	Goods	Getinge Australia Pty Ltd	$53,046.40	21-Dec-16	20-Jan-18	No	No
Roche vantage ventana histology tracking systems KSCRIPT Interface	Quotation	Goods	Kestral Computing Pty Ltd	$217,800.00	21-Dec-16	20-Jan-18	No	No
Transonic Flow Meter	Single select	Goods	Tekmed Pty Ltd	$42,834.00	09-Jan-17	02-Feb-18	No	Yes
Domestic and Environmental Services	Public	Services (non-consultancy)	ISS HEALTH SERVICES PTY LTD	$82,380,136.20	10-Jan-17	10-Feb-22	No	No
Maintenance Service Agreement MSA #1-15E5ICA-2 16/01/2017 – 15/04/2017	Single select	Services (non-consultancy)	GE Healthcare	$37,565.76	16-Jan-17	15-Apr-17	No	Yes
Supply and Delivery of Continence Products for ACT Equipment Scheme	Public	Goods	CLIFFORD HALLAM HEALTHCARE PTY LIMITED	$1,268,556.00	20-Jan-17	19-Jan-22	No	No
Contractor Financial Controller Duties within the Strategic Finance Branch of ACT Health	Single select	Consultancy	KPMG	$168,600.00	02-Feb-17	27-Apr-17	No	Yes
Maintenance Services for ACT Health Facilities	Public	Works	Carrier Australia Pty Ltd	$0.00	07-Feb-17	14-Nov-19	No	No
PICS Maintenance and Support Services FY16/17	Single select	Services (non-consultancy)	Stygron Systems Pty Ltd	$44,297.00	08-Feb-17	07-Mar-18	No	Yes
Service and Maintenance of PHILLIPS IU22 Ultrasound Machine 64555799	Quotation	Services (non-consultancy)	Philips Electronics Australia Limited	$30,800.00	09-Feb-17	08-Mar-18	No	No
Provision of assistance to enhance integrity of performance reporting	Single Select	Consultancy	KPMG	$34,650	14-Feb-17	25-Mar-17	No	Yes
Good Habits for Life Media Booking Authority	Select	Services (non-consultancy)	DENTSU MITCHELL MEDIA AUSTRALIA PTY LTD	$33,000.00	23-Feb-17	30-Jun-17	No	Yes

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
Scope requirements for a new ACT Notifiable Disease Database and Development of Business Requirements Specifications (BRS) Document	Quotation	Consultancy	SME Gateway Pty Ltd	$41,800.00	23-Feb-17	22-Feb-18	No	No
Purchase of Anaesthetic Agents	Public	Goods	Baxter Healthcare Pty Ltd	$1,103,250.00	28-Feb-17	30-Sep-18	No	No
STYGRON SYSTEMS PTY LTD	Single select	Services (non-consultancy)	Stygron Systems Pty Ltd	$35,051.50	06-Mar-17	05-Apr-18	No	Yes
Ride or Walk to School Extension Program	Public	Community-based services	Physical Activity Foundation Limited	$299,387.78	06-Mar-17	30-Jun-18	No	No
ACT Health Review of Commonwealth Home Support Programme Services	Quotation	Consultancy	DELOITTE ACCESS ECONOMICS PTY LTD	$147,782.00	07-Mar-17	05-Jun-17	No	No
Fresh Tastes - Video Production Services and Training	Quotation	Services (non-consultancy)	THOMMYGUN PRODUCTIONS	$27,390.00	08-Mar-17	30-Jul-17	Yes	No
VISUCAM 224 Retinal Camera	Quotation	Goods	Carl Zeiss Pty Ltd	$36,850.00	14-Mar-17	13-Mar-18	No	No
Review of food and drink classification system	Quotation	Services (non-consultancy)	The George Institute for Global Health	$146,152.00	15-Mar-17	04-Sep-17	No	No
Maintenance Contract for FACS CALIBUR/FACS CANTO II	Quotation	Services (non-consultancy)	BD	$33,880.00	16-Mar-17	15-Mar-18	No	No
Canberra Hospital Building 12 Electrical Main Switch Board Emergency Works	Public	Works	Shepherd Electrical (ACT) Pty Ltd	$321,560.80	17-Mar-17	23-Jun-18	Yes	No
Aboriginal and Torres Strait Islander Holistic Health Services	Single select	Community-based services	Winnunga Nimmityjah Aboriginal Health Service	$5,506,402.86	24-Mar-17	30-Jun-19	Yes	Yes
ACT Health Strategic Asset Management Framework Development- Phase 2 (Built Assets)	Quotation	Consultancy	Donald Cant Watts Corke Strategic Asset & Facilities Management	$194,343.00	24-Mar-17	30-Jun-17	Yes	No

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
ACT Health Strategic Sub-Sector Procurement Plan 2016 -19	Select	Community-based services	KIDSAFE ACT INCORPORATED	$78,742.00	03-Apr-17	30-Jun-19	Yes	Yes
Monitor Patient Carescape (- 21% NSW Contract Discount included as per quote)	Single select	Services (non-consultancy)	GE Healthcare Australia Pty Ltd	$34,497.10	04-Apr-17	03-Apr-18	No	Yes
Design (to the extent specified) and Construction of Canberra Hospital Main Electrical Switchboards Replacement	Public	Works	Shaw Building Group	$9,818,294.00	07-Apr-17	30-Aug-18	No	No
Ngunnawal Bush Healing Farm - Emergency Egress Track Works	Public	Works	Cord Civil Pty Ltd	$221,455.85	13-Apr-17	30-Jul-17	Yes	No
IYM/FT Videos	Quotation	Services (non-consultancy)	Thommygun Productions	$60,720.00	18-Apr-17	23-Dec-17	Yes	No
Asthma-Transitioning Care Hospital to Community	Select	Community-based services	ASTHMA FOUNDATION OF ACT INC	$241,969.00	19-Apr-17	19-Jun-19	Yes	Yes
Canberra Business Chamber - Food Environment	Single select	Services (non-consultancy)	Canberra Business Chamber	$302,500.00	25-Apr-17	30-Jun-19	Yes	Yes
Washer Disinfector	Quotation	Goods	Getinge Australia Pty Ltd	$202,046.90	01-May-17	01-May-18	No	No
Concept testing research for the Healthy Weight Action Plan expansion	Quotation	Services (non-consultancy)	ORIMA Research	$33,531.00	02-May-17	31-Aug-17	No	No
Washer Disinfector	Quotation	Goods	Getinge Australia Pty Ltd	$191,541.90	02-May-17	01-May-18	No	No
PICS Maintenance and Support Services FY16/17	Single select	Services (non-consultancy)	Stygron Systems Pty Ltd	$27,962.00	04-May-17	03-May-18	No	Yes
Healthy Weight Initiative expansion	Quotation	Services (non-consultancy)	Coordinate	$99,000.00	08-May-17	31-Oct-17	Yes	No

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
Canberra Hospital Building 7 Air Conditioning System Upgrade	Select	Consultancy	Northrop Consulting Engineers Pty Ltd	$18,590.00	09-May-17	11-Dec-17	No	No
Qualitative Concept Testing for a Dementia Risk Awareness and Reduction Program (Alzheimer's Association)	Quotation	Services (non-consultancy)	Colmar Brunton Research Pty Ltd	$33,000.00	18-May-17	10-Jul-17	Yes	No
Maintenance Service Agreement 15/04/2017 TO 15/07/2017 CONTRACT REF 247485	Quotation	Goods	GE Healthcare	$34,530.14	22-May-17	21-May-18	No	No
Extravision PC attached to Cardiology FD100 Replacement – After fire outage	Single select	Goods	Philips Electronics Australia Limited	$58,885.00	24-May-17	24-May-18	No	Yes
ZEISS Pentero HUD S7 Interface Kit	Single select	Goods	Medtronic Australasia Pty Ltd	$41,320.00	25-May-17	24-May-18	No	Yes
Smoking in Pregnancy Media Booking Authority	Quotation	Services (non-consultancy)	Dentsu Mitchell	$60,500.01	30-May-17	30-Jun-17	No	No
Healthier Junior Sports Clubs: Sponsorship and Canteens	Quotation	Community-based services	Grosvenor Management Consulting Pty. Ltd.	$93,500.00	31-May-17	29-Sep-17	No	No
Revaluation of Land, Buildings, and Leasehold Improvements	Quotation	Consultancy	Egan National Valuers (ACT)	$49,610.00	31-May-17	07-Jul-17	No	No
Panel for the Provision of Orthopaedic and Plastic Trauma Implants	Public	Goods	Stryker Australia Pty Ltd	$0.00	31-May-17	09-Jul-20	No	No
Building Health Services Program Coordination and Support	Select	Consultancy	Donald Cant Watts Corke Strategic Asset & Facilities Management	$584,904.00	07-Jun-17	06-Sep-17	Yes	Yes
Good Habits for Life Website Maintenance and Updates	Quotation	Services (non-consultancy)	372 Digital	$27,885.00	09-Jun-17	30-Jun-18	Yes	No
CM1860 UV	Quotation	Goods	LEICA MICROSYSTEMS PTY LTD	$29,806.09	16-Jun-17	15-Jun-18	No	No

Contract title	Procurement methodology	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small To Medium Enterprise	Exemption from quotation
Contractor Financial Controller Extension	Quotation	Consultancy	KPMG	$108,900.00	16-Jun-17	31-Aug-17	No	No
BK3000 Ultrasound System	Quotation	Goods	Paragon Care Group Pty Ltd	$148,324.00	16-Jun-17	15-Jun-18	No	No
New Oxygen Supply Pipework and VIE Installation	Quotation	Goods	BOC LIMITED	$26,838.00	20-Jun-17	19-Jun-18	No	No
OAKTON – Integration work package for UCPH Digital Solutions via ACT GOV Consult IT Panel	Quotation	Goods	OAKTON CONTRACTING & RECRUITMENT PTY LTD	$361,000.00	20-Jun-17	19-Jun-18	No	No
Cost Analysis of Teaching, Training and research services provided to the Australian National University (ANU)	Public	Consultancy	KPMG	$175,450.00	21-Jun-17	31-Aug-17	No	No
Cost Benefit Analysis-Potential shift in funding arrangements (ABF vs MBS and PHPR sign up)	Quotation	Consultancy	KPMG	$197,000.00	21-Jun-17	07-Sep-17	No	No
Mindray Ultrasound System as per Quotation DS20161123.1	Public	Goods	LIFEHEALTHCARE DISTRIBUTION PTY LTD	$46,715.00	21-Jun-17	20-Jun-18	No	No
Canberra Hospital HVAC and Facade Consultancy Services	Single select	Consultancy	Arup Pty Limited	$329,773.00	28-Jun-17	29-Dec-17	No	No

C.6 STATEMENT OF PERFORMANCE

REPORT OF FACTUAL FINDINGS

HEALTH DIRECTORATE

To the Members of the ACT Legislative Assembly

Review opinion

I am providing an **unqualified review opinion** on the statement of performance of the Health Directorate (the Directorate) for the year ended 30 June 2017.

During the review no matters were identified which indicate that the results of the accountability indicators reported in the statement of performance are not fairly presented in accordance with the *Financial Management Act 1996*.

Basis for the review opinion

The review was conducted in accordance with the Australian Auditing Standards. I have complied with the requirements of the Accounting Professional and Ethical Standards 110 *Code of Ethics for Professional Accountants*.

I believe that sufficient evidence was obtained during the review to provide a basis for the review opinion.

Responsibility for preparing and fairly presenting 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 2017*; 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.

Responsibility for the review of the statement of performance

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2017*, the Auditor-General is responsible for issuing a report of factual findings on the statement of performance of the Directorate.

As required by Australian Auditing Standards, the auditors:

- applied professional judgement and maintained scepticism;
- identified and assessed the risks of material misstatements due to error or fraud* and implemented procedures to address these risks so that sufficient evidence was obtained to form a review opinion; and
- reported the scope and timing of the review and any significant deficiencies in reporting practices identified during the review to the Director-General.

Level 4, 11 Moore Street Canberra City ACT 2601 PO Box 275 Civic Square ACT 2608
T 02 6207 0833 **F** 02 6207 0826 **E** actauditorgeneral@act.gov.au **W** www.audit.act.gov.au

(*The risk of not detecting material misstatements due to fraud is higher than the risk due to error, as fraud may involve collusion, forgery, intentional omissions or misrepresentations or the override of internal controls.)

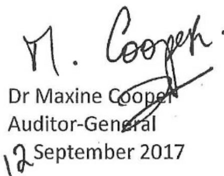
Limitations on the scope of the review

The review was conducted in accordance with Australian Auditing Standards applicable to review engagements, to provide limited assurance that the results of the accountability indicators reported in the statement of performance have been fairly presented in accordance with the *Financial Management Act 1996.*

A review is primarily limited to making inquiries with representatives of the Directorate, performing analytical and other review procedures and examining other available evidence. These review procedures do not provide all of the evidence that would be required in an audit, therefore, the level of assurance provided is less than that given in an audit. An audit has not been performed and no audit opinion is being expressed on the statement of performance.

This review 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;
- adequacy of controls implemented by the Directorate; or
- integrity of reviewed statement of performance presented electronically or information hyperlinked to or from the statement of performance. Assurance can only be provided for the printed copy of the reviewed statement of performance.



Dr Maxine Cooper
Auditor-General
12 September 2017

HEALTH DIRECTORATE
STATEMENT OF PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2017

Statement of Responsibility

In my opinion, the Statement of Performance is in agreement with the ACT Health Directorate's records and fairly reflects the service performance of the Directorate for the year ended 30 June 2017 and also fairly reflects the judgements exercised in preparing it.

Mr David Nicol

A/g Director-General

Health Directorate

12 September 2017

Health Directorate
Statement of Performance
For the Year Ended 30 June 2017

Output Class 1: Health and Community Care

Output 1.1 Acute Services

Description

The Canberra Hospital provides a comprehensive range of acute care, including inpatient, outpatient, and emergency department services. The key strategic priority for acute services is to deliver timely access to effective and safe hospital care services.

This means focussing on:

- strategies to meet performance targets for the emergency department, elective and emergency surgery; and
- continuing to increase the capacity of acute care services.

	Original Target 2016-17	Actual Result 2016-17	% Variance from Original Target	Explanation of Material Variances (+/- 5%)	Notes
Total Cost ($000's)	817,353	819,743	-		
Controlled Recurrent Payments (CRP) ($000's)	107,124	111,202	4%		
Accountability Indicators					
a. Admitted - National Weighted Activity Units {16}	74,466	78,277	5%	Acute admitted activity is above target due to higher than expected patient volume particularly in services related to neonatal and respiratory system disorders.	1,2
b. Non-Admitted - National Weighted Activity Units {16}	28,411	24,403	(14%)	Non-admitted activity is below target due to a 10% decrease in patient volume, particularly in services relating to general medicine, respiratory and medical oncology, coupled with a 5% decrease in average weighted complexity per case compared to the target.	1,3
c. Emergency Services – National Weighted Activity Units {16}	9,949	11,319	14%	Emergency care activity is above target due to a 9% higher than expected patient volume, particularly in services relating to circulatory, endocrine and nutritional or metabolic systems, coupled with an increase of 4% in average weighted complexity per Emergency Department presentation.	1

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

Explanation of Measures

1. Activity is measured in National Weighted Activity Units (NWAU) {16} as defined by the Independent Hospital Pricing Authority's National Efficient Price Determination 2016-17. The complexity of a patient's episode of care has a direct impact on the calculation of the number of NWAUs. i.e. A higher complexity episode of care will result in a higher number of NWAUs.
2. Excludes mental health and sub-acute services.
3. Excludes community mental health services.

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 2017*.

Output Class 1: Health and Community Care (Continued)

Output 1.1 Acute Services (Continued)

	Original Target 2016-17	Actual Result 2016-17	% Variance from Original Target	Explanation of Material Variances (+/- 5%)	Notes
d. Acute Admitted Mental Health Services - National Weighted Activity Units {16}	4,414	4,992	13%	Admitted Mental Health activity is above target due to a 50% higher than expected patient volume particularly in services relating to schizophrenic disorders, major affective disorders and personality disorders and acute reactions, which is offset by a 25% decrease in average weighted complexity per separation.	1
e. Sub Acute Services - National Weighted Activity Units {16}	7,274	6,820	(6%)	Sub/Non-acute activity is below target due to a 15% decrease in average weighted complexity per separation.	1
f. Calvary Services - National Weighted Activity Units (out of scope)	1,345	1,408	5%	Calvary out-of-scope services are above target primarily due to higher than expected patients who are out-of-scope for national Activity Based Funding, such as Medical Benefits Scheme, Department of Veterans Affairs or compensable patients.	1,4
g. Mean waiting time for clients on the dental services waiting list	6 Months	6 Months	-		5
h. Percentage of the Women's Health Service Intake Officer's clients who receive an intake and assessment service within 14 working days of their initial referral	100%	99%	(1%)		

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

Explanation of Measures - continued

4. All patient activity for Calvary Public Hospital that does not meet the Independent Hospital Pricing Authority's criteria for inclusion on the 'General list of In-scope Pubic Hospital Services'.
5. Client mean waiting time is defined as the mean waiting period between when a client is placed on the adult dental central waiting list and the receipt of treatment.

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 2017*.

Output Class 1: Health and Community Care (Continued)

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

Description

The Health Directorate provides a range of Mental Health, Justice Health and Alcohol and Drug Services through the public and community sectors in hospitals, community health centres and other community settings, adult and youth correctional facilities and peoples' homes across the Territory. These services work to provide integrated and responsive care to a range of services, including hospital based specialist services, and therapeutic rehabilitation, counselling, supported accommodation services and other community based services.

The key strategic priorities for Mental Health, Justice Health and Alcohol and Drug Services are ensuring that people's needs are met in a timely manner and that care is integrated across hospital, community, and residential support services.

This means focussing on:

- ensuring timely access to emergency mental health care;
- ensuring that public and community mental health services in the ACT provide people with appropriate assessment, treatment and care that results in improved mental health outcomes;
- providing community and hospital based alcohol and drug services;
- providing health assessments and care for people detained in corrective facilities; and
- engagement and liaison with community sector services, primary care and other government agencies providing support and shared care arrangements.

	Original Target 2016-17	Actual Result 2016-17	% Variance from Original Target	Explanation of Material Variances (+/- 5%)	Notes
Total Cost ($000's)	151,779	151,062	-		
Controlled Recurrent Payments (CRP) ($000's)	52,094	52,727	1%		
Accountability Indicators					
a. Adult mental health program community service contacts	155,000	193,304	25%	The higher than expected result is attributable to the target being incorrectly set due to mapping of services to incorrect indicators. The target should have been set at 198,000 which would have resulted in a variance of (2%).	6
b. Children and youth mental health program community service contacts	75,000	65,846	(12%)	The lower than expected result is partially attributable to the target being incorrectly set due to mapping of services to incorrect indicators. The 2016-17 target should have been set at 71,500. This would have resulted in a variance of (8%) which was due to staff vacancies. CAMHS carried a 3.4 FTE allied health vacancy due to maternity leave during September 2016 until March 2017.	7

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

Explanation of Measures

6. Mental Health ACT Adult community occasions of services (Age group 18-64).
7. Mental Health ACT Children and Adolescents community occasions of service (Age group 0-17).

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 2017*.

Output Class 1: Health and Community Care (Continued)

Output 1.2 Mental Health, Justice Health and Alcohol and Drug Services (Continued)

	Original Target 2016-17	Actual Result 2016-17	% Variance from Original Target	Explanation of Material Variances (+/- 5%)	Notes
c. ACT wide mental health program community service contacts	80,000	28,519	(64%)	The under achievement is partially attributable to the target being incorrectly set due to mapping of services to incorrect indicators. The target should have been set at 26,250 which would have resulted in a variance of 9% due to the new Intensive Treatment Service in the older person's mental health team and the increase of 3.0 FTE into that service.	8
d. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	-		9
e. Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%	98%	(2%)		9
f. Justice Health Services community contacts	155,000	158,583	2%		10
g. Percentage of current clients on opioid treatment with management plans	98%	96%	(2%)		11
h. Alcohol and Drug Services Community contacts	70,000	61,410	(12%)	The variance is due to unexpected staff vacancies and difficulties in recruiting staff which resulted in lower than expected occasions of service.	12

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

Explanation of Measures - continued

8. ACT wide mental health program community services contacts includes Aboriginal and Torres Strait Islander Services, Mobile Intensive Treatment Team (MITT) North, Mental Health Service Intellectual Disability, Neuropsychology, Mental Health Dual Diagnosis, Crisis Assessment and Treatment Team (CATT) and Older Persons Mental Health Community team.
9. Percentage of detainees at Alexander Maconochie Centre and Bimberi who are assessed within 24 hours of arrival at the facility. In respect of Bimberi, young detainees who are detained for a period of less than 24 hours are excluded from this indicator.
10. Community contacts are occasions of service with or about the client resulting in a dated entry in the clinical file. Contacts include both direct and indirect clinical contact, reported for all community mental health service units in the Justice Health program.
11. On presentation for opioid replacement treatment, a management plan is developed. This indicator represents the percentage of clients with management plans.
12. Direct occasions of service with a client (appointment, contact or dose).

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 2017*.

Output Class 1: Health and Community Care (Continued)

Output 1.3 Public Health Services

Description

Improving the health status 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 and promote interventions that remove or mitigate population health hazards. This includes programs that evaluate and report on the health status of the ACT Population, assist in identifying particular health hazards and measures to reduce the risk to the health of the public from communicable diseases, environmental hazards and the supply of medicines and poisons.

	Original Target 2016-17	Actual Result 2016-17	% Variance from Original Target	Explanation of Material Variances (+/- 5%)	Notes
Total Cost ($000's)	36,644	35,435	(3%)		
Controlled Recurrent Payments (CRP) ($000's)	27,274	27,175	-		
Accountability Indicators					
a. Samples analysed	11,500	10,658	(7%)	The underachievement is due to lower than expected asbestos and controlled substance test requests.	13
b. Compliance of licensable, registrable and non licensable activities at the time of inspection	85%	73%	(14%)	The underachievement is mainly due to non- compliance in food businesses. Other categories such as swimming pools/spas also have significantly lower compliance than the indicator target.	14
c. Response time to environmental health hazards, communicable disease hazards relating to measles and meningococcal infections and food poisoning outbreaks is less than 24 hours	100%	100%	-		15

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

Explanation of Measures

13. Number of samples analysed during the period by the ACT Government Analytical Laboratory.
14. Percentage of inspected premises found to be in compliance with relevant legislation, licence or registration. The data is drawn from records of inspection carried out under provisions of all ACT Health administered legislation. The relevant Acts are: *Food Act 2001, Public Health Act 1997, Radiation Protection Act 2006* and *Medicines, Poisons and Therapeutic Goods Act 2008.*
15. Response time is defined as the elapsed time between notification and commencement of investigation. The reported percentage is derived from the combined data sets across the three classes of quick response categories: environmental health hazards, communicable disease control hazards and food poisoning outbreaks.

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 2017.*

Output Class 1: Health and Community Care (Continued)

Output 1.4 Cancer Services

Description

Canberra Hospital and Health Services provides a comprehensive range of screening, assessment, diagnostic, treatment, and palliative care services. Services are provided in inpatient, outpatient, and community settings.

The key strategic priorities for cancer care services are early detection and timely access to diagnostic and treatment services. These include ensuring that population screening rates for breast meet targets, waiting time for access to essential services such as radiotherapy are consistent with agreed benchmarks, and increasing the proportion of women screened through the BreastScreen Australia program for the target population to 70 per cent over time.

	Original Target 2016-17	Actual Result 2016-17	% Variance from Original Target	Explanation of Material Variances (+/- 5%)	Notes
Total Cost ($000's)	76,960	78,262	2%		
Controlled Recurrent Payments (CRP) ($000's)	8,860	8,860	-		
Accountability Indicators					
a. Total breast screens	18,500	17,176	(7%)	The total numbers of women screened has been impacted by unplanned leave and unsuccessful recruitment of radiographers. This reflects the national shortage of skilled Mammographers. Further strategies are being explored.	16
b. Number of breast screens for women aged 50 to 69	13,000	12,423	(4%)		17
c. Percentage of women who receive results of screen within 28 days	100%	100%	-		18
d. Percentage of screened patients who are assessed within 28 days	90%	88%	(2%)		19

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

Explanation of Measures

16. Total number of women screened in the period.
17. Number of women aged between 50 to 69 years screened in the period.
18. The percentage of women with a 'normal' result who receive notice of this outcome within 28 days of their screening appointment. Consistent with national methods, the end date is the date the results are produced, as it is not possible to ascertain the date a client receives a mailed document.
19. The percentage of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment.

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 2017*.

Health Directorate
Statement of Performance
For the Year Ended 30 June 2017

Output Class 1: Health and Community Care (Continued)

Output 1.5 Rehabilitation, Aged and Community Care

Description

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

The key strategic priorities for Rehabilitation, Aged and Community Care are:

- ensuring that older persons in hospital wait an appropriate time for access to comprehensive assessment by the Aged Care Assessment Team. This will assist in their safe return home with appropriate support, or access to appropriately supported residential accommodation;
- improving discharge planning to minimise the likelihood of readmission or inadequate support for independent living, following completion of hospital care; and
- ensuring that access is consistent with clinical need, is timely for community based nursing and allied health services and that community based services are in place to better provide for the acute and post acute healthcare needs of the community.

	Original Target 2016-17	Actual Result 2016-17	% Variance from Original Target	Explanation of Material Variances (+/- 5%)	Notes
Total Cost ($000's)	143,947	147,159	2%		
Controlled Recurrent Payments (CRP) ($000's)	49,422	50,218	2%		
Accountability Indicators					
a. Number of nursing (domiciliary and clinic based) occasions of service	90,000	92,749	3%		20
b. Number of allied health regional services (occasions of service)	30,000	28,920	(4%)		21

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

Explanation of Measures

20. All occasions of service provided to community patients by Community Care Nurses in the following settings: home visits; ambulatory care clinics; foot care clinics; continence clinics; wound clinics; and stoma clinics.
21. All occasions of service provided to community patients by Community Care Allied Health Professionals and Allied Health Assistants for Physiotherapy, Occupational Therapy, Social Work, Podiatry and Nutrition.

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 2017*.

Output Class 1: Health and Community Care (Continued)

Output 1.6 Early Intervention and Prevention

Description

Improving the health and wellbeing of the ACT population through a range of programs, services and initiatives, focused on early intervention, prevention and health promotion. The key strategic priorities for early intervention and prevention include encouraging and promoting healthy lifestyle choices to decrease the rates of conditions like obesity and diabetes and reducing risky health behaviours such as smoking and alcohol consumption and maintaining high levels of immunisation.

	Original Target 2016-17	Actual Result 2016-17	% Variance from Original Target	Explanation of Material Variances (+/- 5%)	Notes
Total Cost ($000's)	93,622	96,318	3%		
Controlled Recurrent Payments (CRP) ($000's)	41,267	40,510	(2%)		
Accountability Indicators					
a. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	95%	95%	-		22
b. Proportion of clients attending 'Well Women's Check' within the Women's Health Service that are from culturally and linguistically diverse communities	40%	44%	10%	The higher than expected result is attributed to successful promotion of the service through internal communications, Women's Health Service brochures and other health promotion activities.	23
c. Proportion of children aged 0–14 who are entering substitute and kinship care within the ACT who attend to the Child at Risk Health Unit for a health and wellbeing screen	90%	91%	1%		24

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

Explanation of Measures

22. Percentage of 12 month old children who have been fully immunised in accordance with the Australian Childhood Immunisation Register.
23. This indicator measures the percentage of women who are from culturally and linguistically diverse communities accessing a 'Well Women's Check'.
24. This indicator measures the percentage of children aged 0-14 placed in out of home care (substitute or kinship care) who have received a health and wellbeing screen. The Health Directorate is reliant on referrals from the Community Services Directorate in order to provide these services.

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 2017*.

PART D

PART D: NOTICES OF NONCOMPLIANCE

D. NOTICES OF NONCOMPLIANCE

D.1 DANGEROUS SUBSTANCES

In 2016–17, ACT Health received no notices of noncompliance under section 200 of the *Dangerous Substances Act 2004*.

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

D.2 MEDICINES, POISONS AND THERAPEUTIC GOODS

In 2016–17, ACT Health received no notices of noncompliance under section 177 of the *Medicines, Poisons and Therapeutic Goods Act 2008*.

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

PART G

PART G: HEALTH

G. HEALTH

G.1 MENTAL HEALTH

See:

> Attachments–Annexed and subsumed public authority reports–Chief Psychiatrist Annual Report 2016-17, page 354

> Attachments–Annexed and subsumed public authority reports–ACT Care Coordinator Annual Report 2016-17, page 348.

ATTACHMENTS

ATTACHMENTS

ANNEXED AND SUBSUMED PUBLIC AUTHORITY REPORTS

ACT CARE COORDINATOR ANNUAL REPORT 2016-17

The ACT Care Coordinator is a statutory appointment made by the Minister for Health, under section 204 (1) of the *Mental Health Act 2015*.

This report is being submitted in accordance with section 205 (e) of the *Mental Health Act 2015*.

The Care Coordinator is responsible for coordinating the provision of treatment, care or support for a person with a mental disorder for whom a Community Care Order (CCO) applies. The Care Coordinator is also responsible for coordinating the provision of treatment, care or support for a person for whom a Forensic Community Care Order (FCCO) is in force. CCOs and FCCOs are made by the ACT Civil and Administrative Tribunal (ACAT). The Executive Officer for the ACT Care Coordinator is located within the office of Public Advocate and Children and Young People Commissioner.

CCOs/FCCOs are made for people for whom guardianship is not sufficient and who have disturbances of behaviours associated with other disorders of the mind, such as:

- dementia
- intellectual disability
- acquired brain injury
- personality disorders
- degenerative neurological disorders.

The majority of clients with CCOs have their care needs met by either mainstream services and/or the National Disability Insurance Scheme (NDIS). The provision of care and support has, over time, changed in response to the introduction of NDIS and the changing role of Disability ACT.

From 1 July 2016 to 30 June 2017, eight people were subject to a CCO; six men and two women. There were four people for whom new CCOs were made in the reporting period. For the eight people subject to CCOs, one was referred by the courts and the remaining seven were referred by clinical services. Dementia was the reason one person was subject to a CCO, one had a neurological disorder other than dementia, one had an eating disorder, two had complex and challenging behaviours and three people had an intellectual disability.

No FCCOs were made during this reporting period.

Table 53 summarises the CCOs for 2016–17.

TABLE 53: COMMUNITY CARE ORDERS FOR 2016–17

Category	Details
Gender	Male: 6 Female: 2 **Total: 8**

Category	Details
New CCO	4
Age	≤18 years: 1 19–29 years: 1 30–39 years: 4 40–49 years: 1 50–59 years: 0 60-69 years: 0 70–79 years: 1 80+ years: 0
Condition	Intellectual disability: 3 Dementia: 1 Neurological condition other than dementia: 1 Eating disorder: 1 Complex and challenging behaviours: 2
Referring Agency	Adult Mental Health: 6 Older Persons Mental Health Service (OPMHS): 1 Courts: 1
Restriction Orders	7

Linda Kohlhagen

ACT Care Coordinator

July 2017

CALVARY HEALTH CARE LTD ANNUAL REPORT 2016-17

Calvary Public Hospital Bruce (Calvary) is a fully accredited health service providing care across the Bruce campus. Calvary separately also administrates Clare Holland House in Barton. Calvary is committed to providing contemporary and multidisciplinary team-based care, which is delivered by a dedicated, qualified and professional workforce. At both campuses the natural environment supports personal wellbeing and holistic healing.

Calvary delivers public health and hospital services on behalf of the ACT Government. The Calvary Network Agreement formalises this arrangement, with an annual Calvary Performance Plan negotiated to determine the services to be provided over the financial year. These governance arrangements are subject to ongoing review and enhancement.

As a member of the ACT Local Hospital Network with defined roles and service delineation, Calvary delivers high-quality clinical care, providing comfort and healing to ACT residents and people from surrounding communities. Calvary has formal protocols and practical working relationships that ensure patients with particular conditions and treatment requirements not available at Calvary are seamlessly transitioned or transferred to Canberra Hospital or interstate for specialty services.

Calvary is a teaching hospital associated with the Australian Catholic University, the Australian National University and the University of Canberra. In this role, and through the contribution of emerging clinical practitioners, Calvary is at the forefront of contemporary health service and acute care practices.

Services provided by Calvary include:

- a 24/7 Emergency Department
- intensive and coronary care
- medical and surgical inpatient services
- maternity services, including the Calvary Birth Centre
- aged care and rehabilitation services
- voluntary psychiatric services
- specialist outpatient clinics
- Hospital in the Home service.

Calvary operates the ACT Specialist Community Palliative Care Service from the Clare Holland House campus in Barton. This service comprises:

- Clare Holland House, which is a 19-bed inpatient specialist palliative care unit
- palliative care outpatients' clinics
- community-based palliative care services
- Calvary-Australian Catholic University Palliative Care Research Centre.

The demand for community-based palliative care continues to grow, especially as palliative care is increasingly incorporated into the care management of people with chronic conditions. The ACT Specialist Community Palliative Care Service is a national leader in developing interdisciplinary and multidisciplinary treatment and care plans for palliative care patients. These plans ensure that patients' care is coordinated between all their care providers, including their GP, specialists, residential care supervisor and the specialist palliative care team.

This partnership is particularly important when the episodic and chronic treatments of patients with a life affecting condition or generally deteriorating health are closely interrelated. It ensures the respective care providers' treatments are coordinated and complementary.

Activity achievements

During 2016–17, Calvary delivered approximately[11]:

> 29,000 Calvary Public Hospital, Bruce admissions

> 360 Clare Holland House admissions

> 59,000 Emergency Department presentations

> 5,100 elective surgery procedures

> 1,950 non-elective surgery procedures

> 1,600 babies born.

Other achievements

The dynamic nature of health and hospital services and the increasing demand on those services requires Calvary to continuously review patient care processes and procedures. During 2016–17, this included:

> Calvary achieved unconditional accreditation with no recommendations against the National Safety and Quality in Health Service Standards, following a survey conducted by the Australian Council on Healthcare Standards (ACHS) in April 2017.

> The clinical streaming structure was refined, which has embedded multidisciplinary care planning across Calvary's Medical, Surgical, Critical Care, Mental Health, Palliative Care and Women's and Babies' Health services.

> Development of a purpose-designed Specialist Outpatient Clinic Facility was completed and opened in July 2017.

> Transitioning to Activity Based Management commenced. This is being introduced by ACT Health as the basis for funding and resource allocation for the provision of services.

> For the period July to December 2016, Clare Holland House was named as one of 10 palliative care inpatient services in Australia that met all criteria established by the Palliative Care Outcomes Collaboration .

> Calvary individuals and teams were named recipients of a number of excellence awards. These included:

- During the ACT Nursing and Midwifery Excellence Awards :
  - Michelle Thinius RM was named ACT Midwife of the Year
  - the Calvary Intensive and Coronary Care Unit Education Team received the Excellence in Educational Practice
  - Carmel Ronning RN received the Excellence in Leadership Practice Award.
- The ACT Branch of the College of Midwives announced Jessie Price RM as Midwife of the Year, and also named Sally McRae RM as runner-up in their awards for 2017.

> The Calvary Lymphoedema Team, which received the 2016 ACT Health Award for Team Excellence and the 2016 Allied Health Professional of the Year, have been given approval by Calvary and ACT Health to undertake the first Australian randomised controlled trial to assess the effectiveness of compression garments for preventing Cellulitis.

[11] Note these activity figures were provided by Calvary.

- Calvary expanded its waste management programs to develop 29 waste management streams, including multiple clinical waste streams, that are ‘sorted at source’. This program has been strongly supported by staff and is endorsed by the Calvary group policy on environmental stewardship. In 2016, Calvary’s Domestic Services Manager, Greg Robertson, received the Minister’s Award for Leadership, and in 2017 Calvary was again named the Biggest Recycler by the ACT Government’s Actsmart program.

Improved community access

The ongoing development and population growth in the Molonglo and Gungahlin townships continues to expand the catchments for whom Calvary is their closest acute care public hospital and health service.

The ACT Government and Calvary are committed to expanding the services to meet the needs of the growing ACT population

The multi-level car park on the southern side of the Calvary Bruce campus has improved access to services for patients and visitors.

A dedicated Specialist Outpatients’ Clinic service, which will commence from July 2017 in Calvary’s Lewisham Building, will ease congestion currently being experienced in the Marian Building.

Issues and challenges

Calvary recognises its responsibility to partner with ACT Health in the plural challenges of meeting the growing health needs of the community while achieving greater efficiencies across services.

This challenge requires the collaboration of not only acute care services, but all public and private health service providers in both institutional and community settings to meet the concurrent factors of:

- longer life expectancy
- an ageing population
- improved management of chronic conditions
- consistent emergence of new and expensive health practices and technology.

Calvary welcomes the opportunity to work with ACT Health on the development of a Territory-wide clinical services plan, which will provide the basis for a sustainable and high-quality health system in the ACT.

Future directions

Calvary has commenced a project to upgrade its operating theatres and will also increase and improve its medical imaging services in the last quarter of 2017.

Calvary will continue to enhance the clinical stream model across acute services. This model, which integrates medical, nursing and allied health services into a single care team, supports:

- multidisciplinary care plans and treatment
- improved patients’ outcomes
- reduced length of stay
- consistent patient flow in Calvary’s acute care settings.

The stand-alone Calvary Bruce Private Hospital will open in September 2017. The new private hospital will include a range of clinical and hospitality features to facilitate contemporary clinical services and offer an unparalleled hospitality experience for patients.

Existing arrangements that allow patients to elect private admission will continue. Procedures and processes are being modified to:

- ensure the seamless transition between services and
- take into account the physical separation of the two services.

The new private hospital is located next to the Calvary Clinic Medical Professional Suites and Hyson Green Private Mental Health Inpatient and Day Therapy Centre . This creates a comprehensive private health node in Bruce and also enables Calvary Health Care to achieve a significant milestone that was formalised in the Calvary Network Agreement.

Calvary will work closely with ACT Health to determine the most urgent and appropriate use of the previously private hospital areas that can be repatriated for public services.

CHIEF PSYCHIATRIST ANNUAL REPORT 2016-17

The *Mental Health Act 2015* commenced on 1 March 2016 giving those people in the ACT living with a mental illness, or their carers and family members, greater opportunity to contribute on decisions on their treatment, care and support. The Act was developed over several years with extensive stakeholder engagement. The objectives and principals of the Act uphold the human rights of those people with a mental illness and an acknowledgement of the place of carers is a feature throughout the *Mental Health Act 2015*. The Act is about empowering people in the ACT community with mental illnesses and mental disorders to make critical decisions about their treatment, care and support to the best of their ability, and with the involvement of carers, close family and friends.

Emergency apprehension

Table 54 shows the number of emergency apprehensions in 2016–17, by initiator.

TABLE 54: EMERGENCY APPREHENSION

Initiator	Number
Police Officer	594
Mental health officer	170
Medical practitioner	109
Authorised Ambulance Paramedic *	141
Emergency apprehensions (total)	**1014**

*NB the *Mental Health Act 2015* allows Authorised Ambulance Paramedics to undertake emergency apprehension.

Emergency detention

Table 55 shows the number of emergency detention notifications issued in the period of 1 July 2016 to 30 June 2017 in comparison to emergency detention notifications issued in previous years. One of the major elements of the *Mental Health Act 2015* is to allow the total period to be up to 14 days.

Applications for extension of emergency detention, mental health orders and variations of mental health orders are made to the ACT Civil and Administrative Tribunal (ACAT).

TABLE 55: EMERGENCY DETENTIONS

Year	Number of emergency detentions
July 2013 – June 2014	596
July 2014 – June 2015	698
July 2015 – June 2016	763
July 2016 – June 2017	858

Table 56 shows the outcomes of those people detained in 2016–17 in comparison to previous years.

TABLE 56: OUTCOME OF THOSE DETAINED

Year	Revocation of 72-hour detention and/or 72-hour detention being allowed to lapse	Applications for extension of involuntary detention
July 2013 – June 2014	295	299
July 2014 – June 2015	387	311
July 2015 – June 2016	429	334
July 2016 – June 2017	478	380

Psychiatric treatment orders

Under *the Mental Health Act 2015*, the Chief Psychiatrist is responsible for the treatment and care of a person to whom a Psychiatric Treatment Order (PTO) applies. The maximum duration of a PTO is six months.

Table 57 shows the PTO and Community Care Order (CCO) restriction order statistics for 2016–17 in comparison to previous years.

TABLE 57: PSYCHIATRIC TREATMENT ORDERS

Year	July 2013–June 2014	July 2014–June 2015	July 2015–June 2016	July 2016–June 2017
PTOs granted by ACAT	890	921	912	627
PTOs revoked	167	156	254	163
Contravention of PTO	80	90	101	80
Restriction orders made by ACAT that were all in relation to CCOs	15	14	7	10

Other matters

The *Mental Health Act 2015* provides for the authorisation of involuntary electro-convulsive therapy (ECT), including emergency ECT. There are also provisions for the interstate application of mental health laws, including for the transfer of people to and from the ACT.

Section 309 of the *Crimes Act 1900* provides for the court to order an individual to a prescribed mental health facility for the purposes of an emergency assessment to determine whether immediate treatment and care are required.

Table 58 provides statistics for other matters in 2016–17 in comparison to previous years.

TABLE 58: OTHER MATTERS

Year	July 2013–June 2014	July 2014–June 2015	July 2015–June 2016	July 2016–June 2017
Application for ECT authorised	7	10	14	25
Application for emergency ECT authorised	0	1	0	0
Interstate transfers	9	12	10	8
Court ordered removal for assessment—s309 of the *Crimes Act 1900*	44	63	78	118

Key points arising

The following trends in key areas of activity related to the Office of the Chief Psychiatrist are noteworthy.

In 2016–17, 1014 people were apprehended and brought to the Canberra Hospital for assessment. This is a marginal decrease of 1.3 per cent from the previous year. Emergency detentions increased from the previous reporting period by 12.5 per cent. Of the 858 detentions, the 72 hour detention was allowed to lapse or be revoked in 478 cases (56 per cent). ACAT granted 380 applications for extension of up to a further 11 days. These figures are steady for the last two years and are an indication of the treating team's efforts to continue to appropriately stabilise an acute episode of illness. An increased stability of a person's mental health during an inpatient admission provides a greater chance of successful ongoing management for that person in the community.

ACAT held 904 hearings during 2016–17 and granted 627 PTOs. This is a significant decrease of 31.3 per cent from 2015–16. This anomaly is due to the changes in the *Guardianship and* Management *of Property Act 1991* as a consequence of the *Mental Health Act 2015*, which now allows for Guardians or Health Attorneys to give consent for people with a mental illness or mental disorder who do not have decision-making capacity but show a willingness to accept treatment. As a result, a significant number of persons with a mental illness who would previously been treated under a PTO now receive treatment under the alternate Act. The percentage of persons whose PTO was revoked was the same as for 2015–16.

Twenty-five ECT orders were authorised by ACAT, an increase from 14 from the previous year. No applications were made to ACAT for emergency ECT.

Eight cross-border agreements were made between the ACT and interstate facilities. The ACT transferred eight people to facilities in NSW and Queensland.

Contraventions of PTOs decreased from 101 to 80 in 2016–17. This is a reduction of 20 per cent from 2015–16. This figure partly reflects the lower total number of PTOs in operation in the last year. Forty-five people were brought to the Canberra Hospital for medication or assessment purposes, and 20 were admitted to hospital as a result. Community teams make every effort to anticipate and manage crises early. Often, if this is successful, a contravention is not required.

The ACT Magistrates Court made 118 referrals for assessment pursuant to section 309 of the *Crimes Act 1900*, a 50 per cent increase from the previous year when 78 referrals were made. Of these 118 referrals, 93 people (79 per cent) required admission to a mental health facility for assessment purposes, with 25 being returned to court on the same day. The Court Assessment Liaison Service continues to provide assessment and advice to the courts at the time of the hearing, which in many circumstances means that a section 309 referral is not required.

Finally, I would like to acknowledge the significant contribution of Dr Peter Norrie who retired in December 2016.

Dr Norrie served as the Chief Psychiatrist for seven years and was instrumental in the design and successful implementation of the *Mental Health Act 2015*.

Dr Mandy Evans

Interim Chief Psychiatrist

HUMAN RESEARCH ETHICS COMMITTEE ANNUAL REPORT 2016-17

The ACT Health Human Research Ethics Committee (HREC) continues its work of reviewing human research proposals to ensure they meet the ethical standards set out in the National Statement on Ethical Conduct in Human Research (2007), which is jointly developed by the:

- National Health and Medical Research Council (NHMRC)
- Australian Research Council
- Australian Vice-Chancellors' Committee.

During 2016–17, HREC has been an active contributor to the NHMRC consultation process on developing national reforms in research ethics administration.

The Head of Research Ethics and Governance, August Marchesi, has continued to represent HREC and ACT Health on the Jurisdictional Working Group that is managing the National Mutual Acceptance (NMA) of ethical and scientific review for multi-centre health and medical research.

The Clinical Trials Subcommittee (CTSC) and the Social Research Subcommittee (SRSC) have continued to provide HREC with expert advice on the research merit and integrity of research proposals. The Low Risk Subcommittee (LRSC) reviews and takes decisions on more than two-thirds of all proposals received.

HREC and its subcommittees draw on the expertise available in:

- ACT Health
- the wider ACT research community
- more broadly, the ACT community.

As of June 2017 the HREC comprised:

- 10 external members and
- six internal ACT Health members.

I would like to thank the members of HREC and its subcommittees for their hard work and dedication to the enterprise of ethical review. On behalf of the committee, thanks is given to the Secretariat staff, August Marchesi, Matthew Wafer and Gillian Fox, for their tireless work in keeping the ACT Health HREC and its processes operating at the highest standards.

Louise Morauta PSM PhD

Chair

Membership of the Human Research Ethics Committee

Table 59 identifies membership of the HREC in 2016–17.

TABLE 59: HREC MEMBERSHIP

Name of member	Position
Dr Louise Morauta	Chair
A/Professor Frank van Haren	Deputy Chair (until Jan 2017) Current researcher (Intensive Care)
Professor Walter Abhayaratna	Member providing professional care
Ms Kimberley Baillie	Lawyer member (alternate)
Ms Margaret Blood	Lay member
Dr Bianca Calabria	Current researcher (Aboriginal and Torres Strait islander health)
A/Professor Paul Craft	Current researcher (Oncology) (until Jan 2017) Deputy Chair (from Jan 2017)
Professor Geoff Farrell	Current researcher (Hepatology) (until Feb 2017)
Dr David Larkin	Member providing professional care
Mr David Lovegrove	Consumer member
Professor Imogen Mitchell	Current researcher (Intensive care) (until Jan 2017)
Mr John Morrissey	Lawyer member (alternate)
Dr Anna Olsen	Current researcher (Social Science)
Rev Neale Roberts	Member providing pastoral care
Dr Louise Stone	Current researcher (Social Science)
Ms Lyn Todd	Pharmacist
A/Professor Penney Upton	Current researcher (Social Science)
Mr Luke Williamson	Lay member

Meetings of the Ethics Committee and its subcommittees

The committee met 11 times from 1 July 2016 to 30 June 2017. Meetings are held monthly. Subcommittee meeting details are as follows:

> **The Clinical Trials Subcommittee** (CTSC), under the chairmanship of Professor Walter Abhayaratna, met 11 times during the year. In each instance recommendations were made to the subsequent HREC meeting.

> **The Social Research Subcommittee** (SRSC), under the chairmanship of A/Professor Penney Upton, met 11 times during the year. In each instance recommendations were made to the subsequent HREC meeting.

> **The Low Risk Subcommittee** (LRSC), under the chairmanship of Dr Louise Morauta, met 29 times during the year. The LRSC meets on a fortnightly cycle to enable a faster decision-making process for projects "in which the only foreseeable risk for participants is one of discomfort" (*NHMRC National Statement*, p 16).

Key points arising

Key developments during the 2016–17 year were:

> As of 1 August 2016 the ACT joined the NMA scheme to reduce duplication of ethical reviews across Australian jurisdictions.

> Between August 2016 and June 2017, a total of 49 projects received approval under the NMA scheme. Of these, ACT Health HREC served as the lead HREC on six projects.

In 2017–18, the ACT and NSW will begin using a new information technology platform that is designed to:

> record and track research applications

> prompt contact between researchers and HRECs to ensure that ongoing research is monitored appropriately and in a timely manner.

RADIATION COUNCIL ANNUAL REPORT 2016-17

Chair's review

It is my pleasure to present the Annual Report of the Radiation Council (the Council) for 2016–17.

The Council has had a productive year, continuing to issue licenses, register radiation sources and consider issues that may affect the ACT community with regards to radiation safety and protection.

I wish to express my appreciation to the members of the Council for their expert contribution and to the staff of the Health Protection Service for their ongoing support.

Council functions

The *Radiation Protection Act 2006* controls the safe use, storage, transportation and disposal of radioactive material and irradiating apparatus. The Council is established under Part 5 of the *Radiation Protection Act 2006*, and has the following functions:

- issuing licences
- registering regulated radiation sources
- advising the Minister on radiation protection issues
- exercising any other function given to it under the *Radiation Protection Act 2006* or another territory law.

Council membership

The composition of the Council is specified in section 65 of the *Radiation Protection Act 2006*. Seven members are currently appointed to the Council, as shown in Table 60.

TABLE 60: COUNCIL MEMBERS

Name	Position held	Appointed until
Elizabeth Croft	Chair	30 September 2018
Sean Geoghegan	Deputy Chair	30 September 2018
Kathy Ashton	Member	30 September 2018
Donald McLean	Member	30 September 2018
Stephen Tims	Member	30 September 2018
Ahmad Javaid	Member	30 September 2018
Fiona Jolly	Member	30 September 2018

Council meetings 2016–2017

The Council meets approximately every six weeks and met nine times during 2016–2017. Meetings were held in:

- August, September, November and December of 2016;
- January, March, April, May and June of 2017.

Regulatory standards

The Council refers to a number of standards, codes of practice, safety guides, and recommendations when:

> considering matters relating to radiation protection

> issuing licences and approving registrations under the *Radiation Protection Act 2006*.

This includes documents in the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Radiation Protection Series, which are available free of charge from www.arpansa.gov.au.

National Directory for Radiation Protection

The National Directory for Radiation Protection (the Directory) provides the basis for achieving uniformity of radiation protection practices across Australian jurisdictions, and is an incorporated document under the *Radiation Protection Act 2006*. The Directory is designed to be regularly updated to reflect the best radiation protection practice of the time. The Directory is prepared by the ARPANSA Radiation Health Committee, and is only updated in accordance with prescribed processes.

The Council is regularly briefed on developments with regard to the work of the ARPANSA Radiation Health Committee. ACT Health has a jurisdictional representative appointed to the committee.

Approvals and decisions

Licences

The Council issued 204 new licences during the 2016–17 year, bringing the total number of active licences in the ACT to 1,314. Overall, this represents a 9.9 per cent increase (118 licences) on the 2015–16 total of 1,196 licences.

Registrations

The Council registered 62 new radiation sources during the 2016–17 year, bringing the total number of registered radiation sources in the ACT to 684. Overall, this represents a 4 per cent increase (26 sources) on the 2015–16 total of 658 registered sources.

Radiation incidents

Four radiation incidents, summarised in Table 61, were reported to the Council during the year and underwent further investigation.

TABLE 61: RADIATION INCIDENTS

Incident type	No. incidents	Details
Accidental Exposure	1	A head CT scan was performed on the wrong patient. This patient was wearing an incorrect ID tag. However, it later transpired that the head CT scan was actually required for that patient.
Other Incident	3	> One patient experienced a fraction mismatch during radiation therapy, which was detected in post-treatment quality assurance procedures. > One patient had a bone scan prescribed and the radiopharmaceutical was administered, but the imaging procedure was not completed. The request for the procedure had been cancelled before the radionuclide was administered but this was not communicated to the relevant staff. Therefore, there was no diagnostic benefit from the radiation exposure.

Incident type	No. incidents	Details
		> The appropriate radiopharmaceutical was administered to a patient who was subsequently unable to complete the Positron Emission Tomography (PET)/CT imaging procedure due to anxiety caused by pain and claustrophobia.

In line with the ACT Health Risk Management Guidelines, all four 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 four of these incidents were reported to ARPANSA for inclusion on the Australian Radiation Incident Register.

Enforcement and remedial actions by the Council

No investigations or legal proceedings were commenced in 2016–2017.

Contact details

All correspondence should be addressed to:

Secretariat
Radiation Council
c/o Health Protection Service
Locked Bag 5005
WESTON CREEK ACT 2611
Phone: (02) 6205-1700
Email: hps@act.gov.au
Website: www.health.act.gov.au\radiationsafety

Elizabeth Croft
Chair
01 July 2017

ACT LOCAL HOSPITAL NETWORK DIRECTORATE ANNUAL REPORT 2016-17

MANAGEMENT DISCUSSION AND ANALYSIS FOR THE ACT LOCAL HOSPITAL NETWORK DIRECTORATE, FOR THE YEAR ENDED 30 JUNE 2017

Management Discussion and Analysis for the ACT Local Hospital Network Directorate, For the Year Ended 30 June 2017

General Overview

Purpose

The ACT Local Hospital Network Directorate (the Directorate) was established under the Commonwealth's *National Health Reform Act 2011* and the ACT's *Health (National Health Funding Pool and Administration) Act 2013* (the Acts), and is administered by the Director-General of the Health Directorate and supported by staff from the Health Directorate.

The Directorate receives Activity Based Funding from the Commonwealth and ACT Governments, and block funding for teaching, training and research. It purchases public hospital services from four ACT public hospital providers:

- Canberra Hospital and Health Services;
- Calvary Public Hospital;
- Clare Holland House; and
- Queen Elizabeth II Family Centre.

Risk Management

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

If actual performance activity is lower than the budgeted activity for the Directorate for 2017-18, this would result in lower Commonwealth National Health Reform revenue to the ACT Government. It could also result in lower cross border revenue.

For 2017-18, Commonwealth funding to the ACT is capped at 6.5 per cent growth on 2016-17 funding outcome. As such, if activity comes in above this growth rate in 2017-18, this could result in zero Commonwealth funding to the ACT for activity delivered above 6.5 per cent growth level.

The above risks are monitored regularly throughout the year.

Financial Performance

The following financial information is based on audited financial statements for 2015-16 and 2016-17, and the forward estimates contained in the 2017-18 ACT Local Health Network Budget Statements.

Total Net Cost of Services

	Actual 2015-16 $m	Budget 2016-17 $m	Actual 2016-17 $m	Budget 2017-18 $m	Forward Estimate 2018-19 $m	Forward Estimate 2019-20 $m	Forward Estimate 2020-21 $m
Total Expenses	1 025.5	1 064.7	1 071.5	1 120.4	1 147.3	1 174.5	1 202.1
Total Own Source Revenue	421.7	431.2	445.7	464.3	488.8	514.7	534.2
Total Net Cost of Services	603.7	633.5	625.7	656.1	658.5	659.8	667.9

Comparison to Budget

The Directorate's net cost of services for 2016-17 of $625.7 million was $7.8 million or 1.2 per cent lower than the 2016-17 budget. This was mainly due to higher own source revenue due to higher grants from the Commonwealth and cross border revenue for treating higher patient numbers than estimated in the budget.

Comparison to 2015-16 Actual

There was an increase of $22.0 million or 3.6 per cent compared to the 2015-16 net cost of service of $603.7 million. This was due to higher than expected expenses of $46.0 million mainly relating to growth in acute services including emergency and additional elective surgery, community and primary care services, women and children's health, outpatients and mental health.

Higher expenses are partially offset by an increase in own source revenue of $24.0 million mainly due to:

- growth in activity for public hospital services funded through the National Health Reform Agreement including emergency and additional elective surgery, community and primary care services, women and children's health, outpatients and mental health; and
- a higher number of interstate patients, in particular New South Wales residents, being treated in ACT public hospitals.

Future Trends

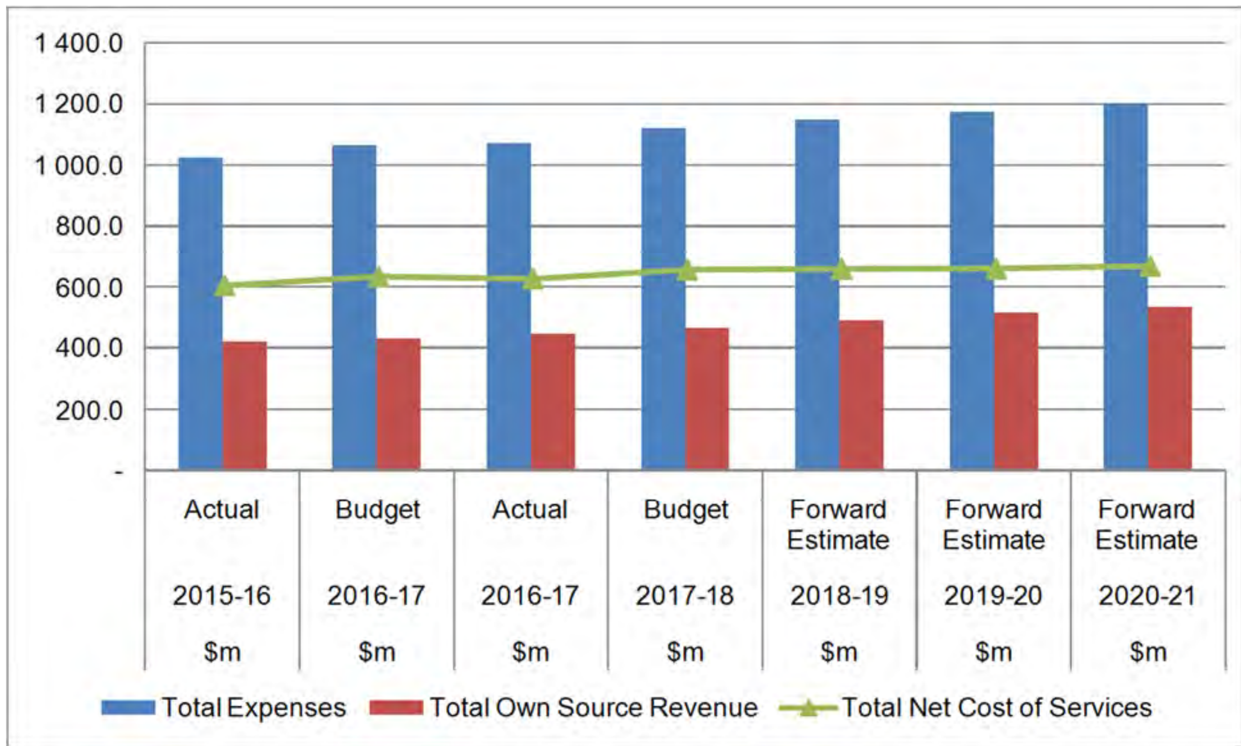


Figure 1: Net Cost of Services

As shown above in *Figure 1,* net cost of services is expected to increase across the forward years.

Total Expenditure

Components of Expenditure

Figure 2 below shows that for the financial year ended 30 June 2017, 99.4 per cent of total expenditure ($1 071.5 million) relates to grants and purchased services.

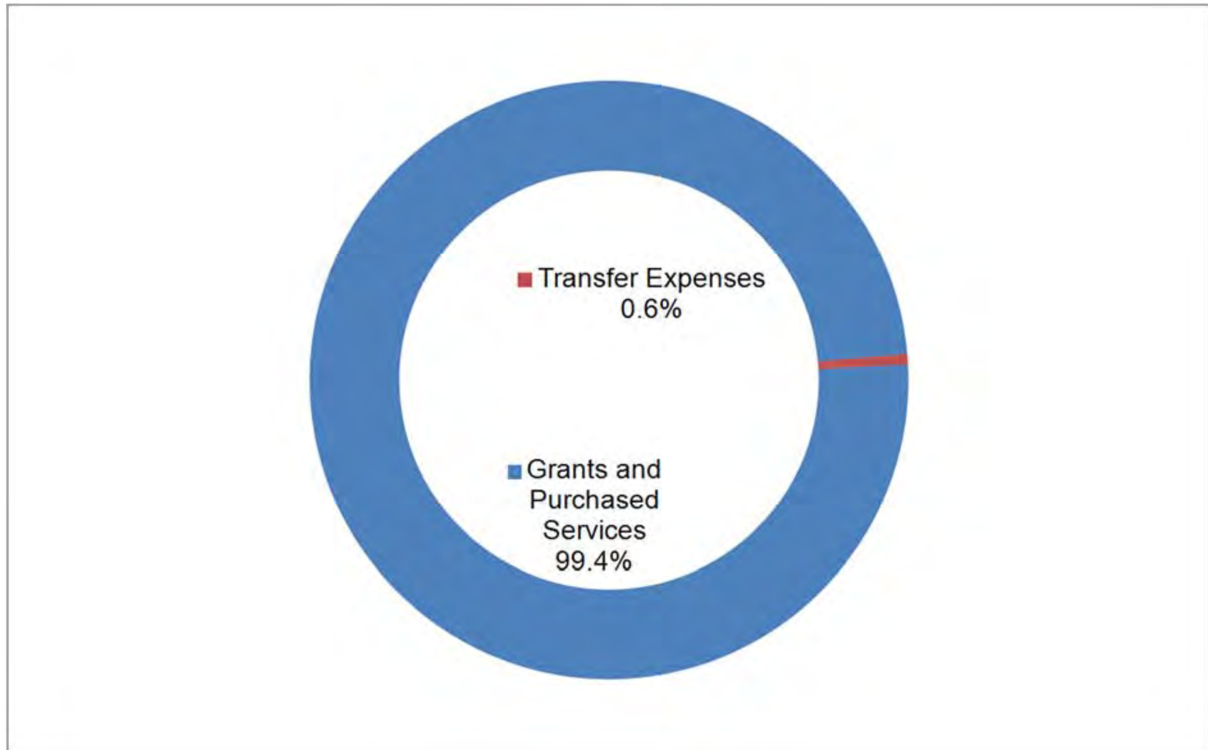


Figure 2 – Components of Expenditure

Comparison to Budget

Total expenses of $1 071.5 million was within $6.8 million, or 0.6 per cent of the original 2016-17 budget of $1,064.7 million.

Comparison to 2015-16 Actual Expenses

Total expenses were $46.0 million or 4.5 per cent higher than the 2015-16 actual result of $1,025.5 million. This was due to growth in public hospital services funded through the National Health Reform Agreement including emergency and additional elective surgery, mental health, outpatient, community and primary care services and women and children's health.

Future Trends

Expenses are budgeted to steadily increase across the forward estimate years.

Total Own Source Revenue

Components of Own Source Revenue

Figure 3 below indicates that for the financial year ended 30 June 2017, the Directorate received 77.3 per cent of its total own source revenue of $445.7 million from Grants from the Commonwealth ($344.5 million) and the remaining 22.7 per cent from Cross Border User Charges ($101.2 million).

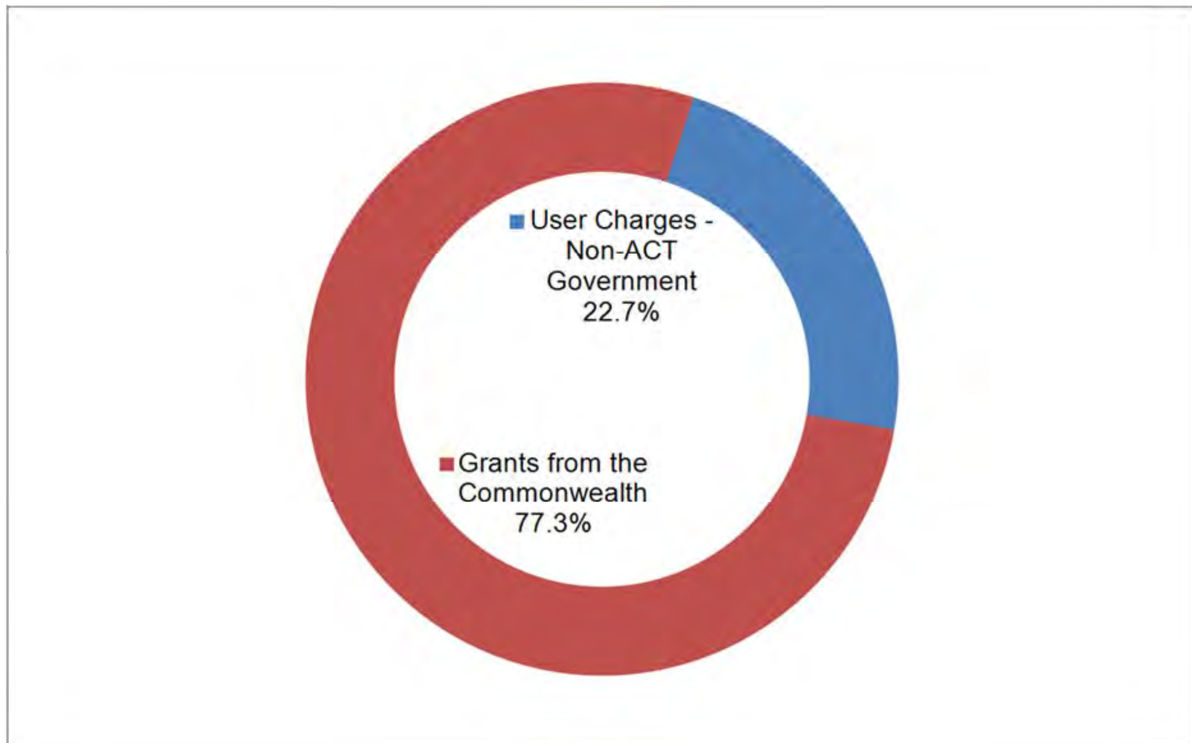


Figure 3 – Components of Own Source Revenue

Comparison to Budget

Own source revenue for the year ending 30 June 2017 was $445.7 million, which was $14.5 million or 3.4 per cent higher the 2016-17 budget of $431.2 million. The higher own source revenue is due to higher Grants from the Commonwealth and cross border revenue for treating higher patient numbers than estimated in the budget.

Comparison to 2015-16 Actual Own Source Revenue

Own source revenue was $24.0 million or 5.7 per cent higher than the 2015-16 result of $421.7 million. The increase is mainly due to growth in public hospital activity including acute services, mental health services and cancer services funded through the National Health Reform Agreement.

Future Trends

Total own source revenue is expected to increase steadily.

Financial Position

Total Assets

Components of Total Assets

Figure 4 below indicates that, at 30 June 2017, the Directorate held total assets of $28.0 million with 86.5 per cent of its assets in receivables and 13.5 per cent in cash and cash equivalents.

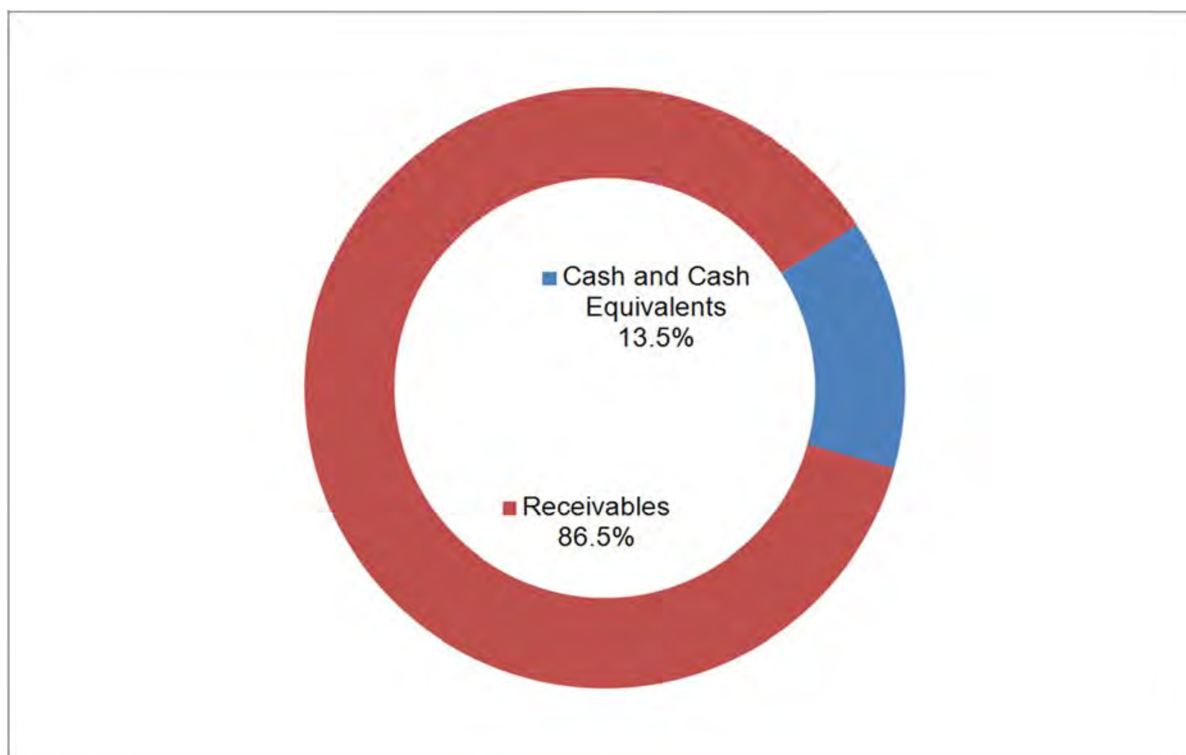


Figure 4 – Total Assets at 30 June 2017

Comparison to Budget

The total asset position at 30 June 2017 is $28.0 million, which is higher than the 2016-17 budget of $17.6 million by $10.4 million.

The variance reflects:

- an increase in Receivables ($11.6 million) which relates to outstanding cross border health receipts, mainly from New South Wales for the treatment of their residents in ACT hospitals; offset by
- a decrease in Cash and Cash Equivalents ($1.2 million) which relates to a lower than budgeted opening cash balance.

Comparison to 2015-16 Actual

The Directorate's total asset position at 30 June 2017 is $28.0 million, which is $5.0 million higher than the 2015-16 actual result of $23.0 million. This mainly relates to outstanding cross border health receipts, mainly from New South Wales for the treatment of their residents in ACT hospitals.

Total Liabilities

Components of Total Liabilities

All of the Directorate's liabilities relate to payables.

Comparison to Budget

The Directorate's liabilities at 30 June 2017, was $14.8 million, which is higher than the 2016-17 budget of $6.6 million by $8.2 million. This is mainly due to an outstanding payment to the Health Directorate for providing health services.

Comparison to 2015-16 Actual

Total liabilities were $0.8 million higher than the actual results as at 30 June 2016 of $14.0 million.

This was due to the higher level of payables in 2016-17, mainly due to outstanding cross border health payments mainly in connection with New South Wales.

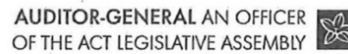
Net Assets

The Directorate's net assets at 30 June 2017 were $2.3 million higher than the $10.9 million budgeted. This is due to the combined impact of the reasons listed above.

Attachment A – Comparison of net cost of services to budget 2016-17

Description	Original Budget $'000	Plus AAO Transfers $'000	Total Funding $'000	Less Actual $'000	Variance to be Explained $'000	%
Expenses						
Purchased Services	1 058 595	-	1 058 595	1 065 433	(6 838)	-0.6%
Transfer Expenses	6 096	-	6 096	6 022	74	1.2%
Total Expenses	**1 064 691**	**-**	**1 064 691**	**1 071 455**	**(6 764)**	**-0.6%**
Own Source Revenue						
User Charges	90 372	-	90 372	101 226	(10 854)	-12.0%
Grants from Commonwealth	340 830	-	340 830	344 496	(3 666)	-1.1%
Total Own Source Revenue	**431 202**	**-**	**431 202**	**445 722**	**(14 520)**	**-3.4%**
Total Net Cost of Services	**633 489**	**-**	**633 489**	**625 733**	**7 756**	**1.2%**

FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017
ACT LOCAL HOSPITAL NETWORK DIRECTORATE



INDEPENDENT AUDIT REPORT

ACT LOCAL HOSPITAL NETWORK DIRECTORATE

To the Members of the ACT Legislative Assembly

Audit opinion

I am providing an **unqualified audit opinion** on the financial statements of the ACT Local Hospital Network Directorate (the Directorate) for the year ended 30 June 2017. The financial statements comprise the operating statement, balance sheet, statement of changes in equity, cash flow statement, statement of appropriation and accompanying notes.

In my opinion, the financial statements:

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

(ii) present fairly the financial position of the Directorate and results of its operations and cash flows.

Basis for the audit opinion

The audit was conducted in accordance with the Australian Auditing Standards. I have complied with the requirements of the Accounting Professional and Ethical Standards 110 *Code of Ethics for Professional Accountants*.

I believe that sufficient evidence was obtained during the audit to provide a basis for the audit opinion.

Responsibility for preparing and fairly presenting 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 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.

Responsibility 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 audit opinion on the financial statements of the Directorate.

Level 4, 11 Moore Street Canberra City ACT 2601 PO Box 275 Civic Square ACT 2608
T 02 6207 0833 **F** 02 6207 0826 **E** actauditorgeneral@act.gov.au **W** www.audit.act.gov.au

As required by Australian Auditing Standards, the auditors:

- applied professional judgement and maintained scepticism;
- identified and assessed the risks of material misstatements due to error or fraud and implemented procedures to address these risks so that sufficient evidence was obtained to form an audit opinion. The risk of not detecting material misstatements due to fraud is higher than the risk due to error, as fraud may involve collusion, forgery, intentional omissions or misrepresentations or the override of internal controls;
- obtained an understanding of internal controls to design audit procedures for forming an audit opinion;
- evaluated accounting policies and estimates used to prepare the financial statements and disclosures made in the financial statements;
- evaluated the overall presentation and content of the financial statements, including whether they present the underlying transactions and events in a manner that achieves fair presentation;
- reported the scope and timing of the audit and any significant deficiencies in internal controls identified during the audit to the Director-General; and
- assessed the going concern* basis of accounting used in the preparation of the financial statements.

(*Where the auditor concludes that a material uncertainty exists which cast significant doubt on the appropriateness of using the going concern basis of accounting, the auditor is required to draw attention in the audit report to the relevant disclosures in the financial statements or, if such disclosures are inadequate, the audit opinion is to be modified. The auditor's conclusions on the going concern basis of accounting are based on the audit evidence obtained up to the date of this audit report. However, future events or conditions may cause the entity to cease to continue as a going concern.)

Limitations on the scope of the audit

An audit provides a high level of assurance about whether the financial statements are free from material misstatements, whether due to fraud or error. However, an audit cannot provide a guarantee that no material misstatements exist due to the use of selective testing, limitations of internal control, persuasive rather than conclusive nature of audit evidence and use of professional judgement in gathering and evaluating evidence.

An audit does not provide assurance on the:

- reasonableness of budget information included in the financial statements;
- prudence of decisions made by the Directorate;
- adequacy of controls implemented by the Directorate; or
- integrity of audited financial statements presented electronically or information hyperlinked to or from the financial statements. Assurance can only be provided for the printed copy of the audited financial statements.

Dr Maxine Cooper
Auditor-General
12 September 2017

ACT Local Hospital Network Directorate
Financial Statements
For the Year Ended 30 June 2017

Statement of Responsibility

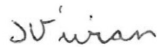
In my opinion, the financial statements are in agreement with the ACT Local Hospital Network Directorate's accounts and records and fairly reflect the financial operations of the Directorate for the year ended 30 June 2017 and the financial position of the Directorate on that date.

Mr David Nicol
A/g Director-General
Health Directorate
12 September 2017

ACT Local Hospital Network Directorate
Financial Statements
For the Year Ended 30 June 2017

Statement by the Chief Finance Officer

In my opinion, the financial statements have been prepared in accordance with the Australian Accounting Standards, and are in agreement with the Directorate's accounts and records and fairly reflect the financial operations of the Directorate for the year ended 30 June 2017 and the financial position of the Directorate on that date.



Mr Trevor Vivian

Chief Finance Officer

Health Directorate

12 September 2017

ACT LOCAL HOSPITAL NETWORK DIRECTORATE CONTROLLED FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

ACT Local Hospital Network Directorate
Operating Statement
For the Year Ended 30 June 2017

	Note No.	Actual 2017 $'000	Original Budget 2017 $'000	Actual 2016 $'000
Income				
Revenue				
Controlled Recurrent Payments	3	629 964	633 489	601 790
User Charges	4	101 225	90 372	97 005
Grants from the Commonwealth	5	344 496	340 830	324 704
Total Revenue		**1 075 685**	**1 064 691**	**1 023 499**
Total Income		**1 075 685**	**1 064 691**	**1 023 499**
Expenses				
Grants and Purchased Services	6	1 065 433	1 058 595	1 019 664
Transfer Expenses	7	6 022	6 096	5 803
Total Expenses		**1 071 455**	**1 064 691**	**1 025 467**
Operating Surplus/(Deficit)		**4 230**	**-**	**(1 968)**
Total Comprehensive Income/(Deficit)		**4 230**	**-**	**(1 968)**

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

The Directorate only has one output class and as such the above Operating Statement is also the Directorate's Operating Statement for the ACT Local Hospital Network Output Class.

The Directorate receives Activity Based Funding from the Commonwealth and ACT Governments, and block funding for teaching, training and research. It purchases hospital services from four ACT public hospital providers: Canberra Hospital and Health Services; Calvary Public Hospital; Clare Holland House; and Queen Elizabeth II Family Centre.

ACT Local Hospital Network Directorate
Balance Sheet
At 30 June 2017

	Note No.	Actual 2017 $'000	Original Budget 2017 $'000	Actual 2016 $'000
Current Assets				
Cash and Cash Equivalents	9	3 771	4 902	3 146
Receivables	10	24 219	12 650	19 842
Total Current Assets		**27 990**	**17 552**	**22 988**
Total Assets		**27 990**	**17 552**	**22 988**
Current Liabilities				
Payables	11	14 781	6 604	14 009
Total Current Liabilities		**14 781**	**6 604**	**14 009**
Total Liabilities		**14 781**	**6 604**	**14 009**
Net Assets		**13 209**	**10 948**	**8 979**
Equity				
Accumulated Funds		13 209	10 948	8 979
Total Equity		**13 209**	**10 948**	**8 979**

The above Balance Sheet should be read in conjunction with the accompanying notes.

ACT Local Hospital Network Directorate
Statement of Changes in Equity
For the Year Ended 30 June 2017

	Accumulated Funds Actual 2017 $'000	Total Equity Actual 2017 $'000	Original Budget 2017 $'000
Balance at 1 July 2016	**8 979**	**8 979**	**10 948**
Comprehensive Income			
Operating Surplus	4 230	4 230	-
Total Comprehensive Income	**4 230**	**4 230**	**-**
Balance at 30 June 2017	**13 209**	**13 209**	**10 948**

	Accumulated Funds Actual 2016 $'000	Total Equity Actual 2016 $'000
Balance at 1 July 2015	**10 947**	**10 947**
Comprehensive Income		
Operating (Deficit)	(1 968)	(1 968)
Total Comprehensive (Deficit)	**(1 968)**	**(1 968)**
Balance at 30 June 2016	**8 979**	**8 979**

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

ACT Local Hospital Network Directorate
Cash Flow Statement
For the Year Ended 30 June 2017

	Note No.	Actual 2017 $'000	Original Budget 2017 $'000	Actual 2016 $'000
Cash Flows from Operating Activities				
Receipts				
Controlled Recurrent Payments		629 964	633 489	601 790
User Charges		96 302	90 372	97 005
Grants Received from Commonwealth		344 496	340 830	316 915
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		20 101	19 553	21 978
Total Receipts from Operating Activities		**1 090 863**	**1 084 244**	**1 037 688**
Payments				
Grants and Purchased Services		1 070 685	1 064 691	1 018 062
Goods and Services Tax Paid to Suppliers		19 554	-	21 382
Other		-	19 553	-
Total Payments from Operating Activities		**1 090 239**	**1 084 244**	**1 039 444**
Net Cash Inflows/(Outflows) from Operating Activities	14(b)	**624**	**-**	**(1 756)**
Net Increase/(Decrease) in Cash and Cash Equivalents		624	-	(1 756)
Cash and Cash Equivalents at the Beginning of the Reporting Period		3 147	4 902	4 902
Cash and Cash Equivalents at the End of the Reporting Period	14(a)	**3 771**	**4 902**	**3 146**

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

ACT Local Hospital Network Directorate
Controlled Statement of Appropriation
For the Year Ended 30 June 2017

	Original Budget 2017 $'000	Total Appropriated 2017 $'000	Appropriation Drawn 2017 $'000	Appropriation Drawn 2016 $'000
Controlled				
Controlled Recurrent Payments	633 489	633 489	629 964	601 790
Total Controlled Appropriation	**633 489**	**633 489**	**629 964**	**601 790**

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

Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Cash Flow Statement presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2016-17 Budget Statements). This amount also appears in the Cash Flow Statement.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* is the total amount of appropriation received by the Directorate during the year. This amount appears in the Cash Flow Statement.

Variance between 'Original Budget', 'Total Appropriated' and 'Appropriation Drawn'

Controlled Recurrent Payments

The difference between the Total Appropriated and the Appropriation Drawn is due to the Directorate not drawing down appropriation to offset increased Commonwealth funding. This is in line with ACT Government cash management arrangements, where the Directorate does not draw down funding if Commonwealth revenue exceeds the original budget.

ACT Local Hospital Network Directorate
Controlled Note Index
For the Year Ended 30 June 2017

Note 1 Objectives of the ACT Local Hospital Network Directorate
Note 2 Significant Accounting Policies (see Appendices A, B and C)
Appendix A – Basis of Preparation of the Financial Statements
Appendix B – Significant Accounting Policies
Appendix C - Impact of Accounting Standards Issued but Yet to be Applied

Income Notes
Note 3 Controlled Recurrent Payments
Note 4 User Charges
Note 5 Grants from the Commonwealth

Expense Notes
Note 6 Grants and Purchased Services
Note 7 Transfer Expenses
Note 8 Auditor's Remuneration

Asset Notes
Note 9 Cash and Cash Equivalents
Note 10 Receivables

Liability Note
Note 11 Payables

Other Notes
Note 12 Financial Instruments
Note 13 Commitments
Note 14 Cash Flow Reconciliation
Note 15 Service Concession Asset
Note 16 Related Party Disclosures
Note 17 Budgetary Reporting

Note 1. Objectives of The ACT Local Hospital Network Directorate

Operations and Principal Activities

The ACT Local Hospital Network Directorate (the Directorate) was established under the Commonwealth's *National Health Reform Act 2011* and the ACT's *Health (National Health Funding Pool and Administration) Act 2013* (the Acts), and is administered by the Director-General of the Health Directorate and supported by staff from the Health Directorate.

The Directorate receives Activity Based Funding from the Commonwealth and ACT Governments, and block funding for teaching, training and research. It purchases public hospital services from four ACT public hospital providers:

- Canberra Hospital and Health Services;
- Calvary Public Hospital;
- Clare Holland House; and
- Queen Elizabeth II Family Centre.

Note 2. Significant Accounting Policies

Refer to the following appendices for the notes comprising significant accounting policies and other explanatory information.

Appendix A - Basis of Preparation of the Financial Statements

Appendix B - Significant Accounting Policies

Appendix C - Impact of Accounting Standards Issued But Yet to be Applied

Note 3. Controlled Recurrent Payments

Controlled Recurrent Payments (CRP) are revenue received from the ACT Government to fund the costs of delivering outputs. The ACT Government pays CRP appropriation on a fortnightly basis.

	2017 $'000	2016 $'000
Revenue from the ACT Government		
Controlled Recurrent Payments	629 964	601 790
Total Controlled Recurrent Payments	**629 964**	**601 790**

Note 4. User Charges

User charge revenue is derived by providing public hospital services to interstate residents. User charge revenue is paid by other state or territory governments. This revenue is driven by demand for health services from interstate patients and is not for profit in nature.

	2017 $'000	2016 $'000
User Charges - Non-ACT Government		
Cross Border (Interstate) Health Revenue	101 225	97 005
Total User Charges - Non-ACT Government	**101 225**	**97 005**

Note 5. Grants from the Commonwealth

Grants from the Commonwealth reflect contributions from the Commonwealth Government for Activity Based Funding and Block Funding, as well as a contribution for public health services.

	2017 $'000	2016 $'000
Grants from the Commonwealth		
Grants[a]	344 496	324 704
Total Grants from the Commonwealth	**344 496**	**324 704**

a) The increase is mainly due to growth and funding for new acute services, including emergency department, intensive care and trauma services, mental health services and community health services.

Note 6. Grants and Purchased Services

Grants and Purchased Services reflect public hospital payments to the Canberra Hospital and Health Services, Calvary Public Hospital, Clare Holland House, Queen Elizabeth II Hospital, and to States and the Northern Territory for cross border patient services.

	2017 $'000	2016 $'000
Purchased Services		
Payments to Service Providers		
- Canberra Hospital and Health Services[a]	847 309	805 196
- Calvary Public Hospital	186 257	185 037
- Clare Holland House	5 811	5 267
- Queen Elizabeth II Hospital	3 467	3 176
Cross Border (Interstate) Health Costs[b]	22 589	20 988
Total Grants and Purchased Services	**1 065 433**	**1 019 664**

a) The increase relates to indexation to take account of enterprise agreement salary increases and CPI increases for non employee expenses and growth in services for intensive and critical care, emergency department, trauma and stroke services and the Dhulwa Mental Health Unit.
b) The higher expenses relate to an increase in ACT residents that received public hospital services in other States and the Northern Territory.

Note 7. Transfer Expenses

Transfer Expenses relate to the passing on of the Commonwealth Government's contribution to public health funding through the National Health Reform Agreement to the Health Directorate. Public health services such as breast screening, AIDS services, family planning, drug education and cervical screening are funded through this transfer payment.

	2017 $'000	2016 $'000
Transfer Expenses	6 022	5 803
Total Transfer Expenses	**6 022**	**5 803**

Note 8. Auditor's Remuneration

Auditor's remuneration represents fees charged by the ACT Audit Office for financial audit services provided to the Directorate.

	2017 $'000	2016 $'000
Audit Services		
Audit Fees Paid or Payable to the ACT Audit Office	53	69
Total Audit Services	**53**	**69**

No other services were provided by the ACT Audit Office.

Note 9. Cash and Cash Equivalents

The Directorate holds two bank accounts with the Westpac Bank as part of the whole-of-government banking arrangements. It also holds a bank account with the Reserve Bank of Australia as part of the requirements under the National Health Reform Agreement. The Directorate does not receive any interest on these accounts.

	2017 $'000	2016 $'000
Cash at Bank	3 771	3 146
Total Cash and Cash Equivalents	**3 771**	**3 146**

Note 10. Receivables

	2017 $'000	2016 $'000
Current Receivables		
Accrued Revenue[a]	24 030	19 106
Net GST Receivables	189	736
Total Current Receivables	**24 219**	**19 842**
Total Receivables	**24 219**	**19 842**

a) The increase relates to a higher level of health services provided to interstate residents for which payment is not received until the following year.

No receivables are past due or impaired.

	2017 $'000	2016 $'000
Classification of ACT Government/Non-ACT Government Receivables		
Receivables with Non-ACT Government Entities		
Other Receivables	24 030	19 106
Net GST Receivables	189	736
Total Receivables with Non-ACT Government Entities	**24 219**	**19 842**
Total Receivables	**24 219**	**19 842**

Note 11. Payables

	2017 $'000	2016 $'000
Current Payables		
Accrued Expenses	14 781	14 009
Total Current Payables	**14 781**	**14 009**
Total Payables	**14 781**	**14 009**

No payables are overdue.

	2017 $'000	2016 $'000
Payables are aged as followed		
Not Overdue	14 781	14 009
Total Payables	**14 781**	**14 009**

	2017 $'000	2016 $'000
Classification of Non-ACT Government Payables		
Payables with ACT Government Entities		
Accrued Expenses	4 849	5 585
Total Payables with ACT Government Entities	4 849	5 585
Payables with Non-ACT Government Entities		
Accrued Expenses[a]	9 932	8 424
Total Payables with Non-ACT Government Entities	**9 932**	**8 424**
Total Payables	**14 781**	**14 009**

a) The increase is due to a higher level of health services provided to ACT residents by other states and territories health services for which payment is not made until the following year.

Note 12. Financial Instruments

Details of the significant policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability are disclosed in Note 2 (see Appendix B) Summary of Significant Accounting Policies.

Interest Rate Risk
Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Directorate has no exposure to interest rate risk, as its cash and cash equivalents, receivables and payables are non-interest bearing.

A Sensitivity Analysis has not been undertaken for the interest rate risk as the Directorate is not exposed to movements in interest rates.

Credit Risk
Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the amount of the financial assets it holds net of provision for impairment.

The Directorate's financial assets consist of cash and cash equivalents and receivables.

Cash and cash equivalents are held with the Westpac Banking Corporation, a high credit, quality financial institution, in accordance with whole of ACT Government banking arrangements.

The Directorate'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 Victorian Governments both have a AAA credit rating, it is considered that there is a very low risk of default for these receivables. Any credit risk for receivables with New South Wales Health and the Department of Health and Human Services in Victoria is managed by having an agreement in place to provide required activity data in a timely manner.

Liquidity Risk
Liquidity risk is the risk that the Directorate 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. Appropriations are paid on a fortnightly basis and the Commonwealth Grants on a monthly basis during the year. The Directorate manages its liquidity risk through forecasting Controlled Recurrent Payments drawdown requirements to cover its financial liabilities when they fall due.

The Directorate's exposure to liquidity risk and the management of this risk has not changed since the previous reporting period.

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

The Directorate holds no financial instruments that are subject to price risk and as a result, is not considered to have any price risk. Accordingly a sensitivity analysis has not been undertaken.

Note 12. Financial Instruments (Continued)

Fair Value of Financial Assets and Liabilities

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

	Note No.	Carrying Amount 2017 $'000	Fair Value 2017 $'000	Carrying Amount 2016 $'000	Fair Value 2016 $'000
Financial Assets					
Cash and Cash Equivalents	9	3 771	3 771	3 146	3 146
Receivables	10	24 030	24 030	19 106	19 106
Total Financial Assets		**27 801**	**27 801**	**22 252**	**22 252**
Financial Liabilities					
Payables	11	14 781	14 781	14 009	14 009
Total Financial Liabilities		**14 781**	**14 781**	**14 009**	**14 009**

Note 12. Financial Instruments (Continued)

The following table sets out the Directorate's maturity analysis for financial assets and liabilities as well as the exposure to interest rates, including the weighted average interest rates by maturity period as at 30 June 2017. Financial assets and liabilities, which have a floating interest rate or are non-interest bearing will mature in 1 year or less. All amounts appearing in the following maturity analysis are shown on an undiscounted cash flow basis.

			Fixed Interest Maturing In:				
2017	**Note No.**	**Floating Interest Rate $'000**	**1 Year or Less $'000**	**Over 1 to 5 Years $'000**	**Over 5 Years $'000**	**Non-Interest Bearing $'000**	**Total $'000**
Financial Instruments							
Financial Assets							
Cash and Cash Equivalents	9	-	-	-	-	3 771	3 771
Receivables	10	-	-	-	-	24 030	24 030
Total Financial Assets		**-**	**-**	**-**	**-**	**27 801**	**27 801**
Financial Liabilities							
Payables	11	-	-	-	-	14 781	14 781
Total Financial Liabilities		**-**	**-**	**-**	**-**	**14 781**	**14 781**
Net Financial Assets		**-**	**-**	**-**	**-**	**13 020**	**13 020**

Note 12. Financial Instruments (Continued)

The following table sets out the Directorate's maturity analysis for financial assets and liabilities as well as the exposure to interest rates, including the weighted average interest rates by maturity period as at 30 June 2016. Financial assets and liabilities which have a floating interest rate or are non-interest bearing will mature in 1 year or less. All amounts appearing in the following maturity analysis are shown on an undiscounted cash flow basis.

2016	Note No.	Floating Interest Rate $'000	Fixed Interest Maturing In: 1 Year or Less $'000	Over 1 to 5 Years $'000	Over 5 Years $'000	Non-Interest Bearing $'000	Total $'000
Financial Instruments							
Financial Assets							
Cash and Cash Equivalents	9	-	-	-	-	3 146	3 146
Receivables	10	-	-	-	-	19 106	19 106
Total Financial Assets		**-**	**-**	**-**	**-**	**22 252**	**22 252**
Financial Liabilities							
Payables	11	-	-	-	-	14 009	14 009
Total Financial Liabilities		**-**	**-**	**-**	**-**	**14 009**	**14 009**
Net Financial Assets		**-**	**-**	**-**	**-**	**8 243**	**8 243**

Note 12. Financial Instruments (Continued)

Carrying Amount of Each Category of Financial Asset and Financial Liability

	2017 $'000	2016 $'000
Financial Assets		
Loans and Receivables Measured at Amortised Cost	24 030	19 106
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	14 781	14 009

Fair Value Hierarchy

The Directorate does not have any financial assets or financial liabilities at fair value. As such no Fair Value Hierarchy disclosures have been made.

Note 13. Commitments

In 2017 the Directorate had a commitment with Queen Elizabeth II Hospital that had not been recognised as a liability. This relates to a three month extension to the three year contract that expired on 30 June 2017.

	2017 $'000	2016 $'000
Commitments		
Payable:		
Within One Year	867	880
Total Commitments	**867**	**880**

All amounts shown in this note are inclusive of Goods and Services Tax.

Note 14. Cash Flow Reconciliation

(a) Reconciliation of Cash and Cash Equivalents at the End of the Reporting Period in the Cash Flow Statement to the Equivalent Items in the Balance Sheet

	2017 $'000	2016 $'000
The Cash and Cash Equivalents Recorded in the Balance Sheet	3 771	3 146
Cash and Cash Equivalents at the End of the Reporting Period as Recorded in the Cash Flow Statement	**3 771**	**3 146**

(b) Reconciliation of Operating Surplus/(Deficit) to Net Cash Inflows/(Outflows) from Operating Activities

	2017 $'000	2016 $'000
Operating Surplus/(Deficit)	4 230	(1 968)
Cash Before Changes in Operating Assets and Liabilities	**4 230**	**(1 968)**
Changes in Operating Assets and Liabilities		
(Increase) in Receivables	(4 377)	(7 193)
Increase in Payables	771	7 405
Net Changes in Operating Assets and Liabilities	**(3 606)**	**212**
Net Cash Inflows/(Outflows) from Operating Activities	**624**	**(1 756)**

Note 15. Service Concession Asset

The Directorate has entered into an agreement with Calvary Health Care ACT Ltd for the provision of hospital and associated services. The original agreement was entered into by the Commonwealth on 22 October 1971 and does not stipulate an expiry date. This was subsequently amended in 1979 to include the Directorate (named at the time as the Capital Territory Health Commission) with any duties or functions of the Commonwealth being transferred to the Directorate. The Agreement was for the facility to be used for a public hospital. This was varied, in 1988, by the Calvary Private Agreement to allow Calvary Health Care Ltd to use two floors of the facility for treating private patients. The Calvary Private Agreement sets the process and mechanism for Calvary Private to reimburse Calvary Public for any costs incurred in using public hospital facilities for treating private patients. These agreements were replaced on 7 December 2011 with the Calvary Network Agreement.

Under the Agreement, Calvary Health Care ACT Ltd is required to provide hospital services and make these services available to all persons irrespective of their circumstances and is to charge patients fees only in accordance with the scale of fees applicable at Health Directorate hospitals for comparable services. In the event that the agreement ceases, all land is to be returned to the Territory. The level of services that are required to be provided in a financial year, for the amount of funding provided, is stipulated in a Performance Plan agreed between the Directorate and Calvary Health Care ACT Ltd for each year. These arrangements have remained unchanged during the reporting period.

The Agreement may be terminated by Calvary Health Care ACT Ltd or the Health Directorate if there are material breaches of the Agreement or the Crown Lease is terminated. In the event the Agreement is terminated, the management of the Calvary Public Hospital will transfer to the Health Directorate.

The land, hospital buildings and other assets comprising the Calvary Public Hospital are not recognised in the Directorate's Balance Sheet.

Service concession arrangement has been accounted for in accordance with the whole of government policy on *Public Private Partnerships Financed by the Operator with the Assets being Territory Assets at the end of the Arrangement*.

An accounting standard AASB 1059: Service Concession Arrangements: Grantor has been issued in July 2017 and will become effective from 1 January 2019. The Impact of adopting this standard in future years is discussed in Appendix C.

Note 16. 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 and the Director-General of the Health Directorate.

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.

Note 16. Related Party Disclosures (Continued)

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 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 2017.

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 2017.

One of the Key Management Personnel (KMP) of the Directorate is an employee of Health and is compensated by Health.

The Directorate itself does not compensate any of its KMP.

B.2 Transactions with Key Management Personnel

There were no transactions with KMP that were material to the financial statements of the Directorate.

B.3 Transactions with parties related to Key Management Personnel

There were no transactions that were material to the financial statements of the Directorate with parties related to KMP, including transactions with KMP's close family members or other related entities.

(C) TRANSACTIONS WITH OTHER ACT GOVERNMENT CONTROLLED ENTITIES

All transactions with ACT Government controlled entities are disclosed in the relevant notes to the financial Statements of the Directorate.

Note 17. Budgetary Reporting

The following are brief explanations of major line item variances between budget estimates and actual outcomes. Variances are considered to be major variances if **both** of the following criteria are met:

(a) The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated category (Income, Expenses and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and

(b) The variances (original budget to actual) are greater than plus (+) or minus (-) 10% of the budget for the financial statement line item.

Balance Sheet Line Items	Actual 2016-17 $'000	Original Budget[1] 2016-17 $'000	Variance $'000	Variance %	Variance Explanation
Cash and Cash Equivalents	3 771	4 902	(1 131)	(23.1)	The opening cash balance was lower than budgeted and this has flowed through to a lower than budgeted year end cash balance.
Receivables	24 219	12 650	11 569	91.5	Higher than budgeted receivables is due to unexpected delays in acquittals for provision of health services to interstate patients treated in ACT public hospitals resulting in two rather than one years worth of receivables.
Payables	14 781	6 604	8 177	123.8	Higher than budgeted payables is due to unexpected delays in acquittals for services provided to ACT residents by other States and Territories health services resulting in two rather than one years worth of payables.

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2016-17 Budget Statements). These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

Note 17. Budgetary Reporting (Continued)

Balance Sheet Line Items (Continued)	Actual 2016-17 $'000	Original Budget[1] 2016-17 $'000	Variance $'000	Variance %	Variance Explanation
Accumulated Funds	13 209	10 948	2 261	20.7	Higher than budget accumulated funds is largely due to higher user charges, resulting in an operating surplus compared to a break even position in the budget.

Statement of Changes in Equity

These line items are covered in other financial statements

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2016-17 Budget Statements). These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

APPENDIX A - BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS

LEGISLATIVE REQUIREMENT

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

The FMA and the *Financial Management Guidelines* issued under the FMA, requires 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 Cash Flow Statement for the year;

v. a Statement of Appropriation for the year;

vi. significant accounting policies adopted for the year; and

vii. such other statements as are necessary to fairly reflect the financial operations of the Directorate during the year and its financial position at the end of the year.

These general-purpose financial statements have been prepared to comply with Australian Accounting Standards as required by the FMA. These financial statements have been prepared in accordance with:

i. Australian Accounting Standards; and

ii. ACT Accounting and Disclosure Policies.

ACCRUAL ACCOUNTING

The financial statements have been prepared using the accrual basis of accounting, which recognises the effects of transactions and events when they occur. The financial statements have also been prepared according to the historical cost convention.

CURRENCY

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

INDIVIDUAL REPORTING ENTITY

The Directorate is an individual reporting entity.

CONTROLLED ITEMS

The Directorate produces Controlled financial statements. The Controlled financial statements include income, expenses, assets and liabilities over which the Directorate has control.

REPORTING PERIOD

These financial statements state the financial performance, changes in equity and cash flows of the Directorate for the year ended 30 June 2017 together with the financial position of the Directorate as at 30 June 2017.

APPENDIX A - BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS (CONTINUED)

COMPARATIVE FIGURES

Budget Figures

To facilitate a comparison with the Budget Papers, as required by the FMA, budget information for 2016-17 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the Budget Papers.

Prior Year Comparatives

Comparative information has been disclosed in respect of the previous period for amounts reported in the financial statements, except where an Australian Accounting Standard does not require comparative information to be disclosed.

Where the presentation or classification of items in the financial statements is amended, the comparative amounts have been reclassified where practical. Where a reclassification has occurred, the nature, amount and reason for the reclassification is provided.

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 2016-17 financial statements have been prepared on a going concern basis as the Directorate has been funded in the 2017-18 Budget and the Budget Papers include forward estimates for the Directorate.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES

SIGNIFICANT ACCOUNTING POLICIES – INCOME

REVENUE RECOGNITION

Revenue is recognised at the fair value of the consideration received or receivable in the Operating Statement.

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.

NOTE 3 – CONTROLLED RECURRENT PAYMENTS

Controlled Recurrent Payments are recognised as revenue when the Directorate gains control over the funding. Control over appropriated funds is obtained upon receipt of cash.

Effective from 1 July 2016 the term appropriation for the provision of outputs (or Government Payment for Outputs) was replaced with the term Controlled Recurrent Payments to better reflect the nature of this type of appropriation.

NOTE 4 – USER CHARGES

Cross-Border (Interstate) Health Revenue

Revenue for Cross-Border (Interstate) Health Services is recognised when the number of patients and complexities of treatments provided can be measured reliably using the price payable for the service. The price payable for services is determined by the Independent Hospital Pricing Authority. Actual patient numbers and services are settled following an acquittal process undertaken in subsequent years and variations to the revenue recognised are accounted for in the year of settlement.

The National Health Reform Agreement 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.

The ACT has a draft Cross Border Funding Agreement with the NSW Ministry of Health for 2016-17 services provision. This is being progressed towards signing in the coming weeks or months subject to ACT Cabinet approval. This draft Agreement has informed the basis on which provisional cross border funding payments between ACT and NSW were made in 2016-17.

Significant Accounting Judgement and Estimates – Cross-Border (Interstate) Health Revenue

Cross-Border (Interstate) Health Receivables is an estimate based on the number of interstate patients converted into a National Weighted Activity Unit and paid at the price determined by the Independent Hospital Pricing Authority. Interstate patient numbers for the current year is an estimation based on the actual patient numbers for the ten months to 30 April 2017. Actual patient numbers and services are settled following an acquittal process undertaken in subsequent years and variations to the revenue recognised are accounted for in the year of settlement.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

SIGNIFICANT ACCOUNTING POLICIES – INCOME (CONTINUED)

NOTE 5 – GRANTS FROM THE COMMONWEALTH

Commonwealth Grants relate to Activity Based Funding (ABF) and Block Funding under the National Health Reform Agreement. They also include the Commonwealth funding component of cross-border health costs for interstate residents treated in ACT public hospitals.

Activity Based Funding refers to a national system for funding public hospital services using national classifications, national price weights and a national efficient price (NEP). It is predicated on the Independent Hospital Pricing Authority (IHPA) pricing model which has set weights and pricing adjustments based on patient characteristics, that together give rise to a total payment amount for a hospital patient service. ABF covers all admitted, non-admitted and emergency department services that meet the IHPA criteria for inclusion on the 'General List of In-Scope Public Hospital Services'.

Significant Accounting Judgement and Estimates – Grants from the Commonwealth

Commonwealth Grants is an estimate based on the expected number of patients converted into a National Weighted Activity Unit and paid at the price determined by the Independent Hospital Pricing Authority. Actual National Weighted Activity Units is settled in following an acquittal process undertaken in the following financial year and variations to the revenue recognised are accounted for in the year of settlement.

For 2016-17, ABF was paid at a rate of 45% of the NEP for activity above last year's baseline, with base activity payment paid at last year's rate plus price indexation.

Block Funding is provided to support public hospital functions that are recognised by the Independent Hospital Pricing Authority as services acceptable to be funded on this basis and that conform to the Independent Hospital Pricing Authority's national pricing model.

Commonwealth Grants are calculated and paid using estimates. The estimate is based on expected number of patients treated during the year.

Commonwealth Grants are recognised as revenue upon the receipt of cash.

SIGNIFICANT ACCOUNTING POLICIES – ASSETS

ASSETS – CURRENT AND NON-CURRENT

Assets are classified as current or non-current in the Balance Sheet and in the relevant notes. Assets are classified as current where they are expected to be realised within 12 months after the reporting date.

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

NOTE 9 – CASH AND CASH EQUIVALENTS

Cash includes cash at bank and cash on hand. The cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

SIGNIFICANT ACCOUNTING POLICIES – ASSETS (CONTINUED)

NOTE 10 – RECEIVABLES

ACCOUNTS RECEIVABLE

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

Accrued Cross Border revenue relates to the estimated number of interstate patients treated in ACT public hospitals. Under the National Health Reform Agreement, States and Territories are required to pay for Cross Border activity using the price payable for services. The price payable for services is determined by the Independent Hospital Pricing Authority. The actual level of revenue will be subject to an acquittal process to be completed in subsequent years.

IMPAIRMENT LOSSES - RECEIVABLES

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

The Directorate considers the following is objective evidence of impairment:

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

The amount of the allowance is recognised in the Operating Statement. The allowance for impairment losses is written off against the allowance account when the Directorate ceases action to collect the debt when the cost to recover debt is more than the debt is worth.

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – ALLOWANCE FOR IMPAIRMENT LOSSES

The Directorate has made a significant estimate in the calculation of the allowance for impairment losses for receivables in the Financial Statements. This significant estimate is based on a number of categorisations of receivables. These categorisations are considered by management to be appropriate and accurate, based upon the pattern demonstrated in collecting receivables in the past financial years. The categorisations are associated with accounts in bankruptcy, unpaid objections and past write-offs.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

SIGNIFICANT ACCOUNTING POLICIES – LIABILITIES

CURRENT AND NON-CURRENT ITEMS

Liabilities are classified as current or non-current in the Balance Sheet and in the relevant notes. 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 11 – PAYABLES

Payables are initially recognised at fair value based on the transaction cost and subsequent to initial recognition at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. All amounts are normally settled within 30 days after the invoice date.

Payables consist of Accrued Expenses.

SIGNIFICANT ACCOUNTING POLICIES – OTHER NOTES

EQUITY

Contributions made by the ACT Government, through its role as owner of the Directorate, are treated as contributions of equity. Increases or decreases in net assets as a result of Administrative Restructures are also recognised in equity.

NOTE 17 – BUDGETARY REPORTING

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – BUDGETARY REPORTING

Significant judgements have been applied in determining what variances are considered 'major variances'. Variances are considered major if both of the following criteria are met:

- The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated category (Income, Expenses and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and

- The variances (original budget to actual) are greater than plus (+) or minus (-) 10% of the budget for the financial statement line item.

APPENDIX C - IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED

ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED

The following new and revised accounting standards and interpretations have been issued by the Australian Accounting Standards Board but do not apply to the current reporting period. These standards and interpretations are applicable to future reporting periods. The Directorate does not intend to adopt these standards and interpretations early. Where applicable, these Australian Accounting Standards will be adopted from their application date.

- AASB 9 *Financial Instruments* (December 2014) (application date 1 January 2018);

This standard supersedes AASB 139 Financial Instruments: Recognition and Measurement. The main impact of AASB 9 is that it will change the classification, measurement and disclosures of the Directorate's financial assets. At this stage the Directorate is not able to estimate the impact of this new standard on its financial statements. The Directorate will make a more detailed assessment of the impact over the next 12 months.

- AASB 15 *Revenue from Contracts with Customers* (application date 1 January 2018);

AASB 15 is the new standard for revenue recognition. It establishes a comprehensive framework for determining whether, how much and when revenue is recognised. It replaces AASB 111 Construction Contracts and AASB 118 Revenue. At this stage the Directorate is not able to estimate the impact of this new standard on its financial statements. The Directorate will make a more detailed assessment of the impact over the next 12 months.

- AASB 2016-7 *Amendments to Australian Accounting Standards – Deferral of AASB 15 for not-for-profit Entities* (application date 1 January 2017, which was the original mandatory effective date of AASB 15);

This standard amends the mandatory effective date of AASB 15 for not-for-profit entities, so that AASB 15 is required to be applied by these entities for annual reporting periods beginning on or after 1 January 2019 instead of 1 January 2018. At this stage the Directorate is not able to estimate the impact of AASB 15 on its financial statements. The Directorate will make a more detailed assessment of the impact over the next 12 months.

- AASB 2016-2 Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 107 (application date 1 January 2017)

This standard amends AASB 107 Statement of Cash Flows to require agencies preparing financial statements in accordance with Tier 1 reporting requirements to provide disclosures that enable users of financial statements to evaluate changes in liabilities arising from financing activities, including both changes arising from cash flows and non-cash changes.

This standard affects disclosures only and there is no material financial impact on the Directorate.

APPENDIX C - IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED (CONTINUED)

ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED (CONTINUED)

- AASB 1058 *Income of Not-for-Profit Entities* (application date 1 January 2019)

The standard clarifies and simplifies the income recognition requirements that apply to not-for-profit entities in conjunction with AASB 15 Revenue from Contracts with Customers. These standards supersede all the income recognition requirements relating to private sector not-for-profit entities, and the majority of income recognition requirements relating to public sector not-for-profit entities, previously in AASB 1004 *Contributions*. At this stage the Directorate is not able to estimate the impact of AASB 1058 on its financial statements. The Directorate will make a more detailed assessment of the impact over the next 12 months.

- AASB 1059 Service Concession Arrangements: Grantor (Application date 1 January 2019)

This standard was released by the AASB on 20 July 2017. This new accounting standard prescribes the accounting for service concession arrangements including Public Private Partnerships (PPPs) from the perspective of the public sector grantor. AASB 1059 mainly impacts the recognition of assets and liabilities and associated expenses that relate to PPPs. The Directorate will be reviewing its existing arrangements to assess if any of these arrangements fall within the scope of this standard. Given the timing of the release of this standard, at this stage the Directorate is not able to make this assessment and estimate the impact on its future financial statements. The Directorate will make an assessment of the impact in the coming years leading up to the standard becoming effective.

.

REPORT OF FACTUAL FINDINGS

ACT LOCAL HOSPITAL NETWORK DIRECTORATE

To the Members of the ACT Legislative Assembly

Review opinion

I am providing an **unqualified review opinion** on the statement of performance of the ACT Local Hospital Network Directorate (the Directorate) for the year ended 30 June 2017.

During the review no matters were identified which indicate that the results of the accountability indicators reported in the statement of performance are not fairly presented in accordance with the *Financial Management Act 1996*.

Basis for the review opinion

The review was conducted in accordance with the Australian Auditing Standards. I have complied with the requirements of the Accounting Professional and Ethical Standards 110 *Code of Ethics for Professional Accountants*.

I believe that sufficient evidence was obtained during the review to provide a basis for the review opinion.

Responsibility for preparing and fairly presenting 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 2017*; 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.

Responsibility for the review of the statement of performance

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2017*, the Auditor-General is responsible for issuing a report of factual findings on the statement of performance of the Directorate.

As required by Australian Auditing Standards, the auditors:

- applied professional judgement and maintained scepticism;
- identified and assessed the risks of material misstatements due to error or fraud* and implemented procedures to address these risks so that sufficient evidence was obtained to form a review opinion; and
- reported the scope and timing of the review and any significant deficiencies in reporting practices identified during the review to the Director-General.

Level 4, 11 Moore Street Canberra City ACT 2601 PO Box 275 Civic Square ACT 2608
T 02 6207 0833 F 02 6207 0826 E actauditorgeneral@act.gov.au W www.audit.act.gov.au

(*The risk of not detecting material misstatements due to fraud is higher than the risk due to error, as fraud may involve collusion, forgery, intentional omissions or misrepresentations or the override of internal controls.)

Limitations on the scope of the review

The review was conducted in accordance with Australian Auditing Standards applicable to review engagements, to provide limited assurance that the results of the accountability indicators reported in the statement of performance have been fairly presented in accordance with the *Financial Management Act 1996*.

A review is primarily limited to making inquiries with representatives of the Directorate, performing analytical and other review procedures and examining other available evidence. These review procedures do not provide all of the evidence that would be required in an audit, therefore, the level of assurance provided is less than that given in an audit. An audit has not been performed and no audit opinion is being expressed on the statement of performance.

This review 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;
- adequacy of controls implemented by the Directorate; or
- integrity of reviewed statement of performance presented electronically or information hyperlinked to or from the statement of performance. Assurance can only be provided for the printed copy of the reviewed statement of performance.

Dr Maxine Cooper
Auditor-General
12 September 2017

ACT Local Hospital Network Directorate
Statement of Performance
For The Year Ended 30 June 2017

Statement of Responsibility

In my opinion, the Statement of Performance is in agreement with the ACT Local Hospital Network Directorate's records and fairly reflects the service performance of the Directorate for the year ended 30 June 2017 and also fairly reflects the judgements exercised in preparing it.

Mr David Nicol
A/g Director-General
Health Directorate
12 September 2017

ACT Local Hospital Network Directorate
Statement of Performance
For the Year Ended 30 June 2017

Output Class 1: ACT Local Hospital Network

Description

The ACT Local Hospital Network will receive funding under the National Health Reform Agreement and purchase public hospital services from the Canberra Hospital and Health Services, Calvary Public Hospital, Clare Holland House and Queen Elizabeth II Family Centre.

	Original Target 2016-17	Actual Result 2016-17	% Variance from Original Target	Explanation of Material Variances (+/- 5%)	Notes
Total Cost ($000's)	1,064,691	1,071,456	1%		
Controlled Recurrent Payments (CRP) ($000's)	633,489	629,964	(1%)		
Accountability Indicators					
a. Admitted Services – National Weighted Activity Units {16}	91,103	95,566	5%	Acute admitted activity is above the target due to a 6% higher than expected separation volume compared to the target particularly in services relating to vaginal delivery, septicaemia and respiratory system disorders.	1,2
b. Non-Admitted Services - National Weighted Activity Units {16}	18,246	17,370	(5%)	Non-admitted activity is below the target due to lower than expected patient volume particularly in services relating to general medicine, respiratory and medical oncology.	1,3
c. Emergency Services – National Weighted Activity Units {16}	16,278	17,886	10%	Emergency care activity is above the target due to 3% higher than expected patient volume, particularly in services relating to circulatory, endocrine and nutritional or metabolic systems and an increase of 7% in average weighted complexity per Emergency Department presentation.	1

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

Explanation of Measures

1. Activity purchased by the ACT Local Hospital Network is consistent with the criteria in the National Health Reform Agreement. Activity is measured in National Weighted Activity Units (NWAU) {16} as defined by the Independent Hospital Pricing Authority's National Efficient Price Determination 2016-17. The complexity of a patient's episode of care has a direct impact on the calculation of the number of NWAUs. i.e. A higher complexity episode of care will result in a higher number of NWAUs. These measures combine the results for the Canberra Hospital and the Calvary Public Hospital for services that meet the Independent Hospital Pricing Authority's criteria for inclusion on the 'General List of In-Scope Public Hospital Services'.
2. Excludes mental health and sub-acute services.
3. Excludes community mental health services.

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 was not required by the *Financial Management (Statement of Performance Scrutiny) Guidelines 2017*.

Output Class 1: ACT Local Hospital Network (Continued)

	Original Target 2016-17	Actual Result 2016-17	% Variance from Original Target	Explanation of Material Variances (+/- 5%)	Notes
d. Acute Mental Health Services – National Weighted Activity Units {16}	7,120	7,668	8%	Admitted Mental Health activity is above the target due to a 39% higher than expected patient volume particularly in services relating to mental health treatment without ECT, major affective disorders and personality disorders and acute reactions which is offset by a 23% decrease in average weighted complexity per separation.	1
e. Sub Acute Services – National Weighted Activity Units {16}}	10,919	9,619	(12%)	Sub/Non-acute activity is below target due to a 17% decrease in weighted complexity per separation mainly as a result of changes in classifications and associated price weights.	1
f. Total in scope – National Weighted Activity Units {16}	143,666	148,109	3%		1
g. Percentage of mental health clients with outcome measures completed	65%	70%	8%	The variance is due to service managers having a focus on monitoring completion rates with front line staff.	4
h. Proportion of mental health clients contacted by a Health Directorate community facility within 7 days post discharge from inpatient services	75%	74%	(1%)		5

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

Explanation of Measures - continued

4. Proportion of eligible mental health registered clients receiving ongoing mental health care having clinical outcome measures completed. These measures were completed three-monthly. Service settings included are inpatient, community and residential care. All age groups included. Eligible clients are people receiving mental health services on an ongoing basis, have a case manager assigned and are in contact with mental health services in the reference period.
5. The proportion of clients admitted to a public mental health acute inpatient facility within the ACT Local Hospital Network and having direct contact with mental health services within seven days post discharge. Day of discharge is not included as part of the seven days. Same day admissions are excluded.

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 was not required by the *Financial Management (Statement of Performance Scrutiny) Guidelines 2017*.

APPENDIX A COMPLIANCE STATEMENT

The ACT Health Annual Report must comply with the 2017 Annual Report Directions (the Directions). The Directions are found at the ACT Legislation Register:

www.legislation.act.gov.au

The Compliance Statement indicates the subsections, under the five Parts of the Directions, that are applicable to ACT Health 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 Annual Report 2016–17 complies with all subsections of Part 1 under the Directions.

In compliance with Section 13 Feedback, Part 1 of the Directions, contact details for ACT Health are provided within the ACT Health Annual Report 2016–17 to provide readers with the opportunity to provide feedback.

PART 2 DIRECTORATE AND PUBLIC SECTOR BODY ANNUAL REPORT REQUIREMENTS

The requirements within Part 2 of the Directions are mandatory for all directorates and public sector bodies and ACT Health complies with all subsections. The information that satisfies the requirements of Part 2 is found in the ACT Health Annual Report 2016–17 as follows:

Section	Page no.
A. Transmittal Certificate	**28**
B. Organisational Overview and Performance	**32**
B.1 Organisational overview	32
B.2 Performance analysis	72
B.3 Scrutiny	134
B.4 Risk management	151
B.5 Internal audit	152
B.6 Fraud prevention	154
B.7 Work health and safety	155
B.8 Human resources management	159
B.9 Ecologically sustainable development	188
C. Financial Management Reporting	**196**
C.1 Management Discussion & Analysis For The Health Directorate For The Year Ended 30 June 2017	196
C.2 Financial Statements For The Year Ended 30 June 2017 Health Directorate	209
C.3 Capital works	303

Section	Page no.
C.4 Asset management	309
C.5 Government contracting	313
C.6 Statement of performance	331

PART 3 REPORTING BY EXCEPTION

ACT Health has nil information to report by exception under Part 3 of the Directions for the 2016–17 reporting period. This is explicitly stated in the following sections.

Section	Page no.
D. Notices of Noncompliance	**344**
D.1 Dangerous substances	344
D.2 Medicines, poisons and therapeutic goods	344

PART 4 DIRECTORATE AND PUBLIC SECTOR BODY SPECIFIC ANNUAL REPORT REQUIREMENTS

The following subsections of Part 4 of the 2017 Directions are applicable to ACT Health and can be found within the ACT Health Annual Report 2016–17:

Section	Page no.
G. Health	**346**
G.1 Mental health	346

PART 5 WHOLE-OF-GOVERNMENT ANNUAL REPORTING

All subsections of Part 5 of the Directions apply to ACT Health. Consistent with the Directions, the information satisfying these requirements is reported in the one place for all ACT Public Service directorates, as follows:

- N. Community Engagement and Support, see the annual report of Chief Minister, Treasury and Economic Development Directorate
- O. Justice and Community Safety, including all subsections O.1 – O.4, see the annual report of the Justice and Community Safety Directorate
- P. Public Sector Standards and Workforce Profile, including all subsections P.1 – P.3, see the annual State of the Service Report
- Q. 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

As required by Australian Auditing Standards, the ACT Audit Office checks financial statements included in annual reports (and information accompanying financial statements) for consistency with previously audited financial statements. This includes checking the consistency of statements of performance with those statements previously reviewed (where a statement of performance is required by legislation).

APPENDIX B INDEX

ABF. *See* Activity Based Funding.
Aboriginal and Torres Strait Islander people
ACT Health Reconciliation Action Plan 2015-18, 44, 168
apprenticeships (ACT Health workforce), 169
cultural awareness programs (for ACT Health workforce), 171
Enrolled Nursing Scholarship, 179
immunisation activities, 133
improving health and wellbeing, 44
in ACT Health workforce, 168
Ngunnawal Bush Healing Farm (NBHF), 63, 304, 310
planned projects, 44
recruitment, 168
Strategic Objective 11 Addressing Gaps in Aboriginal and Torres Strait Islander Immunisation Status, 80
Aboriginal and Torres Strait Islander people, ACT Health Aboriginal and Torres Strait Islander Workforce Action Plan 2013–18, 44
Academic Unit of Internal Medicine, 91
ACT and Southern NSW Local Health District Cancer Services Plan 2015–2020, 70
ACT Care Coordinator annual report 2016-17, 346, 348
ACT Chronic Conditions Strategy 2013–2018, 71
ACT Government Internal Audit Framework, 152
ACT Health
contact details, II
ACT Health Aboriginal and Torres Strait Islander Workforce Action Plan 2013–18, 63
ACT Health Cultural Competence Program, 171
ACT Health Disability Employment Action Plan 2015–18, 169
ACT Health Human Research Ethics Committee (HREC) annual report, 358
ACT Health Quality Strategy, 39
ACT Health Reconciliation Action Plan, 44
ACT Health Reconciliation Action Plan 2015–18, 63, 168
ACT Health Sustainability Strategy 2016–2020, 71
ACT Health System-wide Review of Data and Reporting, 39, 53
ACT Health Workforce Plan 2013–18, 161
ACT Health Workplace Culture Survey, 162
ACT Local Hospital Network Directorate
annual report, 364
financial statements, 364–76
performance summary, 37
strategic objectives and indicators, 83–90
ACT Palliative Care Services Plan 2013–2017, 70
ACT Secondary Students' Alcohol and Drug (ASSAD) Survey, 112
Activity Based Funding (ABF), 43, 60, 165, 181, 182, 330
Activity Based Management, 54, 351
acute care services
awards, 100
Chief of Clinical Operations, 94
Division of Critical Care, 90
Division of Medicine, 91
Division of Pathology, 91
Division of Surgery and Oral Health, 92
Division of Women
Youth and Children, 93
future directions, 100
performance against accountability indicators, 94
Adult Mental Health Day Service (AMHDS), 104, 108, 109
Adult Mental Health Rehabilitation Unit (AMHRU), 109
Adult Mental Health Unit (AMHU), 47, 103, 105
Advance Care Planning, 65
achievements, 65
outlook for 2017–18, 66

Advisory Council (AHWMC), 62, 148, 159
Aged Care Assessment Team (ACAT), 123, 348, 354–56
Aged Care Facilities (ACFs), 114, 116
Aged Care Facility (ACF) workers, 116
Aged Care Forum, 114
aged care reforms, 123
aged health services
  Aged Services Emergency Team Nurse, 125
  dementia care, 125
  falls minimisation, 125
  food services, 125
  Orthogeriatrics Service, 125
  Output 1.5: Rehabilitation, 123–24
  partnerships, 127
  Strategic Objective 14: Reducing the Risk of Fractured Femurs in ACT Residents Aged Over 75 years, 82
Aggression and Violence Divisional Framework, 107
alcohol and drug use services
  Australian Secondary Students Alcohol and Drug Use (ASSAD) Survey, 82, 96, 148
  drug checking, 59
  future directions, 111
  pill testing, 116
  Prevent Alcohol and Risk Related Trauma in Youth (PARTY) Program, 96
  tobacco control, 113
  treatment and support, 95, 102
Alcohol, Tobacco, and Other Drug Association ACT (ATODA), 148
Alexander Maconochie Centre (AMC), 104, 107, 108, 111
Allied Health
  clinical education (ACT Health workforce), 176
  scholarships, 179
  tertiary student placements, 180
Allied Health Assistant Network, 178
Allied Health Clinical Educators Network, 178
Allied Health Professional Development Small Grants Program, 176
Allied Health Symposium, 176
AMHU. *See* Adult Mental Health Unit.
apprenticeships (ACT Health workforce), 169
Arts and Therapy Program, 148
asbestos, ACT Asbestos Health Study, 58
assets, Health Directorate, 309, 413
Assistant in Nursing (AIN), 169, 175
Attraction and Retention Initiatives (ARIns), 183
Audit and Risk Management Committee, 44
audits
  Audit and Risk Management Committee, 152
  internal, 152, 412
  Internal Audit, 67
  Internal Audit Committee, 152
Australian Childhood Immunisation Register (ACIR), 81, 132
Australian Commission on Safety and Quality in Health Care (ACSQHC), 64–65
Australian Council of Healthcare Standards (ACHS), 64, 87, 351
Australian National University (ANU), 58, 91, 120, 315, 330, 350
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA), 362, 363
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Radiation Health Committee, 362
Australian School Based Apprentices (ASBA) Program, 135, 168, 169
Australian Secondary Students’ Alcohol and Drug (ASSAD), 82–83, 112, 148
Australian Workplace Agreements (AWAs), 184
AUTOCHECK study, 122
Belconnen Community Health Centre, 106, 126, 311
Belconnen Dialysis Centre, 48
Bimberi Youth Justice Centre, 105, 107
birthing services
  Canberra Midwifery Program, 47
  homebirth trial, 47, 99
BPIDS. *See* Business Performance Information and Decision Support.
breast cancer screening, 76, 118, 123
  BreastScreen ACT, 118
  BreastScreen Australia Program, 76, 117–18
  Output 1.4 Cancer Services, 118
  participation rate, 36, 72, 76, 118

Strategic Objective 4: Improving the Breast Screen Participation Rate for Women aged 50 to 69 years, 76
Breast Cancer Shared Follow-up Care Program, 122
breast screening, Strategic Objective 4: Improving the Breast Screen Participation Rate for Women aged 50 to 69 years, 76
Building Health Services Program (BHSP), 303
Business Performance Information and Decision Support Branch (BPIDS) Branch, 50
Business Support and Infrastructure Executive Committee, 43
Calvary Health Care, annual report 2016-17, 350
Calvary Public Hospital
annual report, 350
awards, 351
future directions, 352
hand hygiene rates, 90
Staphylococcus aureus bacteraemia (SAB) infection rates, 89
unplanned hospital re-admissions, 88
unplanned returns to operating theatre, 87
Canberra Hospital
hand hygiene rates, 90
Mental Health Short Stay Unit, 103, 105, 146
Patient Experience inpatient survey, 66
Staphylococcus aureus bacteraemia (SAB) infection rates, 89
sustainability, 189
Trauma Service, 47
unplanned hospital re-admissions, 88
unplanned returns to operating theatre, 87
Canberra Hospital Acute Subacute Early Rehabilitation Service (CHASERS), 126
Canberra Hospital and Health Services (CHHS), 45, 117
Canberra Hospital and Health Services (CHHS) Division, 33
Canberra Hospital and Health Services (CHHS), achievements, 45
Canberra Hospital, Courtesy Bus, 54
Canberra Hospital, Dementia Care in Hospitals Program, 125
cancer services
Canberra Region Cancer Centre (CRCC), 120
future directions, 121
National Cancer Screening Program, 133
Capabiliti, 170, 181
Capital Upgrades Program, 303
capital works, 52, 303, 412, *See also* Health Infrastructure Program, *See also* Health Infrastructure Program, *See also* Health Infrastructure Program
Building Health Services Program (BHSP), 303
completed projects, 303
delivery, 51
Health Directorate, 305
Territorial, 307
works in progress, 304
cardiac imaging medicine, performance against accountability indicators, 98
cardiology services
Strategic Objective 9: Lower Prevalence of Circulatory Disease than the National Average, 79
Cervical Screening Program
performance against accountability indicators, 131
Strategic Objective 12: Higher Participation Rate in the Cervical Screening Program than the National Average, 81
Challenging/Aggressive Behaviour (PART) Program, 172
Chief Allied Health Office (CAHO), 176–77, 179–80
Chief Health Officer, 34
Chief of Clinical Operations, 94
future directions, 101
Chief Psychiatrist annual report 2016-17, 354
Chief Psychiatrist Annual Report 2016-17
emergency apprehension, 354
emergency detention, 354
key trends, 356
child health services, future directions, 108
Child Protection Training (ACT Health workforce), 173
children’s health services, 49, 93, 174
dedicated, 46

Fresh Tastes: health food at school program, 57
Fresh Tastes: healthy food at school, 133
Fresh Tastes: healthy food at school Program, 131
Good Habits for Life Program, 57
It's Your Move (IYM), 57, 131
Kids at Play, 57
Kids at Play Active Play Program, 130
Kids at Play Program, 57
Ride or Walk to School (RWTS) Program, 57, 131
school psychologists, 50
circulatory disease. *See* cardiology services.
climate change initiatives, 59, 116
Clinical Culture Committee (CCC), 162
Clinical Operations Committee, 42
Clinical Placement Office (CPO) (tertiary student placements), 180
Clinical Support and Supervision Program, 179
Clinical Trials Subcommittee (CTSC), 358
Closing the Gap, 44
committees
Territory Wide Surgical Management Committee (TWSMC), 47
work health and safety (WHS), 155
Work Health and Safety Committee, 42
committees, Audit and Risk Management Committee, 44
committees, Business Support and Infrastructure Executive Committee, 43
committees, Clinical Culture Committee (CCC), 162
committees, Clinical Operations Committee, 42
committees, DG/DDG Strategy Committee, 42
committees, Finance and Procurement Executive Committee, 43
committees, Information Communication and Technology Executive Committee, 43
committees, Quality and Safety Committee, 42
Community Assistance Support Program (CASP), 63
contracting (ACT Health)
consulting service areas, 314
goods
services and works, 315
procurement processes, 313
Controlled Medicines Prescribing Standards, 114
corporate and operational plans, 70
Corporate Division, 34, 50
achievements, 53
outlook for 2017–18, 55
Courtesy Bus, 54
Critical Care Frontline Leadership Program, 163–64
cultural training, Workplace Culture intranet site, 162
Cytotoxic Awareness course, 172
data and reporting review, 55
data collection
ACT Health System-wide Review of Data and Reporting, 39
future directions, 38
Dementia Care in Hospitals Program (DCHP), 125
dental health
future directions, 100
Mobile Dental Clinic (MDC), 48
performance against accountability indicators, 95, 99
Strategic Objective 13: Achieve Lower than the Australian Average in the Decayed Missing
or Filled Teeth (DMFT) Index, 82
Strategic Objective 2: No Waiting for Access to Emergency Dental Health Services, 75
dental health services, Division of Surgery and Oral Health, 48
dfmt/DMFT index, 37
DG/DDG Strategy Committee, 42
Dhulwa, 47, 76, 106
Dhulwa Secure Mental Health Unit, 47
environmental sustainability, 192
diabetes, Strategic Objective 10: Lower Prevalence of Diabetes than the National Average, 80
disability employment (ACT Health workforce), 169

discharge planning, future directions, 128
Division of Cancer, Ambulatory and Community Health Support (CACHS), 117
Division of Medicine, performance against accountability indicators, 98
Division of Surgery and Oral Health, future directions, 100
Division of Women, Youth and Children, 93
Domestic and Environmental Services contract, 54
Early Discharge Planning Program, 46
ecologically sustainable development, 52, 188, 412
  ACT Health Resource Management Plan 2016–2020, 188
  ACT Health Sustainability Strategy 2016–2020, 188
  Carbon Neutral Government Fund (CNGF) loan, 189
  energy sustainability initiatives, 189
  Green Teams, 189
  new developments, 191
  resource consumption (ACT Health), 192
  transport (vehicle) efficiency, 191
  waste recycling (ACT Health), 190
  water efficiency initiatives, 190
  zero net emissions target, 188
e-learning courses, 181
elective surgery
  future directions, 101
  performance against accountability indicators, 95
  Strategic Objective 1: Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency, 83
  Strategic Objective 1 Removals from Waiting List for Elective Surgery, 74
Electronic Patient Journey Boards (EPJBs), 46
emergency dental health. *See* dental health.
Emergency Department
  expansion, 46
  four hour rule, 86
  future directions, 100
  performance against accountability indicators, 94
  reforms, 46
  Strategic Objective 2: Improved Emergency Department Timeliness, 84
emergency surgery, performance against accountability indicators, 95
Emerging Managers Program, 163–64
energy sustainability initiatives (ACT Health), 189
Environment Protection Act 1997, 188
Finance and Procurement Executive Committee, 43
financial management (ACT Local Hospital Network Directorate)
  financial statements, 372
financial management (Health Directorate), 331, 413
  asset management, 309
  capital works, 303
  financial statements, 209
  statement of performance, 331, 413
Focus On Reports, 112
food inspections, 114
Fresh Tastes: health food at school program, 57
future directions
  Calvary Public Hospital, 352
  data collection, 38
  Output 1.1 Acute Services, 100
  Output 1.2 Mental Health
    Justice Health and Alcohol and Drug Services (MHJHADS), 108
  Output 1.3 Public Health Services, 116
  Output 1.4 Cancer Services, 121
  Output 1.5 Rehabilitation
    Aged and Community Care (RACC), 127
  Output 1.6 Early Intervention and Prevention, 132
Gastroenterology and Hepatology Unit, 91, 98, 359
  performance against accountability indicators, 98
Gene Technology Act 2003 (ACT), 58
General Medical Unit (GMU), 98
Geriatric Assessment and Planning Unit (GAPU), 47, 124
Geriatric Medicine, 124
glossary, XIX
Good Habits for Life Program, 57

healthy lifestyle promotion, 57
governance
corporate, 151–52
government contracting. *See* contracting (ACT Health).
Government Procurement Act 2001, 313
Government Procurement Board (GPB), 313
Government Procurement Regulation 2007, 313
graduate programs
Allied Health Graduate Program, 177
clinical graduates, 166
Interprofessional Graduate Program, 177
graduate programs (ACT Health workforce), Aborginal and Torres Strait Islander Traineeship, 168
graduate programs, ACT Public Service (ACTPS) Graduate Program, 166
Green Teams, 189
Greenhouse Gas Reduction Act 2010, 188
'grow your own' program, 160
Guardianship and Management of Property Act 1991, 356
Gugan Gulwan Youth Aboriginal Corporation (Gugan Gulwan), 45, 148–49
hand hygiene rates, 38
Health Directorate
data collection, 38
future directions, 38
Outlook for 2017-18, 38
performance summary, 36
Health Directorate Corporate Plan 2012–2017, 36
Health Emergency Management Unit (HEMU), 56
Health Improvement Branch (HIB), 56, 111–12, 130
Health Infrastructure Program, 39, 46
Health Workforce Principle Committee (HWPC), 159
Healthcare Access At Schools (HAAS), 94
HealthStats ACT, 112
healthy lifestyle promotion
Fresh Tastes: healthy food at school, 131
Kids at Active Play Program, 130
mandatory kilojoule display laws, 130
obesity, 57, 59, 80, 129–30, 132–33
Obesity Management Service (OMS), 48, 100–101
obesity prevention research program, 131
Output 1.6 Early Intervention and Prevention, 129
Preventative Health Strategy, 57
Ride or Walk to School Program, 131
healthy lifestyle promotion, ACT Health Promotion Grants Program, 135
healthy lifestyle promotion, Fresh Tastes: healthy food at school, 133
healthy lifestyle promotion, Healthy Weight Initiative (HWI), 57, 129–30
healthy lifestyle promotion, It's Your Move (IYM), 131
Healthy Weight Initiative (HWI), 57, 129–30, 133, 328
Hepatitis B virus (HBV), 148
Hepatitis C virus (HCV), 148
Hermann Brain Dominance Instrument (HBDI), 165
Hip Fracture Clinical Pathway, 102
hoarding, 58, 59, 115
Hospital in the Home (HITH), 48, 50
Human Immunodeficiency Virus (HIV), 145, 148
Pre-Exposure Prophylaxis Prevention (PrEP) trial, 63
Human Papilloma Virus (HPV), 133
Human Research Ethics Committee (HREC) annual report 2016-17, 358
human resources management (ACT Health)
Australian Workplace Agreements (AWAs), 184
child protection training, 173
cultural training programs, 165, 171
culture training programs, 164
diversity, 168
e-learning courses, 181
employee assistance program, 167
future priorities, 165, 182
Health Workforce Principle Committee (HWPC), 159
key achievements, 170
leadership and management programs, 164, 171
learning and development programs;, 170

See also learning and development programs (ACT Health workforce).
life support training, 173
orientation programs, 172
remuneration rates, 184
retention strategies, 161
safety training, 172
support and supervisory training, 178–79
targeted assistance, 161
work experience placements, 180
workforce Attraction and Retention Initiatives (ARIns), 183
workforce numbers, 184
workforce planning, 160
workplace culture, 161, 163
human resources management (ACT Health workforce)
Early Recognition of the Deteriorating Patient Program (COMPASS), 174
health and wellbeing, 166
human resources management (ACT Health workforce), Critical Care Frontline Leadership Program, 163
human resources management (ACT Health), ACT Health Workplace Culture Survey, 162
human resources management (ACT Health), ACT Public Service (ACTPS) Respect, Equity and Diversity (RED) Framework, 162
human resources management (ACT Health), Australian Workplace Agreements.
Human Rights Act 2004, 174
Human Rights Act training for managers, 174
Human Synergistics Life Style Inventory (LSI) 360 degree feedback., 163
I'm alert food safety training, 114
immunisation, 37, 73, 80, 81, 93, 114, 116, 129, 131, 132, 133, 315
coverage rates, 37, 73, 133
National Immunisation Program (NIP), 81, 131, 132
No Jab No Pay policy, 132
Output 1.6: Early Intervention and Prevention, 131
providers, 132
rates, 80–81, 131, 133
status, 132
Strategic Objective 11 Addressing Gaps in Aboriginal and Torres Strait Islander Immunisation Status, 80
Immunisation, programs, 132
influenza, outbreaks and treatments, 113–14, 116
influenza-like illness (ILI), 113
Information and Communications Technology (ICT)
capabilities, 55
capital injections, 308
infrastructure, 305
policies, 43, 51
strategy, 43
Information Communication and Technology (ICT), 43, 51, 128, 304, 306
Information Communication and Technology Executive Committee, 43
infrastructure
maintenance, 52
See also Health Infrastructure Program.
Innovation Division, 34, 60
achievements, 60
innovation programs, future directions, 102
Integrated Program Management Office (IPMO), 60
Intensity Modulated Radiation Therapy (IMRT), 119, 122–23
Intensive Care Unit (ICU), 173
Internal Audit, 67
achievements, 68
International Standard for Risk Management, 151
invasive devices education (ACT Health workforce), 175
It's Your Move (IYM) Program, 57, 131, 133, 328
Jurisdictional Working Group, 358
Justice Health and Alcohol and Drug Services, 102–3
Justice Health Services, 105, 106, 111
future directions, 111
performance against accountability indicators, 106
Keep Calm and Have a Crucial Conversation workshop, 165

Key Performance Indicators (KPIs), 124, 139, 151
Kids at Play Active Play Program, 130
Kids at Play Program, 57
leadership and management programs, 164
Leading Teams through Change Program, 163–64
learning and development programs (ACT Health workforce)
Capabiliti, 181
child protection training, 173
commitment to whole-of-government initiatives, 166
COMPASS, 174
Critical Care Frontline Leadership Program, 163
culture improvement, 164
Cytotoxic Awareness, 172
e-learning courses, 181
Emerging Managers Program, 163
employee assistance program, 167
employees with disability, 169
Enrolled Nurse Forum, 175
Enrolled Nurse Professional Development Program (ENPDP), 175
Enrolled Nurse Transition to Practice Program (ENTTPP), 176
fraud awareness training, 154
future priorities, 165
Hermann Brain Dominance Instrument (HBDI), 165
Human Rights Act training for managers, 174
invasive device education programs, 175
Keep Calm and Have a Crucial Conversation workshop, 165
leadership and management programs, 171
leadership programs, 163
Leading Teams through Change Program, 163
Let’s Talk...Performance workshops, 164
life support, 173
Mandatory Update Day (MUD), 174
Medical Emergency Team (MET) forum, 175
Modified Early Warning Scores (MEWS) forums, 175
MyHealth, 166
Night Duty Continuing Education Program, 176
orientation programs, 172
Peer Assisted Learning, 178
People Manager Program (PMP), 164
Personal Safety and Conflict Awareness, 172
Preliminary Assessment for Managers Program, 165
program overview, 170
Respect@Work, 164
safety training, 172
Senior Doctor Leadership Program, 162
staff training numbers, 181
support and supervisory training, 178–79
TAE40110 Certificate IV in Training and Assessment., 179
Third Space workshop, 165
Tracheostony Assessment and Consultation Service (TRACS), 170
learning and development programs (ACT Health workforce), ACT Health Cultural Competence Program, 171
learning and development programs (ACT Health workforce), Allied Health clinical education, 176
learning and development programs (ACT Health workforce), Assistants in Nursing Development Program, 175
Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) people, 162
Let’s talk...Performance workshops, 164
Let’s Talk...Performance workshops, 164
life expectancy at birth
in ACT, 79
Strategic Objective 8: Management of Chronic Disease: Maintenance of the Highest Life Expectancy at Birth in Australia, 79
Life Style Inventory (LSI), 163
life support training programs, 173
Little Company of Mary, 33, 136–37
Low Risk Subcommittee (LRSC), 358–60

Mandatory Update Day (MUD) Program (ACT Health workforce), 174
Maternal and Child Health (MACH), 49, 93
Maternity Assessment Unit (MAU), 93
Medical Assessment and Planning Unit (MAPU), 46, 98
Medical Emergency Team (MET) forums, 175
medical imaging services, 97, 352
Medical Imaging services, performance against accountability indicators, 97
medicinal cannabis, Medicinal Cannabis Advisory Group (MCAG), 57, 115
medicinal cannabis, Medicinal Cannabis Medical Advisory Panel (MCMAP), 115
Medicines, Poisons and Therapeutic Goods Regulation 2008, 114
Mental Health Act 2015, XXIII, 111, 324, 348, 354–57
Mental Health Advisory Council, 62
mental health services
  Dhulwa Secure Mental Health Unit, 47
  future directions, 108–9
  new initiatives, 40, 50
  performance against accountability indicators, 105
  Strategic Objective 5
    Reducing the Usage of Seclusion in Mental Health Episodes, 76
  Strategic Objective 6
    Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit, 77
mental health services, ACT Care Coordinator annual report 2016-17, 348
mental health services, Adult Mental Health Unit, 47
mental health services, Chief Psychiatrist annual report 2016-17, 346, 354
mesothelioma study, 58
Mobile Dental Clinic (MDC), 48, 99, 100
Modified Early Warning Scores (MEWS), 175
Modified Early Warning Scores (MEWS) forums, 175
Multicultural Festival, 58
multicultural health issues. *See also* Aboriginal and Torres Strait Islander people.
MyHealth Staff Health and Wellbeing Strategy and Action Plan 2016–2018, 166
MyHealth workshops/programs, 166
National Cancer Screeing Program (NCSP), 133
National Centre for Epidemiology and Population Health (NCEPH), 58
National Directory for Radiation Protection, 362
National Disability Insurance Agency (NDIA), 107, 124, 128
National Disability Insurance Scheme (NDIS), 126, 128, 348
National Elective Surgery Target (NEST), 60
National Emergency Access Target (NEAT), 60–61
National Gene Technology Review, 59
National Health and Medical Research Council (NHMRC), 61, 146, 358
  consultation process, 358
  national statement, 360
  research, 62
National Immunisation Program (NIP), 131–32
National Safety and Quality Health Service (NSQHS), 171, 172, 177
NBHF. *See* Ngunnawal Bush Healing Farm.
Neonatal Intensive Care Unit (NICU), 93, 100
Ngunnawal Bush Healing Farm (NBHF), 63, 304
Night Duty Continuing Education Program (ACT Health workforce), 176
No Jab No Pay policy, 132, 133
notices of noncompliance, 344, 413
nurses and midwifes, tertiary student placements, 180
nurses and midwives
  additional funding for, 49
  Assistants in Nursing Development Program, 175
  Clinical Development Nurse/Midwife (CDNM) Professional Development Program, 179
  Enrolled Nurse Forum, 175
  Enrolled Nurse Professional Development Program (ENPDP), 175

Enrolled Nurse Transition to Practice Program (ENTTPP), 176
Mandatory Update Day (MUD), 174
scholarships, 179
nurses and midwoves, Registered Nurse Standards for Practice (Nursing and Midwifery Board of Australia (NMBA), 2016), 177
obesity management and prevention. *See* healthy lifestyle promotion.
objectives and indicators. *See* strategic objectives and indicators.
Office of Research, 61, 62
achievements, 61
outlook for 2017–18, 62
Office of the Chief Health Officer
achievements, 115
responsibilities, 56
Office of the Chief Health Officer (OCHO), achievements, 115
Open Disclosure Procedure, 65
operational initiatives, planned projects, 39
Optimal Cancer Care Pathways (OCCPs), 121, 123
oral health services. *See* dental health.
organ and tissue donation, 59, 116
organisational overview
Canberra Hospital and Health Services (CHHS), 33
chart, 35
Chief Health Officer, 34
clients and stakeholders, 33
Corporate Division, 34
environment and planning framework, 36
Innovation Division, 34
outlook for 2017–18, 38
Population Health Protection and Prevention Division, 34
Quality
Governance and Risk Division, 34
role, 32
senior executives, 40
structure, 33
summary of performance, 36
vision
mission and values, 32
orientation programs (ACT Health workforce), 172
Output 1.1 Acute Services
aim, 90
awards, 100
Chief of Clinical Operations, 94
Division of Critical Care, 90
Division of Medicine, 91
Division of Surgery and Oral Health, 92
Division of Women
Youth and Children, 93
future directions, 100
overview, 90
Pathology, 91
performance against accountability indicators, 94
Output 1.2 Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS), aim, 102
Output 1.2 Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS), future directions, 108
Output 1.2 Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS), overview, 103
Output 1.2 Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS), performance against accountability indicators, 77, 104
Output 1.2 Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS), workforce, 107
Output 1.3 Public Health Services
aim, 111
future directions, 116
overview, 111
performance against accountability indicators, 112
Output 1.4 Cancer Services
aim, 117
awards, 120
Cancer Services, 119
future directions, 121
Medical Oncology, 120
overview, 117
palliative care, 120

performance against accountability indicators, 76, 118
radiation oncology, 119
Output 1.5 Rehabilitation, Aged and Community Care (RACC), aim, 123
Output 1.5 Rehabilitation, Aged and Community Care (RACC), future directions, 127
Output 1.5 Rehabilitation, Aged and Community Care (RACC), overview, 123
Output 1.5 Rehabilitation, Aged and Community Care (RACC), performance against accountability indicators, 124
Output 1.5 Rehabilitation, Aged and Community Care (RACC), rehabilitation, 126
Output 1.6 Early Intervention and Prevention
aim, 129
future directions, 130, 132
overview, 129
performance against accountability indicators, 129
overweight management and prevention. *See* healthy lifestyle promotion.
Paediatric Life Support, 174
Paediatric Palliative Care MoC, 123
paediatrics. *See* children's health services.
palliative care
ACT Palliative Care Services Plan 2013-2017, 49, 70, 117, 120, 350
community-based, 350
future directions, 123
inpatient services, 351
medical specialist services, 120
Palliative Care Outcomes Collaboration, 351
palliative care, ACT Palliative Care Clinical Network, 70
pathology, performance against accountability indicators, 97
Patientrack system, 175
Peer Assisted Learning (PAL), 178
People and Culture
achievements, 68
outlook for 2017–18, 69
People Manager Program (PMP), 164–65
Personal Safety and Conflict Awareness training, 172
Policy and Stakeholder Relations, 62
achievements, 62
outlook for 2017–18, 63
Population Health Division Strategic Framework 2013–2017, 70
Population Health Protection and Prevention Division, 34, 55, 130
achievements, 57
outlook for 2017–18, 59
Popultation Health Protection and Prevention, performance against accountability indicators, 112
portable oxygen concentrators, 128
Preliminary Assessment for Managers Program, 165
Prevent Alcohol and Risk Related Trauma in Youth (PARTY) Program, 95
Preventative Health Strategy, 129
Procurement and Capital Works (PCW), 313
professional development (ACT Health workforce), 176, 179
Psychiatric Treatment Order (PTO), 355–56
Public Health Act 1997, 56
Public Health Amendment Act 2016, 58, 115
public hospital services
hand hygeine rates, 89
re-admissions within 28 days, 88
Staphylococcus Aureus Bacteraemia (SAB) infection rates, 89
Strategic Objective 3: Maximising the Quality of Hospital Services, 87
Quality
Governance and Risk Division
achievements, 64
outlook for 2017–18, 65
Quality and Safety Committee, 42
quality and safety initiatives, 65
Quality in Healthcare ACT Awards, 66
Quality in Healthcare Awards, 66
Quality Strategy, 39, 64, 65
Quality, Governance and Risk Division, 34, 63, 66
Queen Elizabeth II Family Centre, 83
radiation
incidents, 362
licences and registraions, 362
Radiation Council

functions, 361
meetings, 361
membership, 361
Radiation Council annual report 2016-17, 361
Radiation Oncology, 75–76, 119–20, 122–23, 309
Radiation Protection Act 2006, 361–62
radiotherapy, Strategic Objective 3: Improving Timeliness of Access to Radiotherapy Services, 75
rapid access clinics, 102
Rapid Assessment Unit (RAU), 119, 121
Regional Assessment Service (RAS), 124
Registered Nurses, 99, 108, 125, 134–35, 175, 176–77
Registered Training Organisation (RTO), 170
Rehabilitation
Aged and Community Care (RACC)
awards, 127
services, 127
Aged and Community Care (RACC) Occupational Therapy service, 126
Rehabilitation and Independent Living Unit (RILU), 128, 310
Rehabilitation, Aged and Community Care (RACC), 45, 47, 123–24, 125, 126–28, 304
remuneration (ACT Health workforce), workforce by classification, 184
research ethical standards, 358
Respect@Work training program, 164
Ride or Walk to School (RWTS) Program, 131
risk management, 151, 412
fraud prevention, 154, 412
Riskman system, 67
Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), 100
safety training (ACT Health workforce), 172
Salmonella outbreaks and investigations, 113
scholarships, 49, 179
scrutiny, 134, 412
ACT Auditor-General's Report No 6 of 2017: Mental Health Services – Transition from Acute Care, 150
Annual and Financial Reports 2014-15, 134
Auditor-General's Report No. 1 of 2016: Calvary Public Hospital Financial and Performance Reporting and Management, 136
Inquiry into the Appropriation Bill 201-18 and Appropriation (Office of the Legislative Assembly) Bill 2017–18, 149
Inquiry into the Appropriation Bill 2016–17 and Appropriation (Office of the Legislative Assembly) Bill 2016–17, 143
Inquiry into Youth Suicide and Self Harm in the ACT, 138
Report on the Annual and Financial Reports 2015–16, 150
Review of the Auditor-General's Report No. 1 of 2016: Calvary public hospital financial and performance reporting and management, 140
Senior Doctor Leadership Program, 162, 164
sexual health, 148
sexually transmissible infections (STIs), 148
Smoke Free Legislation Amendment Act, 149
smoke-free areas, 113, 116
Smoke-free Public Places (Play Spaces) Declaration 2016, 58
Smoke-Free Public Places Act 2003, 149
Smoke-Free Public Places Amendment Act 2016, 113
smoking
rates, 82–83, 145, 148
Strategic Objective 15 Reduction in the Youth Smoking Rate, 82
Smoking Products Act 1927, 149
Social Research Subcommittee (SRSC), 358–60
Social Work Allied Health Assistants training, 178
Special Employment Arrangements (SEAs), 183
staff development, 163
Staff Development Unit (SDU), 173, 181
Staphylococcus Aureus Bacteraemia (SAB) infection, 38, 89
Stereotactic Ablative Radiotherapy (SABR), 119–20
Stereotactic Radiosurgery (SRS), 119, 122
Strategic Asset Management Plans (SAMPs), 303, 311
strategic initiatives, planned projects, 39

strategic objectives and indicators
ACT Local Hospital Network, 83–90
Health Directorate, 74–83
overview, 72–74
stroke services, 49
Student Placement Online (SPO), 180
students
enrolled nursing, 132
midwifery, 180
placements, 180
post graduate paediatric nursing, 132
secondary, 112, 148
support and shared care organisations, 107
Surgical Procedures, Interventional Radiology and Emergency (SPIRE), 39, 61, 94
surveys, 66
Patient Experience inpatient survey, 66
Sustainable Transport and Parking working group, 54
System Innovation Program (SIP), 60
objectives, 60
projects, 60
Territory Wide Surgical Management Committee (TWSMC), 47–48, 95, 101
tertiary education placements, 180
Third Space workshop, 165
Tobacco Act 1927, 149
Tracheostomy Assessment and Consultation Service (TRACS), 170
traineeships (ACT Health workforce), 135, 170
transport (vehicles) efficiency (ACT Health), 191
Trauma Service, 47
University of Canberra, 39, 120, 128, 177, 179
University of Canberra Public Hospital (UCPH), 39, 109, 128, 144, 147, 191, 304, 306, 307
environmental sustainability, 191
vaccines, diphtheria, tetanus, a-cellular pertussis (dTpa) vaccine, 114
Volumetric Arc Therapy (VMAT) treatment, 122
waiting lists, Strategic Objective 1 Number of People Removed From Waiting List, 74
Walk-in-Centres (WiCs), 39, 49, 61, 126
additional funding, 49
new, 39
waste recycling (ACT Health), 190
water efficiency initiatives (ACT Health), 190
whooping cough, 114
work experience placements, 180
Work Health and Safety Act 2011, 67, 155–56
Work Health and Safety Act 2011, reportable incidents and notices, 156
Work Health and Safety Committee, 42
Work Health and Safety Management System (WHSMS), 156
work health safety (WHS) (ACT Health workforce), 67, 155
committees, 155
incidents, 155
matters, 67, 155
performance analysis, 156
policies, 155
work health safety (WHS) (ACT Health workforce)
Work Health and Safety ACT 2011
reporting, 156
work health safety (WHS) (ACT Health workforce),requirements, 67
work health safety (WHS), Work Health and Safety Act 2011, 155
Workplace Safety (WPS), 64, 67, 156
achievements, 67
outlook for 2017–18, 67
workstation assessments, 156
World Cancer Day, 120, 123
Young People Death Review Committee, 140
youth health services
ACT Secondary Students’ Alcohol and Drug (ASSAD) Survery, 82, 112
future directions, 108
Healthcare Access At Schools (HAAS) Program, 94
healthy lifestyle promotion, 130–31
Prevent Alcohol and Risk Related Trauma in Youth (PARTY) Program, 95
school psychologists, 50
Strategic Objective 15: Reduction in the Youth Smoking Rate, 82
Youth Drug and Alcohol Program, 106
Zostavax, shingles vaccine, 131–32