ACT Government

ANNUAL REPORT 2017–18

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

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CONTENTS

ABBREVIATIONS AND ACRONYMS

Abbreviation/acronym	Meaning
ABM	Activity-Based Management
AC	Advanced Completion
ACAT	ACT Civil and Administrative Tribunal (ACT Care Coordinator Annual Report 2017–18 only)
ACAT	Aged Care Assessment Team
ACE	Acute Care of the Elderly
ACHS	Australian Council on Healthcare Standards
ACMHS	Adult Community Mental Health Services
ACT	Australian Capital Territory
ACT LHN	ACT Local Hospital Network
ACTGAL	ACT Government Analytical Laboratory
ACU	Australian Catholic University
ADS	Alcohol and Drug Services
AEFI	Adverse Event(s) Following Immunisation
AH	Allied Health
AHA	Allied Health Assistant
AHPRA	Australian Health Practitioners Regulatory Agency
AIHW	Australian Institute of Health and Welfare
AIN	Assistant in Nursing
AIR	Australian Immunisation Register
ALO	Aboriginal and Torres Strait Islander Liaison Officer
AMC	Alexander Maconochie Centre
AMHDS	Adult Mental Health Day Service
AMHRU	Adult Mental Health Rehabilitation Unit
ANU	Australian National University
AOD	Alcohol and Other Drug
ARIns	Attraction and Retention Initiatives
ARIR	Australian Radiation Incident Register
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency

Abbreviation/acronym	Meaning
ASSAD	Australian Secondary School Alcohol and Drug
AWA	Australian Workplace Agreement
BCA	Building Code of Australia
BGIS	Brookfield Global Integrated Solutions
BHSP	Building Health Services Program
BIF	Better Infrastructure Fund
BMI	Body Mass Index
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 Services
CAMS	Collaboration Assessment and Management of Suicidality
CatCH	Continuity at the Canberra Hospital
CBRJO	Canberra Region Joint Organisation
CC	Care Coordinator
CCO	Community Care Order
CDNM	Clinical Development Nurse/Midwife
CERC	Clinical Education and Research Centre
CHHS	Canberra Hospital and Health Services
CHWC	Centenary Hospital for Women and Children
CIED	Cardiac Implantable Electronic Devices
CIT	Canberra Institute of Technology
CMP	Canberra Midwifery Program
CMTEDD	Chief Minister, Treasury and Economic Development Directorate
CNG	Carbon Neutral Government
COAG	Council of Australian Governments
COMPASS	Early Recognition of the Deteriorating Patient Program
CPHB	Calvary Public Hospital Bruce
CPO	Clinical Placement Office
CRCC	Canberra Region Cancer Centre
CRRS	Capital Region Retrieval Service

Abbreviation/acronym	Meaning
CT	Computerised Tomography
CTSC	Clinical Trials Subcommittee
CVAD	Central Venous Access Devices
DALI	Digital Addressable Lighting Interface
DAPIS	Drugs and Poisons Information System
DCHP	Dementia Care in Hospitals Program
DCM	Design, Construct and Maintain
DDG	Deputy Director-General
DECO	Detention Exit Community Outreach
DG	Director-General
Dhulwa	Dhulwa Mental Health Unit
dmft	decayed, missing or filled teeth (deciduous infant teeth)
DMFT	decayed, missing or filled teeth (permanent adult teeth)
DORA	DAPIS Online Remote Access
DRG	Diagnostic Related Group
DSD	Digital Solutions Division
EAP	Employee assistance program
ECR	Electronic Clinical Record
ECT	electroconvulsive therapy
ED	Emergency Department
ED	Education Directorate
EDC	Executive Directors Council
EMP	Emerging Managers Program
EMU	Emergency Medicine Unit
EN	Enrolled Nurse
ENPDP	Enrolled Nurse Professional Development Program
ENT	Ear Nose and Throat
EPAU	Early Pregnancy Assessment Unit
EPJB	Electronic Patient Journey Board
EPSDD	Environment, Planning and Sustainable Development Directorate
ESP	Enterprise Sustainability Platform
F&P	Finance and Performance

Abbreviation/acronym	Meaning
FBT	Fringe Benefits Tax
FCCO	Forensic Community Care Order
FM	Facilities Management
FMHS	Forensic Mental Health Services
FMU	Fetal Medicine Unit
FPTO	Forensic Psychiatric Treatment Order
FTE	Full-time Equivalent
GCHC	Gungahlin Community Health Centre
GEHU	Gastroenterology and Hepatology Unit
GP	General Practitioner
GPB	Government Procurement Board
GSCU	Geriatrics Special Care Unit
GST	Goods and Services Tax
HAART	Home Assessment Acute Response Team
HAAS	Healthcare Access At Schools
HBDI	Hermann Brain Dominance Instrument
HIB	Health Improvement Branch
HIS	Health Infrastructure Services
HITH	Hospital in the Home
HoNOS	Health of the Nation Outcome Scales
HPS	Health Protection Service
HREC	Human Research Ethics Committee
HSR	Health and Safety Representative
HVAC	Heating, Ventilation and Air Conditioning
ICT	Information and Communications Technology
IHPA	Independent Hospital Pricing Authority
IT	Information Technology
ITS	Intensive Treatment Service
JACS	Justice and Community Safety
JHS	Justice Health Services
KPI	Key Performance Indicator

Abbreviation/acronym	Meaning
LEADS	Leads self, Engages others, Achieves outcomes, Drives innovation and Shapes systems
LED	Light Emitting Diode
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer
LOS	length of stay
LRSC	Low Risk Subcommittee
LSI	Life Style Inventory
m^2	metres square
MACH	Maternal and Child Health
MAJICeR	Mental Health Electronic Record
MAU	Maternity Assessment Unit
MERS-CoV	Middle East Respiratory Syndrome Coronavirus
MHAGIC	Mental Health Assessment Generation and Information Collection system
MHCN	Mental Health Consumer Network
MHJHADS	Mental Health, Justice Health and Alcohol and Drug Services
MPTG	Medicines, Poisons and Therapeutic Goods
MSD	musculoskeletal disorders
MUD	Mandatory Update Day
NBHF	Ngunnawal Bush Healing Farm
NDIA	National Disability Insurance Agency
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NEAT	National Emergency Access Targets
NEP	National Efficient Price
NHMRC	National Health and Medical Research Council
NICU	Neonatal Intensive Care Unit
NIP	National Immunisation Program
NMA	National Mutual Acceptance
NPEV	National Partnership Agreement on Essential Vaccines
NSQHS	National Safety and Quality Health Service
NSQHSS	National Safety and Quality Health Service Standards
NSW	New South Wales
OMS	Obesity Management Service

Abbreviation/acronym	Meaning
P&O	Prosthetics and Orthotics
PAL	Peer Assisted Learning
PANDSI	Post and Ante Natal Depression Support and Information Inc
PART	Predict, Assess and Respond to Challenging/Aggressive Behaviour
PARTY	Prevent Alcohol and Risk-related Trauma in Youth
PBS	Pharmaceutical Benefit Scheme
PCW	Procurement and Capital Works
PD	Professional Development
PHPP	Population Health Protection and Prevention
PHS	Primary Health Services
PHSP	Post Hospital Support Program
PMP	People Manager Program
POC	Portable Oxygen Concentrator
PRD	Performance, Reporting and Data
PRSU	Pre-Rinse Sterilising Unit
PTO	Psychiatric Treatment Orders
QGR	Quality, Governance and Risk
RACC	Rehabilitation, Aged and Community Care
RACLN	Residential Aged Care Liaison Nurse
RADAR	Rapid Assessment of Deteriorating Aged at Risk
RAP	Reconciliation Action Plan
RED	Respect, Equity and Diversity
RHSP	Recurrent Health Services Program
RMP	Resource Management Plan
RN	Registered nurse
RO	Restriction Order
RSI	Relative Stay Index
RTO	Registered Training Organisation
RTPM	real-time prescription monitoring
SAB	Staphylococcus Aureus Bacteraemia
SAMP	Strategic Asset Management Plan
SCN	Special Care Nursery

Abbreviation/acronym	Meaning
SCSUSD	Southside Community Step Up Step Down
SCSUSD	Southside Community Step Up Step Down
SEA	Special Employment Arrangement
SLA	Service Level Agreement
SNSWLHD	Southern NSW Local Health District
SPIRE	Surgical Procedures, Interventional Radiology and Emergency
SRSC	Social Research Subcommittee
SSP	Specialty Services Plans
SVAT	Suicide Vulnerability Assessment Tool
TAPPC	The Australian Prevention Partnership Centre
TTCP	Transitional Therapy and Care Program
TTP	Transition to Practice
TTPP	Transition to Practice Programs
TWSMC	Territory Wide Surgical Management Committee
TWSR	Territory-wide Services Redesign
UCH	University of Canberra Hospital
UMAHA	Upgrading and Maintaining ACT Health Assets
VMO	Visiting Medical Officer
WHS	Work Health and Safety
WHSMS	Work Health and Safety Management System
WiC	Walk-in-Centre
WPS	Workplace Safety
Y7HC	Year 7 Health Check Program

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.
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.
occasions of service	A measure of services provided to patients—usually used in the outpatient or community health setting.
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 procurement	Engaging suppliers that include social benefits as part of delivering goods and services. Social procurement can take many forms, for example: including a social clause in a standard request for offer; quarantining a portion of a contract for a social benefit organisation; or purchasing directly from a social benefit organisation.
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.

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 2017–18 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 2018
> ACT HealthStats
> ACT Human Rights Commission Annual Report 2016-17
> Australian hospital statistics, Australian Institute of Health and Welfare
> Australia's health 2016, Australian Institute of Health and Welfare.

Websites referenced in this report:

Name	Address
ACT Auditor-General's Report Mental Health Services – Transition from Acute Care Report No. 6 / 2017	https://www.audit.act.gov.au/__data/assets/pdf_file/0019/1180009/Report-No-6-of-2017-Mental-Health-Services-Transition-from-Acute-Care.pdf
ACT Auditor-General's Report: ACT Government Strategic and Accountability Indicators – Report No.2/2018	http://www.audit.act.gov.au/__data/assets/pdf_file/0010/1184896/Report-No-2-of-2018-ACT-Government-strategic-and-accountability-indicators.pdf
ACT Auditor-General's Report: Mental Health Services – Transition from Acute Care – Report No.6/2017	https://www.audit.act.gov.au/__data/assets/pdf_file/0019/1180009/Report-No-6-of-2017-Mental-Health-Services-Transition-from-Acute-Care.pdf

Name	Address
ACT Auditor-General's Report: Physical Security – Report No.6/2018	https://www.audit.act.gov.au/__data/assets/pdf_file/0005/1205798/Report-No-6-of-2018-Physical-Security.pdf
ACT Auditor-General's Report: Selected ACT Government Agencies Management of Public Art – Report No.8/2017	https://www.audit.act.gov.au/__data/assets/pdf_file/0012/1180011/Report-No-8-of-2017-Selected-ACT-Government-Agencies-Management-of-Public-Art.pdf
ACT Controlled Medicines Prescribing Standards	http://www.legislation.act.gov.au/ni/2018-77/default.asp
ACT Drug Strategy Action Plan 2018-2021	http://staging.health.act.gov.au/sites/default/files//ACT%20Drug%20Strategy%20Action%20Plan%202018%20-%202021.pdf
ACT Food Business Fit-out Guide	http://health.act.gov.au/sites/default/files/Food%20-%20ACT%20Food%20Business%20Fit-out%20Guide.pdf
ACT Government Budget papers – Budget 2017–18	https://apps.treasury.act.gov.au/budget/budget-2017-2018/budget-papers
ACT Government Contracts Register	https://tenders.act.gov.au/ets/contract/view.do?id=62998
ACT Health	www.health.act.gov.au
ACT Health Radiation Safety	www.health.act.gov.au\radiationsafety
ACT Legislation Register	http://www.legislation.act.gov.au/
ACT Public Service Directorate annual reports	http://www.cmd.act.gov.au/open_government/report/annual_reports
ACT Public Service Directorate Annual Reports	http://www.cmd.act.gov.au/open_government/report/annual_reports
ACT's Transition to Zero Emissions Vehicles Action Plan 2018–21	https://www.environment.act.gov.au/__data/assets/pdf_file/0012/1188498/2018-21-ACTs-transition-to-zero-emissions-vehicles-Action-Plan-ACCESS.pdf
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)	www.arpansa.gov.au
Black Dog Institute	https://www.blackdoginstitute.org.au/
Chief Health Officer's Report	https://www.health.act.gov.au/services-and-programs/aboriginal-and-torres-strait-islander-health/health-status-statistics
Community Based Services	http://health.act.gov.au/our-services/community-based-services
Controlled Medicines	https://www.health.act.gov.au/health-professionals/pharmaceutical-services/controlled-medicines
ACT Government Information Portal	www.act.gov.au
Fifth National Mental Health and Suicide Prevention Plan	http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf
Food Business Egg Guide	https://www.health.act.gov.au/food-safety-training-and-resources
Fresh Tastes	https://goodhabitsforlife.act.gov.au/fresh-tastes/

Name	Address
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
Inquiry into the Appropriation Bill (No 2) 2017-18 and Appropriation (Office of the Legislative Assembly) Bill 2017-18 (No 2)	https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-public-accounts/inquiry-into-appropriation-office-of-the-legislative-assembly-bill-2017-2018-no-2/report/9th-PAC-03-Appropriation-Bill-2017-18-No.2.pdf
Inquiry into the Appropriation Bill 2017-2018 and Appropriation (Office of the Legislative Assembly) Bill 2017-2018	https://www.parliament.act.gov.au/__data/assets/pdf_file/0003/1090164/Estimates-2017-18-FINAL-REPORT.pdf
Internal Audit Framework	http://apps.treasury.act.gov.au/__data/assets/pdf_file/0007/617920/Internal-Audit-Framework-April-2007.pdf
It's Your Move	https://www.health.act.gov.au/act-health-system/programs/healthy-children-and-young-people/its-your-move
Kids at Play	https://goodhabitsforlife.act.gov.au/kids-at-play/
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
Medicines, Poisons and Therapeutic Goods Regulation Amendment Bill 2018	http://www.legislation.act.gov.au/b/db_58073/default.asp
Mental Health Act 2015	http://www.legislation.act.gov.au/a/2015-38/current/pdf/2015-38.pdf
Mental Health Act 2015	http://www.legislation.act.gov.au/a/2015-38/current/pdf/2015-38.pdf
National Drug Strategy 2017-2026	http://health.gov.au/internet/main/publishing.nsf/content/55E4796388E9EDE5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.pdf
National Guidelines for Medication Assisted Treatment of Opioid Dependence	http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/ng-mat-op-dep
Population Health Protection and Prevention Division	https://www.health.act.gov.au/about-our-health-system/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/1997-69/current/pdf/1997-69.pdf
Radiation Protection Act 2006	http://www.legislation.act.gov.au/a/2015-38/current/pdf/2015-38.pdf

Name	Address
Report on the Annual and Financial Reports 2015-2016	http://www.parliament.act.gov.au/__data/assets/pdf_file/0005/1058819/9th-HACS-01-Annual-Report-2015-16.pdf
Report on the Annual and Financial Reports 2016-2017	https://www.parliament.act.gov.au/__data/assets/pdf_file/0011/1164593/9th-HACS-03-Annual-Report-2016-17.pdf
Ride or Walk to School	https//goodhabitsforlife.act.gov.au/ride-or-walk-to-school/
Staying Active Upright and Independent	http://health.act.gov.au/sites/default/files//Staying%20active%2C%20upright%20and%20independent.pdf
University of Canberra Hospital	http://health.act.gov.au/uch
Work Health and Safety Act 2011	http://www.legislation.act.gov.au/a/2011-35/current/pdf/2011-35.pdf

PART A: TRANSMITTAL CERTIFICATE

PART A

ACT Government
Health

Office of the Director-General

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

Dear Minister

ACT Health Annual Report 2017-18

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 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 2017 – 30 June 2018.

I hereby certify that fraud prevention has been managed in accordance with *Public Sector Management Standards 2016*, Section 113.

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

Michael De'Ath
Interim Director-General

26 September 2018

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

ACT Government
Health

Office of the Director-General

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

Dear Minister

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Yours sincerely

Michael De'Ath
Interim Director-General

26 September 2018

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

PART B:
ORGANISATIONAL OVERVIEW AND PERFORMANCE

PART B

B.1 ORGANISATIONAL OVERVIEW

VISION, MISSION AND VALUES

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

Our vision and values represent what we believe is important and worthwhile. Improving the quality of healthcare across the Australian Capital Territory (ACT) is a key priority for ACT Health, as we aim to be the safest healthcare system in Australia, delivering high-quality, person-centred care that is effective and efficient.

We often see people in our community at their most vulnerable. The way we interact with them is extremely important and directly influences their experience of care.

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 the 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.

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 and protecting good health and wellbeing

- improving access to appropriate healthcare
- having robust safety and quality systems.

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

- Calvary Public Hospital Bruce (CPHB)
- Community Services Directorate (CSD)
- Chief Minister, Treasury and Economic Development Directorate (CMTEDD)
- Justice and Community Safety Directorate (JACS), including ACT Emergency Services
- ACT Policing
- Education Directorate
- Environment, Planning and Sustainable Development Directorate (EPSDD)
- Transport Canberra and City Services (TCCS)
- NSW Health.

ACT Health works closely with the community and consumers and has consultative arrangements with a range of non-government organisations, including:

- ACT Health Care Consumers Association (HCCA)
- Capital Health Network (CHN)
- Aboriginal and Torres Strait Islander organisations
- mental health, alcohol and drug organisations 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 the:

- Australian National University (ANU) Medical School
- University of Canberra (UC)
- Canberra Institute of Technology (CIT)
- Australian Catholic University (ACU).

ORGANISATIONAL STRUCTURE

The ACT Health **Director-General** leads ACT Health in the delivery of its vision and strategic goals.

Canberra Hospital and Health Services (CHHS) 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 CPHB, under a contractual agreement with ACT Health.

Other Divisions within the organisation provide corporate and strategic support to the clinical service areas. Each Division is led by a Deputy Director-General.

Corporate provides corporate and strategic support to clinical service areas in the operational areas of financial management, procurement facilities management and business services. This includes:

- maintaining critical physical and technological infrastructure for public hospitals and health services
- providing financial and business support services.

Innovation leads and coordinates strategic initiatives and policy across the Directorate, and includes providing:

- stakeholder engagement support
- critical research functions
- advice on strategic health policy issues of national, Territory-wide and health-sector-wide importance and inter-governmental issues.

The operational areas of Communications and Ministerial and Government Services provide a range of corporate support and organisation-wide services.

Performance, Reporting and Data (PRD) provides data and information that assists in decision-making and ensuring a systematic approach to the provision of health services, to achieve:

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

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

Population Health Protection and Prevention (PHPP), led by the ACT Chief Health Officer, provides a range of public health and protection services, population health monitoring and preventive health programs and initiatives, while delivering:

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

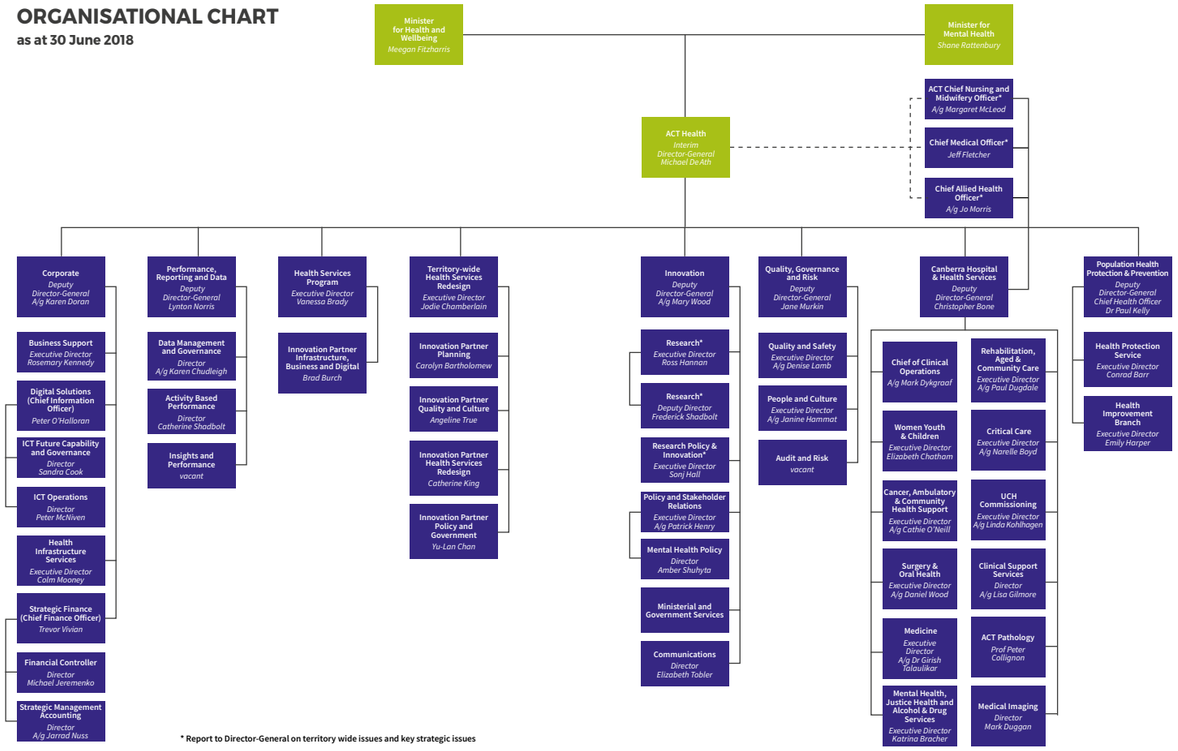
The **Chief Health Officer** fulfils a range of statutory responsibilities and delegations, as required by public health legislation.

Quality, Governance and Risk (QGR) focuses 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.

Staff within 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



ENVIRONMENT AND THE PLANNING FRAMEWORK

Health and wellbeing is a priority for the ACT Government because it enables people to live healthy and active lives and stay well and productive.

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 2018–2023 articulates:

> strategic goals
> strategies for achievement
> deliverables
> responsible executive.

SUMMARY OF PERFORMANCE

Over the reporting period, ACT Health performed well against a range of Health Directorate and ACT Local Hospital Network (ACT LHN) strategic objectives and indicators, as discussed below.

Health Directorate strategic objectives and indicators

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

> 85.2 years for females, against a national average of 84.6 years
> 81.3 years for males, against a national average of 80.4 years.

In 2017–18 there were 399 patients waiting longer than clinically recommended timeframes for elective surgery. This was above the target of 144 patients, partly due to increasing demand for elective and emergency surgery.

ACT public hospitals assessed 100 per cent of emergency dental clients within 24 hours.

For radiotherapy, 100 per cent of emergency patients commenced treatment within the targeted timeframe of 48 hours. However, the results for patients commencing palliative and radical treatments were below the 90 per cent target. The performance in radiotherapy wait times was impacted by:

> increasingly complex treatment techniques and related treatment delivery times
> increasing demand
> workforce shortages.

Breast screening participation for the 50 to 69 years cohort was 55 per cent against an ACT target of 60 per cent. However, the participation rate in the ACT is 3 per cent above the national average and the overall number of breast screens completed in 2017–18 increased compared to the previous year.

The proportion of clients with a mental health seclusion episode was 7 per cent compared to a target of below 3 per cent. This was due to the inclusion of data from the Dhulwa Mental Health Unit (Dhulwa), which opened in 2016–17, and Stage 2 of Dhulwa opening in 2017–18.

ACT public hospitals achieved a mean bed occupancy rate of 86 per cent in 2017-18, below the target of 90 per cent.

The proportion of the ACT population with some form of heart or vascular disease, including stroke, is 3.9 per cent, which is lower than the national proportion of 4.7 per cent.

The proportion of the ACT population that are overweight or obese is 63.5 per cent, which is slightly higher than the national rate of 62.8 per cent.

The immunisation coverage rates for Aboriginal and Torres Strait Islander children continues to improve, with 94.7 per cent coverage.

For the two-year Cervical Screening Program participation rate, the ACT achieved a result of 56.2 per cent, which is above the national rate of 56 per cent.

Based on the latest nationally published data, the ACT is better than the national average on the dfmt/DFMT index at six years and 12 years.

In 2016–17 the ACT rate in admissions for persons aged 75 years and over with a broken hip was 5.6 per 1,000 persons. This is above the long-term target of 5.3, but an improvement on the 2015–16 result of 6.6.

In 2014, 5.2 per cent of persons aged 12 to 17 were current smokers, indicating a continued reduction in the youth smoking from 15.3 per cent in 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 overview, page 49.

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 (CHHS)

> 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 Wellbeing and the Director-General of ACT Health.

In 2017–18 a total of 13,340 elective surgeries were completed, compared to 12,826 the previous year. The results achieved in the urgent category were similar to the previous year, with 91 per cent of urgent patients receiving access to their surgery within clinically recommended timelines. However, the results achieved in the semi-urgent and non-urgent categories were below the previous year.

ACT Emergency Departments (EDs) achieved the 'seen on time' target for category one and category five patients during 2017–18. However, they did not meet the targets for categories two, three and four. This was due to a number of impeding factors, including:

> increased hospital admissions

> severe influenza incidence in winter 2017

> an increase in the complexity of patient presentations.

The proportion of ED patients who stayed less than four hours from arrival to either admission or departure decreased. This was due to the factors mentioned above.

Both Canberra and Calvary Public Hospitals:

> performed better than the target rate for the proportion of people requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition

> continued to perform better than the target rate for unplanned hospital admissions within 28 days of discharge

> recorded rates well below the 2017–18 targets for Staphylococcus aureus bacteraemia (SAB) infections acquired while hospitalised.

The ACT LHN's performance against ACT LHN-specific strategic objectives and priorities for the reporting period is discussed in detail in B.2 Performance analysis overview, page 49.

OUTLOOK FOR 2018–19

2018–19 will be a landmark year for the delivery of health services in the ACT and surrounding region.

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

From 1 October 2018, ACT Health will be separated into two distinct organisations.

The separation responds to the growing size and complexity of health service delivery in the ACT and surrounding region, and aligns the direction of reform in the ACT with that of other jurisdictions in Australia.

One organisation will be responsible for clinical operations and the delivery of quality health services to our growing community. This organisation will be responsible for all publicly owned health services and will provide acute, subacute and primary hospital services to the ACT and surrounding region, as well as operating community-based health services.

The other organisation will operate as the system steward and strategic policy adviser to the Ministers. It will have responsibility across the health system and drive collaboration and a whole-of-system perspective. This organisation will be responsible for outcomes, including for the health of the ACT population through the non-acute, community, preventive and health promotion components of the health system.

Another focus for 2018–19 will be working towards the implementation of comprehensive and coherent Territory-wide health services. Relevant projects include:

> care close to home which will deliver a single Hospital in the Home (HITH) service across Calvary and Canberra Hospitals

> a maternity service which will provide a single point of access to the variety of care options available in the public system at Calvary and Canberra Hospitals.

The University of Canberra Hospital (UCH), Specialist Centre for Rehabilitation, Recovery and Research, will commence clinical operations in July 2018. Rehabilitation and recovery services will be relocated from seven different sites across Canberra, enhancing the opportunities for collaboration and integration, with the goal of providing cutting edge, comprehensive, patient-centred physical and mental rehabilitation services.

Work is well underway on the construction of the new Walk-in Centre at Gungahlin and services are scheduled to commence in September 2018.

CHHS will continue to focus on patient flow from our acute access points to our inpatient wards through to discharge and transfer to subacute facilities.

Other strategic and operational initiatives for 2018–19 are listed in Table 1.

TABLE 1: 2018–19 CHHS STRATEGIC AND OPERATIONAL INITIATIVES

Funding	Description
$64.7 million	To increase the number of elective and emergency surgeries (bringing elective surgeries to approximately 14,000 per year) in an effort to improve access to surgical care and reduce waiting times
$34.5 million	To expand the HITH program so that approximately 3,000 more patients per year can receive the care they need in their own homes and Community Health Centres
$25.9 million	For more hospital beds, including: > support for maternity services at the Centenary Hospital for Women and Children (CHWC) > beds to cope with the annual winter flu season surge in ACT hospitals
$21.2 million	For more resources to help reduce waiting times at the Canberra Hospital ED
$6.3 million	To expand health services at Alexander Maconochie Centre (AMC), with additional funding for dental, mental health and general practice services

A significant infrastructure program will continue during 2018–19, as described in Table 2 below.

TABLE 2: 2018–19 INFRASTRUCTURE PROGRAMS

Funding	Description
$15 million	For capital upgrades at CPHB which will deliver: > additional treatment spaces > improved access and triage arrangements > enhanced waiting areas > an expanded Short Stay Unit, with additional paediatric beds in the ED
$12 million	To construct a new health centre for Aboriginal and Torres Strait Islander people through staged payments to Winnunga Nimmityjah Aboriginal Health Service over the period 2017-18 to 2020-21
$2 million	To open Canberra's fourth Walk-in Centre in the Weston Creek region to improve access to free healthcare for Canberrans
Continued progress	On the planning and scoping of: > a new Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre > expansion of the CHWC > future hospital options for Canberra's northside. The Budget includes **$561 million** for new Capital Works including delivery provisions for these major projects.

The mental health portfolio will continue to grow mental health services so that more Canberrans can access specialised care. Initiatives for 2018–19 are described in Table 3 below.

TABLE 3: 2018–19 MENTAL HEALTH PORTFOLIO INITIATIVES

Funding	Description
$3.1 million	To expand the Older Persons Mental Health Intensive Treatment Service to provide stronger case management and clinical care for older Canberrans being discharged from hospital, living in residential aged care or experiencing issues with housing
$2.2 million	To: > establish a recovery-focused, community outreach program for young Canberrans aged 12 to 18 years > develop a Model of Care for young adults aged 18 to 25 years
$889,000	To trial the establishment of an ACT Mental Health Recovery College to deliver educational, recovery-oriented programs designed to help people better understand and manage their mental illness
$406,000	To extend the Detention Exit Community Outreach (DECO) program to help people leaving the AMC to re-establish themselves in the community
$350,000	To continue investment in suicide prevention and after care services to support people who have attempted suicide

ACT Health will continue its commitment to a continuous cycle of improvement in the delivery of safe and high-quality healthcare to the Canberra community.

This is demonstrated through the accreditation process.

From 3 to 5 July 2018, the Australian Council on Healthcare Standards (ACHS) will conduct an Advanced Completion (AC) Survey at CHHS to determine ACT Health's compliance with the National Safety and Quality Health Service (NSQHS) Standards.

ACT Health has started preparing for the next round of accreditation assessment, which will be against NSQHS Standards (second edition).

ACT Health's Quality Strategy 2018–2028 was developed and launched in 2018. The Quality Strategy Implementation Plan 2018–2020 will be rolled out across ACT Health in 2018–19.

ABORIGINAL AND TORRES STRAIT ISLANDER REPORTING

ACT Health Reconciliation Action Plan 2015–2018

The *ACT Health Reconciliation Action Plan 2015–2018* (RAP) aims to help bring about change by creating a culturally-sensitive health environment with an awareness that reconciliation between Aboriginal and Torres Strait Islander peoples and other Australians is an important element of ACT Health's commitment to close the life expectancy gap.

Achievements under the RAP include:

> providing information regarding Aboriginal and Torres Strait Islander Cultural Introduction, delivered by the Aboriginal and Torres Strait Islander Practice Centre

> providing information about the Aboriginal and Torres Strait Islander Practice Centre to staff at monthly orientation sessions held at the Canberra Hospital auditorium, including information on cultural protocols for providing a Welcome to Country and an Acknowledgement of Country

> stating the importance of cultural identification within ACT Health to:
  - provide health services that meet the health needs of Aboriginal and Torres Strait Islander patients and clients
  - develop appropriate policy and programs that meet the health needs of Aboriginal and Torres Islander patients and clients
  - collate quality information to report to government on improvements in health outcomes and/or where more work needs to be undertaken.

> understanding Aboriginal and Torres Strait Islander peoples' construct of health to address the Closing the Gap Initiative

> providing details about how staff can contact the Practice Centre

> strengthening the arts policy in ACT Health to incorporate mechanisms for displaying and commissioning Aboriginal and Torres Strait Islander art in healthcare sites

> displaying artworks in entrances to new ACT Health buildings produced by Aboriginal and Torres Strait Islander artists (see RAP Respect 5.2).

ACT Health Aboriginal and Torres Strait Islander Health Workforce Action Plan 2013–2018

This Workforce Action Plan seeks to increase the number of Aboriginal and Torres Strait Islander people employed in the health workforce. The Plan is linked to ACT Health's Workforce Plan and directly responds to the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011–2015 and the ACT Public Service Employment Strategy for Aboriginal and Torres Strait Islander People – Building a culturally diverse workforce 2010.

The number of Aboriginal and Torres Strait Islander employees in ACT Health was 84 in June 2018, compared to 77 in June 2017, representing 1.02 per cent of the ACT Health workforce.

Each year, the Chief Allied Health Officer offers to subsidise fees for identified students undertaking the Certificate IV in Allied Health Assistance at the CIT.

ACT Health offers two Aboriginal and Torres Strait Islander Enrolled Nursing Scholarships each year.

Since 2011, ACT Health has provided funding to the ANU Medical School for delivery of the Peter Sharp Scholarship Program. The program supports students in the Aboriginal and Torres Strait Islander health stream.

Aboriginal and Torres Strait Islander Strategic Priorities

ACT Strategic Priorities for Aboriginal and Torres Strait Islander Health outlines the key priorities in Aboriginal and Torres Strait Islander Health for the period 2018–23.

The ACT Government worked with Winnunga Nimmityah Aboriginal Health and Community Service (Winnunga) to establish an Aboriginal Health Centre at the AMC from 1 July 2018. The aim is to improve care for Aboriginal and Torres Strait Islander detainees, as they are particularly vulnerable and have significantly poorer health outcomes than the general population in the AMC.

The Dental Health Program at Winnunga will receive increased funding over three years (2018–21) to enhance the program.

The Government announced an election commitment to invest $12 million to construct a new health centre at Narrabundah for Aboriginal and Torres Strait Islander peoples in the ACT.

In September 2017, the ACT Government opened the Ngunnawal Bush Healing Farm (NBHF) service. The NBHF represents a new type of service for the ACT founded on services which reconnect Aboriginal and Torres Strait Islander people to land and culture, with the aim of helping them to better respond to life challenges.

ACT Health has commissioned the Aboriginal and Torres Strait Islander Healing Foundation to consult with the local Aboriginal and Torres Strait Islander community to identify the 'Healing' needs of the community, and to codify the underlying philosophy of healing in relation to the NBHF.

ACT Health continues to provide input into the ACT Government Aboriginal and Torres Strait Islander Agreement 2019–2022.

ACT Health's Aboriginal and Torres Strait Islander Practice Centre provides a vital contribution to the:

- National Aboriginal and Torres Strait Islander Health Standard Committee
- Health Partnership Forum ACT (tripartite agreement between the Commonwealth, ACT Health, and Winnunga)
- Aboriginal and Torres Strait Islander Health Coordination Group
- Justice and Community Services Justice Partnership
- Aboriginal and Torres Strait Islander Strategic Board Subcommittee.

INTERNAL ACCOUNTABILITY

Executives in the public service are engaged under contract for periods of up to five years. Their remuneration is determined by the ACT Remuneration Tribunal.

Table 4 identifies the Senior Executives across the organisation as at 30 June 2018.

TABLE 4: SENIOR EXECUTIVES

Senior executive	Position
Michael De'Ath	Interim Director-General
Christopher Bone	Deputy Director-General, Canberra Hospital and Health Services
Karen Doran	A/g Deputy Director-General, Corporate
Lynton Norris	Deputy Director-General, Performance, Reporting and Data
Mary Wood	A/g Deputy Director-General, Innovation
Jane Murkin	Deputy Director-General, Quality, Governance and Risk
Dr Paul Kelly	Deputy Director-General, Population Health Protection and Prevention, Chief Health Officer
Mark Dykgraaf	A/g Chief of Clinical Operations
Linda Kohlhagen	A/g Executive Director, UCH Commissioning
Katrina Bracher	Executive Director, Mental Health, Justice Health and Alcohol and Drug Services
Daniel Wood	A/g Executive Director, Surgery and Oral Health
Narelle Boyd	A/g Executive Director, Critical Care
Elizabeth Chatham	Executive Director, Women, Youth and Children
Dr Girish Talaulikar	A/g Executive Director, Medicine
Cathie O'Neill	A/g Executive Director, Cancer, Ambulatory and Community Health Support
Margaret McLeod	A/g ACT Chief Nursing and Midwifery Officer
Vanessa Brady	Executive Director, Health Services Program
Mark Duggan	Director, Medical Imaging
Lisa Gilmore	A/g Director, Clinical Support Services
Colm Mooney	Executive Director, Health Infrastructure Services
Peter O'Halloran	Chief Information Officer
Trevor Vivian	Chief Financial Officer
Rosemary Kennedy	Executive Director, Business Support
Karen Chudleigh	A/g Director, Data Management and Governance
Catherine Shadbolt	Director, Activity Based Performance
Michael Jeremenko	Director, Financial Controller
Peter McNiven	Director, ICT Operations
Sandra Cook	Director, ICT Future Capability and Governance
Sonj Hall	Executive Director, Research, Policy and Innovation
Denise Lamb	A/g Executive Director, Quality and Safety
Ross Hannan	Executive Director, Research
Jodie Chamberlain	Executive Director, Territory-wide Health Services Redesign
Patrick Henry	A/g Executive Director, Policy and Stakeholder Relations
Yu-Lan Chan	Innovation Partner, Policy and Government Relations
Brad Burch	Innovation Partner, Infrastructure, Business and Digital
Jarrad Nuss	A/g Director, Strategic Management Accounting

Senior executive	Position
Carolyn Bartholomew	Innovation Partner, Planning
Amber Shuhyta	Director, Mental Health Policy
Catherine King	Innovation Partner, Health Services Redesign
Angeline True	Innovation Partner, Quality and Culture
Frederick Shadbolt	Deputy Director, Research
Elizabeth Tobler	Director, Government and Communications
Conrad Barr	Executive Director, Health Protection Service
Emily Harper	Executive Director, Health Improvement Branch
Janine Hammat	A/g Executive Director, People and Culture
Paul Dugdale	A/g Executive Director, Rehabilitation, Aged and Community Care

Note:

1. Table 4 includes senior executives who are on executive contracts. It does not include all senior positions across the organisation, as reflected on the organisational chart on page 8.

Senior management committees and roles

ACT Health committees have three tiers which allow for strategy, planning, information and decision-making to cascade down through the organisation and reporting on operational performance to rise up through the committee tiers:

> Tier 1: strategic and ultimate decision-making

> Tier 2: Direction setting and decision-making committees and Tier 1 subcommittees

> Tier 3: Advisory committees/panels and working groups/steering committees.

During 2017–18, ACT Health made changes to its Tier 1 committee structure to improve governance within the organisation. The committees described below were those in place as at 30 June 2018.

Directorate Leadership Committee

The Directorate Leadership Committee (formerly the Director-General/Deputy Director-General (DG/DDG) Strategy Committee), chaired by the Director-General, is ACT Health's peak governance committee. Its role is to:

> determine the strategic direction, priorities and objectives for ACT Health

> ensure there is clear and effective governance, including discussion on new and emerging issues, opportunities and risks

> facilitate information sharing and discussion of key issues affecting the organisation

> consider issues around organisational leadership and culture

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

> ensure that the impact on safety and quality of care is considered in all decision-making

> ensure alignment of work across the Directorate, as well as whole-of-government and cross-Directorate matters.

ACT Health has seven Tier 1 committees responsible for strategy, planning, management and compliance. They each report into the Directorate Leadership Committee.

Business Support and Infrastructure Committee

The Business Support and Infrastructure Committee (formerly Business Support and Infrastructure Executive Committee) provides oversight and leadership for ACT Health's facilities management and infrastructure investment, ensuring that it appropriately supports the achievement of ACT Health's strategic and operational objectives. The chair of the Committee is Deputy Director-General, Corporate.

The Committee is responsible for:

> delivering the ACT Health Strategic Asset Management Framework

> delivering the ACT Health Infrastructure Master Plan

> providing strategic guidance on the selection and funding of new infrastructure related initiatives

> providing oversight of strategic delivery programs

> providing a point of escalation for resolution of:
  - portfolio and program delivery risks and issues
  - infrastructure related clinical risks that impact on patient, staff or visitor safety.

The priority areas of focus include:

> stabilisation and maintenance of existing infrastructure

> governance of facilities management and infrastructure programs

> corporate facilities management and infrastructure related risk management

> organisational capability and capacity

> facilities management and infrastructure policies, standards and processes.

Clinical Services Executive Committee

The Clinical Services Executive Committee (formerly CHHS Executive Meeting)[1]provides leadership, sets strategic direction for and monitors the financial and operational performance of Canberra Hospital and Health Services (CHHS). The chair of the Committee is Deputy Director-General, CHHS.

The Committee is responsible for:

> providing leadership and oversight of all CHHS operational matters, including clinical and non-clinical functions

> ensuring that the impact of safety and quality of care is considered in all decision-making

> setting strategic direction for CHHS in consultation with ACT Health through a well-defined three to five-year plan

> overseeing and monitoring the operations of CHHS, including those relating to risk, infrastructure and technology.

Finance and Performance Committee

The Finance and Performance Committee (F&P) (formerly Finance and Procurement Executive Committee) provides oversight and leadership for ACT Health's financial and performance management, procurement and contract management activities, ensuring that they support the

[1] The CHHS Executive Meeting was not reported in the 2016–17 Annual Report as it was considered to be a business as usual management meeting. The committee now incorporates strategic and ultimate decision-making functions, forming part of the updated Tier 1 committee structure, and has been renamed the Clinical Services Executive Committee.

achievement of ACT Health's strategic and operational objectives. The chair of the Committee is Deputy Director-General, Corporate.

The Committee is responsible for:

> providing executive direction and oversight of ACT Health's budget
> providing oversight and direction of new investments for Capital and Recurrent initiatives
> reviewing and developing the organisation's Strategic and Accountability Indicators
> delivering ACT Health's Annual Procurement Plan
> providing recommendations to the Director-General on all complex and high-risk procurement activities.

Health Strategy and Planning Committee

The Health Strategy and Planning Committee (formerly Territory-wide Health Services Executive Committee)[2] provides oversight and leadership in relation to ACT Health's strategy and planning of health services across the ACT. The chair of the Committee is Deputy Director-General, Innovation.

The Committee is responsible for:

> providing direction and determination on health strategy, planning, performance and priorities
> providing oversight of the Territory-wide Health Services Framework
> delivering ACT Health's Health Strategy and Planning
> designing and evaluating an ACT Health Performance Framework
> ensuring that strategy and planning decisions are informed by:
    - demand planning and data-led strategy and policy analysis and design
    - supporting a continuum of healthcare, including early intervention, preventive, primary, community and tertiary health services
    - facilitating engagement with a range of consumer voices at appropriate points in the strategic planning lifecycle
> providing oversight of ACT Health's Health Strategy and Planning budget
> ensuring that the impact of safety and quality of care is considered in all decision-making.

Technology Strategy Committee

The Technology Strategy Committee (formerly Information Communication and Technology Executive Committee) provides oversight and leadership of ACT Health's technology investment, ensuring that it appropriately supports the achievement of ACT Health strategic and operational objectives. The chair of the Committee is the Director-General.

The Technology Strategy Committee is responsible for:

> developing and implementing the Digital Health Strategy
> managing the implementation framework for the Digital Health Strategy
> managing technology functions and resourcing, including policies and risk management
> prioritising new and existing technology initiatives.

[2] The Territory-wide Health Services Executive Committee was not reported in the 2016–17 Annual Report as it was first established in 2017–18.

Workforce and Education Committee

The Workforce and Education Committee (formerly Workforce Governance Committee)[3] is responsible for providing:

> executive direction on human resources, training and recruitment policies and strategies
> oversight of ACT Health's employment framework and workforce profile, including the delivery of ACT Health's Annual Workforce Plan
> leadership, mentoring and training programs targeted at improving organisational culture
> a point of escalation for resolution of operational related workforce risks and issues
> strategic guidance on employment and human resource issues, including:
    - attraction and retention initiatives
    - succession planning
    - clinical workforce matters
    - Industrial Relations and Enterprise Agreements
    - workforce profiles for new capabilities and projects
    - monitoring workforce policies and practices
> oversight of Work Health and Safety (WHS) matters as required.

The chair of the Committee is Deputy Director-General, Quality, Governance and Risk.

Safety and Quality Committee

The Safety and Quality Committee (formerly known as the Executive Directors Council (EDC) Safety and Quality Committee) is the highest level of governance for safety and quality within ACT Health.

The Safety and Quality Committee is responsible for:

> strategic leadership, oversight and governance for the implementation of strategies to strengthen and improve the safety and quality of healthcare across ACT Health
> ensuring and providing assurance that quality standards are being set, met and continuously improved in all relevant areas of clinical and non-clinical practice
> ensuring corporate accountability for the safety and quality of clinical care provided
> ensuring effective arrangements for supporting, monitoring and reporting on safety, quality and clinical governance are in place and working effectively.

The chair of the Committee is the Director-General.

Audit and Risk Management Committee

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

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

The chair of the Committee is external, and independent, to ACT Health.

[3] The Workforce Governance Committee was not reported in the 2016–17 Annual Report as it was first established in 2017–18.

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 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 Officer
- Office of the Chief Allied Health Officer.

Achievements

CHHS progressed several key projects over the period, as outlined below. The focus of these initiatives is improving access to services.

Dental clinics

ACT Health has been working to deliver additional mobile dental clinics to increase access to dental care for low-income Canberrans. These will be in operation by December 2018. The project team has engaged with community stakeholders to develop and fine tune the Models of Care for this program to ensure that it is effective in reaching the people that need it the most.

Obesity Management Service

Canberra Hospital began delivering bariatric surgery in late 2017. Bariatric surgery provides a surgical option for patients accessing treatment for obesity through the Obesity Management Service (OMS). In 2017, the OMS Model of Care was revised to strengthen the criteria and clinical pathway for patients who may benefit from bariatric surgery, including post-operative review and management. Assessment of the clinical pathway and Model of Care is ongoing.

ACT Health is committed to continuing to develop and deliver a public bariatric surgery service in 2018, in keeping with the Government's commitment. Dedicated sessions are being arranged at Calvary Health Care Bruce so that these surgeries may be carried out in addition to other elective surgery commitments. To achieve a sustainable public service, a general surgeon employed by ACT Health is undertaking additional training in the specialist field of bariatric surgery. This will enable the ACT public health system to provide a service that until recently was more readily available through the private sector.

Spinal Pain Service

The Spinal Pain Service is an allied health, multidisciplinary service within the Division of Medicine at CHHS. The phased implementation of this service focused on improving access for patients with spinal pain on the neurosurgical waitlist. These patients are generally triaged as category three and would therefore be of lower clinical urgency than other neurosurgery referrals. This can lead to significant waiting times. The Spinal Pain Service offers an alternative management plan for these patients, providing them direct access to appropriate treatment for their condition.

This service includes a community-based Spinal Pain Clinic which is designed to provide patient-centred assessments, education, and management recommendations to patients and their referrers. Review appointments are offered when clinically indicated.

The Spinal Pain Clinic is staffed by physiotherapists and an Allied Health Assistant (AHA) and has strong links to the neurosurgery service. It delivered 228 appointments in 2017–18 and resulted in:

- 60 per cent reduction in the average neurosurgery category three waiting time
- 44 per cent reduction in the number of category three patients on the neurosurgery waitlist.

Belconnen Dialysis Centre

Research indicates that dialysis patients have better outcomes when they receive dialysis more frequently. CHHS Renal Services has offered home dialysis to allow patients to achieve these better outcomes for many years, but recognised that some patients are unable to have a machine in their home. In response to this, Renal Services has instigated a nocturnal program at the Belconnen Dialysis Centre in collaboration with our industry partner, Baxter Health Care. The nocturnal haemodialysis service is fully established and is operating successfully three days per week.

Ten dialysis stations are available for patients to receive their nurse assisted dialysis overnight from 10 pm, leaving the unit before the daytime sessions begin at 7 am. There has been steady interest in the program.

Feedback from patients has been overwhelmingly positive, and the success of the program is seen in the positive benefits it has had for patients, and improvements in their daily lives. For example, patients have reported being able to engage more fully in family life, increase their working hours and return to study.

Hospital in the Home expansion

In 2017–18, ACT Health undertook a detailed review and assessment of the current state of Hospital in the Home (HITH) services delivered in the Territory. The review identified the preferred option of a Territory-wide HITH service with a central intake, removing barriers associated with the hospital setting and allowing for expansion of services.

This has resulted in the Care Close to Home initiative, through which any service that can be delivered in the home may be coordinated and provided.

Stroke services

The Stroke Follow Up program, a collaboration with the National Stroke Foundation, began in May 2018. Patient recruitment to date has been successful and ongoing consultation with the National Stroke Foundation will inform future development.

The development of an endovascular clot retrieval service in the ACT is the subject of further consultation between CHHS and CPHB.

Cardiac Electrophysiology Service

The Division of Medicine continues to work towards the development of a comprehensive Electrophysiology Studies Service at Canberra Hospital. Cardiac ablation is a highly specialised

procedure requiring appropriately trained medical and nursing staff, infrastructure and robust processes to ensure high-quality care. Preparation is well underway for the phased implementation of the service. In the first phase, the service will commence the delivery of pacing and monitoring devices. The second phase will see the introduction of the ablation service.

Palliative Care

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.

In 2017, a trainee registrar position was created for Canberra Hospital's Palliative Care Liaison Service.

A Model of Care for a specialist, inpatient acute palliative care unit for Canberra Hospital has been endorsed. The Model of Care will inform the future direction of palliative care services at CHHS. New processes have also been created for the referral and triage of new patients to the service, further streamlining processes and decreasing time from referral to first review.

Walk-in-Centre expansion

Presentations to the Walk-in-Centres (WiCs) at Belconnen and Tuggeranong are 13 per cent higher than the previous financial year, supporting the intent of the centres to provide timely and affordable health services closer to where people live.

Work is well underway on the construction of the new WiC at Gungahlin with services to commence in September 2018. Planning is also underway for a centre in the Weston Creek–Molonglo region, and the Inner North.

More nurses and nurse training

Additional funding of $36 million in the 2017–18 budget was provided to boost nursing numbers and training. This initiative included the employment of more nurses over a four-year period, in key targeted areas, such as, new graduate nurses, school nurses, Maternal and Child Health (MACH) nurses and nurse navigators, whose role is to facilitate the flow of patients from the Emergency Department (ED) through admission to and discharge from hospital. There is also an intention to support scholarships to boost training for nurses and midwives.

During the reporting period, this project delivered:

> 12 additional new graduate positions for the new Graduate Program, commencing in February 2018

> 13 Full-time Equivalent (FTE) nurse navigators employed in the Divisions of Medicine, Critical Care and Rehabilitation and Aged and Community Care, exceeding expectations of the earlier plan by one FTE

> a review of the Nurses and Midwives Scholarship application criteria, leading to amendments that improved access to study support for nurses and midwives from February 2018

> two additional MACH nurses for the Maternal and Child Health Service.

Mental health

In the 2017–18 budget, funding was allocated to Child and Adolescent Mental Health Services (CAMHS) to enhance the Childhood Early Intervention Team and enable additional screening and single session intervention with parents and targeted group work in ACT primary schools. With this funding, the delivery of the Understanding and Responding to Feelings and Behaviour (UR FAB) program expanded from two primary schools to four per year. As a result, over 150 primary school children were assessed, and around 90 children participated in the UR FAB social emotional program. Additionally, this expansion enabled the introduction of single session intervention counselling for 60 parents and family intervention for up to 25 parents and their children, per year.

The ACT Government has committed $1.545 million to establish a pilot version of the Black Dog Institute's LifeSpan Integrated Suicide Prevention Framework in the ACT over the next three years. LifeSpan is an evidence-based approach to integrated suicide prevention, combining nine strategies into one community-led approach incorporating health, education, frontline services, business and the community.

LifeSpan offers the opportunity to establish a strategic funding partnership with the Capital Health Network. Key community programs will be incorporated into the LifeSpan approach. These include programs, such as:

> the Way Back Support Service funded by ACT Health, which supports people following a suicide attempt

> the StepCare Screener in General Practice, an innovative digital mental health assessment and intervention program delivered in general practice waiting rooms.

The aim is to build a safety net for the community by connecting and coordinating new and existing interventions and programs, building the capacity of the community to better support people facing a suicide crisis.

The ACT Government also provides funding for Post and Ante Natal Depression Support and Information Inc (PANDSI), a non-government organisation that provides support, education, information and referral services for families in Canberra experiencing perinatal depression or anxiety. This investment plays a crucial role in ensuring improvement in people's perinatal mental health, by providing a timely access to the support they need.

University of Canberra Hospital

Construction of the University of Canberra Hospital (UCH), Specialist Centre for Rehabilitation, Recovery and Research, ACT Health's first subacute facility, was completed in November 2017 and handed over to ACT Health in February 2018. It will provide a range of specialised subacute rehabilitation and recovery services for residents of the ACT and neighbouring New South Wales (NSW). These services are aimed at improving people's mobility and function and enhancing their quality of life, often after surgery, illness or injury.

ACT Health finalised the preparation of the facility, installing equipment and familiarising staff with facility. Funds allocated for UCH in the 2017–18 budget were used to support a range of commissioning activities, including:

> the recruitment of new staff

> induction and orientation of new and existing clinical and non-clinical staff

> facility management mobilisation

> car park management and communication costs

> project officers who assisted with the commissioning activities and finalising the operational processes and procedures for the facility.

Non-clinical support services at UCH will be provided by a contracted facility maintenance provider, Brookfield Global Integrated Solutions (BGIS). ACT Health formed a UCH Joint Consultative Committee with relevant unions and a tripartite committee with the unions and BGIS, for

consultation relating to issues that concern these stakeholder groups, such as facilities management contracting.

UCH also houses space for research and teaching by the University of Canberra, ACT Health and other educational organisations. UCH has dedicated facilities for the:

> use of staff from the University of Canberra's Faculty of Health

> Clinical Education and Research Centre (CERC), including teaching rooms that will be shared by ACT Health and the University of Canberra.

A Collaboration Plan creates the framework to realise the mutual benefits to ACT Health and the University of Canberra arising from the co-location of UCH within the University Campus, including the pursuit of clinical education, research and clinical placement opportunities at UCH.

The Collaboration Plan was developed as a partnership between ACT Health and the University of Canberra and incorporates a rolling five-year Strategic Plan, an annual operational plan and other key documents outlining governance arrangements between the two organisations. The Collaboration Plan was approved by the Partnership Committee, ACT Health and the University of Canberra in May 2018.

At the opening of the facility by the Minister for Health and Wellbeing and the Minster for Mental Health on 16 June 2018, it was announced that the United Ngunnawal Elders Council has gifted the words Yurwang Mura (pronounced: Yahwong Murra) as a building name for the hospital. Yurwang Mura means 'strong pathway', reflecting the aims of the facility in promoting physical and mental healing.

Clinical Services will be in place to provide care in early July 2018.

Outlook for 2018–19

In late 2018, CHHS will separate from the policy and planning function of ACT Health as part of the restructuring. This will allow CHHS to focus on clinical operations and the delivery of quality health services to our growing community. A new executive position will be created to lead CHHS under this new arrangement.

The focus of strategic priorities for CHHS in 2018–19 is ensuring the best possible access for people of the ACT and surrounding regions to acute, tertiary-level healthcare and services and moving towards a coherent, comprehensive Territory-wide service, in collaboration with CPHB, our partners in NSW and providers in the private sector.

Access

CHHS will continue its focus on patient flow from our acute access points to our inpatient ward areas and on to discharge and transfer to subacute facilities. Acute access points include the ED, other referral hospitals and non-tertiary facilities and our outpatient clinics. Sustained attention will be given to:

> ED access and patient flow processes inside the ED

> patient flow from the ED through the wards to discharge or transfer to a non-acute facility

> effective management of resources to achieve the required elective surgery activity in the context of high demand for emergency surgery

> progressing the Single Intake Model for outpatient services, which entails a single process for end-to-end referral management, including appointment waitlisting and booking for specialist appointments.

Territory-wide services

CHHS is working in partnership with CPHB towards the implementation of a comprehensive, coherent Territory-wide service. Projects that demonstrate this priority include:

> Care Close to Home, which will encompass a single HITH service across Calvary and Canberra Hospitals

> a maternity service that provides a single point of access to the variety of Models of Care available in the public system at Calvary and Canberra Hospitals

> the delivery of 14,000 public elective surgeries, which will require Territory-wide Surgical Services to engage the full network of surgical resources across the ACT.

University of Canberra Hospital

The University of Canberra Hospital (UCH), Specialist Centre for Rehabilitation, Recovery and Research will commence clinical operations in July 2018. Rehabilitation and recovery services will be relocated from seven different sites across Canberra, enhancing the opportunities for collaboration and integration with the goal of providing a cutting edge, comprehensive, patient-centred physical and mental rehabilitation service.

UCH will be home to innovations and technologies that will increase treatment options and aid people through their recovery journey. These include:

> a range of technologies that will improve real-time patient care and collaboration between staff

> an extensive wi-fi network which will support clinical communications and enhance the patient experience

> advanced audio-visual and clinical simulation equipment to improve training and education outcomes

> numerous systems that underpin improved clinical, administrative and support services, which have been modified to meet the needs of the patients and staff.

UCH will form a key part of the CHHS approach to achieving a seamless, patient-centred service that recognises the needs of patients and the community from the start to the end of each unique patient journey.

CORPORATE GROUP OVERVIEW

The Corporate Group provides corporate and strategic support to clinical service areas in the operational areas of financial management, procurement, facilities management and business services. This includes:

> maintaining critical physical and technological infrastructure for public hospitals and health services

> providing financial and business support services.

Led by a Deputy Director-General, the Corporate Group includes the following functional areas:

> Business Support Services

> Digital Solutions Division

> Health Infrastructure Services

> Strategic Finance.

Business Support Services

Business Support Services (BSS) is responsible for providing a range of client and facility support services to all ACT Health acute and non-acute sites across the Territory, including:

- Business Continuity Management
- Domestic and Environmental Services
- Fire and Emergency Coordination and Training
- Fleet Management
- Food Services
- Main Reception and Switchboard
- Parking and Transport
- Procurement and Contract Management
- Records Management (Corporate)
- Residential Accommodation
- Security Services
- Sterilising Services
- Supply Chain
- Sustainability
- Volunteer Management.

Digital Solutions Division

The Digital Solutions Division (DSD) provides technology solutions to facilitate and support the delivery of healthcare across the Territory, and is responsible for:

- implementation and support of the Digital Health Strategy
- coordination of Information and Communication Technology (ICT) projects
- management of the relationship with ACT Health ICT vendors
- development, implementation and maintenance of ICT policies and procedures ensuring ACT Health information security.

Health Infrastructure Services

Health Infrastructure Services (HIS) is responsible for all facilities management services across ACT Health properties (both acute and non-acute sites), buildings, plant and non-clinical equipment. These services include high-quality and timely planned and reactive maintenance, technical and trade skill repairs.

HIS is also responsible for capital works delivery, and works closely with the Commercial Services and Infrastructure Division within the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) to deliver projects.

Strategic Finance

Strategic Finance 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

During the year, the Corporate Group established the UCH Facilities Management (FM) contract with Brookfield Global Integrated Solutions (BGIS), which forms the 'maintain' component of the Design, Construct and Maintain (DCM) procurement model.

The FM contract with BGIS is a new approach for ACT Health in the delivery of integrated, non-clinical support services. These support services include the FM Help Desk, Food Services, the Materials Distribution Service, Patient Support Services, building engineering and maintenance and cleaning and security. All services were tested and rehearsed during the operational commissioning period to ensure that BGIS was ready to provide the quantum of services required from the operational start date.

The Corporate Group also:

- developed and consulted on the Digital Health Strategy
- undertook a significant digital transformation program for UCH, including:
  - queue management and electronic way-finding
  - carpark guidance, management and ticketing
  - mobile device clinical communication and messaging
  - rehabilitation activity tracking
  - patient room boards
  - telehealth capability
  - room booking boards
  - digital education content
  - digital art displays
- implemented clinical systems such as, Patientrack, Medchart and eOrders and Computer on Wheels across the adult inpatient wards of Canberra Hospital
- uploaded medical imaging and pathology reports from Canberra Hospital to the My Health Record database.

Outlook for 2018–19

Effective from 16 July 2018, the Corporate Group will assume responsibility for the following additional functions:

- Audit, Risk and Compliance
- Communications
- Health Services Program
- People and Culture
- Performance, Reporting and Data.

Throughout the first quarter of 2018–19, the Corporate Group will be focused on supporting the organisation to achieve separation into two agencies, effective from 1 October 2018.

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

POPULATION HEALTH PROTECTION AND PREVENTION DIVISION OVERVIEW

The Population Health Protection and Prevention (PHPP) 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 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 *Chief Health Officer's Report*.

The Health Improvement Branch (HIB) has carriage of policy and program delivery in the areas of health promotion and preventive health. The HIB also collects, analyses and disseminates information on the health status and health-related behaviours of the ACT population which 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
> health emergency management
> communicable disease control
> environmental health
> pharmaceutical products
> tobacco control
> analytical services.

Summary of performance

The PHPP Division continues to deliver initiatives that improve and protect the health and wellbeing of the ACT community. These are delivered across a range of settings with partners from Government and the community and private sectors, and include:

> communicable disease surveillance and immunisation programs
> behaviour change campaigns, including:
  - Kids at Play
  - Fresh Tastes
  - Ride or Walk to School
  - It's Your Move
  - Healthier Choices Canberra
> health protection measures, such as:
  - food safety
  - seasonal planning activities
  - environmental health monitoring (for example, air and water quality)
  - health emergency response
> harm minimisation work, including:
  - pill testing
  - smoking reduction initiatives
  - medication monitoring.

In collaboration with The Australian Prevention Partnership Centre (TAPPC), the PHPP Division is:

> using dynamic simulation modelling in the ACT's future prevention efforts aimed at improving population-level health outcomes
> participating in a TAPPC project to build a national case for prevention addressing the common risk factors for chronic disease
> working with international modellers to progress development of three ACT-specific agent-based models aimed at:
  - reducing harm from tobacco use
  - reducing harm from alcohol use
  - improving the food environment.

The three ACT-specific models are expected to be finalised by the end of 2018.

The development and implementation of a Year 7 Health Check program (Y7HC) is a Government priority. The Y7HC will be used to examine the prevalence, distribution and patterns of adolescent health and wellbeing in the ACT and will include assessments of healthy weight, emotional wellbeing, and associated risk factors.

Achievements

The following ACT Government-funded immunisation programs were introduced in 2018:

> Meningococcal ACWY Vaccination Program
> Childhood Influenza Vaccine Program.

The Meningococcal ACWY Vaccination Program is targeted at adolescents and implemented through a:

> school-based program for Year 10 students
> catch-up program for young people aged 16 to 19 years.

The School Health Team at ACT Health visited 45 schools from February to May 2018, vaccinating 3,958 Year 10 students. This represents an overall coverage rate of 79 per cent. The catch-up program for people aged 16 to 19 years will continue until the end of 2018, with the vaccine available through General Practitioners (GPs).

The Childhood Influenza Vaccination Program started in April 2018 to provide free influenza vaccines to young children aged from six months to five years. This program was introduced in response to the increased notifications of influenza in children aged less than five years during 2017. The vaccine is available through ACT Health Early Childhood Immunisation Clinics and GPs. Preliminary data reported by the Australian Immunisation Register (AIR) on 4 June 2018 indicates that 27.3 per cent of ACT children aged less than five years have received the influenza vaccine in 2018. This represents an increase from 5.1 per cent in 2017 and 2.5 per cent in 2016 respectively.

Fresh Tastes supports ACT primary schools to improve children's knowledge of, access to, and consumption of healthy food and drinks. As at 30 June 2018, 93 ACT schools were participating in the service reaching approximately 38,000 students. During 2017–18, 27 schools involved in Fresh Tastes completed three years of participation and all have reported a positive shift in their food and drink environment and culture.

The Ride or Walk to School (primary schools) and It's Your Move (high schools) programs are designed to encourage more students to actively travel to school. As at 30 June 2018, s83 schools were participating in these programs reaching approximately 35,000 students. An evaluation of the Ride or Walk to School Program, released in November 2017, indicated that children who attended a school involved in the Ride or Walk to School Program were more likely to use active travel as their

usual mode of travel and teachers reported increased confidence in students undertaking active travel as a result of the program.

Extensive planning for the Y7HC was undertaken with relevant stakeholders, including an evidence review conducted in conjunction with the Sax Institute. The review involved searching the available literature to identify the tools and methods for measuring healthy weight and emotional wellbeing appropriate to use in a school setting. The Y7HC is scheduled to be rolled out in 2018–19 following a period of public consultation.

During April and May 2018, ACT Health brought together CIT culinary students and University of Canberra design students for the Healthier Food and Drink Product Design Competition. The competition saw eight teams of students collaborate to cook and design healthier canteen products that appeal to young people. The Hummus team was the winning group, creating the Uncle Chuck's Hot Pocket, which was all about creating a food or drink product that is eye-catching, tastes great, is healthy and is a viable and popular option for sports canteens in ACT. ACT Health provided support for the winning team to participate in the Mill House Social Enterprise Accelerator program to get their product to the point where it can be trailed in sporting and school canteens.

The ACT Government provided a supportive policy environment to enable a trial of a pill testing service at the Groovin' the Moo festival held in Canberra on 29 April 2018. Pill testing is a harm reduction intervention that includes:

> the chemical analysis of drugs

> the provision of relevant drug information

> counselling by qualified personnel.

ACT Health uses harm reduction interventions to minimise harm to individuals and the wider community from hazardous behaviours and practices that cannot be completely avoided or prevented, such as consumption of illicit drugs. The Government is not softening its approach to illicit drugs and there are no proposed changes to ACT legislation. It remains illegal to possess, manufacture and distribute illicit drugs.

Following the implementation of the ACT Medicinal Cannabis Scheme in late 2016, the ACT Controlled Medicines Prescribing Standards were updated on 28 October 2017 to include a new category and associated standards for prescribing medicinal cannabis. This update allows prescribers to obtain a category approval to prescribe medicinal cannabis to patients for certain conditions.

On 21 February 2018, the National Guidelines for Medication-Assisted Treatment of Opioid Dependence 2014 were officially adopted under the Medicines, Poisons and Therapeutic Goods Regulation 2008. The changes have been designed to improve governance of local guidelines and to ensure ACT guidelines reflect nationally-consistent best practice in the treatment of patients with a drug dependency.

On 7 June 2018, the *Medicines, Poisons and Therapeutic Goods Amendment Bill 2018* was passed in the ACT Legislative Assembly to establish a monitored medicines database in the ACT. This database will enable health professionals to view information about monitored medicines that have been recently supplied to their patients.

Issues and challenges

Implementation of the Y7HC will require:

> coordination across ACT Government Directorates

> compliance with ethical and governance processes

> consideration of the implications for service delivery and referral pathways.

Outlook for 2018–19

The HPS will continue to work towards delivery of a prescription monitoring system (known as DAPIS Online Remote Access or DORA) in the ACT by March 2019. ACT Health is highly supportive of plans to implement a national real-time prescription monitoring system and is working closely with the Commonwealth to adopt the national system when it becomes available.

The HIB will build on the settings-based initiatives in early childhood education, schools, workplaces, food outlets and sporting clubs to improve the health and wellbeing of the ACT community.

Future tasks for the Y7HC program include:

> finalising the project design

> determining electronic systems capability

> consulting with external stakeholders

> pilot testing in selected schools with Body Mass Index (BMI) and survey capture occurring in early 2019.

In accordance with the Safer Families package announced in the 2016–17 ACT Budget, a priority in the coming year will be to implement a pilot project in the alcohol and other drug sector aimed at building the capacity to integrate best practice in family violence prevention. This project will seek to enhance opportunities for early intervention with victims and perpetrators of family violence while recognising the complex relationship between family violence and alcohol and other drug use.

The draft *ACT Drug Strategy Action Plan 2018–2021* was released for public consultation earlier this year, and will be finalised in the second half of 2018. This is the ACT's alcohol, tobacco and other drug action plan and is aligned to the three pillars of harm minimisation as outlined in the National Drug Strategy 2017–2026 which was agreed to by all states and territories.

INNOVATION OVERVIEW

Innovation is responsible for:

> the Office of Research

> Policy and Stakeholder Relations

> Communications

> Ministerial and Government Services.

Office of Research

The Office of Research leads the strategic development and management of research activity in ACT Health. 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 leading edge healthcare, which is informed by research and maximises health outcomes for patients and communities. With academic partners, the office supports:

> effectively translating research results to the clinic applications, 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 2017–18, the Office of Research made significant changes to its structure, operations and strategic direction. This included the appointment of the Executive Director, Research Policy and Innovation. In 2017–18, the Office also:

- consulted on the development of the ACT Health Research Strategy
- reviewed intellectual property and contracts management processes, procedures and governance
- coordinated the collaborative draft End of Life Care Research and Translation Plan.

Outlook for 2018–19

In 2018–19, the Office of Research will focus on:

- developing a management approach for Intellectual Property and contracts management services within ACT Health, based on a detailed consultation and engagement with key stakeholders
- developing a framework for health research analytics and methodology with our academic partners to support improving the quality of research within ACT Health
- establishing memorandums of understanding with key research organisations in Australia to enhance research capability within ACT Health, with the translation of research into practice as the primary goal
- attracting and retaining clinician researchers to help advance ACT Health services
- launching the 10-year Research Strategy
- facilitating multi-centre collaboration for a new Centre of Innovation in Rural Health.

Policy and Stakeholder Relations

The Policy and Stakeholder Relations Branch is responsible for providing advice on strategic health policy issues of local and national importance, as well as inter-governmental issues.

The Branch negotiates with funding bodies and service providers and manages service agreements with the non-government and government sectors for:

- aged care
- chronic disease
- primary care
- women, youth and child health
- home and community care
- mental health
- Aboriginal and Torres Strait Islander Health
- Workforce Policy and Planning.

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

In particular, the Branch advised on:

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

Achievements

The Office for Mental Health and Wellbeing was launched on 14 June 2018, following a best practice analysis and stakeholder consultation period to develop the operating model. The office will work towards better mental health outcomes for all Canberrans and will provide leadership in a complex strategic and practical setting. The Office's key functions will include:

- establishing a cohesive vision for mental health
- integration and coordination of the service system
- change management and quality improvement
- monitoring and review of the service system
- community engagement.

ACT Health invested $400,000 in expanding the clinical capacity of headspace in the ACT to ensure that young people have more reliable access to early mental health assistance. ACT Health also invested an additional $250,000 in the Wayback service, which seeks to support people following a suicide attempt.

Other activities designed to improve Canberrans' mental health included:

- starting the second program for the Ngunnawal Bush Healing Farm (NBHF) with a full complement of clients
- developing and reporting on progress of a comprehensive local implementation register of actions against the priorities of the Fifth National Mental Health and Suicide Prevention Plan
- signing of the Bilateral Agreement between the Commonwealth and the ACT Government on the National Psychosocial Support Measure to ensure people with severe mental illness and associated psychosocial functional impairment, who are not more appropriately funded through the National Disability Insurance Scheme (NDIS), can access psychosocial services to optimise mental health outcomes and support recovery, in June 2018.

Policy and Stakeholder Relations Branch also reviewed and advised on the Bilateral Agreement between the Commonwealth and the ACT Government, on coordinated care reforms to improve patient health outcomes and reduce avoidable demand for health services, which was signed in May 2018.

The Branch also contributed to the negotiation of the expansion of the BreastScreen Australia program for a four-year period from 1 July 2017 to 30 June 2021 which will support the continued delivery of BreastScreen ACT services to women aged 70–74 years, with the aim of exceeding the baseline target determined by the Australian Institute of Health and Welfare.

Draft ACT Strategic Priorities for Aboriginal and Torres Strait Islander Health has been developed that outlines the key priorities in Aboriginal and Torres Strait Islander Health from 2018–23.

During 2017–18, ACT Health identified strategic priorities for Aboriginal and Torres Strait Islander peoples' health in the ACT. This includes the provision of an autonomous primary healthcare and wellbeing services to Aboriginal and Torres Strait Islander detainees at AMC, a boost for Dental

Health funding, and planning for facility improvements at Winnunga Nimmityjah Aboriginal Health and Community Service.

Outlook for 2018–2019

In 2018–19, Policy and Stakeholder Relations Branch will:

- undertake a comprehensive review of non-government organisation delivered services under a detailed procurement project plan
- negotiate a new cross-border agreement with NSW
- finalise the ACT Integrated Regional Mental Health and Suicide Prevention Plan with Capital Health Network
- implement the LifeSpan Suicide Prevention Framework for the ACT with Black Dog Institute
- evaluate the implementation of the *Mental Health Act 2015* within ACT Health.

Communications and Ministerial and Government Services

The operational areas of Communications and Ministerial and Government Services provide a range of corporate support and organisation-wide services.

QUALITY, GOVERNANCE AND RISK

Improving the quality of healthcare in the ACT is a key strategic priority for ACT Health. Our 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 has developed a Quality Strategy which sets 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, a capacity and capability plan has been developed for quality improvement. This will build on current expertise and 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 (QGR) key service divisions are:

- Clinical Safety and Quality:
  - Clinical Effectiveness
  - Advance Care Planning
  - Patient Experience
  - Patient Safety
  - Quality in Healthcare ACT Awards
- Workplace Safety
- Audit Risk and Compliance
- Insurance and Legal Liaison
- People and Culture.

Clinical Safety and Quality

Achievements

ACT Health's Quality Strategy 2018–2028 was developed and launched in 2018. The strategy sets out ACT Health's Quality ambition to be a high-performing health service that provides person-centred, safe and effective care. The strategy makes explicit our commitment to place safety and quality at the very centre of ACT Health.

To guide the implementation of the ACT Health's Quality Strategy and create the necessary conditions for quality improvement the following plans have been developed and agreed, the:

- *Quality Strategy Implementation Plan 2018–2023*, which sets out priorities and actions for improvement at both organisational and divisional level over the next two years
- *Quality Strategy Building Capacity and Capability Plan 2018–2023*, which outlines ACT Health's approach to building knowledge and skills, enhancing staff capabilities and organisational capacity in patient safety and quality improvement.

Outlook for 2018–2019

The *Quality Strategy Implementation Plan 2018–2023* will be complemented by:

- a Quality Strategy Measurement Framework 2018–2023 that will set out measures for both quality improvement and quality assurance aligned to strategic, organisational and divisional priorities and confirm performance and reporting requirements
- an Evaluation Framework that encompasses activities outlined in the Quality Strategy Implementation Plan and outcomes achieved.

The Division of Quality and Safety will facilitate and support the roll-out of the *Quality Strategy Implementation Plan 2018–2023* across ACT Health. Quality Advisers will be aligned with improvement teams and will provide guidance and support in improvement methodology and techniques, and the Data and Quality Assurance Team will report on outcomes.

Building organisational capability in patient safety and quality improvement is fundamental to the success of the Quality Strategy. The Division of Quality and Safety will work with the Staff Development Unit to design, develop and deliver leadership and skills development programs.

Clinical effectiveness

Achievements

During 2017–18, the Clinical Safety and Quality Unit managed and coordinated the 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 to all ACT Health staff on the ACT Health (and CHHS) Policy Development and Management processes to ensure compliance with the policy governance requirements of the National Safety and Quality Health Service (NSQHS) Standards, Standard 1 Governance.

The Clinical Safety and Quality Unit has worked with CHHS Divisions to support the review, consultation and endorsement of CHHS policy documents. Each document is risk assessed and an action plan is developed in relation to the review. During the organisation-wide survey, the Australian Council on Healthcare Standards (ACHS) recognised this significant body of work. In particular, they highlighted the robust mechanisms in place to ensure that clinical and operational policies and associated procedures are current.

The Clinical Safety and Quality Unit broadened clinical data reporting to include NSQHS quality measures and the triangulation of data for planning, assurance and improvement purposes. Key outputs of the team included:

- reporting of key risks aligned to each of the 10 National Standards
- reporting of National Standards measures to each of the governance committees
- coordination of the Patient Quality and Safety Report at Organisational and CHHS Divisional level—this report is created with data from a number of sources, including Inpatient Survey results, Work Health and Safety (WHS), Consumer Feedback, reported Clinical Incidents, and Medico-Legal and the sections included analysis and theming of data
- reviewing clinical auditing requirements for the UCH and the second edition of NSQHS in preparation for implementation in January 2019.

Outlook for 2018–19

During 2018–19, the Clinical Safety and Quality Unit will continue to work across ACT Health to embed the second edition of NSQHS Standards, including recognition and commitment to individual and collective patient safety and quality responsibilities. This will involve:

- amending the Open Disclosure Procedure, as appropriate, to align ACT Health's processes with the second edition of the NSQHS Standards
- strengthening our consent governance and monitoring processes
- strengthening our clinical pathways governance, reporting and monitoring processes
- supporting the implementation of the Clinical Governance Framework
- supporting the ongoing monitoring of electronic surgical safety checklist data and related quality assurance processes.

To support ongoing safety and quality, the Clinical Safety and Quality Unit is conducting a voluntary alignment survey for UCH against the first edition of the NSQHS Standards.

Advance Care Planning

Achievements

The Advance Care Planning (ACP) program increases awareness and uptake of advance care planning to support decisions about future healthcare based on an individual's values and wishes. The program supports consumers to complete advance care plans and increases awareness in the ACT community. The ACP program includes participants completing:

- an Enduring Power of Attorney
- a Statement of Choices and/or a Health Direction document.

The program continued to collaborate with and fund the Health Care Consumers Association of the ACT to raise awareness of ACP in the community.

Contact details: For more information on ACP, email rpc@act.gov.au.

Outlook for 2018–19

Next year, ACP will:

- continue to focus on increasing community awareness and uptake of ACP
- work with Residential Aged Care facilities to support ACP with their residents.

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. The data is available to executives and managers through a database which is updated weekly.

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

Outlook for 2018–19

Increasing uptake of the survey will be a priority for 2018–19, as well as initiatives to improve results through the implementation of the Quality Strategy.

Patient Safety

Achievements

Patient safety and quality informed by organisational learning from near misses and clinical incidents is central to the delivery of high-performing healthcare. Following a review of incident management processes, a Strategic Plan for the implementation of a refreshed Clinical Safety Incident and Investigation Management System for ACT Health has been developed. This sets out guiding principles and priority areas of focus. An action plan has been developed and will inform continuous improvement across 2018–19.

Outlook for 2018–19

The Patient Safety Team will build on evidence of best practice to implement the *Safety Incident and Investigation Management System Action Plan*.

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 February 2018 and culminated with an event at the National Gallery of Australia, attended by the Minister for Health and Wellbeing and the Minister for Mental Health. This was an opportunity to celebrate the improvements achieved across the ACT region.

The categories and winners for 2017 included:

- **Person-centred**—how well an individual or team co-design care and treatment with patients, consumers and carers, and initiatives to improve the patient or staff experience—the Kink Clinic for work with consumers to increase access to sexual healthcare
- **Safety**—reductions in harm and improvements in processes and delivery to enhance patient safety—City Mental Health Team for improved Clinical Handover, Developing E-Message Response Protocols

- **Effectiveness**—evidence-based practices that deliver improvements and benefits to patients—the Canberra Hospital golden hour and ePREM framework providing extremely preterm infants a favourable beginning and the INSPIRED trial, a randomised controlled stepped wedge trial, integrating specialist palliative care into residential aged care for older people
- **Efficiency**—new developments and methods to avoid waste, including waste of equipment, supplies, time and energy—electronic records, the transition to a paperless service in MACH using CRIS
- **Student**—improvements led by health sector students—an audit of timely access to evidence-based pathways of cancer care for patients with thoracic malignancies in ACT Region.

The overall winner was the INSPIRED trial, integrating specialist palliative care into residential aged care for older people.

Outlook for 2018–19

The Quality Awards will be continued, with the request for 2018 applications to be launched in July 2018.

Workplace Safety

Achievements

The Workplace Safety (WPS) Team:

- drafted the *ACT Health Work Health Safety Strategic Plan 2018–202*2 and reviewed WHS policies and procedures to ensure compliance with legislation
- reviewed WHS policies, procedures and e-learning packages to ensure compliance with legislation, for example, WHS reviewed the Dangerous Substances procedures to ensure compliance with the Globally Harmonized System for Classification and Labelling of Chemicals
- completed a review of the ACT Health Safety Management System and WPS intranet site and identified a number of improvement opportunities that are being progressed
- provided 'safety in design' advice for the design of new buildings and renovation works, including the safe design of the UCH
- provided 3,956 free influenza vaccinations to ACT Health staff, volunteers, Visiting Medical Officers (VMOs), locums and students on clinical placement through the Occupational Medicine Unit
- provided a total of 2,144 physiotherapy clinical appointments and 615 workstation ergonomic assessments for ACT Health staff through Staff Early Intervention Physiotherapy.

Outlook for 2018–2019

In 2018–19, WPS will:

- implement the *ACT Health Work Health Safety Strategy 2018–2022*
- provide 'safety in design' advice on the design of new buildings and renovation works
- progress the update of the ACT Health Work Health and Safety Management System (WHSMS) and the WPS Intranet site
- review occupational violence prevention strategies with a view to eliminating/reducing incidents and improving staff and patient safety.

Audit, Risk and Compliance

Internal Audit has worked in partnership with the stakeholders to ensure that the strategic and operational objectives, legislative and regulatory requirements are met and the commitment to the community to deliver efficient and effective health services is fulfilled.

The Risk Management Team has primary responsibility for facilitating the application of risk management across ACT Health.

Risk is the effect of uncertainty on an organisation's objectives (ISO 31000:2018). Risk includes both potential threats to achieving objectives and potential opportunities for achieving those objectives. Threats and opportunities change as an organisation's internal structure and culture change, as its relationships with stakeholders change and as the external environment in which it operates changes. Keeping abreast of the risks that may affect our organisation must be an ongoing activity. The Risk Management Team provides systems, processes, training and expert advice to staff and executives at all levels.

Achievements

During the year, Internal Audit:

- progressed and completed audits in the midst of changes in the organisation through the assessment of various factors, including identified internal and external risks
- reviewed past issues and recommendations and ensured the timely review and implementation of the recommendations
- provided assurance to the ACT Health management that appropriate systems and controls are in place by completing audits
- continued to be a catalyst for advice on improving business processes, efficient use of resources, increased focus on internal controls and greater transparency and accountability
- responded to special management audit requests which were completed during the year providing additional assurance
- enhanced and aligned audit processes and reporting to the Audit and Risk Management Committee with the Institute of Internal Audit International Professional Practices Framework audit process.

See B.5 Internal audit, page 115, for further information.

The principles of good governance dictate that those responsible for the management of ACT Health have an obligation to protect the interests of government and the community. Risk management contributes to strategic planning and achievement of operational activities across ACT Health and creates an environment of confidence to manage perceived or real threats to an acceptable degree, and to make informed decisions about organisational opportunities.

To develop effective application of the process and principles of risk management across the organisation, the Risk Management Team:

- supported the proactive drive of a strong risk culture, associated responsibilities, consistency, and commonality across ACT Health
- facilitated risk direction, consistent application and integration into management
- facilitated timely, innovative and high-quality advice that will encourage continuous improvement
- promoted open and honest risk reporting, consultation and escalation processes

- reviewed and updated the risk management policy, framework and guidelines to align risk escalation processes.

Outlook for 2018–2019

During 2018–19, the Audit, Risk and Compliance Team intend to:

- further enhance risk management documents that establish governance, risk practices, risk appetite, responsibilities, accountabilities and uniform application guides across ACT Health
- improve implementation, recording, reporting tools and systems to improve awareness and oversight of active and emerging risks and risk management initiatives
- update the risk awareness, training and mentoring program and implement information sessions as required across the organisation
- review the existing compliance management monitoring processes and systems across the organisation
- continue the internal audit program of work and consider opportunities to progress new internal audits.

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

People and Culture

Achievements

The Workforce Strategy Development Project began in 2017 to shape the future direction of the ACT Health workforce and ensure it is sustainable and able to deliver person/family-centred, safe, high-quality care into the future. The strategy will support the delivery of ACT Government election commitments, implementation of the Territory-wide Health Services Framework and the Quality Strategy.

Two consultancy firms were engaged to assist with the development of the Workforce Strategy:

- Health-e Workforce Solutions were contracted in June 2017 and again in April 2018 to provide workforce modelling, analysis and identification of opportunities for realignment and efficiencies
- KPMG were contracted in late October 2017 to develop an evidence informed Workforce Strategy.

The Workforce Strategy is expected to be completed by August 2018 and will include workforce planning for the next two, five and 10 years.

Change management and culture development initiatives were provided to staff transitioning to the new UCH, including:

- Managing Change Program for managers and staff – 237 staff completed this program
- Building and Sustaining Culture at UCH – 20 workshops with over 300 UCH staff and leaders
- UCH Culture Charter developed through a collaborative process involving staff and leaders.

The Respect at Work program was revised to integrate blended learning. A new e-learning module was developed as a prerequisite to an intensive skills-based workshop. This combination enables more effective learning in this foundational culture program – 380 staff have completed the e-learning module and 384 staff have completed the skills-based workshop.

Leadership programs continued to be delivered, including the:

- Emerging Manager Program – 115 staff completed this program
- People Manager Program – 261 staff participated
- Critical Care Frontline Leadership Program – 39 staff participated in this program.

In 2017–18, 83 MyHealth Program workshops/programs were conducted with 2,518 staff attending.

The Employment Services Team provides operational services for over 8,000 ACT Health staff. During 2017–18, People and Culture delivered training to ACT Health staff in:

- staff selection, attended by 210 staff over eight sessions
- probation, attended by 11 staff over two sessions
- underperformance, attended by 12 staff
- preliminary assessment, attended by 183 staff over 12 sessions.

In terms of work-level standards, the team:

- developed work-level standards for Registered Nurse and Midwives 1 to 5.6 for distribution and use across ACT Health, in consultation with the ACT Chief Nurse
- provided advice and assistance for a winter recruitment strategy to ensure staff levels could be achieved during the winter peak workload period.

The team also developed and implemented:

- new position description documentation across ACT Health, which included a focus on:
  - quality and positive patient experience
  - alignment of the work-level standards
- new documentation and training packages for:
  - preliminary assessment training
  - staff selection.

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. Organisational culture improvement activities have included:

- implementation of Divisional Workplace Culture action plans with quarterly reporting of progress
- pulse surveys to diagnose workplace culture and assess culture improvement initiatives
- the use of an external provider to assess workplace culture in two units – recommendations to each unit are being implemented
- targeted assistance from the Organisational Development Unit to 46 teams across the organisation, mostly in CHHS, which resulted in positive improvements.

ACT Health continues to embed the ACT Public Service (ACTPS) Respect, Equity and Diversity Framework across the organisation through an established and active Respect, Equity and Diversity (RED) Contact Officer Network.

The number of RED contact officers at 30 June 2018 was 89, with 17 new staff trained as RED officers during the year. RED contact officers are drawn from a variety of work groups, including medical and nursing staff, allied health professionals, administrative staff and staff who work outside traditional business hours. The RED Contact Officer Network meets quarterly to provide support and professional development on topics such as:

- health and wellbeing

> new/revised resources to address and manage inappropriate behaviours.

An online performance management system was launched in August 2017 on the Learning Management System, Capabiliti, providing both managers and staff easier access to completion, approval and monitoring of performance plans. The system provides a customised performance plan that includes key criteria suited for Health professionals with links to organisational goals, values, clinical quality and safety responsibilities. The system strengthens accountability by providing a valid and reliable means to report on the number of plans in place. Between August 2017 and June 2018, 75 per cent of staff have commenced using the new performance system.

Significant learning and development activities were provided during the commissioning of the UCH to ensure staff and contract workers for the facility were oriented and provided with key essential education programs prior to opening. This was a collaboration between UCH managers, the commissioning team, People and Culture, Business Support Services (BSS) and the contract company managing support workers.

Outlook for 2018–2019

Implementation plans and strategies from the Workforce Strategy will inform and enhance the transition to the new organisational structures, particularly focused on cultural and performance-based improvements. Program management and resourcing to support the recommendations will be a focus and challenge for the organisation.

During 2018–19, People and Culture will support the building and positioning of culture and leadership to enable a successful future for the two new organisations. A key focus will be on leadership development, values, engagement and communication to enhance capabilities of leaders and support staff through the change transition.

During 2018–19, People and Culture will work closely with the Transition Team to provide high-level strategic advice for the Division of the current ACT Health Directorate into two separate entities.

People and Culture will be focused on:

> reviewing the delivery of training on staff selection, probation, underperformance and preliminary assessment in light of possible change following the Enterprising Bargaining process

> implementing the outcome of various Enterprise Agreements that will be finalised in 2018–19.

Contact details: For more information, contact People and Culture, at EDPeopleandCulture@act.gov.au.

PERFORMANCE REPORTING AND DATA OVERVIEW

Performance, Reporting and Data (PRD) provides data and information that helps decision-making and ensures a systematic approach to the provision of health services to achieve:

> improved patient care

> increased efficiency of services

> increased transparency and accountability.

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

Achievements

The Minister for Health and Wellbeing announced a System-Wide Data Review (the Review) of ACT Health in February 2017.

Over the past year ACT Health has been working to establish the foundations of a robust and quality assured health data and information system. There have already been a number of outcomes as a result of the review. These include:

> meeting external reporting obligations, such as the 2018 Report on Government Services and the *ACT Health Annual Report 2016–17*

> building enduring relationships with external data reporting agencies, such as the Australian Institute of Health and Welfare (AIHW)

> embedding a Directorate-wide front door Reporting Coordination Unit, so that both internal and external stakeholders have a centralised point of contact for data and reporting matters

> engaging independent experts to review the System-Wide Data Review activities to ensure they are comprehensive and that all systemic issues are addressed

> embedding a number of key quality assurance processes to ensure the data is accurate and correct at the time of release

> identifying over 130 performance indicators that have been or are currently published—the System-Wide Data Review is assessing and restructuring this consumer information so that it is informative and can easily be found and navigated through ACT Health websites and other media platforms

> rolling out a new data repository that is innovative and a first for the ACT Government that has the potential to be expanded and adapted to changing community health needs.

The Review was completed at the end of March 2018, with the final report providing a comprehensive analysis of the data reporting issues ACT Health has encountered in the past. It outlines the themes upon which the Review has focused, together with key findings, recommendations and future activities. An Implementation Plan has also been developed to deliver a program of activities that will ensure ACT Health continues to work to deliver high-quality data management and reporting practices.

The Minister for Health and Wellbeing will table the final Report, Government Response and Implementation Plan in the ACT Legislative Assembly August 2018 sitting period.

Activity-based performance

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 healthcare.

To support this, ACT Health is committed to developing and implementing Activity-Based Management (ABM) for the health service to achieve efficiencies. Given the complexities, and the impending outcomes of the System-Wide Data Review, the development and implementation of ABM is ongoing and will be refined over time.

Outlook for 2018–19

The functions will be transferred to the Corporate Group in the 2018–19 year. The focus of the PRD teams will be to progress the System-Wide Data Review Implementation Plan.

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

TERRITORY-WIDE SERVICES REDESIGN

The Territory-wide Services Redesign (TWSR) Branch was formed in October 2017, with the appointment of the new Executive Director. The Branch has primary responsibility for implementing the initiatives in the draft *Territory-wide Health Services Framework 2017–2027,* which was released on 18 September 2017. The Branch is also responsible for health services planning, and data analysis and data modelling used to inform health services and health infrastructure planning activities.

From 22 December 2017, the TWSR assumed responsibility for the Recurrent Health Services Program (RHSP). The RHSP is responsible for program management, project coordination and governance in delivering ACT Health initiatives derived from election commitments, parliamentary agreement commitments, budget initiatives, government priorities, and ACT Health priorities.

Achievements

The draft Territory-wide Health Services Framework 2017–2027 identified three key initiatives:

- establishment of a Territory-wide Health Services Advisory Group
- establishment of clinical centres
- development of Specialty Services Plans (SSPs) and Models of Care.

Following an expression of interest, membership of the Territory-wide Health Services Advisory Group was announced in December 2017. The Advisory Group met in January and March 2018, focusing its efforts on review and refresh of the draft Framework.

The recommended restructure of clinical services around clustered clinical services centres, part of the Canberra Hospital and Health Services Realignment Project, began in December 2017. Following extensive consultation, this project was placed on hold once the decision to split ACT Health into two distinct organisations was announced. The 'Centres' concept will not appear in the final Framework.

Work on SSPs commenced in December 2017, with significant engagement occurring with clinical staff from Canberra Hospital and Calvary Public Hospital in the first half of the 2018 calendar year. At 30 June 2018 there were 46 SSPs under development.

The TWSR supported the development of Health Planning Unit briefs and supporting Models of Care, for the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre, and Centenary Hospital for Women and Children (CHWC) expansion projects. The primary purpose of these documents is to describe the Models of Care and planning requirements in enough detail to inform further planning and infrastructure design.

The TWSR supported the development of the ACT Health Workforce Strategy and planning for Weston Creek and Inner North Community Health Infrastructure.

The RHSP provides a central coordination function. A review of the RHSP was undertaken with a view to:

- enhance functionality
- clarify appropriate management of change activities
- improve reporting
- streamline administrative processes.

Consultation on the revised approach of the RHSP will occur prior to its implementation in 2018–19.

Outlook for 2018–19

In 2018–19, TWSR will:

- finalise the *Territory-wide Health Services Framework 2018–2028*
- finalise all 46 SSPs and Models of Care
- implement a revised approach to program management under the RHSP
- continue to provide health planning support for infrastructure projects under the Building Health Services Program.

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

CORPORATE AND OPERATIONAL PLANS

Governance Framework 2018–2023

The *Governance Framework 2018–2023* outlines who we are, what we do, what we are accountable for and to whom we are accountable. It provides a high-level overview of the organisation and is a starting point for gaining further information on specific aspects of the organisation's operations.

Clinical Governance Framework 2018–2023

The *Clinical Governance Framework 2018–2023* outlines the principles which underpin the operations of the Canberra Hospital and the broader health system in the ACT. In practice, a strong system of clinical governance creates an environment in which there is transparent responsibility and accountability for maintaining standards, allowing clinical care to flourish.

The Clinical Governance Framework is premised on the principles reflected in the ACT Health Quality Strategy.

Corporate Plan 2018–2023

The *ACT Health Corporate Plan 2018–2023* provides direction and lines of responsibility and accountability for achieving the overarching organisational vision and values. The Plan is considered to be ACT Health's business plan and outlines, at a very high level, how we will achieve the goals set for the organisation. The Corporate Plan is applicable to both corporate and clinical areas within ACT Health.

Digital Health Strategy 2018–2028

The *Digital Health Strategy 2018–2028* is being developed to provide a plan for ACT Health to build the digital health capabilities necessary to support a sustainable, innovative and world-class health system for the ACT. This strategy establishes the overarching principles to guide the design and development of digital health capabilities to support the delivery of person-centred, safe and effective care.

ACT Health is committed to developing its health infrastructure to meet the health needs of the ACT and surrounding regions over the next decade. Global, national, and regional considerations along with key technical advancements have been incorporated into this strategy to ensure ACT Health is strongly positioned to meet future demands and challenges.

Population Health Division Strategic Framework 2013–2017

The *Population Health Division Strategic Framework 2013–2017* verifies the role of Population Health Protection and Prevention (PHPP) 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 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 is underpinned by the Sustainability Roadmap, which focuses on the processes of:

> committing—policy and resources

> actioning—taking practical action in the workplace

> embedding—ensuring systematic implementation

> influencing—facilitating change with others in our sphere of influence

> sustainability—operating in a fully sustainable enterprise in carbon positive way.

The strategy is further supported by the ACT Health Resource Management Plan 2016–2020, which is a key action for all Directorates under the Carbon Neutral ACT Government Framework.

ACT Health Quality Strategy 2018–2028

The *ACT Health Quality Strategy 2018–2028* sets out ACT Health's ambition to be a high-performing health service that provides person-centred, safe and effective care. The strategy makes explicit our commitment to place safety and quality at the very centre of ACT Health.

The co-design, consultation and engagement that took place in developing the strategy, involving staff, patients, consumers and carers, resulted in the following priority areas:

> Strategic Priority 1: Person-centred—improve the experience of care

> Strategic Priority 2: Patient Safety—proactively seek a reduction in harm

> Strategic Priority 3: Effective Care—best evidence for every person, every time.

These strategic priorities aim to place people at the centre of everything we do, with an emphasis to continuously improve the safety, quality and experience and ensure that the care the community receives is evidence-based and reliable.

ACT Chronic Conditions Strategy 2013–2018

The *ACT Chronic Conditions Strategy 2013–2018* continues to provide overarching direction for care and support of chronic conditions in the ACT. The Strategy outlines a coordinated approach across the government and non-government sectors. It concentrates on improving care and support services for every person living with a chronic condition. The ACT Strategy will be further informed by the National Strategic Framework for Chronic Conditions.

ACT Health Workforce Plan 2013–2018

The *ACT Health Workforce Plan 2013-2018* delivers a framework for action by providing medium-term, sustainable workforce planning strategies and associated actions which support the continued delivery of high-quality health services to the ACT region within an environment of increasing workforce challenges.

Towards Culturally Appropriate and Inclusive Services: A Coordinating Framework for ACT Health 2014–2018

The *Towards Culturally Appropriate and Inclusive Services: A Coordinating Framework for ACT Health 2014–2018* articulates the ACT Health operational response to the ACT Government multicultural policy and is consistent with the Multicultural Strategy, the Languages Framework and the ACT Multicultural Framework 2015–2020.

This coordinating framework guides ACT Health in delivering culturally appropriate and inclusive services and information, based on national and international best practice.

ACT Palliative Care Services Plan 2013–2017

The *ACT Palliative Care Services Plan 2013–2017* provides strategic direction for developing palliative care in the ACT to best meet current and projected population needs. Key deliverables include the development of a model of palliative care that aims to ensure appropriate, person-centred, quality care delivered at the right time, in the right place and by the right person. A five-year implementation roadmap gives effect to the model to drive system change. Work is progressing on the Territory-wide Palliative Care Service, which will include a detailed Model of Care and Service Specialty Plan. As these documents are finalised they will replace the 2013–2017 Plan.

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 necessity 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 together in order 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, reflecting an ageing demographic, which 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

> notes that, with improvements in the science of cancer diagnosis and treatment, we need clinicians who are skilled at dealing with the human dimensions of care, which is a crucial area of workforce capability.

ACT Health continues to achieve against this plan with highlights in the following areas:

- research, with continued participation in local and interstate clinical trials, planning for the Cancer Research Hub, progression of nursing and allied health research capacity
- improvements in multidisciplinary team meetings including linking in with NSW clinicians
- improvement in the patient experience with improvements to the physical environment, enhanced volunteer services and planning for the inpatient ward refurbishments.

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, haematology and radiation oncology referral service for the region and provides the leadership and support required in regional areas
- ACT clinicians support SNSWLHD hospitals to deliver significant cancer-related care, for example, surgery, medical oncology day-centres and palliative care.

B.2 PERFORMANCE ANALYSIS OVERVIEW

HEALTH DIRECTORATE STRATEGIC INDICATORS

Strategic Objective 1: Reducing the Waiting List for Elective Surgery

Strategic Indicator 1: Reducing the Number of People Waiting Longer than Clinically Recommended Timeframes for Elective Surgery

Detail	Period	Value	Target
The number of patients waiting longer than clinically recommended timeframes for elective surgery	2017–18	399	144

In 2016–17, it was calculated that ACT Health would be able to achieve a target of 144 patients waiting longer than clinically recommended timeframes for elective surgery. The target of 144 is 2.5 per cent of the total elective surgery waiting list and has been difficult to achieve with the increasing demand for elective and emergency surgery. The outcome of 399 patients waiting longer than clinically recommended was 8.3 per cent of total elective surgery waiting list, which was an improvement over the previous year.

To improve access to elective surgery in 2017-18, the ACT Government also committed to reducing the number of paediatric patients classified as 'long wait' to zero. This target was achieved.

The Government has committed to providing additional funding to increase elective surgery numbers to around 14,000 per annum from 2018–19.

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

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

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

Detail	Period	Value	Target
Percentage of assessed emergency clients seen within 24 hours	2017–18	100%	100%

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

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

Strategic Objective 3: Improving Timeliness of Access to Radiotherapy Services

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

Detail	Period	Value	Target
Emergency — treatment starts within 48 hours	2017–18	100%	100%
Palliative — treatment starts within 2 weeks	2017–18	58%	90%
Radical — treatment starts within 4 weeks	2017–18	53%	90%

The performance in radiotherapy wait times was impacted by the increasingly complex treatment techniques and related treatment delivery times, increasing demand and workforce shortages. Patients requiring emergency treatment continue to be seen within the target of 48 hours.

During 2017—18, overall activity and the number of patients treated by radiotherapy services increased. There were challenges in meeting the target time frames for palliative and radical treatments. Ageing equipment, which is not suitable for some of the new techniques, is scheduled for replacement in 2019. The service continues to identify and implement improvements in service efficiency to reduce wait times. The opening of a private radiation therapy service in Canberra in late 2018 is expected to improve time to first treatments.

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

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

Strategic Indicator 4: Participation Rate for Breast Screening

Detail	Period	Value	Target
Proportion of women aged 50 to 69 years who have a breast screen	2017–18	55%	60%

The overall number of screens completed in 2017–18 increased compared to the year before. The population of women 50 to 69 years has increased resulting in an overall reduction in the participation rate in this age group, however the participation rate in the ACT is 3 per cent above the national average. Workforce had the biggest impact on the ability of the service to screen more women.

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

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

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

Detail	Period	Value	Target
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	2017–18	7%	<3%

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

A higher than expected result in the seclusion rate of 7 per cent compared to the target of under 3 per cent for 2017–18 is due to the inclusion of the data from the Dhulwa Mental Health Unit which opened in 2016–17, and Stage 2 of Dhulwa Mental Health Unit opening in 2017–18. The target will be adjusted in 2018–19 to account for the increase in available services for acute mental healthcare.

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

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

Detail	Period	Value	Target
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	2017–18	n/a	<10%

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

There is no data to report for Strategic Indicator 6 for 2017–18. This is due to unplanned readmissions unable to be separated from planned readmissions for a range of reasons at a time of significant change occurring during the second half of 2017. This indicator will be reviewed, with a proposal to align the ACT Health definition with the national definition, for future reporting.

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

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

Strategic Indicator 7: Percentage of Overnight Hospital Beds in Use

Detail	Period	Value	Target
ACT	2017–18	86%	90%
Canberra Hospital	2017–18	94%	90%
Calvary Hospital	2017–18	69%	90%

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

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

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.

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. The ACT continues to enjoy the highest life expectancy of any jurisdiction in Australia and the Government aims to maintain this result.

Strategic Indicator 8: Life Expectancy at Birth in the ACT and Australia, by Sex, 2014–2016

Strategic indicator	ACT (years)	National (years)
Females	85.2	84.6
Males	81.3	80.4

Source: Australian Bureau of Statistics (ABS) 2017. Cat. no. 33302.0.55.001, ABS, Canberra.

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

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

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.

Strategic Indicator 9: Proportion of the ACT Population with Heart or Vascular Disease, Including stroke

Strategic indicator	ACT rate	National rate
Proportion of the population diagnosed with heart, or vascular disease, including stoke[1]	3.9%	4.7%

Source: Australian Bureau of Statistics 2015 National Health Survey: First Results, 2014–15. Cat no. 4364.0.55.001. ABS, Canberra.

Note:

1. The measure of heart or vascular disease includes angina, heart attack, other ischaemic heart diseases, stroke, other cerebrovascular diseases, oedema, heart failure, and diseases of the arteries, arterioles and capillaries.

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

Strategic Objective 10: Lower Prevalence of Overweight and Obese People

This indicator provides a marker of the success of healthy weight initiatives. Being overweight or obese is the most significant risk factor leading to Type 2 diabetes.

Strategic Indicator 10: Proportion of the ACT Population that are Overweight and Obese

Strategic indicator	Rate	2017–18 target
ACT	63.5%	≤63.0%
National	62.8%	N/A

Source: Australian Bureau of Statistics 2015 National Health Survey: First Results, 2014–15. Cat no. 4364.0.55.001. ABS, Canberra.

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

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

The immunisation rate provides an indication of the success of programs and services to minimise the incidence of vaccine preventable diseases. The Aboriginal and Torres Strait Islander population is at higher risk of vaccine preventable diseases and associated complications. Although immunisation coverage rates for Aboriginal and Torres Strait Islander people fluctuate quarterly, annualised data indicates numbers are similar to the non-indigenous population.

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

Strategic indicator	2017–18 target	2017–18
Immunisation rates for vaccines in the national schedule for the ACT Indigenous population:		
12 to 15 months	≥95%	92.99%
24 to 27 months	≥95%	94.12%
60 to 63 months	≥95%	97.16%
All	≥95%	94.70%

Note:

1. The very low numbers of Aboriginal and Torres Strait Islander children in the ACT means that the ACT Aboriginal and Torres Strait Islander coverage data should be read with caution. This small population can cause rate fluctuations.

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

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.

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

Strategic indicator	ACT rate	National rate
Two-year participation rate[1]	56.2%	56. 0%

Source: Cervical Screening in Australia 2015–16, Cat No. CAN 111 (Published: Australian Institute of Health and Welfare, 2018).

Note:

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 at Ages 6 and 12

Strategic indicator	ACT rate[1]	National rate
dmft index at 6 years (indicates deciduous teeth)	0.90	1.30
DMFT index at 12 years	0.30	0.90

Source: Oral Health of Australian Children – The National Child Oral Health Study 2012–14, (Published: University of Adelaide Press, 2016).

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.

Based on the last nationally published data from the National Child Oral Health Study, the index at six years for decayed, missing or filled deciduous teeth (dmft) in the ACT was 0.90 compared with the national average for the same period being 1.30.

Based on the last nationally published data from the National Child Oral Health Study, the index at 12 years for decayed, missing or filled teeth (DMFT) in the ACT was 0.30 compared with the national average for the same period being 0.90. The ACT rate is the lowest nationally.

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

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

This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2016–17 the ACT rate in admissions for persons aged 75 years and over with a broken hip was 5.6 per 1,000 persons. This is above the long-term target of 5.3, but an improvement on the 2015–16 result of 6.6.

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

Strategic indicator	2016–17 ACT rate	Long-term target
Rate per 1,000 people	5.6	5.3

Source: ACT Admitted Patient Care data.

Note: This data includes public hospital data only.

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

Strategic Objective 15: Reduction in the Youth Smoking Rate

Results from the 2014 Australian Secondary School Alcohol and Drug (ASSAD) Survey show that 5.2 per cent of students in the ACT were current smokers in that year. This demonstrates a continued decline in current smoking from 15.3 per cent in 2002, 6.7 per cent in 2008 and 5.8 per cent in 2011.

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

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

Strategic indicator	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) includes:

- Canberra Hospital and Health Services (CHHS)
- Calvary Public Hospital Bruce (CPHB)
- 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 Wellbeing
- the Director-General ACT Health.

This SLA identifies:

- the funding and activity to be delivered by the ACT LHN
- 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

Detail	Period	Value	Target
Urgent Category 1	2017–18	91%	100%
Semi-urgent Category 2	2017–18	70%	78%
Non-urgent Category 3	2017–18	77%	91%

In 2017–18, 13,340 elective surgical procedures were completed across the ACT. This was achieved through collaborative partnerships across the public and private sectors and was an increase from 2016–17.

The results achieved in the urgent category for the 2017–18 year are similar to the previous year, with 91 per cent of urgent patients receiving access to their surgery within clinically recommended timeframes.

Performance decreased across the other two categories, with 70 per cent of patients in the semi-urgent category, and 77 per cent of patients in the non-urgent category having surgery on time, compared to 81 per cent and 88 per cent respectively, in the previous year.

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

Strategic Objective 2: Improved Emergency Department Timeliness

Emergency Department (ED) timeliness measures how long patients wait until they are first seen by a doctor in the ED.

Strategic Indicator 2.1

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

Detail	Period	Value	Target
Triage category 1	2017–18	100%	100%
Triage category 2	2017–18	77%	80%
Triage category 3	2017–18	37%	75%
Triage category 4	2017–18	49%	70%
Triage category 5	2017–18	82%	70%
All Triage categories	2017–18	50%	70%

ACT EDs achieved the target for 'seen on time' in category one and category five patients during the 2017–18 year.

ACT EDs did not meet the target for categories two, three and four, due to growth in the number of hospital admissions and unprecedented seasonal demand with the severe influenza incidence in winter 2017. These impacts were compounded by an increase in the complexity of patient presentations, as demonstrated by higher numbers of categories one, two and three presentations and lower numbers of category four and five presentations.

The proportion of Emergency Department presentations treated within clinically appropriate timeframes, by hospital, by triage category, 2017–18

Triage category	2017–18 Target	ACT Public Hospitals combined 2017–18	Canberra Hospital 2017–18	National average 2016–17 – Principal referral and women's and children's hospital	Calvary Public Hospital 2017–18	National average 2016–17 – Public acute group A hospitals
One (resuscitation – seen immediately)	100%	100%	100%	100%	100%	100%
Two (emergency – seen within 10 minutes)	80%	77%	73%	72%	85%	78%
Three (Urgent – seen within 30 minutes)	75%	37%	28%	62%	48%	64%
Four (semi-urgent – seen within 60 minutes)	70%	49%	39%	70%	64%	73%
Five (non-urgent – seen within 120 minutes)	70%	82%	77%	91%	91%	92%
All presentations	70%	50%	42%	69%	60%	72%

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

Note:

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

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

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

Detail	Period	Value	Target
ACT	2017–18	64%	90%
Canberra Hospital	2017–18	59%	90%
Calvary Hospital	2017–18	72%	90%

The four-hour rule target was not met, due to the factors reflected in Strategic Indicator 2.1. An additional factor was the cumulative effect of increasing numbers of ED presentations, and increasing admissions from sources other than the ED, such as the rapid assessment clinics, outpatient clinics, subacute (referrals from other hospitals including regional hospitals) and elective surgery, which also increased, placing increasing demand on hospital overnight beds.

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

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

Detail	Period	Value	Target
Canberra Hospital	2017–18	0.5%	<1%
Calvary Hospital	2017–18	0.3%	<0.5%

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

Contact details: For more information, contact EDQ&S@act.gov.au.

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)

Detail	Period	Value	Target
Canberra Hospital	2017–18	1.3%	<2%
Calvary Hospital	2017–18	0.5%	<1%

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

Contact details: For more information, contact EDQ&S@act.gov.au.

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

Detail	Period	Value	Target
Canberra Hospital	2017–18	1.0 per 10,000	<2 per 10,000 bed days
Calvary Hospital	2017–18	0.3 per 10,000	<2 per 10,000 bed days

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

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 2017–18 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 and visitors.

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

Strategic Indicator 3.4

Strategic Indicator 3.4: The Estimated Hand Hygiene Rate

Detail	Period	Value	Target
Canberra Hospital	2017–18	81%	75%
Calvary Hospital	2017–18	73%	75%

The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed.

It 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 hand hygiene should be practiced) in the same audit period.

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

OUTPUT 1.1: ACUTE SERVICES

Canberra Hospital provides a comprehensive range of acute care, including:

- inpatient, outpatient and ambulatory services
- an Emergency Department (ED), an intensive care unit and a retrieval service
- a range of medical speciality services, including cardiology, respiratory, gastroenterology, neurology, endocrinology, rheumatology and renal services
- elective and emergency surgery services in general surgery, urology, neurosurgery, cardiothoracics, plastic surgery, ophthalmology, oral surgery, Ear Nose and Throat (ENT), orthopaedics and vascular surgery
- services for women, youth and children in obstetrics, gynaecology, gynaecology surgery, paediatrics and paediatric surgery.

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 for the ED and elective surgery
- continuing to increase the efficiency of acute care services.

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

Overview

Acute services are provided by the Divisions of:

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

Critical Care

The Division of Critical Care is responsible for delivering acute critical care and retrieval services. These are provided to inpatients and outpatients at Canberra Hospital and Health Services (CHHS), 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:

- Capital Region Retrieval Service (CRRS)
- Emergency Department (ED)
- Intensive Care Unit, including the Medical Emergency Team and the Outreach Team
- Acute Clinical Services Unit, comprising the Acute Surgical Unit and the Early Recognition of the Deteriorating Patient Team
- Research and Service Development Unit.

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 program.

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 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.

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. Seventy per cent of medical decisions rely on pathology.

Pathologists are specialist doctors who work in this field. They oversee laboratory testing, much of which is performed by scientific and technical staff. Pathologists are often involved in research, education and clinical consultation, and play an important role in result interpretation.

ACT Pathology provides specialist pathology services in the acute setting at Canberra Hospital, Calvary Public Hospital, 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 cannot attend these collection centres is also provided.

Pathology specialties include:

> Haematology
> Biochemistry
> Immunology
> Anatomical Pathology
> Microbiology
> Molecular Pathology
> Cytogenetics—Diagnostic Genomics.

These departments are supported by administrative, IT, customer services and specimen reception teams that ensure that high-quality, fast results are provided to healthcare professionals for the benefit of patients.

Surgery and Oral Health

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

> emergency and elective surgery, and a range of surgical management services at CHHS
> chronic and acute pain management services to inpatients and outpatients at CHHS
> public dental health programs for children, youth and adults in the ACT.

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 program.

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 program.

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 performance

Presentations to the ED increased from 85,093 in 2016–2017 to 88,661 in 2017–2018. The key target area for improvement in the ED over the past 12 months was reducing the time to be seen for emergency triage categories two to four. This target was not achieved and will continue to be a focus going forward.

The 2017 year saw a particularly busy flu season which contributed to the increased demand on the ED. Presentations to the ED have increased steadily since then and continue to climb. ACT Health has put in place several strategies to assist in managing this increased demand, including:

> dedicated winter plans, including the opening of more beds and deployment of additional staff during this peak season—twice the number of additional beds is included in the 2018 plan, compared to the 2017 plan

> daily operational strategies, which include reviewing daily discharges

> public education media campaigns to inform the community about the appropriate use of the ED, and the alternative services that are available, particularly out of hours

> a four-bed Flu Clinic to manage patients who present with Influenza-like illness in a designated clinical space, to improve efficiency and infection control in the ED during peak times and assist in the early management of these patients.

Additional funding from the 2018–19 budget will provide more Full-time Equivalent (FTE) frontline staff for the ED.

Dental health

The Dental Health Program has maintained the organisational mean waiting time target of six months for adults on the routine dental services waiting list, in the context of rising demand. There continues to be no waiting lists for children to receive routine dental care in Community Health Centres.

From 15 January 2018, the operating hours of dental clinics at the Belconnen and Tuggeranong Community Health Centres were extended, in response to a 2016 election commitment. Tuggeranong now opens at 8am Monday to Friday, a full half hour earlier every weekday, while Belconnen offers two earlier days, opening at 8am on Monday and Tuesday, and 8.30am on Wednesday to Friday. These changes in hours were implemented following feedback from staff and clients that better before and after school access to appointments was needed.

The Mobile Dental Clinic was operational, visiting Canberrans residing in aged care facilities who might otherwise not be able to access a dentist. In 2017–18, two additional residential aged care facilities were included on the roster. Feedback from clients and their families indicates that this is a valued service, which can significantly improve a person's outlook after they are provided with new dentures or 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.

To further increase access to dental care for low-income Canberrans, ACT Health has been working to deliver two additional mobile dental clinics, which will be in operation by early 2019. In the current period, the project team has engaged with community stakeholders to develop and fine tune the Models of Care for this program, to ensure that it is effective in reaching the people that need it the most.

Obesity Management Service

The Government has provided funding to establish a public bariatric surgery service. Clinical eligibility for this surgery is determined by doctors in the Obesity Management Service (OMS) followed by an assessment with a general surgeon, who performs the procedure.

Canberra Hospital began delivering bariatric surgery in late 2017. Assessment of the clinical pathway and Model of Care is ongoing. Bariatric surgery provides a surgical option for patients accessing treatment for obesity through the OMS.

In 2017, the OMS Model of Care was revised to strengthen the criteria and clinical pathway for patients who may benefit from bariatric surgery, including post-operative review and management.

ACT Health is committed to delivering several bariatric surgeries by the end of December 2018. Dedicated sessions are being made available at Calvary Health Care Bruce, so that these surgeries may be completed in addition to other elective surgery commitments. To achieve a sustainable public service, a general surgeon employed by ACT Health is undertaking additional training in the specialist field of bariatric surgery. This will enable the ACT public health system to provide a consistent service that until recently has been more readily accessible in the private sector.

Patient flow

The Chief of Clinical Operations has increased communications across CHHS to broaden visibility and share the responsibility of bed demand to improve patient flow. This includes daily messaging to inform key staff of certain critical performance metrics at the commencement of each day. This information is used to inform daily operations, including the safe and timely discharge of patients.

Relative Stay Index (RSI) is an indicator of a hospital's length of stay (LOS) compared to other hospitals, after adjustment for patient case mix and age. Numbers over 100 per cent indicate a LOS higher than average, while a number lower than 100 per cent means the LOS is lower than average. The Canberra Hospital RSI remained relatively stable at 98 per cent for the most recent report, in April 2018. In conjunction with a low unplanned readmission rate, this outcome signals efficient and effective patient flow.

Admissions from the ED were slightly lower in the reporting period compared to the previous year. However, pressure from other admission streams played a significant role in overall demand on inpatient beds. These other sources of unplanned admissions include:

- the Intensive Care Unit
- non-tertiary facilities in the ACT and surrounding NSW
- outpatient clinics.

The Electronic Patient Journey Board (EPJB) project continued throughout the 2017–18 financial year. The EPJB supports digital bed management and patient flow across ACT Health by providing clinicians with real-time information and displaying data from multiple clinical systems on one screen. When fully implemented, the EPJB will feature a tasking tool allowing clinical and non-clinical tasks to be requested and actioned from admission to discharge, from any location.

To help interstate patient flow, Key Performance Indicators (KPIs) have been developed to measure patient movement between the ACT and neighbouring hospitals in the surrounding NSW region, in towns such as Young, Orange and Boorowa. This is being done to substantiate actual activity, identify areas of congestion that contribute to capacity issues, and allow potential solutions to be identified.

In the current period, CHHS has progressed a series of projects to improve performance against the National Emergency Access Targets (NEAT). These include:

- communications strategies to the public, to increase awareness of appropriate ED use and the suitable alternatives in the community
- implementation of a High Demand Procedure, to guide action at times of peak demand
- enhanced seasonal planning, staff engagement projects and logistical improvements around weekend bed management and bed-cleaning turnaround.

Elective and emergency surgery

ACT Health has a sustained focus on delivering elective surgery within the recommended timeframes to as many people as possible, while also reducing the number of elective surgery patients waiting longer than clinically recommended. Overall, there have been challenges in managing demand for elective surgery in the last 12 months, with more people being added to the waiting list than removed from it.

Canberra Hospital is the major tertiary and trauma referral centre for the ACT and surrounding region of NSW and is equipped and able to manage trauma and emergency cases that cannot be treated in neighbouring facilities and regions. The increasing demand for elective and emergency surgery has continued into the 2017–18 financial year.

The system has been under significant pressure from an increase in emergency surgery activity, which is competing for the same resources as elective surgery. The increased demand for both elective and emergency surgery time has limited the capacity to reduce the number of people waiting longer than clinically recommended for elective surgery. Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialties where waiting times are longer.

To build on the good work that has been done in recent years, the Government announced it would fund more elective and emergency surgery in 2017–18. As a result, ACT Health delivered over 18,500 elective and emergency surgeries in the period, which is an increase of approximately 4 per cent over the previous financial year. With the certainty of additional funding, ACT Health can increase the number of elective surgeries it can deliver to around 14,000 per year, growing elective surgeries by about 4,000 over the next four years.

This will help ACT Health to improve access to surgical care and reduce waiting times, which means better health outcomes for patients in the ACT and surrounding NSW region.

Increasing access to elective surgery

The Territory Wide Surgical Management Committee (TWSMC) has developed an elective surgery plan to manage the increasing demand for elective surgery in the ACT. Updated modelling is being used to set targets for elective surgery in upcoming years, with the delivery of approximately 14,000 elective surgery procedures anticipated in 2018–19. This will be the highest number of elective surgery cases ever completed in the ACT in one financial year.

A current lack of workforce in some critical areas is impacting capacity to reduce the number of people waiting longer than clinically recommended. Anaesthesia, ENT, vascular and plastic surgery are the four most critical specialities, as well as surgical trained nurses and other support staff. ACT Health is progressing a workforce strategy to attempt recruitment in these areas.

The TWSMC plans and monitors elective surgery waitlist performance across the Territory. The TWSMC has adopted strategies to manage this increasing demand, including conducting additional surgeries, partnerships with the private hospital sector and reviewing current infrastructure.

Hip Fracture Clinical Pathway

The Fractured Hip Clinical Pathway was implemented in July 2017. The average acute LOS for the 12 months prior to implementation was 10.1 days. This was reduced following implementation of the pathway, and acute LOS has been below the median baseline of 9.19 days for the six months to June 2018.

Acute Readmissions have also reduced slightly from an average of 8.57 per cent for the 12 months prior to implementation to 7 per cent for the nine months post implementation.

Publicly funded home birth program

A trial of the 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 CMP and is available to eligible women who reside within a 30-minute roundtrip to the CHWC, as defined by the ACT Ambulance service.

The eligibility criteria for the trial are based on general and clinical guidelines with continuous risk assessments conducted throughout the pregnancy and labour.

ACT Health has seen 13 homebirths in the publicly funded homebirth trial since commencement.

The trial will provide one or two homebirths a month over the three-year period, up to 24 births per year. However, the eligibility criteria may impact on achieving these numbers. An interim report will be produced in mid-2018, with a final evaluation planned for late 2019.

Endoscopy waiting times

The Gastroenterology and Hepatology Unit (GEHU) at Canberra Hospital continues to experience high demand. There has been a significant increase in referrals from the National Bowel Cancer Screening Program over the last two years. ACT Health continues its work to improve access to and management of endoscopy services provided by the GEHU at Canberra Hospital, as demand for these services continues to increase year on year. This work included:

- increasing use of available endoscopy sessions
- increasing activity through weekend endoscopy lists
- transfer of suitable patients to alternative providers in the Southern NSW Local Health District for their procedure.

Because of these strategies, there has been a significant reduction in the number of patients waiting for an endoscopy.

Outpatient services

In 2017, some of the functions from Central Outpatients, including the acute outpatients booking team, co-located with Community Health Intake to form the Central Health Intake Team. The team is the primary point of access for all community-based services and referrals for outpatient services. The team handles on average 15,000 telephone calls and 2,500 referrals per month.

Achievements in 2017–18 include:

- improving access for urgent referrals by amending clinic structures to ensure appointments are available at short notice
- the introduction of a hotline for doctors to arrange follow-up outpatient appointments for patients prior to their hospital discharge—the hotline is averaging 800 calls per month and has provided a much more streamlined approach for patients and staff
- a hotline for GPs to discuss or follow-up outpatient referrals—the hotline is averaging 460 calls per month
- improvements to patient and referrer communication, including letters informing when triage of referrals has been completed
- the appointment of a GP with specialist training to see patients referred for non-acute conditions to the ENT clinic, assisting in the reduction of the number of patients waiting to see an ENT specialist
- relocation of the paediatric fracture clinic to the paediatric outpatient department, providing a much better patient experience for children and their families
- creating a new Advanced Practice Nurse role in plastic surgery, with the aim of improving timeliness to treatment for patients through a range of nurse-led services—recruitment began at the end of the reporting period
- continuing review by Services of their outpatient pathways to reduce follow-up appointments, which is improving access for newly referred patients
- significant reductions in patients waiting for outpatient appointments achieved in gynaecology, neurosurgery, vascular surgery and respiratory medicine
- progression of a Single Intake Model for outpatient services at CHHS—this was endorsed by CHHS Executive and is being gradually implemented with significant improvements expected when new digital technology is deployed at the end of 2018.

Walk-in-Centres

Presentations to the Walk-in Centres (WiCs) at Belconnen and Tuggeranong have continued to increase, supporting the intent of the centres to provide timely and affordable health services closer to where people live. Presentations are 13 per cent higher than the previous financial year.

Work is well underway on the construction of the new WiC at Gungahlin, with services to commence in September 2018. Planning is also underway for a centre in the Weston Creek–Molonglo region and the Inner North.

Other achievements

Division of Critical Care

Nurse of the Year 2018 was awarded to Ms Joanne Lindbeck, Registered Nurse (RN), from the Medical Emergency Team, at the 2018 Nursing and Midwifery Excellence Awards.

Division of Surgery and Oral Health

The ACT Academy of Surgical Educators' Supervisor of the Year 2017 award went to Dr Phillip Jean, Upper Gastrointestinal, Trauma and General Surgeon.

The PARTY Program (Prevent Alcohol and Risk-related Trauma in Youth) was acknowledged by the ACT Children's Week Committee with special recognition at the 2017 Launch and Award Ceremony. The Children's Week Awards recognise people, groups and organisations who make a difference for children and young people.

The Paediatric Ophthalmology Service began in late 2017. CHHS now has two part-time paediatric ophthalmologists conducting specialist clinics in the Paediatric Outpatients Clinic at CHWC. This is providing a valuable service for paediatric patients who would previously travel to Sydney for treatment and management.

Division of Women, Youth and Children

The Neonatal Unit won Quality in Healthcare award for several projects, including the ePREM Framework, which is developing a bundle of care for premature babies. This team also received the prestigious Team of the Year award, and an award at the Perinatal Society of Australia and New Zealand Conference for their presentation on lactation support.

The Maternity Unit was able to reduce the rates of severe perineal trauma from an unacceptably high level six years ago to below the national average by introducing several education packages. These education packages are being used by other jurisdictions as an example of good practice. There is a strong focus on multidisciplinary working in the Maternity Unit.

Publicly Funded Homebirth Simulation Planning Team was nominated for the Excellence in Quality Improvement or Research Practice award.

Several individuals were also recognised at this year's awards, including:

- Wendy Alder who received the award for Excellence in Management Practice
- Cate Green who received the award for Excellence in Educational Practice Award
- Jenny Allan who was nominated for the Excellence in Educational Practice Award
- Shannon Reakes who was nominated for the Excellence in Clinical Practice Award.

Pathology

Pathology has installed 12 new Blood Gas Instruments across the Canberra Hospital and Calvary Hospital sites. Blood gas analysis is used in the acute setting to quickly provide measurements of oxygen, carbon dioxide and pH levels in the blood. The new equipment enables faster analysis, is more user friendly and requires less maintenance and downtime.

A transfusion alert system was implemented for patients for whom it is difficult to find compatible blood or who are at risk of significant reactions.

Standardised test ordering for patients was implemented in the ED. This has decreased unnecessary testing, resulting in faster turnaround times for patients in emergency.

An online booking application for patients requiring a Glucose Tolerance Test has been implemented. This enables patients to see the availability of collection centre times and to choose the time and location most convenient to them. It also allows for appointment confirmation and reminder notification.

Anatomical Pathology introduced the Prestochill, for performing frozen sections, which are the rapid microscopic analysis of a specimen, often while the patient is in theatre. The new instrument improves patient care by obtaining consistent sections of tissue showing greater morphological detail.

Transcription Services

The Central Transcription Service transcribes voice recordings into documents. This primarily occurs following an outpatient appointment and is the key mechanism for communicating with GPs and other primary providers. The Transcription Framework was developed and endorsed, providing the first comprehensive organisational guidance on the use of transcription services.

The operating platform, Winscribe, has been replaced with a significantly newer version which has included introduction of significant enhancements, such as:

> integration with the Patient Administration System

> electronic distribution, significantly reducing turnaround times and resources associated with printing and postage

> improved efficiency of typists, such that their performance is now consistently within the KPI

> use of an application to improve timeliness and visibility of approval of letters by the authors.

Using the new system, 25,000 letters had been distributed by the end of May 2018.

Future directions

CHHS will look to enhance access to the ED through initiatives which include:

> an update to the ED Live website to improve access to information about waiting times in EDs across the Territory, which it is hoped will help the community to make informed decisions about appropriate use of the EDs in both of Canberra's public hospitals

> an additional 1.4 FTE, Advanced Practice Physiotherapists positions for later in 2018, to expand the hours of service coverage in the ED and augment the existing extended scope physiotherapist workforce, which predominately treats lower grade musculoskeletal presentations to the ED

> increasing Emergency Medicine Unit (EMU) capacity with the opening of four more beds to assist in the management of the winter peak in activity—the functionality of these beds will be reviewed following the seasonal surge.

In terms of access to elective surgery, ACT Health is continuing to review elective surgery processes and targets for the next several years to ensure a sustainable service. A newly developed tool for measuring emergency surgery activity and theatre use has provided a better understanding of the increasing activity and helped in forward planning. The increase in emergency surgery demand at CHHS means a greater share of non-tertiary elective activity needs to be allocated to other non-tertiary sites. This will also help ACT Health to inform future resource requirements.

Women, Youth and Children

The 2018–19 budget provided funding certainty for the design phase of the expansion of the CHWC. The proposed capital works include new infrastructure and refurbishment of existing infrastructure, including:

> a Custodial Birthing Suite

> an adolescent gynaecology procedures room

> more paediatric High Dependency Unit beds.

Through the 2018–19 budget, the number of maternity beds at CHWC will be increased by four beds to strengthen Centenary's capacity to meet demand.

This service has several improvement and expansion projects underway, including:

> a review of the Paediatric Endocrine Service, to determine the appropriate service model and Model of Care for this service, in line with the best practice guidelines for a level 5 paediatric service

> an assessment of the continuity of midwifery program models currently offered through CHWC, which include the CatCH program and the CMP, with a view to:
  - increase access to continuity of midwifery models
  - increase use of the birth centre for women seeking a low intervention birthing experience
  - identify the most appropriate and sustainable model for Continuity of Midwifery Care for women of the ACT.

Strategic projects

CHHS has been progressing several strategic developments in 2017–18 that are expected to yield benefits to the community in the next period. These include:

> the delivery of 12 more new graduate nurse positions, six additional school nurses and more scholarships for nursing and midwifery education and training

> two additional mobile dental clinics, which will be operational in early 2019, to serve the needs of vulnerable Canberrans

> a University of Canberra Clinical School on the Canberra Hospital Campus, which is being developed for launch in 2018–19

> the delivery of 14,000 public elective surgeries, which will require Territory-wide Surgical Services to engage the full network of surgical resources across the ACT

> the progression of the Care Close to Home project, which will encompass a single Hospital in the Home (HITH) service across Calvary and Canberra Hospitals

> developing a maternity service that provides a single point of access to the variety of Models of Care available in the public system at Calvary and Canberra Hospitals

> the Southside Community Step Up Step Down (SCSUSD), run in partnership between ACT Health and a non-government organisation, which will provide short-term residential support for people engaging with mental health services, with the aim of preventing admission to hospital.

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

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

> the public and community sectors in 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 to a range of services, including:

> hospital-based specialist services
> therapeutic rehabilitation
> counselling
> supported accommodation services
> other community-based services.

The key strategic priorities for 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 HealthACT@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.

Services are delivered in a variety of settings, including:

> hospital inpatient and outpatient departments
> Community Health Centres
> detention centres
> other community locations, including people's homes.

The services delivered include:

> Adult Acute Mental Health Services
  - Adult Mental Health Unit (AMHU)
  - Mental Health Short Stay Unit (MHSSU)
  - Mental Health Consultation Liaison—Canberra Hospital.
> Adult Community Mental Health Services
  - Mental Health Teams in:
    - Belconnen
    - City
    - Gungahlin
    - Tuggeranong
    - Woden
  - 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 Community 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 and CAMHS South Community Team
  - CAMHS Hospital Liaison Team
  - Childhood Early Intervention Program
  - Specialist Youth Mental Health Outreach
  - Dialectical Behaviour Therapy Program (DBT)
  - Perinatal Infant Mental Health Consultation Service (PMHCS)
  - Eating Disorders Program
  - The Cottage.
> Alcohol and Drug Program
  - Consultation and Liaison Service
  - Counselling and Treatment Services
  - Police and Court Drug Diversion Services
  - Opioid Treatment Service
  - Withdrawal Services.

Performance against accountability indicators

The performance of MHJHADS against accountability indicators is shown in Table 5.

TABLE 5: PERFORMANCE AGAINST ACCOUNTABILITY INDICATORS

Target	The MHJHADS…
198,000 occasions of service in the Adult Community Mental Health Services Program	did not achieve the target of by a margin of 4%. This is predominantly attributable to some staff vacancies within the Adult Community Teams.
72,000 occasions of services in the Children and Adolescent Mental Health Services (CAMHS) Program	did not achieve the target by a margin of 1%. This is predominantly attributable to staff vacancies including psychiatrists.
26,250 occasions of service in Rehabilitation and Specialty Mental Health Services Program	exceeded the target by 20%. This achievement can be attributed to an increase in services contact in a number of the teams within that program.
70,000 occasions of service in the Alcohol and Drug Services Program	did not achieve the target by a margin of 9%. This is attributable to unexpected staff vacancies and difficulties with recruitment.
155,000 occasions of service within Justice Health Services Program	met the target with a variance of less than 1%. This achievement can be attributed to the increased number of detainees at the Alexander Maconochie Centre (AMC).
All detainees admitted to the AMC have a completed health assessment within 24 hours of detention	achieved 100% of all detainees admitted to the AMC having a completed health assessment within 24 hours of detention.
All detainees admitted to Bimberi Youth Justice Centre have a completed health assessment within 24 hours of detention	achieved 100% target of all detainees admitted to Bimberi Youth Justice Centre having a completed health assessment within 24 hours of detention.

A higher than expected result in the seclusion rate of 7 per cent compared to the target of under 3 per cent for 2017–18 is due to the inclusion of the data from the Dhulwa Mental Health Unit (Dhulwa) which opened in 2016–17, and Stage 2 of Dhulwa which opened in June 2018. The target was maintained in 2017–18 however has been adjusted in 2018–19 to account for the increase in available services for acute mental health care.

The Auditor-General's performance audit report, *Mental Health Services – Transition from Acute Care* made seven recommendations. The government response to the report was tabled in the Legislative Assembly in October 2017. As of June 2018, all seven of the report's recommendations have been accepted and are being implemented.

During 2017–18, MHJHADS implemented the following initiatives as a result of internal quality improvement processes:

> In November 2017, a new MHJHADS Electronic Clinical Record (ECR) system replaced the existing electronic system for mental health and paper records for the Alcohol and Drug Services (ADS) and areas of the Justice Health Service. The joining of the clinical records across the Division supports coordinated care across the service.

> In August 2017, a computerised methadone dosing system, idose™ was installed at the AMC, with the support of ACT Corrective Services. One of the benefits of the implementation of idose™ at the AMC is that it is networked with idose™ at ADS at the Canberra Hospital, which has been in use since 2010. Networking the two systems provides improved continuity of care for those people released from the AMC and continuing their methadone maintenance program at ADS as their history in the program is accessible at both locations. The idose™ system:

- uses iris scanning, a form of biometric technology, to accurately identify people
- provides a streamlined and economical way to deliver methadone to detainees
- allows for improved auditing and reporting.

Emergency mental health care

The Mental Health Short Stay Unit has continued to offer extended assessment and treatment initiation for patients seen in the Canberra Hospital Emergency Department (ED). The average length of stay during 2017–18 increased from two days to two and a half days. This reflects the high occupancy of the Adult Mental Health Unit with more patients requiring longer admissions due to a variety of clinical reasons.

A mental health clinician and a psychiatric registrar provide assessment and consultation services in the ED. Recruitment is underway to increase the services provided in the ED to ensure additional staffing during peak demand times.

Mental health services

The *Mental Health Act 2015* (the Act) commenced on 1 March 2016. The timeline for the first evaluation of the Act, set in legislation as 18 months from commencement, has been delayed by changed circumstances which included a slower than expected implementation of the Act affecting the availability of data.

In the 2017–18 budget, funding was allocated to Child and Adolescent Mental Health Services (CAMHS) to enhance the Childhood Early Intervention Team, to enable additional screening and single session intervention with parents and targeted group work in ACT primary schools. With this funding, the delivery of the Understanding and Responding to Feelings and Behaviour (UR FAB) program expanded from two primary schools to four per year. As a result, over 150 primary school children were assessed, and around 90 children participated in the UR FAB social emotional program. Additionally, this expansion enabled the introduction of single session intervention counselling for 60 parents, and family intervention for up to 25 parents and their children per year.

The CAMHS hospital consultation liaison team expanded in 2017–18 to seven days per week. The service provides immediate assessments and linkages to appropriate services, and two hospital-based clinics to provide follow-up risk assessments for young people when clinically indicated, as an alternative to the ED for follow-up.

CAMHS has enhanced their family therapy approach to strengthen family and carer participation in psycho education and therapeutic treatment by providing CAMHS staff with family therapy training. A three-day, family therapy workshop focusing on Systemic Family Therapy was completed by CAMHS staff in February 2018 resulting in the development of a family therapy clinic one day per week.

The Adult Mental Health Rehabilitation Unit (AMHRU) and the Adult Mental Health Day Service (AMHDS) are currently provided at the Belconnen Community Health Centre. These services will transition to the UCH after it opens in July 2018. The Rehabilitation & Specialty Mental Health Services were actively involved with commissioning of the purpose built AMHRU at UCH. Safety, privacy and the ability to personalise spaces, and the use of light and amenity have all been central design principles that are reflected in the building's layout and detail.

The unit will provide coordinated intensive individual and group rehabilitation services to maintain and develop a person's ability to adapt and function in the community, minimising the effects of long-term care and promoting return to community living. The unit supports people to address social determinants of health and assists them to harness the resources and means needed to become well and stay healthy.

The new AMHDS at UCH is a 25-place, day service that offers a range of programs including intensive individual and group psychological therapy, medication clinics, extended recovery and physical health programs, and transitional support for those exiting acute mental health services. The subacute support services and programs are designed to support people in the community and where possible, to prevent an acute psychiatric admission.

The primary function of the AMHDS is to offer a multidisciplinary approach to the biopsychosocial assessment and treatment of people with moderate to severe mental illness in a supportive and recovery-oriented environment. The primary goal of the service is to optimise symptom relief and support people living with a mental illness to build skills and capacity to cope more effectively to live well in the community.

Adult Community Mental Health Services (ACMHS) provide treatment and intervention services for people with mental illness complicated by significant psychosocial functional impairment, complexity and risk. The ACMHS Model of Care has been redesigned to provide improved and integrated pathways for people needing mental health support in the community.

The final Model of Care was endorsed in October 2017 and significant preparatory work to implement the model was undertaken in 2017–18 with several pilot programs launching in May and June 2018. Implementation is expected by the end of 2018.

The Model of Care incorporates:

- Access Mental Health, a centralised, around-the-clock referral line and assessment service for all new referrals
- a Home Assessment Acute Response Team (HAART) for crisis resolution interventions supporting hospital diversion and facilitating hospital discharges
- a Community Recovery Service, for continuing community clinical case management
- an Assertive Community Outreach Service, for continuing clinical case management with a focus on very high complexity and engagement
- a Therapies Team, delivering structured psychosocial therapies to compliment clinical case management and existing group therapy programs.

The redesigned changes will support increased capacity, efficiency and effectiveness of services, and the establishment of one primary intake service will provide a more responsive and standardised referral service across the Territory. The adoption of a 'stepped care' approach, that emphasises links with primary health and other community support structures, will ensure a service focused on those who need it the most.

Additionally, the Model of Care will 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.

In April 2017, Silver Thomas Hanley conducted a comprehensive ligature audit of the Adult Mental Health Unit, the Mental Health Short Stay Unit and the Brian Hennessey Rehabilitation Centre. In response, staged works at the Adult Mental Health Unit commenced on 23 April 2018. Stage 1 was completed on 25 May 2018 and completion of Stage 2 is anticipated by late August 2018.

From July to September 2017, remediation works also occurred in all the Adult Mental Health Unit courtyards to reduce the risk of unauthorised leave from these areas. This included additional steel mesh to fill all gaps and identified climbing points.

Alcohol and Drug Services

Specialist medical and counselling Drug Treatment Services are provided at Tuggeranong, Belconnen and Gungahlin Community Health Centres, which complement the existing services provided at Canberra Hospital. These outreach services have been fully utilised, enabling improved access to timely treatment for people with substance use disorders. The location of ADS in the community is regularly evaluated to ensure that timely access is sustained and to inform potential expansion requirements.

The Youth Drug and Alcohol Program continues to provide services to engage young people with substance use issues. This includes building partnerships with CAMHS, Bimberi Youth Justice Centre, ACT colleges, and headspace, to improve access, opportunistic engagement and health outcomes for young people with substance use disorders.

The full-time Nurse Practitioner role in the ADS Consultation and Liaison Service continues to improve access to appropriate alcohol and other drug services for people with substance use disorders who are admitted as inpatients at Canberra Hospital. This includes timely access to Inpatient Withdrawal Unit beds. The role has further expanded to incorporate assertive follow-up for people admitted to the Inpatient Withdrawal Unit and the Opioid Treatment Service. A nurse-led, smoking cessation clinic has been established at Canberra Hospital and this program became a member of the Canberra Hospital Smoking Cessation Network. This role has also implemented Alcohol and Other Drug (AOD) education workshops for Canberra Hospital staff through the Staff Development Unit.

The ADS implemented a 12-month Aboriginal and Torres Strait Counsellor position in July 2017, in partnership with the Capital Health Network. It is expected that the partnership will continue until 30 June 2019. The counsellor will support Aboriginal and Torres Strait Islander people with substance use disorders, facilitate groups and opportunistic counselling to Aboriginal and Torres Strait Islander people accessing the Opioid Treatment Service and Inpatient Withdrawal Unit located at Canberra Hospital. This role continues to adapt to ensure effective management of people who may be transient or difficult to engage, or those who are referred onto other services such as AOD rehabilitation and other culturally appropriate services. This includes building partnerships with other Aboriginal and Torres Strait Islander Services such as the NBHF and Winnunga Nimmityjah Aboriginal Health and Community Services.

Justice Health Services

The Dhulwa Mental Health Unit is a 25-bed unit that provides mental health care in the most secure facility in the ACT. It has a strong rehabilitation and recovery ethos and focuses on helping the whole person and not simply treating a mental illness.

In May 2018, an additional seven rehabilitation beds were commissioned in Dhulwa and the staged opening of these beds will continue in 2018. The commissioning of the rehabilitation beds has enabled a clearer delineation between acute care and rehabilitation programs within Dhulwa. The extension to the rehabilitation program provides opportunity for a more formal and structured approach to therapeutic programs which are individually tailored to consider people's individual motivation, capacity, and mental and behavioural presentations.

The Dhulwa Model of Care guides the approach to care, treatment and recovery for people requiring specialist inpatient mental health care in the ACT, in a low to medium secure facility. In 2017–18, 18

months after the original commissioning of Dhulwa, MHJHADS commenced a systematic, multidisciplinary internal review of the Model of Care, to consider a number of elements of the care model including:

- the person's journey through Dhulwa
- performance against key indicators
- security measures
- pathways of care
- governance
- policies and procedures which underpin the care provided within the unit.

Throughout 2017–18, Justice Health Services have continued to provide health care to people in adult correctional centres, young people in the youth justice centre, those in the courts, and those with high-risk mental health needs in the community.

Primary Health Services (PHS) provide community equivalent primary health service to adults and young people in the AMC, Bimberi Youth Justice Centre, the ACT Court Cells and Dhulwa. Detainee numbers at the AMC have grown significantly in recent years which has increased the demand for health services. In 2017–18, PHS recruited a further five FTE nurses.

In 2017–18, a new generation of direct-acting antiviral medications became available to Australians living with chronic hepatitis C. People in custodial settings are a priority population for this treatment and the PHS team have treated 157 people in 2017–18.

Forensic Mental Health Services (FMHS) continued its services in Bimberi Youth Justice Centre, the courts and court cells and in the community, and expanded services in the AMC. FMHS now provides suicide and self-harm assessments to all AMC detainees, working with ACT Corrective Services to develop plans to help manage detainees who are at risk. FMHS provides training to ACT Corrective Services staff on suicide and self-harm and how to identify and support detainees who are at risk. In 2017–18, an additional three full-time-equivalent staff were recruited to provide extended hours of service.

Additionally, FMHS began supporting the ACT Countering Violence Extremism Assessment and Intervention Panel.

In 2017–18, Justice Health Services (JHS) continued to implement the recommendations of the Moss Inquiry. JHS have undertaken the following work to address and implement the recommendations from this review that are relevant to ACT Health:

- Recommendation 1. JHS has reviewed and improved all its policies and procedures regarding opiate replacement therapy and benchmarked these against similar services in other jurisdictions.
- Recommendation 4. An arrangement between the Director General, Justice and Community Safety Directorate and the Director General ACT Health for the delivery of health services for detainees was signed in November 2017. The arrangement sets out roles and responsibilities of the different agencies and allows for the appropriate exchange of information.
- Recommendation 5. JHS is working with ACT Corrective Services and Winnunga Nimmityjah Aboriginal Health Service to integrate their holistic Model of Care into the AMC for Indigenous detainees.
- Recommendation 7. The implementation against the 16 recommendations of the Human Rights Commission Review of Opioid Replacement Program at AMC will continue to progress into 2018–19, with nine of the 16 recommendation already implemented at the time of the report.

- Recommendation 9. The conclusions from the inquiry which provide detail of various aspects of the treatment in custody of Steven Freeman that were deficient will be addressed with a view to implementing change and bringing about improvement.

A major achievement in the reporting period was the installation of the computerised methadone dosing system, idose™ at the AMC. This is improving the safety of the methadone program for AMC detainees.

Work continued to address the recommendation and findings from the McGrath Review of Mental Health Services in the AMC which was finalised in June 2017. A joint JHS and ACT Corrective Services working group commenced in August 2017 resulting in:

- establishing a charter between ACT Corrective Services and ACT Health in October 2017 to outline the expected behaviours and values of these Directorates' staff in working together to provide health services to detainees of the AMC
- signing an Information Sharing Protocol was between the two agencies in November 2017 to facilitate the flow of information
- the resumption of the FMHS role in at risk clinician and induction assessment on 16 April 2018
- recruitment to fill three new FMHS clinician roles
- implementation of a communication strategy regarding roll-out of a new at-risk process
- FMHS staff training in a Collaboration Assessment and Management of Suicidality (CAMS) care model which was part of the suicide prevention and intervention framework.

Engaging and liaising with other support and shared care organisations

MHJHADS continues to experience challenges in the timely discharge of some patients. Primarily this is related to accessing appropriate housing options. Work is progressing 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

Implementation of the clinical guidelines which support the Aggression and Violence Divisional Framework throughout the adult inpatient mental health units continued in 2017–18. These guiding documents:

- provide further clinical guidance, training 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.

Through the monthly Seclusion Restraint Review Meeting, both qualitative and quantitative data is now presented to enable a more detailed analysis and identification of any systemic issues.

Other achievements

Workforce

The MHJHADS workforce continues to be challenged by shortages in the context of increased service growth. In August 2017, a Medical Workforce Working Group was convened and tasked with contributing to the development of a medical workforce strategy to address the ongoing problems

with medical recruitment and retention for MHJHADS. In May 2018 this working group was superseded by the Mental Health Medical Workforce.

In 2017–18, two new Clinical Directors started work:

> the Clinical Director for Forensic Mental Health

> the Clinical Director for Justice Health Services.

Also, a Child and Adolescent psychiatrist has started work and two locally trained doctors have attained their Fellowships and joined the MHJAHDS workforce. The junior medical workforce continues to be relatively stable and the trainees in psychiatry continue to achieve well in their assessments towards gaining Fellowship of the Royal Australian and New Zealand College of Psychiatrists. In August 2018, a new permanent Chief Psychiatrist will start work.

The current model for Nursing Professional Supervision has been expanded to provide a broader range of options with the implementation of Communities of Practice model for nursing. A Nursing Community of Practice for the five Adult Community Teams commenced in August 2017.

To compliment the career structure, Level 1 Registered Nurses are included in the community mental health teams. Nurse Practitioner positions have been created in Alcohol and Drug Services and Child and Adolescent Mental Health Services (CAMHS).

With the commissioning of the Dhulwa and the expansion of health services at the AMC, a significant recruitment effort, particularly for nursing staff, occurred in 2016–17.

The Post Graduate Mental Health Nursing program is delivered in partnership with the University of Canberra. This program continues to be highly sought after and demand for undergraduate University nursing clinical placements across MHJHADS has been high.

Following the pilot of a community-based peer-worker program at the AMHDS in March 2017, which showed that participants appreciated the assistance of a peer-worker, a research paper and a poster presentation on the research, development and evaluation of this initiative were published in collaboration with the ANU. Overall, participant feedback on the program indicated that they found peer-workers to be helpful in assisting them to feel that they could recover, had a sense of control over their lives and were confident about taking care of themselves.

In 2017–18, the result of the pilot and evaluation led to the development and endorsement of a new practice standard for internal use, Peer Recovery Worker: Guidelines and Practice Standards. The roll-out of peer support workers across MHJHADS commenced in 2018 in the Assertive Community Outreach Service, the AMHRU and the AMHDS.

MHJHADS finalised a Cultural Responsiveness Framework, to introduce the establishment of cultural safety practices for Aboriginal and Torres Strait Islander people accessing services. In addition, the current Aboriginal and Torres Strait Islander Liaison Officers (ALOs) have been co-located into one team to ensure shared governance. The aim is to support sharing of cultural knowledge, minimise isolation of ALOs and provide a streamlined structure for Aboriginal and Torres Strait Islander people to access. This will enable better opportunities for preventative care and hospital diversion, thus improving health outcomes for Aboriginal and Torres Strait Islander people. MHJHADS has also employed the first Australian Health Practitioners Regulatory Agency (AHPRA) registered Aboriginal and Torres Strait Islander Health Practitioner and are developing clinical guidelines and clarifying the scope of practice for this role.

During the year, the Office of Allied Health in MHJHADS developed several governance documents including:

> an Allied Health Clinical Supervision framework to strengthen clinical governance and support staff wellbeing

> the creation and endorsement of the Practice Standards for Creative Arts Therapists working in MHJHADS

> a new graduate manual for allied health disciplines to assist in supporting new employees to join the workforce and develop a professional identity

> a Resource Package of Care summarising the international best practice clinical guidelines on the assessment and treatment of mental health disorders (including alcohol and substance use disorders, neurocognitive disorders, and pain/somatic disorders) to support clinical decision-making in multidisciplinary team treatment planning. This was undertaken in collaboration with the Office of the Chief Psychiatrist and the Office of the MHJHADS Director of Nursing.

Additionally in 2017–18, the Office of Allied Health in MHJAHDS:

> progressed activity in line with the Rainbow Tick accreditation for LGBTIQ inclusive services in MHJHADS

> developed a mobile application and database, in collaboration with the ANU TechLauncher group, for ALOs to use to capture occasions of service which are not being captured by the Mental Health Electronic Record (MAJICeR). The application went live on 4 June 2018.

Future directions

Mental health services

The 2018–19 Budget provided funding for the Mental Health Supported Accommodation initiative, for the expansion of the mental health system to provide more community-based alternatives for the provision of mental health care. These supported accommodation initiatives will benefit the community and the people who use mental health services by providing the appropriate care in the appropriate place, enabling the person to have greater access and interaction with the community and their support networks. The funding will provide for:

> **Supported Accommodation:** Over the next three years, three houses will be built to accommodate up to 12 people experiencing complex, severe and persistent mental illness with significant functional impairment and complex needs. Each house will have a space for a live-in carer. These houses will have ensuite bedrooms and be located in a residential environment close to shopping centres and bus routes, providing a permanent home for the consumers. ACT Health will work collaboratively with Housing ACT on the building of these homes. MHJHADS will provide mental health clinical support for the residents while community organisations will provide 24-hour functional support in the house, financed through the residents' National Disability Insurance Scheme (NDIS) packages. This will be the foundation for residential supported accommodation to enable people to live in the community with the appropriate clinical support provided.

> **Southside Community Step Up Step Down (SCSUSD):** Short-term residential support for people who require it, with the aim of preventing admission to hospital. The SCSUSD will be run in partnership between ACT Health and a non-government organisation. ACT Health will provide clinical services including a range of therapeutic interventions, and a community agency will have full-time onsite presence and provide practical and psychosocial support for people in the program.

> **Extended Care Unit at Brian Hennessy Rehabilitation Centre:** Refurbishment of the ten-bed facility to provide an upgraded secure place where patients can gradually transition into supported accommodation.

- **The Youth Mental Health Assertive Outreach:** An initiative to complement the assertive outreach program that was established through the 2016–17 budget initiative, Mental Health Follow up for Young People and Intensive Clinical Rehabilitation Service. This program provides assertive outreach and intensive mental health treatment and care for young people in the ACT aged between 14 and 25 years of age who are at high risk of developing or are currently experiencing early onset psychosis. It also supports highly vulnerable young people aged between 14 and 18 years of age experiencing severe anxiety and/or depression with multiple barriers to accessing office-based treatment. In addition, an Assertive Outreach program focusing on 12 to 18-year-olds will broaden the mental health care continuum for young people in the ACT.
- **Older Person's Mental Health:** Expansion of the program will extend the intensive and specialised mental health support for older people living in the community through the Intensive Treatment Service (ITS). ITS provides assertive case management and clinical care to support older persons to be discharged from hospital and increased levels of support for older persons who are becoming unwell, with the aim of preventing unnecessary hospital admissions.

OUTPUT 1.3: POPULATION HEALTH

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.

Output 1.3: Population Health

In the ACT, about 80 per cent of the burden of disease is attributable to chronic conditions which can be managed but not cured, and for which prevention is the only means of reducing overall burden in the population. The ageing of the ACT population, in combination with risk factors such as obesity, smoking, harmful alcohol consumption, poor nutrition and lack of physical activity present a major challenge for ACT Health.

Population Health seeks to improve the health status of the ACT population through applying primary preventive measures. This involves the promotion of healthy behaviours and environments, as well as interventions to reduce hazards to health in the well population, recognising that many of the social determinants of health, such as income disparity, access to education, employment opportunities and quality housing, are outside the sphere of influence of the health sector. These actions are not limited to the Health portfolio, but their aim is the improvement of the health of the population. The optimum preventive strategy depends on the:

- disease to be prevented
- distribution of its risk factors in the population
- likelihood of achieving the desired reduction in the risk factors.

Output 1.3: Population Health - Accountability Indicators

	2017–18 targets	2017–18 actual result
> Samples analysed	11,500	12,675
> Total number of inspections and proactive site visits of food business	2,500	2,443
> Number of teachers who complete Food&ME training	300	307
> Number of It's Your Move schools recruited to the Program	12	15
> Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	95%	95%

Achievements

Promoting healthy lifestyle choices

By 30 June 2018, 307 teachers completed the *Food&ME* training as part of *Fresh Tastes* and 15 high schools were involved in the *It's Your Move Program*.

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 settings. It aims to increase the skills of educators in this sector to promote active play and teach fundamental movement skills to children aged three to five years. In 2017–18, the program reached 65 Early Childhood Education and Care services, 116 early childhood educators and 3,933 children aged three to five years.

The *Ride or Walk to School* (primary schools) and *It's Your Move Safe Cycle* (high schools) programs are delivered in partnership with the Physical Activity Foundation. The programs are designed to encourage more students to travel actively to school. As of 30 June 2018, 71 primary schools are participating in the *Ride or Walk to School Program* and 12 high schools are participating in the *It's Your Move Safe Cycle Program*, reaching approximately 35,000 students. An evaluation of the *Ride or Walk to School Program* released in November 2017 indicated that children who attended a school involved in the *Ride or Walk to School Program* were more likely to use active travel as their usual mode of travel, and teachers reported increased confidence in students undertaking active travel as a result of the program. ACT Health continues to work in partnership with Transport Canberra and City Services and the Education Directorate to promote active travel initiatives, including Active Streets.

Fresh Tastes: healthy food at school supports ACT primary schools to improve children's knowledge of, access to and consumption of healthy food and drinks. *Fresh Tastes* also helps schools to implement relevant school food and drink policies. As of 30 June 2018, 93 schools are involved, reaching approximately 38,000 students. During 2017–18, 27 schools involved in *Fresh Tastes* completed three years of participation and all have reported a positive shift in their food and drink environment and culture. One component of *Fresh Tastes* is *Food&ME* - curriculum materials to assist schools in the delivery nutrition education. As of 30 June 2018, 307 teachers completed *Food&ME* training.

It's Your Move enables high school students to develop creative solutions to improving school health, using a 'systems approach' and a 'problem-solving approach' called design thinking. As of 30 June 2018, over 900 students from 15 high schools have delivered the *Entrepreneurs: It's Your Move* learning materials linked to the Australian Curriculum. Students receive seed funding to implement their projects. An *It's Your Move* private sector partner, ThinkPlace, has won both an Australian and a German Design Award for their work on *Entrepreneurs: It's Your Move*.

It's Your Move: Create-a-Café is a new element of the *It's Your Move Program*. Eight schools have been selected to transform the food and drink environment in their schools; business mentors (café owners) are working with the school canteens to transition their menus to healthy, café style offerings and will receive a café style dining space fit-out made from recycled materials. The schools will also deliver *Entrepreneurs: It's Your Move* in 2018 to harness student leadership to further contribute to healthier food and drink environments in their schools.

In April and May 2018, ACT Health brought together Canberra Institute of Technology (CIT) culinary students and University of Canberra design students for the *Healthier Food and Drink Product Design Competition.* The competition saw eight teams of students collaborate on cooking and designing healthier canteen products that appeal to young people, with the winning team being supported to participate in the *Mill House Social Enterprise Accelerator Program* to get the product to the position where it can be trailed in sporting and school canteens.

ACT Health is working with a range of partners, including the Canberra Business Chamber and Active Canberra, to deliver *Healthier Choices Canberra* which will engage local businesses and junior sporting organisations to provide and promote healthier food and drink options. At 30 June 2018, 32 local businesses are signed up, including kids entertainment venues, licenced club restaurants, cafés, local supermarkets and hospital food outlets.

Promoting smoke-free areas

The *Smoking in Pregnancy* initiative aims to reduce smoking in young pregnant women and all Aboriginal and Torres Strait Islander pregnant women. The initiative concluded on 30 June 2018 and evaluation is underway to assess the appropriateness and effectiveness of the strategies. The results will be used to inform future directions for work in smoking cessation.

On 1 July 2017 the last of three planned annual increases in the cost of tobacco retail licences came into effect, with the tobacco retail licence increasing to $519 per annum. The tobacco licence fee now covers the full cost of administration of the tobacco licensing and inspection program carried out by Access Canberra.

On 1 October 2017 ACT public transport waiting areas were established as smoke-free by Ministerial Declarations made under the *Smoke Free Public Places Act 2003*. A five-metre smoke-free zone was legislated around every bus stop, light rail stop and taxi rank, and bus and train stations were made completely smoke-free. Public messaging about smoke-free transport areas included social media messaging, advertising on buses, posters, information pamphlets and the installation of signage at bus and train stations.

To mark 'World No Tobacco Day' on 31 May 2018, Canberra businesses, community groups and body corporates have been invited to apply to the Health Protection Service (HPS) for free 'No Smoking' signs to help reduce smoking issues around their buildings. This offer remains open until all 1,600 signs have been distributed.

The ACT almost halved its adult daily smoking rate between 2001 and 2013 (from 18.5 per cent to 9.9 per cent). This was the greatest improvement of any state or territory. However, between 2013 and 2016, the daily smoking rate plateaued. In response to this, the focus of tobacco control is changing to more targeted smoking interventions to support the remaining 9.9 per cent of daily smokers to stop smoking.

Health hazards and countermeasures

In March 2017, the HPS collaborated with the Canberra Business Chamber to deliver four information sessions for food industry on common food safety non-compliances. These sessions were attended by more than 100 representatives from ACT food businesses and industry. The HPS received substantial positive feedback and many helpful ideas from attendees about the sessions. Based on the success of, and demand for these sessions, the HPS organised a further three joint information sessions with Access Canberra in November 2017, which focused on food business fit-outs and liquor licensing requirements. Future sessions will be organised, focusing on topical issues such as food safety culture and issues related to the handling of raw eggs.

The Environmental Health Policy and Projects section continues to work closely with the operational Environmental Health section to develop food safety and regulatory resources for food businesses and the community. For instance, to assist existing and new food businesses, and increase compliance, the *ACT Food Business Fit-out Guide* was launched in November 2017 at the Food Business Seminar Series held at the Canberra Business Chamber. The guide assists food business proprietors and food handlers to understand the requirements for food premises, fixtures, fittings, and equipment. The guide was developed to support Public Health Officers and clearly articulates to food businesses their fit-out requirements. The guide provides for a consistent and transparent approach to food business fit-out requirements.

Another jointly developed publication is the *Food Business Egg Guide*, which provides advice for food businesses about how to handle eggs safely. Foods that contains raw eggs have been implicated in a number of recent food poisoning outbreaks, both locally and in other jurisdictions. Businesses have been prosecuted for selling unsafe raw egg products. The guide outlines minimum requirements and best practice recommendations to assist food businesses to meet their requirements to sell safe food. It also highlights the inherent risks associated with foods that contain raw eggs and strongly recommends that businesses do not sell foods that contain raw eggs.

The HPS works closely with Access Canberra to increase food safety knowledge and food business compliance. Food safety inspections are conducted to determine compliances with the *Food Act 2001* and the Australia New Zealand Food Standards Code. Total number of food business inspections conducted for the 2017–18 financial year were 2,278.

Proactive inspection program is new initiative launched in 2017 to increase our engagement with food businesses and help foster a food safety culture. The program is designed to improve compliance rates through non-regulatory means and increased visibility. The aim of these visits is to discuss common food safety issues and the tools available to assist food businesses to achieve compliance. Total number of proactive food business inspections conducted for the 2017–18 financial year were 165. This combined approach is a new strategy aimed at achieving high levels of food safety in the ACT and promoting a food safety culture in food businesses.

The HPS attends a growing number of events in the ACT, from the Summernats to the National Multicultural Festival. In February 2018, HPS deployed 18 staff, over six shifts, to undertake food compliance activities at ACT's largest food event the National Multicultural Festival. The aim of the operation was to mitigate public health risks from serious breaches of the *Food Act 2001*. During inspections of food stalls, Public Health Officers routinely look for issues (breaches) that would give rise to unacceptable food safety risks, including:

> inadequate temperature control

- poor hand washing facilities
- inappropriate food storage.

The HPS Team undertook 341 food safety inspections, identifying 51 instances of non-compliance (approximately 85 per cent compliance rate). There was a large number of voluntary food disposals, with approximately eight mandatory seizures during the event. The action taken by the HPS ensured the event was a success with no following reports of food poisoning.

In May 2018, the HPS conducted a targeted compliance operation focused on food businesses at the Trash and Treasure Markets in Woden and Jamison. This is the first time these markets had been targeted for regulatory inspections. A total of 24 food businesses where inspected, with 10 food businesses not holding current food business registrations. The HPS is working with these food businesses to ensure that they meet their regulatory requirements.

The HPS continues to strengthen cooperation with other government agencies to improve regulatory services and outcomes for food businesses and the community. The HPS Environment Health Section launched its first joint operation with Access Canberra Environment Protection Authority. Operation Scrap was a broad proactive response to several complaints related to illegal waste water discharge into the storm water system by food businesses. The operation focused on food business education and compliance. Twenty-five food businesses where inspected as part of the operation, with evidence of waste water discharge at the rear of three food businesses.

The HPS, through the Food Regulation Reference Group, collaboratively discusses and develops advice on food regulatory issues. The group comprises representatives from government, industry and public health groups and meets every three months.

The HPS collaborated with University of Tasmania to successfully launch the AirRater App in the ACT. AirRater allows users to:

- monitor the air quality in regards to pollen and particulate matter
- report symptoms.

This data can then be used by users of the App to help them determine causes of their symptoms and ways to manage them better.

The HPS Health Emergency Management Unit initiated a formal Communications Strategy for the 2017–18 summer season. The purpose of the strategy was to build resilience and educate the community about three public health risks associated with the summer season:

- heat-related stress
- bushfire smoke
- power outages.

This incorporated current pre-season messaging and recent innovations (for example, information sheets on planned and unplanned power outages). The strategy included:

- letters to school principals, residential aged care managers, and childcare centre managers
- information sheets on heat-related stress (generic advice and specific advice for at-risk populations), bushfire smoke, and power outages
- Chief Health Officer media alerts
- website articles on ACT Health public website and intranet
- internal ACT Health staff bulletins

- talking points for Access Canberra
- news articles
- social media communications
- laminated infographic posters for ACT Government libraries and shopfronts.

Immunisation

Immunisation rates for Aboriginal and Torres Strait Islander children in cohorts two and three decreased dramatically in December 2014 and March 2016. This was primarily due to the change in definition of fully immunised which occurred in December 2014. The immunisation coverage rates for these cohorts have increased and are now on par or exceeding the national average, which is due to strategies undertaken by the HPS.

The HPS actively pursues strategies to increase immunisation rates for Aboriginal and Torres Strait Islander children. Promotional campaigns were introduced during 2015–16 as a strategy to increase immunisation numbers. This includes:

- reminder postcards sent to Aboriginal and Torres Strait Islander families prior to a child's vaccinations being due
- indigenous specific promotional campaigns.

The immunisation coverage rates for one-year-old children in the ACT have been gradually increasing over recent years. The ACT has nearly 95 per cent of children at one year of age fully immunised. The immunisation coverage rate for 2017–18 was 95 per cent.

Immunisation educational activities have continued during 2017–18, with the Capital Health Network engaged to facilitate an Immunisation Education Program for immunisation providers on behalf of ACT Health. During 2017–18, five evening seminars were held. Each session was attended by between 110 and 170 health professionals to hear expert speakers present a range of topics. The education sessions were held in August and October 2017, and February, March and June 2018.

HPS staff continued opportunistic outreach immunisation education for a variety of audiences, including:

- Capital Health Network orientation for new practice nurses
- Capital Health Network Nurse Network meetings
- new and post graduate paediatric nursing students
- midwifery staff within the maternity units at the major hospitals
- Maternal and Child Health (MACH) nurses.

From 1 July 2017 the Commonwealth Government expanded the National Immunisation Program (NIP) to include:

- all persons aged 10–19 years
- all refugees and humanitarian entrants of any age.

This NIP extension was announced in the 2017 Federal Budget. The Immunisation Unit smoothly implemented this program in the ACT by:

- liaising with the Department of Health on the changes and providing assistance and comments on the national communication materials
- liaising with pharmaceutical companies to ensure the ACT received sufficient vaccine supplies

- adjusting the vaccine forecasts
- purchasing additional vaccines
- informing all providers of this change by letter and immunisation newsletter
- education at events held by the Capital Health Network
- changing the vaccine ordering system for persons over 10 years and communicating this to practice staff
- distributing a base load stock of the additional vaccines to all immunisation providers as required
- creating a pack of information regarding the changes that was distributed to all immunisation providers
- sending Commonwealth produced information materials to Public Libraries, WiCs and MACH Clinics
- updating resources.

Two new ACT Government-funded immunisation programs were introduced in 2018:

- Meningococcal ACWY Vaccination Program
- Childhood Influenza Vaccination Program.

The Meningococcal ACWY Vaccination Program targeting adolescents was implemented through a:

- school-based program for Year 10 students
- catch-up program for young people aged 16–19 years.

The School Health Team at ACT Health visited 45 schools from February to May 2018, vaccinating a total of 3,958 year 10 students (an overall coverage rate of 79 per cent). The catch-up program for those aged 16–19 years will continue until the end of 2018, with the vaccine being available through GPs.

The Childhood Influenza Vaccination Program commenced mid-April 2018, providing free influenza vaccine to young children from six months to under five years of age. The introduction of this program was in response to the increased notifications of influenza in children under five years of age during 2017. The vaccine was accessible through ACT Health Early Childhood Immunisation Clinics and GPs. Data reported from the Australian Immunisation Register (AIR) indicates 48 per cent of ACT children aged six months to under five years have received the influenza vaccine in 2018, an increase from 5.1 per cent in 2017 and 2.5 per cent in 2016 respectively.

An options paper has been developed by the Commonwealth for a national No Jab No Play policy. The ACT is committed to increasing immunisation coverage rates and supports the intention of the options paper. As the Commonwealth is progressing the proposed No Jab No Play policy, an ACT-specific policy is not being pursued at this time.

Interventions and mitigations

The HPS conducts surveillance for notifiable conditions as required under the *Public Health Act 1997*. In 2017–18, 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 diseases in the ACT and the wider community. Data regarding notifiable conditions was collected and stored in the ACT notifiable diseases database.

The Reporting of Notifiable Conditions Code of Practice 2017 sits under the *Public Health Act 1997* and outlines the process for reporting notifiable conditions. The Code of Practice was updated and

legislated in August 2017, and replaces the previous version legislated in 2006. Changes to the legislation include the addition of the following as notifiable conditions:

- Adverse Event(s) Following Immunisation (AEFI)
- Chikungunya virus infection
- Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
- Respiratory Illness Cluster (>3 cases in 72 hrs)
- Rotavirus.

Information regarding the updated Code of Practice was distributed to relevant stakeholders including GPs, pathology laboratories, hospitals, childcare centres and aged care facilities.

Influenza is a notifiable condition under the *Public Health Act 1997*. In 2017, the influenza season in the ACT was larger and lasted longer than any season in the previous five years. The HPS was notified of 3,098 cases of influenza during 2017, which was approximately twice as many cases reported in 2016. In the ACT, flu activity peaked twice during the 2017 season, with an initial peak in mid-August and a second peak in early September.

There were 16 outbreaks of influenza-like illness reported in ACT residential care facilities in 2017. These outbreaks have affected 293 residents and 80 staff, resulting in 28 hospitalisations and 19 deaths. Influenza was detected as the cause of 14 of the 16 outbreaks (other respiratory viruses were responsible for the other two outbreaks). This is not significantly different compared to 2017, when 19 outbreaks were notified in the same time period, affecting a total of 347 residents and 99 staff and resulting in 36 hospitalisations and 12 deaths. Outbreak of respiratory illness and gastroenteritis in aged care facilities are notifiable to HPS. HPS works with each affected facility to provide advice on outbreak management and infection control to help limit the spread of disease.

The ACT Medicinal Cannabis Scheme was enabled on 1 November 2016 following the down scheduling of cannabis to Schedule 8 (controlled medicine) by the Commonwealth Therapeutic Goods Administration. On 28 October 2017, a new category, known as Category 6, was introduced within the ACT Controlled Medicines Prescribing Standards. The medicinal cannabis category allows streamlined access for certain patients to access high-quality, safe medicinal cannabis products under the supervision of a suitably qualified medical practitioner for the following conditions:

- spasticity in multiple sclerosis
- nausea and vomiting related to cancer chemotherapy
- pain and/or anxiety in patients with active malignancy or a life limiting disease where (in either case) the prognosis might reasonably be expected to be 12 months or less
- refractory paediatric epilepsy.

Prescribers may also apply for approval to prescribe medicinal cannabis for other conditions. These applications will be assessed on a case-by-case basis.

ACT Health has received five applications for individual patients seeking approval to prescribe medicinal cannabis since November 2016. Four applications have been approved. The fifth application has been processed, and ACT Health is awaiting further information from the prescriber.

In recognising the relatively slow uptake of the scheme to date, ACT Health is taking measures to address any perceived barriers to prescribing medicinal cannabis. This includes an education event held for health professionals on medicinal cannabis on 26 May 2018. ACT Health is also working with the Therapeutic Goods Administration to streamline prescriber application processes to prescribe medicinal cannabis.

The HPS ACT Government Analytical Laboratory (ACTGAL) analysed 12,675 samples during the year. These included:

> microbiological analysis of water, food and cooling tower samples
> analysis of suspected illicit drugs seized by ACT Policing
> analysis of blood samples from motor vehicle accidents
> samples from coronial investigations
> testing of material to determine if asbestos is present
> monitoring of the ambient air around Canberra.

Harm minimisation

On 7 June 2018, the Medicines, Poisons and Therapeutic Goods Amendment Bill 2018 was passed in the ACT Legislative Assembly to allow a monitored medicines database to be established in the ACT. This change will enable the implementation of the Drugs and Poisons Information System (DAPIS) Online Remote Access (DORA) system in the ACT. DORA is an extension to ACT Health's existing DAPIS which has been in use since 2014. DAPIS stores information about controlled medicines prescribing approvals and dispensing records.

The implementation of DORA will enable health professionals to view the most up-to-date information on DAPIS about monitored medicines that have been recently supplied to their patients. This information can then be used to inform clinical decisions around the prescribing or supply of monitored medicines.

Having access to this information will help health professionals to identify and reduce harms, like addiction and overdose, that can be caused by the abuse and misuse of medicines.

On 21 February 2018, the National Guidelines for Medication-Assisted Treatment of Opioid Dependence 2014 (National Guidelines) were officially adopted under the Medicines, Poisons and Therapeutic Goods Regulation 2008 (MPTG Regulation). The changes included:

> updates to the ACT Controlled Medicines Prescribing Standards to retain local unsupervised (take-away) dosing limits, which were notified by the Chief Health Officer under the MPTG Regulation on 21 February 2018
> publication of a new non-statutory document titled *Opioid Maintenance Treatment in the ACT: Local Policies and Procedures* on the ACT Health website.

The changes have been designed to improve governance of local guidelines, and to ensure ACT guidelines reflect nationally-consistent best practice in the treatment of patients with drug dependency.

The ACT Government provided supportive policy environment for an Australian-first pill testing trial to take place on 29 April 2018. The trial was successfully demonstrating the value of pill testing as a harm reduction measure.

The draft *ACT Drug Strategy Action Plan 2018–2021* was released for public consultation on 21 June 2018 and will be finalised in the second half of 2018. The Drug Strategy Action Plan is the ACT's alcohol, tobacco and other drug action plan and is aligned to the three pillars of harm minimisation principles adopted by the National Drug Strategy 2017–2026 agreed to by all states and territories.

Issues and challenges

Immunisation

In 2017–18, there have been national and international vaccine shortages that could potentially impact vaccination programs in the ACT.

In November 2016 a vaccine supplier halted the manufacture of its formulation of adult hepatitis B vaccine. Increased demand for the alternative adult hepatitis B brand led to a subsequent product shortage. HPS managed the stock of this vaccine and there has not been any disruption in supply to ACT immunisation providers of funded hepatitis B vaccine.

In 2018 unprecedented demand for seasonal influenza vaccination nationally and in the ACT has impacted the availability of supplies and put pressure on the NIP and private market supplies. HPS closely monitored stocks, ensuring there is a sufficient vaccine stock to meet the needs of high-risk groups eligible for government-funded vaccine. These groups are:

> pregnant women
> children aged six months to under five years
> adults aged 65 years and older
> Aboriginal and/or Torres Strait Islander persons aged 15 years and older
> all persons aged six months and over who have certain medical conditions which increase the risk of influenza disease complications, for example severe asthma, lung or heart disease, low immunity, or diabetes.

Under the new National Partnership Agreement on Essential Vaccines (NPEV), payments are dependent on the achievement of five benchmarks and one milestone. Achievement of the five benchmarks will require further effort and resources, which may be covered by the additional funding received from the Commonwealth.

Future directions

Health hazards and countermeasures

The HPS will continue to work on national food safety issues through its liaison opportunities on various national committees. Key work in this area at present includes the implementation of Ministerial Policy Guidelines on food safety management for the food service and closely retail sectors. These sectors cover most food businesses in the ACT and are responsible for almost two-thirds of all reported foodborne illness outbreaks in Australia.

The HPS will also continue to progress work on improvements to food regulation to address issues such as transparency. This work includes:

> improving stakeholder engagement
> further development of regulatory tools
> information for food businesses and the public.

Improving Information Technology (IT) systems is an integral part to improving regulatory services. The development of integrated IT solutions aims to improve both data integrity and the efficiency and effectiveness of food safety services, with a view to transitioning to a paperless system.

Promoting healthy lifestyle choices

HIB will continue to build on the settings-based initiatives in early childhood education, schools, workplaces, food outlets and sporting clubs to improve the health and wellbeing of the ACT community. The following initiatives will continue to be delivered in 2018–19 by the HIB:

> Kids at Play
> Fresh Tastes: healthy food at school
> Ride or Walk to School
> It's Your Move
> Girls Make Your Move
> Healthy Choices Canberra: Business and Junior Sports
> Water friendly cafés.

Work to meet targets associated with *Fresh Tastes: healthy food at school* and *It's Your Move* as identified in the 2018–19 ACT Budget will continue. The targets specify that by 30 June 2019:

> 300 teachers are to complete *Food&ME* training, as part of *Fresh Tastes*.
> 12 new and existing schools are to be recruited to the *It's Your Move Program*.

Immunisation

The Meningococcal ACWY Program for year 10 students will continue in 2019, with a focus on the catch-up program for young people aged 16–19 years.

From 1 July 2018, there will be several changes to the NIP schedule. These are:

> Routine infant pneumococcal vaccination (Prevenar 13) will now be given at two, four and 12 months instead of at two, four and six months.
> Children at a higher risk receive this vaccine at two, four, six and 12 months.
> The combined meningococcal C conjugate-*Haemophilus influenzae* type b vaccine currently scheduled at age 12 months will no longer be given. Instead, it will be replaced by two vaccines:
    - a dose of meningococcal ACWY conjugate vaccine given at age 12 months
    - a dose of monovalent *Haemophilus influenzae* type b vaccine at age 18 months—this is the 4th Hib-containing vaccine in the NIP schedule and serves as a booster dose.
> Antenatal pertussis vaccination will be funded under the NIP.

Harm minimisation

The HPS continues to work towards delivery of a prescription monitoring system DORA in the ACT by March 2019. DORA will improve the public health value of the DAPIS in the ACT by enabling clinicians' access to important controlled medicines prescribing and dispensing information.

ACT Health is also highly supportive of plans to implement a national real-time prescription monitoring (RTPM) system. The HPS is working closely with the Commonwealth on national RTPM, with a view to adopting the national system when it becomes available in the future. The roll-out of DORA in the ACT by March 2019 will complement plans to adopt a national RTPM system in the future.

The HPS ACTGAL was successful in gaining a grant for the Federal Government under the National Disaster Readiness and Preparedness program. Funds from this grant will be used to purchase instruments to monitor particulate matter pollution from events such as bush fires, major industrial fires and hazard reduction burns. These monitors will be able to be driven around and help air quality in areas that may be impacted on by major fires.

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
> waiting time for access to essential services, such as radiotherapy, is consistent with agreed benchmarks
> timely access to chemotherapy and haematological treatments.

Contact details: For more information, contact 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
> the medical specialties of:
    - Medical Oncology
    - Haematology
    - Radiation Oncology
    - Immunology
    - Palliative Care
> psychosocial support services in both cancer and palliative care.

In addition to cancer services, the Division is also responsible for:

> strategic support and policy advice regarding ambulatory and medical outpatient services
> administration support and facility management at Community Health Centres across the Territory, including the WiCs
> nursing support to Central Outpatients
> transcription services for medical specialist letters
> the Central Health Intake, the main access point for community-based services and outpatient referrals
> services at Belconnen and Tuggeranong WiCs.

Performance against accountability indicators

In 2017–18, several projects were undertaken to strengthen services and improve the patient experience.

Volunteer support services were strengthened in the Canberra Region Cancer Centre (CRCC) and cancer inpatient areas. The inpatient areas were separated to provide better patient

accommodation and safer care while refurbishments of the cancer wards are planned and carried out.

The scope of the Rapid Access Unit was increased to avoid ED and inpatient admissions for patients who become acutely unwell while undergoing active treatment. Business processes and referral management in Radiation Oncology were improved to enhance access to timely care.

Breast cancer screening and the BreastScreen Australia Program

BreastScreen ACT is funded by ACT Health and affiliated with the national program, BreastScreen Australia. BreastScreen ACT has had continued success during 2017–18, with:

- 100 per cent of women receiving screening results within 28 days
- 89 per cent of women requiring further investigation being provided with an appointment within 28 days
- BreastScreen ACT achieving a fourth year of accreditation against the BreastScreen Australia standards
- an increase in the overall number of screens performed against the previous year
- a participation rate three per cent above the national average (source: AIHW BreastScreen Australia Monitoring Report 2018, Table S1.2)
- extension of the screening age to 74 years of age as part of the national program and exceeding the target for the 70–74-year-old cohort, with 2,307 women screened.

Recruitment of skilled mammographers remains an ongoing challenge and is the biggest limiting factor in the number of screens undertaken.

Medical Oncology

The Optimal Care Pathway for lung cancer has been completed and is being implemented, and improvements in the time between referral and treatment are already being realised.

The art therapy program has continued, with patients expressing a high degree of satisfaction for the program.

The Older Persons Oncology Clinic, a joint initiative between oncology and gerontology, continues to provide a valuable service to those over 80 years of age with a new cancer diagnosis and ensure their plan of care is appropriate and holistic.

Rapid Assessment Unit

The Cancer Services Rapid Assessment Unit was developed in 2016 in order to provide timely access to assessment and treatment services for patients undergoing active treatment who have become acutely unwell. The Unit is led by a Nurse Practitioner and supported by an Advanced Practice Nurse. The service operates four beds in Level 1 of the CRCC.

One of the Unit's key achievements in 2017–18 was the implementation of a 'cluster care' approach to the management of febrile neutropenia, a life-threatening occurrence. The approach has significantly reduced time to the first dose of antibiotics for patients who present with this serious condition, as well as reduced length of stay (LOS), leading to improved patient outcomes.

Haematology

Haematology continues to provide best practice services for patients in the ACT and surrounding region suffering from a range of haematological conditions, including blood cancers. Achievements for the service in 2017–18 include:

- the Bone Marrow transplant unit successfully passed accreditation surveys by national regulatory bodies
- 62 autologous stem cell transplants
- establishment of an advanced training registrar rotation in Orange, NSW
- an active research program, including growing activity in clinical trials and translational research projects, such as:
  - acute leukaemia and the therapeutic effect of novel polymerase inhibitors
  - platelet biology in a state-of-the-art centre, a collaboration between CHHS and the John Curtin School of Medical Research
  - repurposing drugs for their capacity to be effective in marrow failure syndromes
- seven outreach clinics per month in regional centres.

Radiation Oncology

During 2017–18, the clinical information system used in Radiation Oncology, ARIA, was upgraded and fully integrated into business processes. The additional integration with the billing system and the patient administration system has realised:

- retirement of redundant systems, including data migration and system archival requirements
- reduced manual handling and duplication of data
- increased use of an electronic medical record, reducing reliance on paper files
- improved efficiency and timeliness of care
- cessation of the creation of new paper records with the move to a full electronic record
- using electronic workflow to trigger tasks and audit completion
- improvements in timely and complete billing.

Essential services wait times

For radiation therapy waiting times, CACHS:

- achieved the target of 100 per cent of emergency patients treated within 48 hours
- commenced radiotherapy treatment within two weeks for 58 per cent of palliative care patients against a target of 90 per cent
- commenced radiotherapy treatment within four weeks for 53 per cent of radical care patients against a target of 90 per cent.

While these results are below the targets, 90 per cent of all radiotherapy patients commence treatment within 28 days. This compares favourably with the national result of 90 per cent of patients treated within 25 days (source: AIHW National radiotherapy waiting times 2016–17).

Several factors contributed to this result. The number of patients treated in Radiation Oncology and the complexity of treatments have increased over the last 12 months, impacting waiting times. In addition, some delays were experienced due to ageing equipment. New equipment is scheduled to be installed in 2019.

Psychosocial Service

The Cancer Psychosocial Service continues to provide support to patients, families and carers at the CRCC, wards 4A and 14B at Canberra Hospital and at Community Health Centres in the ACT. Services include:

> counselling

> facilitation of access to resources for patients and their carers

> assistance with applications for community-based support services and Australian Government support

> staff consultation and training.

Group support for patients is available through the Mindful Moments group, a six-week course for cancer patients and family carers.

The team is also actively engaged in quality improvement initiatives such as the Move It Program, a pilot aimed at providing exercise and activity support to cancer patients admitted to wards 4A and 14B at Canberra Hospital in order to:

> maintain muscle strength, mobility and function

> maintain patients' ability to perform activities of daily living

> decrease risk of pressure injuries and falls

> improve the patient experience by providing activity and social engagement.

Palliative Care

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.

In 2017, a trainee registrar position was created for Canberra Hospital's Palliative Care Liaison Service.

A Model of Care for an inpatient specialist acute palliative care unit has been endorsed for the Canberra Hospital, which will inform the future direction of palliative care services at CHHS. New processes have also been created for the referral and triage of patients to the service, further streamlining processes and decreasing time from referral to first review.

Other achievements

Haematology

In the reporting period, Dr Nalini Pati was awarded the Royal Australasian College of Physicians Rural Health Medal for excellence in the delivery of specialist care in an Australian regional setting.

Future directions

In 2018–19, Cancer Services will focus on the refurbishment of inpatient wards which will see state-of-the-art inpatient facilities for cancer and haematology patients. The refurbishment will include a link bridge to the CRCC, with completion expected in early 2020.

Significant infrastructure in Radiation Oncology will be replaced, including a Computerised Tomography (CT) scanner, treatment planning software and two linear accelerators. This will provide significant improvements in treatment options and efficiencies.

An acute leukaemia Model of Care will be implemented, including the development of an allogenic stem cell transplant unit as part of the refurbishment of the inpatient wards.

In Medical Oncology, work will continue with Pacific Island countries to help increase their capacity to provide in-country oncology services. Plans are currently being progressed for a cohort of Fijian nurses to undertake placements in the CRCC.

A new graduate in mammography will begin work to help build a sustainable workforce for BreastScreen ACT and there will be an expansion of the oncology, haematology and palliative care services to the region, with joint medical appointments.

Other areas of focus include the:

> advancement of planning for a Wellness Centre and Research Hub at the CRCC

> progression of the Territory-wide Palliative Care Service

> increasing move to develop disease-streamed clinics in myeloma and acute leukaemia, and the implementation of iron depletion and haemochromotosis pathways

> integration of the new national Quality Standards on Complex Care, which include a component on end-of-life care with other end-of-life services, such as palliative care.

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 (ED), subacute and community-based settings.

The key strategic priorities for Rehabilitation, Aged and Community Care (RACC) are:

> ensuring that hospitalised older persons wait an appropriate time for access to a comprehensive assessment by the Aged Care Assessment Team (ACAT), which assists in their:
  - safe return home with appropriate support
  - 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

> ensuring that access is consistent with clinical need and is timely for community-based nursing and allied health services

> ensuring that community-based services are in place to better provide for the acute and post-acute healthcare needs of the community.

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

Overview

RACC experienced growth in 2017–18, which will be well provided for with the opening of University of Canberra Hospital (UCH) in July 2018, after which rehabilitation services will transition to the new facility.

Performance against accountability indicators

For 2017–18:

> Community Care Nursing activity was 94,591 occasions of service, against a target of 91,890.

> Community Care Allied Health activity was 26,856 occasions of service, against a target of 30,630.

The below target result in Community Care Allied Health activity was due to the additional time taken for some services because of:

> an increase in complexity
> a small number of staff vacancies.

Hospitalised older persons

The geriatric department experienced an increase in the number of admissions to the aged care unit over the period. The increased rate:

> reflects the ageing population
> has been managed while maintaining the national benchmark efficiencies of Relative Stay Index (RSI) and readmission rates.

Refurbishment of the Acute Care of the Elderly (ACE) ward has been undertaken to address the specific needs of clients with special care requirements, especially due to agitation and dementia. This included:

> a major upgrade of the bathrooms
> construction of a segregated area called the Geriatrics Special Care Unit (GSCU).

The GSCU has a calmer environment due to its more spacious layout, where patients with more challenging behaviours are now being cared for. This development has been strongly welcomed by staff, and has improved safety for patients, staff and visitors on the main part of the ward.

Work on optimising the care of patients with behavioural and psychological symptoms of dementia is continuing as the need for this grows within our community.

Discharge planning

Patients discharged from hospital are supported to integrate back into the community with the support of various RACC programs, including:

> Post Hospital Support Program (PHSP)
> Transitional Therapy and Care Program (TTCP)
> Rapid Assessment of Deteriorating Aged at Risk (RADAR)
> Residential Aged Care Liaison Nurse (RACLN).

Ongoing consultation with the NDIA and My Aged Care continues to assist with continuity of patient care.

Access to services

The ACAT supports older people wishing to access Commonwealth subsidised aged care services. The ACAT manages all referral and client activity through the national My Aged Care Portal.

Assessment by the ACAT is carried out:

> within the hospital environment for people wanting to access permanent or respite care in an aged care facility, or

> within the community for people wanting to access permanent care, respite care or home care services.

During the reporting period, the ACAT has met the Key Performance Indicators (KPIs) for hospital and community assessments as defined by the Commonwealth. Assessment in a hospital setting was between three and 14 calendar days and in the community setting within 36 days.

Rehabilitation at Home is a specialised Multidisciplinary Allied Health service operating within the Division of RACC. It provides goal-oriented rehabilitation for up to six weeks for persons over the age of 18 residing in the ACT, with the aim of:

> preventing avoidable admission to hospital
> facilitating early discharge from inpatient units at Canberra Hospital through home-based subacute therapy.

In response to the demand for community care services, a number of changes have been introduced in community-based nursing and community allied health services.

Improvements in access to Community Care Nursing services included:

> a specialist continence clinic commenced at Tuggeranong in February 2018, which builds on the service already existing in Belconnen
> additional options for patients in Gungahlin, with weekend Ambulatory Care Clinics commencing in November 2017.

Improvements in access to Community Care Allied Health services included:

> More Occupational Therapy assessment appointments from September 2017, expanding to include assessment of minor modifications. This has decreased the waiting time for all patients accessing the service.
> Expansion of Physiotherapy back pain classes to Belconnen, building on the existing clinic at Tuggeranong. The introduction of a system for returning patients to rebook their appointments has improved the ‘did not attend’ rate from 13 per cent in 2016–17 to 10 per cent in 2017–18.
> Podiatry Assistant module training, previously not available locally, is now offered by the Community Care Podiatry Clinical Educator and team.

Prosthetics and Orthotics (P&O) Service has adjusted service provision across the changing inpatient and community environment to ensure client care is provided in an appropriate and timely manner. This has included:

> moving day patient amputee care to the Community Ambulatory Rehabilitation Service
> preparing for the shift of services to UCH.

P&O will provide care across acute inpatient, subacute inpatient, and rehabilitation day patient and community settings at Canberra Hospital, UCH and Village Creek Centre.

Triaging of referrals for P&O through the team’s involvement in the High Risk Foot Clinic, rehabilitation amputee clinics, and P&O Triage Clinics continues to ensure timely care for those with greatest clinical need.

In May 2017, Occupational Therapy staff were trained in the use of a pressure mapping system to better understand how pressure affects various parts of each patient’s body, in patients with problems such as amputations or paraplegia. This, in combination with establishing a booking system for the pressure mapping system, has enabled appropriate access and use of the system

across the inpatient and community settings, so that solutions to minimise pressure problems can be better designed for each patient.

Clinical Technology Services has reviewed the Shape custom moulding system and upgraded its equipment with the purchase of a digital scanner which will enable increased efficiency and effectiveness in producing client seating systems that meet the needs of complex clients in Canberra and the surrounding region.

Falls and Falls Injury Prevention Program

The Falls and Falls Injury Prevention Program works with individuals and community organisations to raise awareness of how to prevent falls in older adults.

Our services include:

> prevention and early intervention

> providing and developing local community education activities and resources

> providing individual advice and information

> education programs for medical and other healthcare staff

> Stepping On, a community-based education program for clients over 70 years.

This program is available to:

> people aged 65 years and over

> Aboriginal and Torres Strait Islander people aged 55 years and over, who:
  - have experienced a fall
  - are restricted in their normal daily activities due to a fear of falling
  - report, or their carers observe, increasing disturbances in their balance or walking.

Referrals for assessment at the community clinics can be made:

> through the Community Health Intake line on (02) 6207 9977 between:
  - 8am to 5pm Monday to Friday
  - 8am to 3.30pm Wednesdays (excluding public holidays)

> by faxing a referral form, available on the ACT Health website, to (02) 6205 2611. http://health.act.gov.au/our-services/community-based-services

Additional tips and advice can be found in the *Staying Active Upright and Independent* booklet, available on the ACT Health website. http://health.act.gov.au/sites/default/files/Staying%20active%2C%20upright%20and%20independent.pdf

Dementia Care in Hospitals Program

After the conclusion of the National Rollout Project of Dementia Care in Hospitals Program (DCHP) in April 2017, screening continues for patients over the age of 65 admitted to hospital for cognitive impairment. The momentum gained from the project is being maintained and the process of screening and further management of patients with cognitive impairment is being embedded into routine work.

Orthogeriatrics for older persons with hip fractures

From August 2016, a shared care model for elderly patients admitted with hip fractures came into effect. Patients with hip fracture are now admitted under the joint care of an Orthopaedic surgeon and Geriatrician.

From July 2017, a clinical pathway for patients with hip fractures has also been implemented. This enables more streamlined and coordinated care.

Other achievements

A Quality Improvement trial of Portable Oxygen Concentrators (POCs) was completed, which showed that the safe provision of POC would benefit some people on long-term oxygen therapy. ACT Health is currently considering how POC could be provided to this cohort of patients.

Community Care Allied Health teams were well represented at the 2018 Allied Health Excellence Awards. The awards provide an opportunity to celebrate the significant contribution allied health makes to the delivery of high-quality services across ACT Health, and to highlight those team members who have been recognised by their colleagues as consistently displaying the ACT Health values. Staff receiving awards included:

> Jacqui Barker, Physiotherapist. Certificate of Achievement for Clinical Excellence

> Kerrie Phelps, Dietitian. Certificate of Achievement for Clinical Excellence

> Dominic Furphy, Kari Moore, Patrice Higgins, Kerryn Maher and Sarah Gordon, Community Care Allied Health Management Team. Certificate of Achievement for Team Excellence.

Future directions

The key priorities for RACC in 2018–19 are:

> the opening of UCH in July 2018 with transfer of appropriate services from Canberra Hospital and ensuring high quality of care at UCH

> planning for a continuing increase in acute geriatric admissions by optimising the Model of Care and resource allocation to meet patient needs.

B.3 SCRUTINY

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

ACT Health also responds to complaints that are referred from the ACT Ombudsman Office.

In 2017–18, there were no complaints referred from the ACT Ombudsman to ACT Health.

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.

TABLE 6: GOVERNMENT RESPONSE TO THE INQUIRY INTO THE APPROPRIATION BILL 2017–2018 AND APPROPRIATION (OFFICE OF THE LEGISLATIVE ASSEMBLY) BILL 2017–2018

Reporting entity	Select Committee on Estimates 2017–2018
Report number	1
Report title	Inquiry into the Appropriation Bill 2017-2018 and Appropriation (Office of the Legislative Assembly) Bill 2017-2018
Link to report	https://www.parliament.act.gov.au/__data/assets/pdf_file/0003/1090164/Estimates-2017-18-FINAL-REPORT.pdf
Government response title	Government Response to the Inquiry into the Appropriation Bill 2017-2018 and Appropriation (Office of the Legislative Assembly) Bill 2017-2018
Date tabled	15 August 2017
Recommendation number and summary of recommendations	**Action**
Recommendation 6 The Committee recommends the ACT Government build the depth of allied health services available through Hospital in the Home to reflect the service availability of a traditional in-patient setting.	**Recommendation 6 – Agreed** Scoping to build allied health services within Hospital in the Home will be undertaken as part of the Territory-wide Clinical Services Framework.
Recommendation 11 The Committee recommends that the ACT Government continues to fund Headspace Canberra over the out years to provide youth mental health services.	**Recommendation 11 – Noted** The ACT Government is committed to further improvement in the provision of youth mental health services. Funding decisions for future years will be finalised once ACT Health has evaluated government-funded programs in accordance with ACT Treasury guidelines.
Recommendation 12 The Committee recommends the ACT Government conduct a review of access to youth mental health services to ensure timely access and continuing support.	**Recommendation 12 – Agreed** ACT Health will undertake a review into access to youth mental health services provided by Canberra Hospital and Health Services and non-government organisations.

Reporting entity	Select Committee on Estimates 2017–2018
Recommendation 59 The Committee recommends that the ACT Government ensure that future Budget Papers include the National Efficient Price for the provision of health services.	**Recommendation 59 – Agreed** Future Budget Papers will include the National Efficient Price for the provision of health services.
Recommendation 60 The Committee recommends that the ACT Government ensure accountability indicators include the cost of care as well as National Weighted Activity Units for each accountability item and for each hospital.	**Recommendation 60 – Noted** The ACT Government will consider this recommendation in future reporting, noting that not all accountability indicators relate to NWAU.
Recommendation 61 The Committee recommends that the ACT Government ensure future Budget Papers provide an explanation of National Weighted Activity Units for the provision of health services.	**Recommendation 61 – Agreed** Future Budget Papers will provide an explanation of National Weighted Activity Units for the provision of health services.
Recommendation 62 The Committee recommends that the ACT Government update the ACT Legislative Assembly on the issues that cause a deviation from the National Efficient Price by November each year.	**Recommendation 62 – Agreed** The Government will provide an update on ACT performance relative to the National Efficient Price in its Annual Report.
Recommendation 63 The Committee recommends that the ACT Government regularly update the ACT Legislative Assembly on measures to, and progress on, narrowing the gap between the National Efficient Price and ACT-wide cost of care.	**Recommendation 63 – Agreed** The ACT Government will continue to update the Legislative Assembly annually through existing mechanisms including the ACT Budget Papers, Annual Reports and performance reporting.
Recommendation 64 The Committee recommends that the ACT Government review the accountability indicators for Output 1.4 (Cancer Services) to cover more services than breast screening services alone and that they include more meaningful background information and longer-term targets.	**Recommendation 64 – Agreed** The ACT Government routinely reviews its accountability indicators to ensure they remain relevant. It should be noted that BreastScreen ACT activity targets are set nationally so it is difficult to provide longer-term targets. The National Cancer Expert Reference Group has developed a number of Optimal Care Pathways for cancer care. This group plans to develop a number of indicators based on these pathways. As these are developed and implemented, ACT Health will consider the value of their inclusion in Output 1.4.
Recommendation 65 The Committee recommends that the ACT Government provide a plan to the Legislative Assembly on how the Surgical Procedures Interventional Radiology and Emergency Centre will be built and opened by 2023.	**Recommendation 65 – Agreed**

Reporting entity	Select Committee on Estimates 2017–2018
Recommendation 66 The Committee recommends that the ACT Government update the ACT Legislative Assembly on progress to establish the Office of Mental Health by the last sitting day in September 2017.	**Recommendation 66 – Agreed** The Minister for Mental Health will provide an update to the ACT Legislative Assembly by the last sitting day in September 2017 (by 21 September 2017).
Recommendation 67 The Committee recommends that the ACT Government report to the Assembly twice per year on the progress being made on, and specific outcomes achieved by, the Directorate-wide reform agenda currently headed by the Director of Quality.	**Recommendation 67 – Agreed in part** The ACT Government will report to the Assembly on ongoing reform and performance through existing mechanisms, and will include an update on quality, governance and risk issues.
Recommendation 112 The Committee recommends that the ACT Government undertake a review of the accessibility of ACT Government-funded, mental health services for students in non-government schools.	**Recommendation 112 – Agreed in part** ACT Health will provide advice to the Assembly in relation to mental health services available for students in nongovernment schools.
Status	Complete

TABLE 7: GOVERNMENT RESPONSE TO THE ACT AUDITOR-GENERAL'S REPORT: MENTAL HEALTH SERVICES – TRANSITION FROM ACUTE CARE – REPORT NO.6/2017

Reporting entity	ACT Auditor-General's Office
Report number	6/2017
Report title	ACT Auditor-General's Report: Mental Health Services – Transition from Acute Care – Report No.6/2017
Link to report	https://www.audit.act.gov.au/__data/assets/pdf_file/0019/1180009/Report-No-6-of-2017-Mental-Health-Services-Transition-from-Acute-Care.pdf
Government response title	Government Response to the ACT Auditor-General's Report: Mental Health Services – Transition from Acute Care – Report No.6/2017
Date tabled	24 October 2017
Recommendation number and summary of recommendations	**Action**
Recommendation 1 That the ACT Health Directorate should: a) develop an integrated, comprehensive and contemporary framework governing mental health services capturing all requirement for the effective and efficient implementation and documentation of discharge and recovery planning under the Mental Health Act 2015 and the National Standards for Mental Health Services 2010 b) work cooperatively with Calvary Health Care ACT to harmonise and align policies and procedures c) investigate reinforcing key administrative policies and procedures by issuing these under Section 217 of the Act.	**Recommendation 1 – Agreed** a) ACT Health is currently developing a Territory-wide Health Services Framework 2017-2027 to identify the ACT's health service requirements for the next decade. The Framework will provide the foundation for Specialty Service Plans for individual services and Models of Care for clinical areas. Mental Health and Suicide Prevention have been flagged as key service plans for development. The Adult Community Mental Health Services (ACMHS) Model of Care is currently out for final consultation. This Model of Care is a redesign of the existing ACMHS services to improve access, efficiency and clinical outcomes for mental health consumers. This Model of Care will provide a more integrated and contemporary service provision within the ACMHS. A statement will be developed to clearly delineate the roles of Care Coordinator (CC) and Chief Psychiatrist, and the difference between mental illness/disorder to avoid future confusion. This statement will be included in all new policies and procedures and in existing documents when they are reviewed, in accordance with their review schedule. The specific legislated requirements contained within the *Mental Health Act 2015* will be considered and incorporated into this planning process. b) Where practicable, ACT Health will develop joint policies and procedures with Calvary Health Care ACT to standardise mental healthcare across the ACT. This work will continue to be undertaken in collaboration to ensure the documents are aligned for the

Reporting entity	ACT Auditor-General's Office
	provision of mental health services across two separate entities. c) ACT Health is considering the appropriate interpretation of Section 217 of the *Mental Health Act 2015*. The Office of the Chief Psychiatrist is also considering if new provisions for binding directions to be issued by the Chief Psychiatrist and Care Coordinator, and/or the Director-General are required beyond existing obligations on all staff.
Recommendation 2 That the ACT Health Directorate should review and promulgate processes for recording communications with relevant parties, including carers, government agencies and General Practitioners so that all communications are documented on a patient's record in the Mental Health Assessment Generation and Information Collection system (MHAGIC)**.**	**Recommendation 2 – Agreed** ACT Health's current Clinical Records Documentation Policy requires staff to document relevant clinical communication with external parties in the patient's Clinical Record. As a Directorate-wide policy, it is generic in nature and principle-based. ACT Health acknowledges that the Directorate-wide policy does not specifically articulate procedures for the electronic record - MHAGIC. ACT Health will review the current policy and ensure that policy documents are explicit to ensure compliance with documentation standards so that all relevant parties record all communications appropriately. MHJHADS will review training and learning development opportunities to ensure that all staff are aware of the important role that carers and external providers can have in positive, consumer-focussed recovery outcomes.
Recommendation 3 That the ACT Health Directorate should clearly assign responsibility for creating, reviewing and maintaining a person's recovery plan.	**Recommendation 3 – Agreed** Existing ACT Health procedures clearly articulate that the primary responsibility for completing Recovery Planning documentation lies with Clinical Managers in community mental health settings. However, ACT Health acknowledges that there are several other procedural documents which require further clarification and will review these to ensure consistency across all program areas. ACT Health will improve processes regarding reviewing recovery plans and treatment and care plans in the Adult Mental Health Unit as a priority. A dedicated MHJHADS Recovery Planning Working Group has been established to progress this recommendation.

Reporting entity	ACT Auditor-General's Office
Recommendation 4 That the ACT Health Directorate should review policy and procedural guidance for the use of MHAGIC so that guidance: a) identifies MHAGIC as the single electronic record for each patient provided with mental health services in the ACT b) clearly outlines the mandatory requirements for using MHAGIC to record patient nursing and clinical notes.	**Recommendation 4 – Agreed** ACT Health acknowledges that clear reference material for staff is important in ensuring that the standard of documentation within clinical records is appropriate. ACT Health is currently upgrading the electronic clinical record, MHAGIC. The new system is anticipated to go-live in November 2017[1]. As part of the implementation, ACT Health will ensure that policy, procedure and guidance manuals support changes to the electronic records. ACT Health will ensure that this documentation forms the basis for the initial and ongoing training of staff and that all staff are retrained to ensure they are fully aware of their legal obligations regarding record keeping.
Recommendation 5 That the ACT Health Directorate should document the procedures for manual reports to identify appropriate controls and separation of duties to prevent errors and manage conflict of interest.	**Recommendation 5 – Agreed** ACT Health acknowledges that good governance regarding data and reporting is essential. ACT Health has already implemented immediate staffing changes to avoid any perceptions of conflicts of interest. ACT Health will rectify the absence of the documented process highlighted by this audit.
Recommendation 6 That the ACT Health Directorate should enforce their own policy that the Suicide Vulnerability Assessment Tool be completed every three months for all patients and address areas of non-compliance (or amend the policy if the ACT Health Directorate considers it unsuitable)**.**	**Recommendation 6 – Agreed** ACT Health acknowledges that a Suicide Vulnerability Assessment Tool (SVAT) is a vital component of good mental health care. ACT Health and the Chief Psychiatrist is currently reviewing the policy, data collection and documentation requirements for use of this assessment tool. The current data collection methodology around this target does not account for situations where: • a SVAT may not be specifically required • suicide vulnerability assessment has been documented in the body of a clinical record rather than specifically using the SVAT Form • the SVAT has actually been completed, but outside of the 3 month period. The Chief Psychiatrist has convened the SVAT Working Group to progress this recommendation. ACT Health will make adjustments to the SVAT Policy to account for clinical variations.
Recommendation 7 That the ACT Health Directorate should review and rationalise its performance information reports by: a) reporting the performance of provisions of the Mental Health Act 2015 that are intended to	**Recommendation 7 – Agreed** In various data reviews, including the 2016-17 Price Waterhouse Coopers review, ACT Health has acknowledged that there is a lack of documentation

[1] MHAGIC, now known as MAJICeR (Mental Health, Justice Health, Alcohol and Drug Services Electronic Clinical Record), went live in October 2017.

Reporting entity	ACT Auditor-General's Office
support collaborative planning (such as, the number of people accessing mental health services that have an advance agreement in place) b) including outcome and outcome compliance measures (such as, person outcomes from HoNOS and LSP-16 mental health wellbeing assessments or 28 day unplanned readmissions) c) including exception report identifying outliers d) including time series, including of outcome measures; e) having it relate to management actions taken to achieve targets, including compliance targets f) aligning reporting to the relevant day-to-day reporting requirements of adult mental health operational managers.	and linkages to data definitions and standards for performance reporting. ACT Health will ensure each of the strategic components of this recommendation are addressed under the Service-wide Review by March 2018[2]. Further, over the same period ACT Health has committed to undertaking a complementary piece of work to develop detailed mental health focussed outcome and compliance measures recommended above.
Status	Complete

TABLE 8: GOVERNMENT RESPONSE TO THE ACT AUDITOR-GENERAL'S REPORT: SELECTED ACT GOVERNMENT AGENCIES MANAGEMENT OF PUBLIC ART – REPORT NO.8/2017

Reporting entity	ACT Auditor-General
Report number	8/2017
Report title	ACT Auditor-General's Report: Selected ACT Government Agencies Management of Public Art – Report No.8/2017
Link to report	https://www.audit.act.gov.au/__data/assets/pdf_file/0012/1180011/Report-No-8-of-2017-Selected-ACT-Government-Agencies-Management-of-Public-Art.pdf
Government response title	Government Response to the ACT Auditor-General's Report: Selected ACT Government Agencies Management of Public Art – Report No.8/2017
Date tabled	13 February 2018
Recommendation number and summary of recommendations	**Action**
Recommendation 3 The ACT Health Directorate should improve its operational activities by: a) incorporating key risks related to its art collection in its draft Arts in Health Program Policy b) finalising and endorsing its Arts in Health – Acquisition and Maintenance of Art in ACT Health Facilities document	**Recommendation 3 – Agreed** A Risk Register for the art collection and a maintenance and repair plan that aligns with both professional best practice and the Health Directorate's processes and standards is under development. This will be incorporated into the Procedure for Arts in Health – Asset Management in ACT Health Facilities. The Arts in Health Program will develop a schedule of known conservation work to

[2] This is reference to the System-Wide Data Review of ACT Health which was completed in March 2018.

Reporting entity	ACT Auditor-General
c) finalising and endorsing its Arts in Health – De-accessioning of Art in ACT Health Facilities document d) developing a Maintenance and Repair Plan.	enhance the integrity of the art collection, including public art. The procedures for Acquisition, Maintenance and De-accessioning of Art in ACT Health Facilities were endorsed on 7 September 2017 as part of the review of the Policy and Procedure documentation, including Arts in Health – Asset Management in ACT Health Facilities.
Status	Complete

TABLE 9: GOVERNMENT RESPONSE TO THE ACT AUDITOR-GENERAL'S REPORT: ACT GOVERNMENT STRATEGIC AND ACCOUNTABILITY INDICATORS – REPORT NO.2/2018

Reporting entity	ACT Auditor-General
Report number	2/2018
Report title	ACT Auditor-General's Report: ACT Government Strategic and Accountability Indicators – Report No.2/2018
Link to report	http://www.audit.act.gov.au/__data/assets/pdf_file/0010/1184896/Report-No-2-of-2018-ACT-Government-strategic-and-accountability-indicators.pdf
Government response title	Government Response to the ACT Auditor-General's Report: ACT Government Strategic and Accountability Indicators – Report No.2/2018
Date tabled	5 June 2018
Recommendation number and summary of recommendations	**Action**
Recommendation 2 Strategic Indicators should be improved by: a) the Territory Banking Account, Chief Minister, Treasury and Economic Development Directorate, Community Services Directorate, Environment, Planning and Sustainable Development Directorate, Health Directorate, Housing ACT, Justice and Community Safety Directorate, Lifetime Care and Support, Superannuation Provision Account, ACT Gambling and Racing Commission and Canberra Institute of Technology, removing or amending strategic indicators so they fully meet the criterion of Representative3. Territory entities whose strategic indicators cannot meet the strategic criterion of Representative because they relate to whole of government functions should explain how indicators support achievement of Government priorities through commentary.	**Recommendation 2 (a) – Agreed in principle** Existing indicators will be reviewed in line with updated guidance material once it has been released. Amended indicators will be phased in from the 2019-20 Budget.

[3] As defined in the *Guide to the Performance Management Framework (2012)* *https://apps.treasury.act.gov.au/__data/assets/pdf_file/0003/617916/Performance-Management-Framework-Guide-November-2012.pdf*

Reporting entity	ACT Auditor-General
Recommendation 3 Accountability indicators should be improved by: **a)** the ACT Local Hospital Network, Chief Minister, Treasury and Economic Development Directorate, Community Services Directorate, Education Directorate, Environment, Planning and Sustainable Development Directorate, Health Directorate, Transport Canberra and City Services, Compulsory Third Party Insurance, Gambling and Racing Commission, ACT Insurance Authority and the Public Trustee and Guardian amending accountability indicators so they meet the criterion of Clarity[4].	**Recommendation 3 (b) – Agreed in principle** Existing indicators will be reviewed in line with updated guidance material once it has been released. Amended indicators will be phased in from the 2019-20 Budget.
Status	Complete

TABLE 10: GOVERNMENT RESPONSE TO THE ACT AUDITOR-GENERAL'S REPORT: PHYSICAL SECURITY – REPORT NO.6/2018

Reporting entity	ACT Auditor-General
Report number	6/2018
Report title	ACT Auditor-General's Report: Physical Security – Report No.6/2018
Link to report	https://www.audit.act.gov.au/__data/assets/pdf_file/0005/1205798/Report-No-6-of-2018-Physical-Security.pdf
Government response title	Government Response to the ACT Auditor-General's Report: Physical Security – Report No.6/2018
Date tabled	The Government Response is not due as at 30 June 2018
Recommendation number and summary of recommendations	**Action**
Recommendation 8 The Health Directorate should update its enterprise-wide risk assessment and Health Directorate Agency Security Plan to reflect the work conducted since 2014; the updated ACT Government Protective Security Policy Framework. Continued progress should be made to perform site-specific security risk assessments.	Not applicable
Status	Ongoing

[4] As defined in the *Guide to the Performance Management Framework (2012)*
https://apps.treasury.act.gov.au/__data/assets/pdf_file/0003/617916/Performance-Management-Framework-Guide-November-2012.pdf

TABLE 11: GOVERNMENT RESPONSE TO THE STANDING COMMITTEE ON HEALTH AGEING AND COMMUNITY SERVICES REPORT ON THE ANNUAL AND FINANCIAL REPORTS 2015–16

Reporting entity	Standing Committee on Health Ageing and Community Services
Report number	1
Report title	Report on the Annual and Financial Reports 2015-2016
Link to report	http://www.parliament.act.gov.au/__data/assets/pdf_file/0005/1058819/9th-HACS-01-Annual-Report-2015-16.pdf
Government response title	Government Response to the Standing Committee on Health Ageing and Community Services Report on the Annual and Financial Reports 2015-16
Date tabled	21 September 2017
Recommendation number and summary of recommendations	**Action**
Recommendation 5 The Committee recommends that the Health Directorate review the relationship between its Strategic Objectives and Output Classes and ensure there are clear and useful performance indicators for each objective or output and report back to the Committee on findings of the review within six months.	**Recommendation 5 – Agreed** The Health Directorate may not be able to complete all data within six months due to review but will report final or progress at six month mark. The ACT Health System-wide Data Review requires the development of a Performance Domain to identify all internal and external reports that are required by ACT Health including the appropriateness, effectiveness, timeliness and accountability of each. The Performance Domain includes a review of all existing reports (including indicators) and therefore this recommendation is supported.
Recommendation 6 The Committee recommends that the Health Directorate brief the Committee on improvements it is making to health data integrity following the completion of the review.	**Recommendation 6 – Agreed** The Health Directorate will brief the Committee following completion of the ACT Health System-wide Data Review.
Recommendation 7 The Committee recommends that the ACT Office for Mental Health briefs the Committee on its role, scope and priorities once established.	**Recommendation 7 – Agreed** ACT Health will monitor this item and ensure the Committee is briefed by the Office for Mental Health once established.
Status	Complete

TABLE 12: GOVERNMENT RESPONSE TO THE STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES REPORT ON THE ANNUAL AND FINANCIAL REPORTS 2016-17

Reporting entity	Standing Committee on Health Ageing and Community Services
Report number	3
Report title	Report on the Annual and Financial Reports 2016-2017
Link to report	https://www.parliament.act.gov.au/__data/assets/pdf_file/0011/1164593/9th-HACS-03-Annual-Report-2016-17.pdf
Government response title	Government Response to the Standing Committee on Health, Ageing and Community Services Report on the Annual and Financial Reports 2016-17
Date tabled	7 June 2018

Recommendation number and summary of recommendations	Action
Recommendation 1 The Committee recommends that the Health Directorate consider the findings in the Auditor-General's ACT Government strategic and accountability indicators report.	**Recommendation 1 – Agreed** The Health Directorate has considered the Auditor-General's report and will review and update strategic priorities and performance indicators in line with updated guidance material, once it has been released by the Government.
Recommendation 2 The Committee recommends that the Health Directorate include information relating to the contracting of Visiting Medical Officers in future annual reports.	**Recommendation 2 – Agreed in principle** The Health Directorate will reinstate the inclusion of information relating to the contracting of Visiting Medical Officers (VMOs) in future annual reports. The level of detail included in the annual reports will be subject to further advice/interpretation of the *Health (Visiting Medical Officer Core Conditions) Determination 2016* and any clauses or conditions within the Core Conditions Agreement which may prevent the Directorate from publishing certain information (such as, payments made to individual VMOs).
Recommendation 3 The Committee recommends that the Minister for Mental Health and Minister for Health and Wellbeing ensure that any recommendations that apply to the detention of young people, or people with a mental illness, arising from the Royal Commission into the Protection and Detention of Children in the Northern Territory be considered for application in the ACT.	**Recommendation 3 – Agreed** The provision of health services at Bimberi Youth Justice Centre are provided by ACT Health, Mental Health, Justice Health and Alcohol & Drug Services. Young people are provided with a health assessment, including physical and mental health, within 24-hours of entry into Bimberi. The young people are provided with all necessary treatment and care by the health professionals from the Justice Health Service, including mental and physical health care, which is provided within Bimberi. Dental care is available for young people off site. Alcohol and Drug Services (ADS) provide AOD education and counselling services to the young people within Bimberi. On release from Bimberi the young people are linked with the ADS service at Canberra Hospital to ongoing specialised treatment services if required. With regard to Recommendation 15.4 from the Royal Commission, currently the costs of healthcare and pharmaceuticals are funded through the ACT Health Budget, except for federally funded hepatitis C direct-acting antiviral medicines which become available on the PBS from 1 January 2017. ACT Health is supportive of Medicare and the PBS being available to youth people in detention.
Status	Complete

TABLE 13: GOVERNMENT RESPONSE TO THE STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES REPORT ON THE ANNUAL AND FINANCIAL REPORTS 2016–17

Reporting entity	Standing Committee on Public Accounts
Report number	3
Report title	Inquiry into the Appropriation Bill (No 2) 2017-18 and Appropriation (Office of the Legislative Assembly) Bill 2017-18 (No 2)
Link to report	https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-public-accounts/inquiry-into-appropriation-office-of-the-legislative-assembly-bill-2017-2018-no-2/report/9th-PAC-03-Appropriation-Bill-2017-18-No.2.pdf
Government response title	Government Response to the Standing Committee on Public Accounts on the Appropriation Bill (No 2) 2017-18 and Appropriation (Office of the Legislative Assembly) Bill 2017-18 (No 2)
Date tabled	12 April 2018

Recommendation number and summary of recommendations	Action
Recommendation 2 The Committee recommends that, procurement documents for service providers on a panel to support the Elective Surgery Wait List Reduction program are published on the ACT government procurement website.	**Recommendation 2 – Noted** The 'Panel for Elective Surgery Wait List Reduction' contract is already in place and is current until September 2022. The details are publicly available on the ACT Government Contracts Register at: https://tenders.act.gov.au/ets/contract/view.do?id=62998
Status	Complete

B.4 RISK MANAGEMENT

ACT Health aims to provide a high-quality service to our community, safe and effective care to our consumers and maintains a safe environment for patients, visitors and employees. ACT Health is committed to managing risks that have the potential to compromise its aims.

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 compliance with the International Standard for Risk Management, ISO 31000:2018. The documents, which were updated during the year, provide an overview of how risk is managed within ACT Health, detail roles and responsibilities that apply across the organisation and provide guidance on the escalation of risks.

ACT Health is committed to establishing a risk management culture that demonstrates the principles of risk management through:

> proactive and timely identification and reporting of actual and perceived risks by staff

> the planning, implementation and maintenance of all ACT Health systems, processes, policies and procedures.

IDENTIFYING AREAS OF SIGNIFICANT RISK

Executive Risk Management forums and workshops are held to identify the Directorate's organisational level risks.

MONITORING RISKS

The Directorate Leadership Committee is responsible for oversight and management of 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 organisational level.

B.5 INTERNAL AUDIT

The ACT Government Internal Audit Framework provides 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.

During 2017–18, six internal audit assignments were completed, as follows:

> internal audit of IT Governance and Strategic Planning

> internal audit of the effectiveness of ACT Health's implementation of recommendations relating to Data Integrity

> review of patient safety and Quality Governance processes

> internal audit of IT Disaster Recovery Plan

> internal review of the University of Canberra Hospital (UCH) project governance

> internal audit of asset stocktaking.

Audit findings and recommendations are rated in line with ACT Health's Risk Management Guidelines.

Throughout the year, the Director Audit, Risk and Compliance reported to the Director-General and the Deputy Director-General of Quality, Governance and Risk on developments in implementing:

> the Strategic Internal Audit Program

> audit recommendations to the Audit and Risk Management Committee.

The Audit and Risk Management Committee is also kept 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 2017–18, the composition of the Committee 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 2017–18, the Audit and Risk Management Committee held five meetings, including the meeting to review the financial statements. Attendances are set out in Table 14.

TABLE 14: COMMITTEE MEMBERS AND ATTENDENCES

Name	Position	Duration on the Committee	Meetings attended
Mr Geoff Knuckey	Independent Chairperson	7 years	5
Mr Jeremy Chandler	External member and Deputy Chairperson	5.5 years	5
Ms Janine McMinn	External member	2 years	5
Mr Chris Bone	Internal member	2 years	3
Mr Lynton Norris	Internal member	0.25 years	0
Director-General	Observer	N/A	2
ACT Auditor-General's Office	Observer	N/A	3

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

B.6 FRAUD PREVENTION

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 within ACT Health, in line with the 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.

Four allegations of fraud were reported in 2017–18.

FRAUD CONTROL PLANS

Under the provisions of Section 113 of the Public Sector Management Standards 2016, 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 alert staff to the responsibilities and protocols intended to improve systems or mitigate identified fraud threats and risks.

B.7 WORK HEALTH AND SAFETY

ACT Health is committed to the provision of a safe and healthy working environment for all staff, patients, contractors, visitors 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 processes with the aim of minimising workplace injury and illness.

ACT Health takes a balanced and risk-based approach to ensure that staff, patient and visitor safety is maintained.

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 helps management and staff to:

- comply with the *Work Health and Safety Act 2011*
- report and investigate WHS incidents and hazards
- identify, assess and manage WHS risks
- ensure appropriate consultation occurs for issues and matters that impact WHS.

WPS provides occupational medicine services across ACT Health to prevent the transmission of infectious diseases to and from staff and patients. These services include:

- staff screening and vaccination
- blood-body fluid exposure incident management, counselling and advice
- free influenza vaccination for all ACT Health staff, volunteers, Visiting Medical Officers (VMOs), locums and students on clinical placement.

WPS provides a free staff early intervention physiotherapy service. This includes free access to physiotherapy services and provision of ergonomic workstation assessments to prevent, manage and reduce staff musculoskeletal injuries. This helps in:

- reducing time off work
- facilitating early return to work
- decreasing workers compensation claims
- improving staff morale.

During 2017–18, a total of 2,144 physiotherapy clinical appointments were provided and 615 workstation ergonomic assessments were conducted for ACT Health staff.

WPS also progressed several WHS improvement activities in 2017–18, including:

- drafting the *ACT Health Work Health Safety Strategic Plan 2018–2022*
- reviewing WHS policies, procedures and e-learning packages to ensure compliance with legislation, for example, the Dangerous Substances procedures to ensure compliance with the Globally Harmonized System for Classification and Labelling of Chemicals
- providing 'safety in design' advice for the design of new buildings and renovation works, including the safe design of the University of Canberra Hospital
- completing a review of the ACT Health Safety Management System and identifying several improvement opportunities
- reviewing the Workplace Safety Intranet site and identifying opportunities for improvements to be implemented during the new Intranet roll-out in 2018–19.

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. The 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 meet quarterly and are chaired by Executive Directors or Senior Managers and represent divisions and larger work units.
- The Tier 3 Health and Safety Committees meet quarterly and are chaired by Managers and represent localised work areas and bring together groups within similar locations/job types.

At 30 June 2018, ACT Health had 317 elected Health and Safety Representatives (HSRs). HSRs are appointed under the *Work Health and Safety Act 2011* and represent employees regarding WHS matters in consultation with management. HSRs receive appropriate WHS training to support them in the duties that they perform.

STAFF WORK HEALTH AND SAFETY INCIDENT REPORTS

Table 15 details the number of staff WHS incidents reported and associated lost time of one day or more.

TABLE 15: STAFF WHS INCIDENTS AND LOST TIME 2017–18

Year	No. of staff WHS incidents	Lost time injury of one day or more
2017–18	1,418	148
2016–17	1,454	175
2015–16	1,299	159

*Source: *Riskman—Staff Incident Register*

In 2017–18, there were 1,418 staff incident reports with 148 of these incidents involving lost time injury of one day or more. This compares to 2016–17, where there were 1,454 staff incident reports with 175 of these incidents involving lost time injury of one day or more.

NOTIFIABLE INJURIES, ILLNESS AND INCIDENTS

Reportable incidents and notices under the *Work Health and Safety Act 2011* for the 2017–18 financial year were as follows:

- Sixteen WHS staff incidents were classified as notifiable incidents and reported to WorkSafe ACT.
- No prohibition notices were issued to ACT Health by WorkSafe ACT.
- One WHS improvement notice was issued by WorkSafe ACT to ACT Health. This related to an electric shock to a staff member from a sandwich press on 27 July 2017. On 1 September 2017, the improvement notice was lifted by WorkSafe ACT after ACT Health demonstrated a robust system for electrical testing and tagging.
- No provisional improvement notices were issued by ACT Health appointed HSRs.

PERFORMANCE AGAINST AUSTRALIAN WORK HEALTH AND SAFETY STRATEGY 2012–22 TARGETS

As shown in Figure 1 and Table 16, ACT Health has continued to reduce the incidence rate of new claims resulting in one or more weeks off work from 13.11 per 1,000 employees in 2012–13 to 7.06 in 2017–18.

ACT Health's performance of 7.06 new claims per 1,000 employees in 2017–18 has exceeded its Target 1 of 8.20 and the ACTPS's Target 1 of 10.21.

ACT Health continues to invest heavily in prevention and early intervention activities, and proactive case management to reduce the incidence rate of claims resulting in one or more weeks off work.

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

FIGURE 1: INCIDENT RATE OF CLAIMS RESULTING IN ONE OR MORE WEEKS OFF WORK

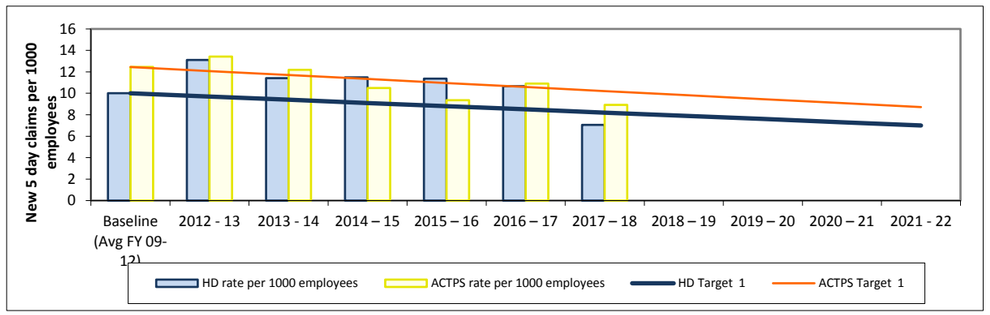


TABLE 16: INCIDENT RATE OF CLAIMS RESULTING IN ONE OR MORE WEEKS OFF WORK[5]

Health	Baseline (Avg FY 2009-12)	2012 – 13	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
HD # new 5-day claims	50.33	71	67	70	72	70	**47**				
HD rate per 1,000 employees	10.00	13.11	11.41	11.49	11.37	10.66	**7.06**				
HD Target 1	10.00	9.70	9.40	9.10	8.80	8.50	**8.20**	7.90	7.60	7.30	7.00
ACTPS # new 5-day claims	243.33	274	257	228	205	243	**202**				
ACTPS rate per 1,000 employees	12.45	13.42	12.20	10.49	9.36	10.91	**8.93**				
ACTPS Target 1	12.45	12.08	11.70	11.33	10.96	10.58	10.21	9.84	9.46	9.09	8.72

[5] Data is as at 30 June each year.

Target 2: a reduction of at least 30 per cent in the incidence rate of claims for musculoskeletal disorders resulting in one or more weeks off work

As shown in Figure 2 and Table 17, ACT Health has continued to reduce the incidence rate of claims for musculoskeletal disorders (MSD) resulting in one or more weeks off work from 9.79 per 1,000 employees in 2012–13 to 4.95 in 2017–18.

ACT Health's performance of 4.95 in 2017–18 has exceeded its Target 1 of 6.03 and the ACTPS's Target 1 of 7.01.

ACT Health continues to invest heavily in prevention and early intervention activities and proactive case management to reduce the incidence rate of claims for MSD resulting in five days or more off work.

FIGURE 2: INCIDENT RATE OF CLAIMS FOR MUSCULOSKELETAL DISORDERS RESULTING IN ONE OR MORE WEEKS OFF WORK

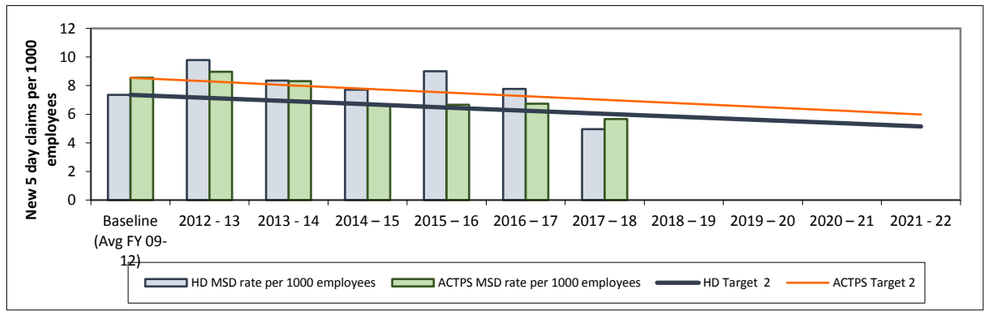


TABLE 17: INCIDENT RATE OF CLAIMS FOR MUSCULOSKELETAL DISORDERS RESULTING IN FIVE DAYS OFF WORK

Health	Baseline (Avg FY 2009 – 12)	2012 – 13	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
HD # new 5-day MSD claims	37.00	53	49	47	57	51	**33**				
HD MSD rate per 1,000 employees	7.35	9.79	8.34	7.71	9.00	7.76	**4.95**				
HD Target 2	7.35	7.13	6.91	6.69	6.47	6.25	**6.03**	5.81	5.59	5.37	5.15
ACTPS # new 5-day MSD claims	167.00	183	175	144	146	150	**128**				
ACTPS MSD rate per 1,000 employees	8.55	8.96	8.31	6.63	6.67	6.73	**5.66**				
ACTPS Target 2	8.55	8.29	8.03	7.78	7.52	7.26	**7.01**	6.75	6.49	6.24	5.98

Notes: *Dates are based on those claims received by Comcare in each financial year.*

Data is taken at 30 June in each of the years to allow for direct comparisons to be made between years.

The report includes accepted claims which result in one or more weeks off work.

Data includes claims up to 30 June 2018.

Contact details: For more information, contact EDQ&S@act.gov.au.

B.8 HUMAN RESOURCES MANAGEMENT

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. Organisational culture improvement activities have included:

> implementation of Divisional Workplace Culture Action Plans with quarterly reporting of progress

> pulse surveys to diagnose workplace culture and assess culture improvement initiatives

> assessment of workplace culture in two units by an external provider who made recommendations for each unit which are being implemented

> targeted assistance from the Organisational Development Unit to 46 teams across the organisation, mostly Canberra Hospital and Health Service (CHHS), which resulted in positive improvements.

ACT Health continues to embed the ACT Public Service (ACTPS) Respect, Equity and Diversity Framework across the organisation through an established and active Respect, Equity and Diversity (RED) Contact Officer Network.

The number of RED contact officers as at 30 June 2018 was 89 with 17 new staff trained as RED officers during 2017–18. RED contact officers are drawn from a variety of work groups, including medical and nursing staff, allied health professionals, administrative staff and staff who work outside traditional business hours. The RED Contact Officers Network meets quarterly to provide support and professional development on topics such as:

> health and wellbeing

> new/revised resources to address and manage inappropriate behaviours.

Culture improvement programs

ACT Health continued its commitment to improving organisational culture with programs to equip staff to:

> promote respectful workplaces

> deal with inappropriate behaviours

> have difficult conversations

> better manage stress

> understand differences in thinking styles.

The **Respect at Work** program was revised and improved in early 2018. The improved program allocates more time to skills-based learning. The revised program includes two components:

> an e-learning module that is a prerequisite to attending a face-to-face, skills-based workshop

> a face-to-face, skilled-based workshop.

The **Impact of Change** program is a two-hour workshop developed for staff experiencing change. It provides practical tools and techniques on how to manage during transition.

Building Culture at University of Canberra Hospital (UCH) was a program designed for staff transitioning to the University of Canberra Hospital. The aim was to highlight the importance of culture and to contribute to the development of the UCH Culture Charter. This was followed by the **UCH Introduction to Culture and Values** for new support staff.

Dealing with Workplace Issues – Preliminary Assessment for Managers program continues to educate managers on how to deal with allegations of inappropriate behaviour, including:

> breaches of conduct

> bullying

> harassment

> discrimination.

This program was delivered to managers to give them accurate information how to conduct a preliminary assessment in accordance with the relevant Enterprise Agreements. The program includes real cases 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' to facilitate preparation for having:

> a difficult conversation

> strategies to stay calm and focused for getting a positive result.

The **Third Space** workshop is based on Dr Adam Fraser's model for improving behavioural flexibility and our capacity to better manage negative interactions with others. The workshop provides strategies on how to alter mindsets, which affects mood and behaviour so that participants can interact in a positive and professional manner free of tension.

The **Hermann Brain Dominance Instrument** (HBDI) is a Neuroscience-based psychometric assessment that rates:

> an individual's thinking agility

> cognitive diversity

> behaviour preferences.

The aim of this session is to improve team dynamics through individuals recognising their communication and problem-solving preferences, and how best to interact with others.

TABLE 18: 2017–18 CULTURE IMPROVEMENT PROGRAMS

Program	Number of workshops	Number of participants
Respect at Work – original workshop	9	164
Respect at Work – e-learning	N/A	380
Respect at Work – revised skills workshop	9	220
Preliminary Assessment for Managers	10	156
Impact of Change	16	147
Building Culture at UCH	14	309
UCH Introduction to Culture and Values	6	75
Keep Calm and Have a Crucial Conversation	7	104
Third Space	2	20
HBDI – Team Awareness Sessions	3	22

EMPLOYEE ASSISTANCE PROGRAM

ACT Health provides staff and their immediate family members with access to an employee assistance program (EAP). In 2017–18, the EAP offering was expanded to four providers. The EAP providers offer free professional and confidential counselling services to help staff experiencing work-related or personal problems. To complement this service, the EAP offers online wellbeing resources providing interactive and user-friendly information and guidance on work and personal issues.

LEARNING AND DEVELOPMENT PROGRAMS

ACT Health implements governance strategies to ensure education and training provide the workforce with the skills and information to fulfil their quality and safety roles and responsibilities. Planned and integrated education is based on legislation, accreditation and identified organisational requirements.

A Learning and Development Framework provides guidance on creating a learning organisation by integrating strategies into business practices, with a Standard Operating Procedure guiding the design, development and approval of training programs.

ACT Health is also a Registered Training Organisation (RTO), which provides a quality framework for delivery of training in line with the Standards for RTOs 2015.

Leadership and management programs

ACT Health is strongly committed to the development of leaders. In 2017–18, ACT Health provided a number of leadership and management development programs focused on the acquisition of practical skills and relevant knowledge. These workshops are:

> designed specifically for ACT Health by the Organisational Development Unit

> aligned to the key elements of *Health LEADS Australia: the Australian Health Leadership Framework.*

Health LEADS Australia has five areas of focus:

> Leads self

> Engages others

> Achieves outcomes

> Drives innovation

> Shapes systems.

The **Emerging Managers Program (EMP)** is an introductory management program for staff who aspire to, or have recently transitioned into, a supervisory role. The aim of this two-day program is to introduce participants to foundational management knowledge and skills. The evaluation process has been improved to include pre and post evaluation, involving both participants and their manager/sponsor. Using the Net Promoter Score, 91 per cent of participants who completed the program would promote the course to others.

The **People Manager Program (PMP)** develops knowledge and skills in people management, underpinned by ACT Health's values. The PMP consists of five half-day modules designed for staff in middle-management positions who have people management responsibilities. The key factors in the success of the program include:

> engaging facilitators

> interaction with colleagues

> application of practical strategies back in the workplace

> the HBDI.

The **Critical Care Frontline Leadership** program addresses the identified leadership capability gaps of clinical leaders—specifically nurses and doctors—working within the critical care environment. This program comprises six modules of two-hour duration delivered over the clinical handover period. The content:

> is evidence-based

> references current and contemporary leadership research

> has practical activities to help the transfer of learning to the workplace.

The **Leading Teams through Change** program is a half-day program developed to equip managers with tools and skills to lead their team through change. The delivery of this program has been targeted to specific work areas experiencing significant change.

Enhancing Leadership Skills is a two-day program for high-performing registrars to develop self-awareness and practical leadership skills.

The **Let's Talk Performance** workshops for supervisors and managers support the embedding of the ACTPS Performance Framework. These workshops develop practical skills for performance and feedback conversations.

In 2017–18, five 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.

TABLE 19: 2017–18 LEADERSHIP AND MANAGEMENT PROGRAMS

Program	Number of programs	Number of participants
Emerging Managers Program	4	115
Let's Talk Performance	8	75
Enhancing Leadership Skills	1	21
Leading Teams Through Change	5	90
Critical Care Frontline Leadership program (6 Modules)	12	39
People Manager Program (5 Modules)	12	261

Staff health and wellbeing

In 2017–18, ACT Health continued to make the health and wellbeing of staff a priority by implementing the *MyHealth Staff Health and Wellbeing Strategy and Action Plan 2016–2018*. The strategy is supported by the MyHealth Manager and 104 MyHealth Champions from across ACT Health. The four key areas promote and support:

> emotional wellbeing

> a smoke-free environment

> healthy eating and drinking

> physical health.

A total of 83 *MyHealth* workshops/programs were conducted with 2,518 staff attending. This is an increase of 282 staff from the previous financial year.

TABLE 20: STAFF HEALTH AND WELLBEING WORKSHOPS/PROGRAMS 2017–18

Workshops/programs	Number of workshops	Participants
MyHealth Information and Self Care Sessions	2	474
MyHealth Health and Wellbeing Expo promoted all four focus areas	10	895
Emotional Wellbeing		
Accidental Counsellor	2	36
Adapting to Change	2	31
Applied Suicide Intervention Skills Training	1	22
Building Emotional Intelligence	2	35
Compassion Fatigue	6	140
Conflict Resolution	3	42
Conversations for Life	1	9
Health Checks	1	70
How to Beat Fatigue	1	7
How to Build Resilience in Times of Change	1	15
Making the Most of Your Working Day	3	37
Mental Health Toolbox Talks	3	44
Mindfulness	2	34
Motivation and Morale in Teams	2	37
Pillars of Resilience	3	42
Positive People and Positive Psychology	1	20
Red Cross Health Services Blood Challenge	N/A	40
Seated Massage	5	38
Sleep Awareness	3	36
Understanding and Managing High Risk Situations	1	14
Work Life Balance	1	8
Physical Health		
10,000 Steps Challenge	1	30
September Challenge	1	104
Canberra Cycle Challenge	1	45
Whole-of-Canberra Workplace Challenge	1	168
Workplace Activity Workshop	1	21
Healthy Eating and Drinking		
Healthy Food and Drink Information and Cooking Sessions	4	57
TOTAL	83	2,518

Education programs to support patient experience and partnership with consumers

A number of education and inservice 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 inter-professional audience.

TABLE 21: CONSUMER AND CONSUMER GROUP PARTNERED COURSES

Course	Attendance/completions
Advanced Care Planning e-learning	178
Australian Charter of Health Care Rights e-learning	218
Consent e-learning	403
Consent inservice	12
Do no harm	5
Dying to Know	45
Patient experience program	135
Patient stories- collecting and analysing workshop	4
Person-centred care inservice	8
Quality Strategy ED forum	31
Working with consumer representatives	5
Writing Consumer Publications e-learning	47

The ACT Health Cultural Competence program

The ACT Health Cultural Competence education program provides staff with the opportunity to enhance cultural awareness while working with culturally and linguistically diverse (CALD) consumers and staff. The content of the program is guided by the requirements of Standard 2 of the NSQHS Standards and is a major focus in Version 2 of the standards.

In 2017–18 there were 199 participants at face-to-face programs and the e-learning was completed by 298 staff. In addition, 75 staff attended face-to-face sessions on Working with Interpreters and 67 staff completed the e-learning program.

Safety training

Manual tasks: A range of targeted health-specific manual tasks programs are provided to meet the safety requirements of various work groups in the clinical and administrative environment. High-risk workers complete annual refreshers. Training in manual tasks was completed by over 3,690 staff and volunteers. In 2018, manual tasks educators were certified in the use of specific patient handling manual tasks equipment at the new UCH and provided additional training to UCH staff and contract workers.

Managing challenging behaviour: Staff have access to training to help with managing challenging and aggressive behaviour from clients. There were a total of 1,503 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:

> is offered as either a one, two or three-day option

> was completed by 148 staff, with 73 staff completing the refresher.

Cytotoxic Awareness: This course provides a basic skill set for safe practice for clinical staff working with patients receiving chemotherapy and cytotoxics in clinical areas outside Cancer Services. In 2017–18, 25 staff attended workshops on cytotoxic awareness.

Clinical systems training

A suite of online clinical systems and records management e-learning programs is managed by the Digital Solutions Division (DSD) to ensure staff have the skills to use a variety of patient records management modules in clinical settings. Staff are provided access to the systems on completion of training requirements for their job role. Some courses are also made available to Calvary Bruce and external organisations which are required to use ACT Health patient records systems. There were a total of 20,076 completions of these e-learning programs in 2017–18.

Essential education and clinical education

Orientation programs

Orientation programs are provided to ensure staff are welcomed and informed of legislative requirements and responsibilities as staff members. Programs cover key safety, quality and risk topics relevant to job roles and linked to the NSQHS Standards. The following programs were provided in 2017–18:

> ACT Health Corporate Orientation—all staff —13 programs attended by 1,223 staff and volunteers

> Workplace Induction Pathway—a local orientation supported by an e-learning or work-based checklist—1,630 e-learning completions and 216 work-based form completions

> Nursing and Midwifery Orientation—13 programs attended by 354 staff

> Managers Orientation—six programs attended by 108 participants

> Contractors Orientation—provided to 1,346 contactors.

Further orientation programs were held for specific divisions, sites and roles, including medical officers and volunteers.

An additional suite of orientation topics was provided for staff and contractors who will work at the new UCH to prepare for the opening of the facility.

Child protection

Child protection training is essential education for all ACT Health employees. There are three levels of training determined by the amount of contact the employee has with children, young people and families as part of their service. All staff must do the initial e-learning and access further training if required. Training is provided to staff of ACT Health, Calvary Bruce and John James, and community organisations. A total of 111 face-to-face sessions were delivered to 1,820 participants, and 2,872 people completed the e-learning programs.

Life support programs

ACT Health provides life support training and assessment programs that align with National Safety and Quality Standards, Australian Resuscitation Council guidelines and the ACT Health Essential Education Policy. The courses provide staff with the knowledge and skills necessary to effectively manage resuscitation.

During 2017–2018, new initiatives included the start of:

> an Intermediate Life Support program for staff in the response team at the new UCH

> a Neonatal Advanced Skills program for responders to neonatal emergencies.

TABLE 22: NUMBER OF STAFF WHO ATTENDED LIFE SUPPORT COURSES

Life Support Courses	Attendance
Advanced Life Support	116
Advanced Life Support Refresher	167
Advanced Life Support Assessment	76
Basic Life Support e-learning (prerequisite to assessment, or simply revision)	4,308
Basic Life Support workshops and/or assessment sessions	4,367
Basic Life Support Train the Trainer and refresher programs	68
Neonatal Advanced Skills Program (commenced Feb 2018)	62
Neonatal Advanced Skills e-learning	76
Neonatal Resuscitation e-learning (prerequisite to assessment)	438
Paediatric Life Support	113

Mandatory Update Day

The Mandatory Update Day (MUD) program offers nurses and midwives annual refresher training in essential and highly recommended education in a day program, as an alternative to completing separate sessions on different days or e-learning courses. In 2017–18, there were 20 programs conducted which were attended by 828 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 and is available for all staff to complete. In 2017–18, 119 staff completed the e-learning program.

Deteriorating patient

The Early Recognition of the Deteriorating Patient program (COMPASS) is designed for nurses, physiotherapists, doctors and undergraduates. Specific workshops and refreshers focus on adult, paediatric, maternity and neonatal patients, and aim to enable health professionals to recognise the deteriorating patient and initiate appropriate and timely interventions. In 2017–2018, 2,061 staff attended workshops and refreshers and 457 completed an e-learning quiz.

The electronic vital sign charting system Patientrack has been successfully implemented on several wards and will soon be implemented across Canberra Hospital. Work has been completed on a COMPASS e-learning package to provide an alternative for refresher training. The COMPASS website redesign has gone out to tender to develop a contemporary website to showcase the program.

Assistants in Nursing Development program

The Assistants in Nursing Development program aims to support and develop Assistant in Nursing (AIN) through sessions to engage in practical learning workshops, including communication and partnerships with consumers, infection control and empathy. In 2017—18, four workshops were held, with a total of 18 participants.

Enrolled Nurse Professional Development Program

The Enrolled Nurse Professional Development Program (ENPDP) provides innovative and interactive learning opportunities which are evidence-based with updates on current trends in clinical practice. The content is aligned with several of the NSQHS Standards. In 2017–18, there were 33 sessions with a total of 458 attendances.

The annual Enrolled Nurse (EN) forum was held in September 2017 with the theme of New Horizons—Opportunities, Options and Openings. The Minister for Health and Wellbeing gave the opening address. The forum was attended by 85 ENs and 11 students from ACT Health and regional NSW and the feedback was very positive.

Invasive devices education programs

A range of invasive devices education programs are provided for nurses, midwives and medical officers caring for and managing patients with the below devices. The aim is to reduce risk and improve patient safety. Staff are assessed in their clinical area to ensure competency. The Venepuncture and Blood Culture Collection program introduced an e-learning component in January 2018. This has replaced the delivery of a large amount of theoretical information in the face-to-face session, which has allowed for increased skills practice during the training.

TABLE 23: INVASIVE DEVICES EDUCATION PROGRAMS IN ACT HEALTH

Course	Attendance and completions 2017–18
Peripheral Intravenous Cannulation A three-part course with e-learning, workshop skills and assessment in clinical area	198 completed the pre-course e-learning test 11 completed Neonatal IV Cannulation 201 completed Peripheral IV Cannulation e-learning 292 completed IV Cannulation workshops
Venepuncture and Blood Culture Collection A three-part course with e-learning, skills workshop and skills assessment in clinical area	251 attended the skills session 187 completed e-learning
Central Venous Access Devices (CVAD) e-learning program prerequisite plus skills assessment in clinical area	169 completed the e-learning 39 attended the CVAD workshop 65 completed the clinical competency assessment
Indwelling Urinary Catheter	203 staff completed the e-learning program 25 staff completed the clinical competency assessment

High flow nasal prong education

A NSQHS Standards Committee identified a need for a standardised high flow nasal prong education program to ensure safe practice and improve clinical knowledge to improve patient safety. An education program was established in 2017–18, in collaboration with the machine manufactures, and 10 sessions with 108 participants were delivered. An additional four super-user workshops were provided to skill staff to provide workplace support, with 34 staff from 15 different wards attending.

Medication safety programs

Medication safety is a key requirement for patient safety and of the NSQHS Standards. In 2017–18, 408 nurses and midwives completed the medication e-learning package during the orientation process, with 89 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. A further 941 staff completed the Medication Safety Legislation and Processes e-learning program which is an annual requirement for nursing and midwifery staff.

The Night Duty Continuing Education program

The Night Duty Continuing Education program supports educational opportunities for nursing and midwifery staff that mostly work night duties and may have limited access to education sessions. It includes essential education, clinical updates and professional issues. In 2017–2018, a total of 840 staff attended 30 sessions. Evaluations of individual sessions indicate that sessions are relevant to attendees.

e-learning

There are currently 168 e-learning courses comprising both essential and non-essential training available on the learning management system, Capabiliti. During 2017–18, 13 new e-learning courses were developed to support skills, competence and patient safety. A further 41 courses underwent an annual review based on user feedback, analysis of current policies, best practice evidence, and response to NSQHS Standards accreditation requirements.

Allied Health clinical education

Allied Health (AH) clinical education is coordinated through the Chief Allied Health Office's Clinical Education Unit and provided by designated clinical educators. AH education programs supply evidence-based professional development for students, early career staff and more experienced staff. This year, the implementation of the Operational Guideline: Clinical Supervision for AH Clinicians has continued, providing blended education of e-learning and face-to-face education. The AH Professional Development Small Grants Program has also continued, providing financial support for five teams to hold professional development activities or purchase resources that supports ACT Health's key priority areas.

In November 2017, An Academic Clinical Placement agreement was signed between the University of Canberra and ACT Health. The agreement allows AH, nursing and midwifery clinical academics to work with ACT Health to maintain their currency of practice, while using their expertise and skills to support clinical practice and quality and safety activities.

Recruitment, graduate and Transition to Practice programs

ACT Health recruits and conducts Transition to Practice programs (TTP) for ENs, registered nurses (RNs) and AH graduates as a recruitment and retention strategy. 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 content of education programs is aligned with the NSQHS Standards and professional standards.

Participants completing all program requirements in the RN education program are eligible for advanced standing—credit—for one unit of study towards a Post Graduate Diploma in Professional Nursing Practice with the University of Canberra. Fifteen TTPP education sessions were scheduled for RN graduates in 2017–18, two of which were inter-professional education sessions.

The Chief Allied Health Office (CAHO) facilitates the Allied Health Graduate Program twice each year to build capabilities required for effective inter-professional collaboration among new graduates from AH professional groups. A previous evaluation of the Allied Health Graduate Program found improvements in the value participants placed on inter-professional collaboration post-program, as well as increases in participants' confidence and self-perceived ability to implement inter-professional practice. Evaluation data of the current program saw a continuation of these findings.

The Inter-professional Graduate Program is facilitated by a team of education coordinators from nursing, midwifery, medicine and AH. It provides an opportunity for new graduates from all health professional areas at ACT Health to learn with, from and about each other, on topics of organisation-wide importance. In 2017–18, the topics covered at these sessions related to role clarification of health professional groups and patient-centred care.

TABLE 24: NUMBER OF PARTICIPANTS IN TRANSITION TO PRACTICE AND GRADUATE PROGRAMS 2017–18

Intakes	Intakes and participants
Enrolled Nurse Transition to Practice Program	31
Registered Nurse Transition to Practice Program	105* over 5 intakes
Allied Health (AH) New Graduate Program, 2017–18 drawn from 11 AH disciplines. The program includes six modules and runs twice a year	38
Inter-professional Graduate Program, 2017–2018 There were 11 disciplines represented from AH, medical, nursing and midwifery graduates	175

*Intakes in financial year – however participants may finish the program in the next financial year

Education for health staff who support, assess and educate others

ACT Health has a suite of programs to provide professional development to staff from all disciplines who are responsible for providing workplace learning support, education and competency assessment and clinical supervision of students and early career staff. These programs support compliance with NSQHS Standard 1. Programs are shown in the below table.

TABLE 25: EDUCATIONAL PROGRAMS PROVIDED IN 2017–18

Program name	Activity in 2017–18
Allied Health Assistant Network	A quarterly network providing Professional Development (PD) activities, role clarification, and resource sharing and network for the AHA workforce across the jurisdiction. 117 participants attended.
Allied Health Assistant Training Support Fund	Targets gaps in skill development in the AHA workforce, prioritising mandatory qualifications and competencies, skill diversification, new roles, and service delivery. Recent targets have been Podiatry AHA skill set, Social Work AHA skill set and Team Leader/Professional practice skill set for advanced AHAs.
Allied Health Clinical Educators Network	This education focused network meets six times a year to support AH clinical educators (or equivalent) from over 25 AH professions to support the consistent delivery of high-quality clinical education. There were 95 participants.
Clinical Development Nurse/Midwife (CDNM) Professional Development Program	A qualitative review of the role of the CDNMs was undertaken and presented to the Senior Nurse and Midwife forum. A monthly/bi-monthly program provides a forum for networking with colleagues, participating in the recruitment of new graduates and showcasing new initiatives within their clinical areas. Five sessions with 80 participants were held along with two further sessions participating in a recruitment selection centre and an open day for graduates.
Clinical supervision for supervisors	e-learning and group programs to facilitate clinical supervision skills of AH staff. The e-learning was completed by 143 staff.
Clinical Support and Supervision Program	The aim of this inter-professional 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. There were seven sessions with 102 participants.
Our Knowledge Our Future	Our Knowledge Our Future is an inter-professional Symposium for AH, medical, midwifery and nursing educators and supervisors from health services and education institutions. This event with 112 participants was run in collaboration with ACT Health, Calvary Public Hospital, the Australian Catholic University, the Australian National University, the Canberra Institute of Technology and the University of Canberra.
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. There were 21 attendances.
Teaching on the run	This program is provided by AH clinical educators for staff who provide clinical teaching and supervision. There were a total of 236 attendances over the eight modules.
Train the Assessor courses	These programs aim to skills staff to conduct consistent, quality competency assessments. There were six sessions with 99 participants.

Scholarships to support further learning for allied health, nursing and midwifery

ACT Health promotes a learning culture through scholarship opportunities for nurses and midwives seeking to extend their professional education and practice. The purpose of the Postgraduate Scholarship Scheme is to support the ongoing career development and continuing education needs of nurses and midwives, recognising the imperative for an effectively educated and competent workforce. Importantly, the scheme has been an important and valued workforce initiative since 2000, supporting the retention of skilled staff within the ACT public health system including Calvary Public Hospital Bruce (CPHB).

In 2017–2018, scholarship opportunities included tuition support for 196 nurses and midwives undertaking postgraduate award programs of study in clinical practice, education, leadership, and management and research. A further eight scholarships were awarded over the period to nurses and midwives representing ACT Health at national and international conferences.

Under the Council of Australian Governments (COAG) National Partnership Agreement and Closing the Gap in Indigenous Health Outcomes, ACT Health sponsored an education scholarship for an Aboriginal and Torres Strait Islander student seeking a career as an EN.

The CAHO supports ongoing learning and development through the Allied Health Postgraduate Scholarship Scheme, which supports AH professionals to undertake further learning at postgraduate level in either clinical practice, education and training, research or management and leadership. In 2017–18, the CAHO funded 38 postgraduate scholarship payments to 31 recipients, with funding supporting between 60 to 80 per cent of course costs.

The University of Canberra and ACT Health collaborative scholarship for Graduate Certificate in Tertiary Research was awarded to one AH staff member this year. The CAHO provided another five scholarships to assist staff in education leadership, three were awarded to allow staff to attend the two-day facilitators training course for Teaching on the Run and two awarded for clinical educators to attend the Australian and New Zealand Association for Health Professional Educator 2018 conference.

Student placement support

Placements for tertiary students

The Clinical Placement Office (CPO) reports directly to the ACT Chief Nursing and Midwifery Officer and coordinates clinical placements for nursing, midwifery, medical and AH students and trainees in accordance with the deeds and schedules which exist with education and health providers.

In 2017–2018, the CPO team have worked collaboratively with 43 tertiary and vocational providers across Australia and have coordinated professional development placements with ACT Health for health professionals from regional health services, the Australian Defence Force and supported those requiring supervised practice. There is a diverse range of clinical placement options available and these offer opportunities to integrate theoretical learning with clinical practice.

In 2017–2018, 4,471 placements were attended by students and trainees, equating to 81,358 days. Of these, 42,008 placement-days were provided to nursing and midwifery students and 18,247 days were provided to AH students.

Activities and initiatives in 2017–2018 have included the launch of a monthly evaluation survey, designed in conjunction with local education providers, to better measure and improve the student placement experience. Learning frameworks have also been set up on the Student Placement Online system for all disciplines to improve compliance with ACT Health mandatory requirements and enable students to access new systems being rolled out across the Directorate. A cancellation charge was introduced in January 2018 and is having a positive impact, reducing the overall cancellation rate of placements.

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 secondary students from government, catholic and independent schools to provide an opportunity to experience the healthcare setting and encourage secondary students to pursue a career in healthcare. 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 2017–18, 296 work experience students completed placements. The ACT Health Orientation evaluation asks new staff starting employment to identify if they were previously a work experience student in ACT Health. In 2017–18, 84 new staff identified as having attended the work experience program.

Demonstrated commitment to whole-of-government learning and development initiatives

ACT Public Service Graduate Program in ACT Health

ACT Health participates in the ACT Public Service (ACTPS) whole-of-government Graduate Program. Designed to recruit highly skilled and talented graduates to support the ongoing renewal of the ACTPS, this program complements clinical graduate programs in nursing, AH 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. There were five participants from ACT Health during 2017 and seven participants during 2018.

The following table shows ACT Health's participation in other whole-of-government learning and development initiatives and the ACT Health staff provided with study assistance in 2017–18.

TABLE 26: ACT HEALTH'S PARTICIPATION IN WHOLE-OF-GOVERNMENT LEARNING AND DEVELOPMENT INITIATIVES

Initiative	No. of participants	Estimated cost
Studies Assistance	97	$43,178.51
Shared Services Calendar of Training	107	$37,540.50

ACT Health total learning and development activity

ACT Health does not charge for the majority of programs provided to staff. The cost of training is estimated against the hourly rate of salary of staff to attend courses or the hourly rate to complete e-learning. In 2017–18, there was a significant increase in both face-to-face attendances and e-learning completions. The data reflects that Calvary Public is now recorded on the learning management system, many courses have moved to e-learning or a blended approach, and increases in completions in response to accreditation requirements.

TABLE 27: LEARNING AND DEVELOPMENT ACTIVITY FOR FACE-TO-FACE PROGRAMS AND COMPLETION OF E-LEARNING BY DIVISION, 2017–2018

Health Division	No. course attendances	E-learning completions	Hours*	Salary*
Canberra Hospital and Health Services	70,434	53,242	162,920	6,728,604
Corporate	2,424	1,364	4,620	178,549
Innovation	421	444	1,123	60,995
Office of Director-General	69	126	227	12,741
Performance, Reporting and Data	39	111	147	8,719
Population Health Protection and Prevention	233	432	1,025	51,322

Health Division	No. course attendances	E-learning completions	Hours*	Salary*
Quality, Governance and Risk	387	364	1,115	59,181
Special Purpose Account	44	19	54	2,516
University of Canberra Hospital	285	294	821	42,686
Calvary Public	408	1,205	N/A	N/A
Non- staff	1,533	678	N/A	N/A
Total	**76,277**	**58,279**	**172,052**	**$7,145,313**

Notes:

***Hours = total number of hours of attendance at courses plus average hours completing e-learning**

***Salary = salary of staff who attended based on hourly rate for the number of hours of attendance as above**

Future learning and development key priorities

Culture improvement and leadership development will continue to be a priority. Key components include:

- collaborative leadership events
- change leadership training
- leadership programs to embed senior leaders in the new organisations
- revision of the organisational values for the new organisations.

People and Culture will undertake a review of all orientation programs, with respect to ensuring that members of the workforce have access to an appropriate and effective orientation process, and taking into account requirements of Version 2 of the NSQHS Standards and the organisational restructure.

A project has been scoped to undertake a comprehensive updated analysis of organisational education need, including a review of ACT Health's Essential Education Policy and Guideline to include definition of training for legislative, accreditation and professional requirements. This will include a detailed analysis of education needed to support Version 2 of the NSQHS Standards. Learning requirements will be further refined in consultation with divisions and work areas to allocate training on the learning management system.

ATTRACTION AND RETENTION INITIATIVES

Table 28 provides details for Attraction and Retention Initiatives (ARIns).

TABLE 28: ATTRACTION AND RETENTION INITIATIVES

Description	No. of individual (A)	No. of group (B)	Total employees covered by group (C)	Total A + C
Number of ARIns as at 30 June 2018	66	15	216	282
Number of Special Employment Arrangements (SEAs) that have become ARIns during period	0	0	0	0

Description	No. of individual (A)	No. of group (B)	Total employees covered by group (C)	Total A + C
Number of ARIns entered into during period	54	0	0	54
Number of ARIns terminated during period [6]	49	0	0	49
Number of ARIns for Privately plated vehicles as at 30 June 2018	3	0	0	3

AUSTRALIAN WORKPLACE AGREEMENTS

Table 29 provides Australian Workplace Agreement (AWA) details

TABLE 29: 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 2018	2	0	0	2
Number of AWAs terminated / lapsed including formal termination and those that have lapsed due to staff departure	0	0	0	0

CLASSIFICATION AND REMUNERATION RATES

Table 30 provides classification and remuneration rates

TABLE 30: CLASSIFICATION AND REMUNERATION RATES

Individual and Group ARIns	Classification range	Remuneration as at 30 June 2018
Group ARIns	DEN1/2, DEN3, DEN4	$58,606–$161,886
	HPO1 – HPO6	$33,531–$170,865
	CC2 – CC7	$49,500–$95,000
INDIVIDUAL ARIns	SITB	$148,197
	SOB	$157,000–$175,618
	TCMG2, TCMG3	$218,588–$257,301
INDIVIDUAL AND GROUP ARIns	SPEC, SSPEC	$54,190–$576,825
Total additional remunerations paid under ARIn / SEA, AWA		$16,108,365.08

[6] 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.

OUR WORKFORCE

Full-time Equivalent and headcount by division/branch

Table 31 shows Full-time Equivalent (FTE) and headcount by division/branch.

TABLE 31: FTE AND HEADCOUNT BY DIVISION/BRANCH

Health Division	FTE	Headcount
Canberra Hospital and Health Services	5,547.2	6,402
Corporate	533.6	580
Innovation	152.4	162
Office of Director-General	51.1	56
Performance, Reporting and Data	47.1	50
Population Health Protection and Prevention	172.4	183
Quality, Governance and Risk	124	136
Special Purpose Account	2.9	5
University of Canberra Hospital	29.5	32
Total	**6,660.2**	**7,606**

FTE and headcount by gender

Table 32 shows FTE and headcount by gender.

TABLE 32: FTE AND HEADCOUNT BY GENDER

	Female	Male	Total
FTE by gender	4,885.5	1,774.7	6,660.2
Headcount by gender	5,678	1,928	7,606
% of workforce	74.7%	25.3%	100%

Headcount by classification and gender

Table 33 shows headcount by classification and gender.

TABLE 33: HEADCOUNT BY CLASSIFICATION AND GENDER

Classification group	Female	Male	Total
Administrative Officers	851	216	1,067
Dental	12	4	16
Executive Officers	26	17	43
General Service Officers & Equivalent	201	310	511
Health Assistants	80	26	106
Health Professional Officers	888	264	1152
Information Technology Officers	0	2	2
Legal Officers	0	1	1
Medical Officers	457	475	932
Nursing Staff	2,751	408	3,159
Professional Officers	7	4	11
Senior Officers	295	162	457
Technical Officers	108	33	141
Trainees and Apprentices	2	6	8
Total	5,678	1,928	7,606

Headcount by employment category and gender

Table 34 shows headcount by employment category and gender.

TABLE 34: HEADCOUNT BY EMPLOYMENT CATEGORY AND GENDER

Employment category	Female	Male	Total
Casual	311	126	437
Permanent Full-time	2,577	1,092	3,669
Permanent Part-time	1,753	229	1,982
Temporary Full-time	752	435	1,187
Temporary Part-time	285	46	331
Total	5,678	1,928	7,606

Headcount by diversity group

Table 35 shows headcount by diversity group.

TABLE 35: HEADCOUNT BY DIVERSITY GROUP

Diversity group	Headcount	% of total staff
Aboriginal and/or Torres Strait Islander	83	1.1%
Culturally and linguistically diverse	2,077	27.3%

Diversity group	Headcount	% of total staff
People will a disability	138	1.8%

Headcount by age group and gender

Table 36 shows headcount by age group and gender.

TABLE 36: HEADCOUNT BY AGE GROUP AND GENDER

Age group	Female	Male	Total
Under 25	334	78	412
25-34	1,669	602	2,271
35-44	1,369	520	1,889
45-54	1,297	424	1,721
55 and over	1,009	304	1,313

Average length of service by gender (headcount)

Table 37 shows the average length of service by gender (headcount).

TABLE 37: AVERAGE LENGTH OF SERVICE BY GENDER (HEADCOUNT)

Gender	Female	Male	Total
Average years of service	8.0	6.7	7.7

Recruitment and separation rates by classification group

Table 38 shows recruitment and separation rates by classification group.

TABLE 38: RECRUITMENT AND SEPARATION RATES BY CLASSIFICATION GROUP

Classification group	Recruitment rate	Separation rate
Administrative Officers	12.5%	7.4%
Dental	27.6%	20.7%
General Service Officers & Equivalent	9.8%	5.6%
Health Assistants	18.7%	10.0%
Health Professional Officers	9.4%	8.4%
Information Technology Officers	0.0%	0.0%
Legal Officers	0.0%	0.0%
Medical Officers	8.6%	6.7%
Nursing Staff	12.0%	7.5%

Classification group	Recruitment rate	Separation rate
Professional Officers	73.6%	0.0%
Senior Officers	11.5%	9.7%
Technical Officers	4.5%	7.1%
Trainees and Apprentices	0.0%	0.0%
Total	11.3%	7.7%

Recruitment and separation rates for Executive Officers

Table 39 shows recruitment and separation rates for Executive Officers.

TABLE 39: RECRUITMENT AND SEPARATION RATES FOR EXECUTIVE OFFICERS

Classification group	Recruitment rate	Separation rate
Executive Officers	31.6%	23.7%

Contact details: For more information, contact People and Culture at EDPeopleandCulture@act.gov.au.

B.9 ECOLOGICALLY SUSTAINABLE DEVELOPMENT

To achieve the ACT Government's target of zero net emissions in its own operations 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 2017–18, ACT Health 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*.

The Strategy contains a roadmap that identifies the attributes required to build an environmentally sustainable Directorate.

ACT Health also relies on whole-of-government documentation to:

> provide guidance on the Digital Health Environment, Sustainable Transport and Sustainable Procurement

> integrate the principles and practices in the associated documentation into its decision-making processes.

ACT Health achieved a reduction of over 20 per cent in total greenhouse gas (CO^2) emissions in the 2017–18 year.

ACT Health continues to work closely with the Carbon Neutral Government Team (from EPSDD) to implement staff behavioural changes by using the EPSDD's tools and resources, including:

> participation in training and education sessions on the Envizi Enterprise Sustainability Platform (ESP), the whole-of-government database used by Directorates for reporting and identification of energy efficiencies and anomalies

> continuous engagement of Senior Energy Officers, who are resources available to all Directorates across ACT Government

> distribution of promotional material regarding sustainable initiatives designed to influence staff behaviour in the workplace in relation to, for example, reporting water leaks and turning off lights in areas that are not in use.

ENERGY

ACT Health has undertaken modelling and forecasting of daily gas consumption at the Canberra Hospital to gain an improved understanding of gas consumption at the site as part of the new large-market gas contract.

As part of Upgrading and Maintaining ACT Health Assets (UMAHA), guided by the Strategic Asset Management Plan, several key infrastructure, plant and equipment have been, or are in the process of being, upgraded, including boilers, chillers and the hydraulic systems. The main gas boilers are currently being commissioned and tuned to optimise gas consumption, with the upgrade of additional boilers in the planning phase.

The LED lighting upgrade project across the buildings at the Canberra Hospital is due for completion in June 2019, and any capital works being considered at other ACT Health facilities will have LED lighting installed as a minimum requirement.

Greater visibility of how and where energy is consumed at the Canberra Hospital campus is being pursued through the installation of sub-metering on significant electrical infrastructure, complementing existing sub-metering.

ACT Health continues to use the whole-of-government Envizi ESP to capture data for analysis and reporting purposes and to inform operational management of trends and potential energy use reduction strategies.

WATER

ACT Health relies on water, for both clinical and domestic use, for example:

> patient showers

> theatre operations

> sterilising surgical equipment

> food preparation

> environmental heating and cooling of buildings.

WASTE

The total amount of co-mingled waste recycled in 2017–18 increased by an estimated 42.09 per cent when compared to 2016–17.

In December 2017, an organic waste processing unit was installed at the Canberra Hospital. This unit became fully operational in March 2018 and currently captures food waste from the Food Services production area and retail spaces at hospital. The unit is processing more than three tonnes of organic waste every month that would have otherwise ended up in landfill.

In May 2018, ACTSmart held its ninth annual business sustainability awards. There were a total of 38 nominations for 10 categories. ACT Health was nominated in the categories of Innovation Excellence and Biggest Recycler.

ACT Health won the category of Biggest Recycler and accepted an award presented by the Minister for Climate Change and Sustainability, Shane Rattenbury MLA.

Collaborative efforts between ISS Health Services, ACTSmart and ACT Health have delivered increased volumes of recyclables—including co-mingled, paper and cardboard, metal, fluorescent light bulbs, printer toner and cartridges, batteries, and organic food waste—as part of ACT Health's day-to-day waste operations.

Several additional clinical and non-clinical areas have received ACTSmart accreditation during the reporting period, including:

> ACT Health Corporate Office at Bowes Street Woden

> Dhulwa Mental Health at Symonston

> Supply Services, Records Management and Sterilising Services at Mitchell, and Ward 5A, Acute Surgical Unit

> the Food Services production area at the Canberra Hospital.

TRANSPORT

ACT Health assesses vehicles for efficiencies in fuel and greenhouse gas emissions, when vehicle replacement is necessary. In 2017–18, ACT Health's vehicle replacement program was aligned to the *ACT's Transition to Zero Emissions Vehicles Action Plan 2018–21*. ACT Health continued to actively increase the overall number of its electric and hybrid vehicles within its fleet. A further 34 hybrid vehicles have been ordered and are due to arrive in 2018–19.

ACT Health continues to install Electronic Log Books into vehicles. This improves reporting and enhances the data used to improve fleet usage. At 30 June 2018, 227 Electronic Log Books are installed across the ACT Health Fleet.

As part of ACT Health's commitment to sustainable transport a number of initiatives have been introduced, including:

- establishment of a Sustainable Transport and Parking Working Group that drives sustainable change in the workplace
- engagement of community representatives to provide input in sustainable transport options available to the ACT Community
- the introduction of four pedal assisted electric e-bikes for use by ACT Health staff via fleet staff
- encouraging 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 Hospital (UCH) has implemented 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.
- **Design, Construct and Maintain (DCM) procurement model—**ensuring the design phase considered long-term maintenance and whole of lifecycle costings.
- **Building Integrated Modelling—**provides a continually updated digital twin of the facility, detailing all architectural and building services to enable optimised maintenance and operation.
- **Independent Commissioning Agent—**independent engineers were engaged and retained throughout the construction phase with an additional two-year building tuning process to ensure the facility is commissioned to an efficient operational standard, maximising the value of efficient plant and equipment.
- **Energy rider—**provides contractual obligations to ensure the maintenance and operational contractors operate the facility efficiently.
- **Solar PV Array—**installation of a 50kw photovoltaic solar array to reduce grid electricity consumption.
- **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—**end of trip cycling facilities and provision for the installation of electric vehicle charging points.

SUSTAINABLE DEVELOPMENT PERFORMANCE: CURRENT AND PREVIOUS FINANCIAL YEAR

Indicator as at 30 June	Unit	Current FY (2017–18)	Previous FY (2016–17) [10]	Percentage Change
Directorate/public sector body staff and area				
Directorate/public sector body staff	FTE	6,660.2	6,476.3	2.83
Workplace floor area [11]	Area (m^2)	226,571	202,519 [12]	11.87
Stationary energy usage				
Electricity use	Kilowatt hours	39,641,305	38,434,048 [13]	3.14
Natural gas use [14]	Megajoules	164,788,380	168,199,213 [15]	-2.02
Diesel	Kilolitres	-	-	-
Transport fuel usage				
Electric vehicles	Number	5	5	0
Hybrid vehicles	Number	51	18	183.33
Other vehicles (that are not electric or hybrid)	Number	264	-	-
Total number of vehicles	Number	320	321	-0.31
Total kilometres travelled	Kilometres	3,085,576	3,252,848	-5.14
Fuel use – Petrol	Kilolitres	167	163	2.45
Fuel use – Diesel	Kilolitres	106	120	-11.66
Fuel use – Liquid Petroleum Gas (LPG)	Kilolitres	-	-	-
Fuel use – Compressed Natural Gas (CNG)	Cubic Metres (Cm3)	-	-	-
Water usage				
Water use	Kilolitres	115,209	147,574 [16]	-21.93
Resource efficiency and waste				
Reams of paper purchased	Reams	31,643	47,829	-33.84
Recycled content of paper purchased	Percentage	14.03	21.46	-34.62
Waste to landfill	Litres	24,180,123	26,123,081	-7.43
Co-mingled material recycled	Litres	12,604,680	8,871,204	42.09
Paper & Cardboard recycled (incl. secure paper)	Litres	1,276,070	1,150,795	10.89
Organic material recycled	Litres	61,832	11,395	442.60

10 Figures for the 2016–17 financial year have been updated to reflect full year outcomes. The 2016–17 Annual Report included figures that were available at the time of preparation.

11 Workplace floor area figures are stated as Gross Floor Area (GFA).

12 Reported as 213,186 m^2 in 2016–17. Figure revised and restated in 2017–18 based on updated data. Workplace floor areas are subject to change, such as updates to agency occupancy, commissioning of new sites, refinement of data and reallocation of space.

13 Reported as 38,059,721 Kilowatt hours in 2016–17.

14 Increases in natural gas consumption can be attributed to the upgrade of the natural gas utility meter at the Canberra Hospital in September 2017. To provide more accurate reporting of historical consumption and emissions estimates were derived to supplement actual billing data for the period 1 January 2012 to 30 September 2017.

15 Reported as 124,083,454 Megajoules in 2016–17.

16 Reported as 152,415 Kilolitres in 2016–17.

Indicator as at 30 June	Unit	Current FY (2017–18)	Previous FY (2016–17) [10]	Percentage Change
Greenhouse gas emissions [17]				
Emissions from stationary energy use	Tonnes CO2-e	26,528	34,303 [18]	-22.66
Emissions from transport	Tonnes CO2-e	721	749 [19]	0.70
Total emissions	Tonnes CO2-e	27,249	35,019 [20]	-22.18

Contact details: For more information, contact Business Support Services (BSS) at ACTHealthBSS@act.gov.au.

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 2017–18, the Commissioner for Sustainability and the Environment did not investigate any activities carried out by ACT Health.

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

17 Emissions reported for stationary energy and transport fuels include Scope 1 and Scope 2 emissions only. Emissions factors used to calculate natural gas and fleet fuel are based on the latest National Greenhouse Account (NGA) Factors. The ACT Government purchased an estimated 7,700 MWh (Megawatt hours) of GreenPower, representing an indicative 5 per cent of the ACT's electricity consumption for 2017–18.

18 Reported as 26,375 Tonnes CO2-e in 2016–17.

19 Reported as 716 Tonnes CO2-e in 2016–17.

20 Reported as 22,091 Tonnes CO2-e in 2016–17.

PART C: FINANCIAL MANAGEMENT REPORTING

PART C

C.1 MANAGEMENT DISCUSSION AND ANALYSIS FOR THE HEALTH DIRECTORATE FOR THE YEAR ENDED 30 JUNE 2018

Management Discussion & Analysis for the Health Directorate For the Year Ended 30 June 2018

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.

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 2016-17 and 2017-18, and the budget and forward estimates contained in the 2018-19 Health Directorate Budget Statements.

Total Net Cost of Services

	Actual 2016-17 $m	Budget 2017-18 $m	Actual 2017-18 $m	Budget 2018-19 $m	Forward Estimate 2019-20 $m	Forward Estimate 2020-21 $m	Forward Estimate 2021-22 $m
Total Expenditure	1 328.0	1 387.1	1 375.5	1 444.0	1 483.3	1 519.6	1 544.6
Total Own Source Revenue	997.8	1 023.5	1 029.0	1 073.3	1 103.1	1 151.7	1 211.0
Net Cost of Services	330.2	363.6	346.6	370.7	380.3	367.9	333.6

Comparison to Budgeted Net Cost of Services

The Directorate's net cost of services for 2017-18 of $346.6 million was $17.0 million or 4.7 per cent lower than the 2017-18 budget. This was mainly due to lower expenditure of $11.6 million for employee expenses than budgeted and higher total Own Source Revenue of $5.5 million relating to revenue received for growth in services including admitted patient services, emergency department and acute mental health services.

Refer **Attachment A** for detailed comparison of net cost of services to budget 2017-18.

Comparison to 2016-17 Net Cost of Services

There was a 5.0 per cent increase in net cost of services or $16.4 million more when compared to the 2016-17 actual cost of $330.2 million.

This increase in net cost of services was due to higher expenses ($47.5 million), mainly relating to growth in services and indexation, partially offset by higher Own Source Revenue received for growth in services ($31.2 million).

Future Trends

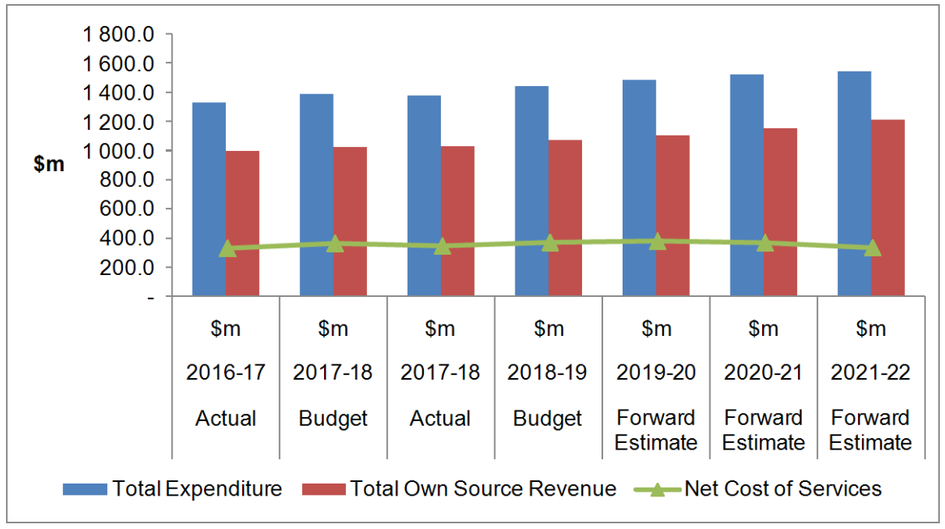


Figure 1: Net Cost of Services

Total Own Source Revenue is expected to increase at a rate that exceeds growth levels in Total Expenditure having a positive impact in reducing the Net Cost of Services over time.

Total Expenditure

Components of Expenditure

Figure 2, below, indicates the components of the Directorate's expenses for 2017-18. The three largest components of expense are employee expenses which represents 54.1 per cent or $744.6 million, supplies and services which represents 26.8 per cent or $369.0 million, and grants and purchased services, which represents 7.3 per cent or $101.0 million.

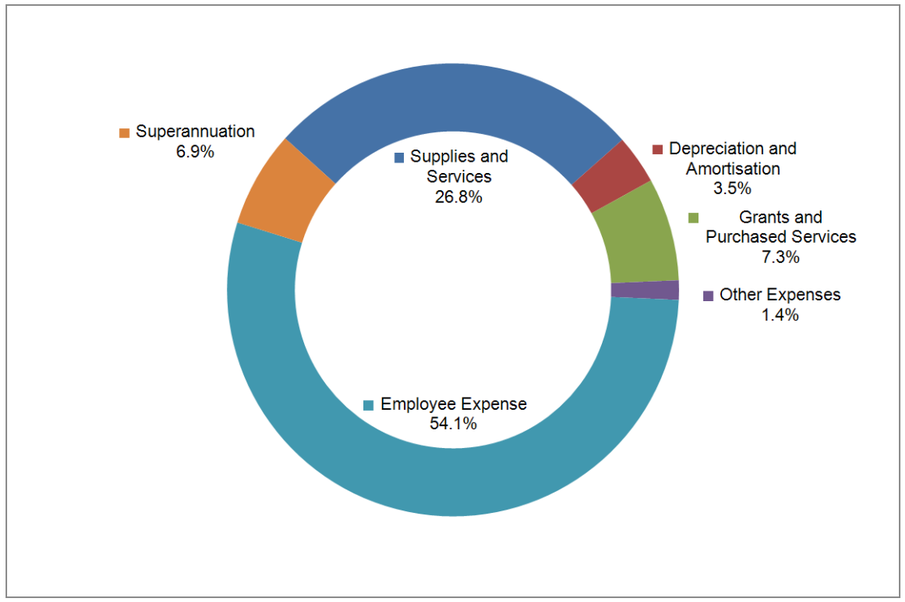


***Figure 2*: Components of Expenditure**

Comparison to Budget

Total expenses of $1 375.5 million was within 1 per cent of the 2017-18 budget of $1 387.1 million.

Comparison to 2016-17 Actual Expenses

Total expenses were $47.5 million or 3.6 per cent higher than the 2016-17 actual result.

The increase was mainly due to higher:

- Employee Expenses ($41.2 million) and Superannuation ($2.3 million) mainly due to pay rises under applicable Enterprise Agreements ($11.5 million) which in-principle agreement was reached at 30 June 2018 and an increase in staff numbers related to growth in services in admitted patients (0.9 per cent), emergency department (3.2 per cent) and acute mental health services (8.3 per cent);
- Supplies and Services ($9.4 million) mainly due to:
    - higher Computer Expenses ($6.4 million) relating to new ICT initiatives including Data Warehouse upgrades and Digital Health Infrastructure Support, increased support and maintenance for existing legacy systems and indexation;
    - higher Contractors and Consultants ($5.9 million) mainly relating to Workforce Strategy and Governance initiatives to improve operational efficiency and ICT projects;
    - higher Domestic Services, Food, Utilities and Property Rental Expenses ($4.0 million), mainly due to price increases of utilities and cleaning services and the full year effect of costs related to new buildings which commenced operation in mid 2016-17 including Dhulwa Mental Health Unit, Ngunnawal Bush Healing Farm and office accommodation at 2- 6 Bowes Street in Phillip; and
    - higher Clinical and Medical Surgical Supplies ($3.0 million) mainly due to growth in admitted patient activity (0.9 per cent), emergency department (3.2 per cent) and acute mental health services (8.3 per cent).

  Partially offset by:

    - lower Staff Development and Recruitment costs mainly due to higher reported expenses in 2016-17. ($7.9 million); and
    - lower Pharmaceuticals expenses ($4.5 million) mainly due to further decreases in demand for Hepatitis C medicines.
- Depreciation and Amortisation ($3.0 million) mainly due to depreciation of the new building for University of Canberra Hospital since building handover in February 2018 and the full year effect of depreciation and amortisation expenses relating to buildings and software assets added in 2016-17.

The above increase in expenses were partially offset by lower Other Expenses ($7.3 million) mainly due to higher expenses in 2016-17 relating to expensing of impaired Computer Software Works in Progress including Electronic Medical Records and Maternal and Child Health projects and lower impairment of receivables due to a decrease in overdue debts in 2017-18.

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 2018, the Directorate received 86.9 per cent of its total own source revenue from ACT Government user charges ($893.9 million).

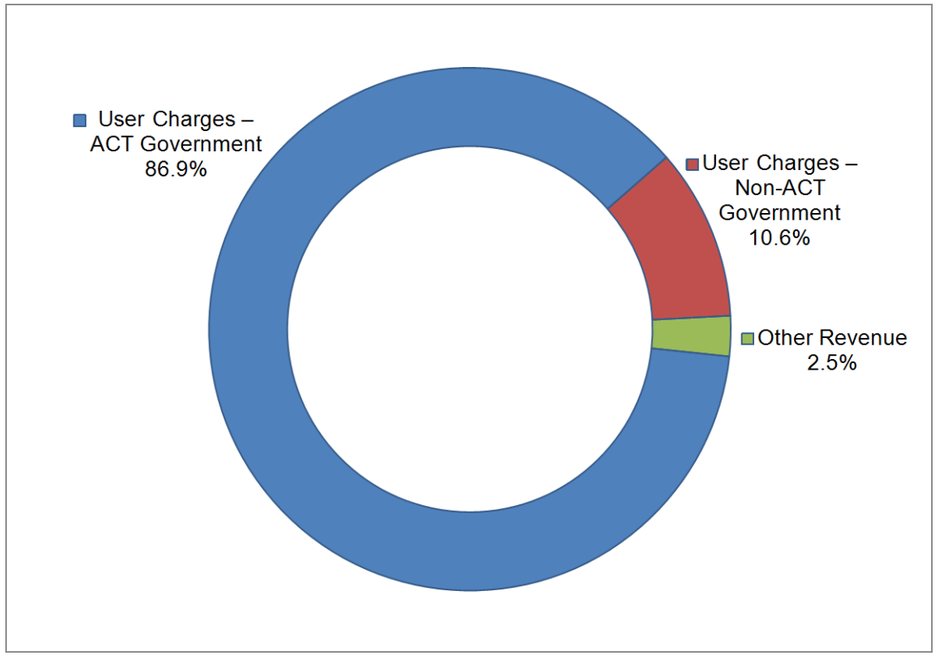


***Figure 3* – Components of Own Source Revenue**

Comparison to Budget

Total own source revenue of $1 029.0 million was 1 per cent higher than the 2017-18 budget of $1 023.5 million.

Comparison to 2016-17 Actual Revenue

Total own source revenue of $1 029.0 million is $31.2 million or 3.1 per cent higher than the 2016-17 actual result of $997.8 million.

The increase compared to last financial year is mainly due to higher ACT Government User Charges ($38.3 million) mainly due to CPI increases and growth in admitted patients (0.9%), emergency department (3.2%) and acute mental health services (8.3%).

The above increase was partially offset by a reduction in Non-ACT Government User Charges ($8.4 million) mainly due to lower amounts received for Highly Specialised Drugs relating to a further decrease in demand for Hepatitis C medicines and lower Inventory Sales relating to a lower volume of consumables sold to the private hospitals due to lower demand.

Future Trends

Total own source revenue as indicated in *Figure 1*, is expected to increase steadily across the forward years consistent with funding provided to the ACT Local Hospital Network for increased activity in Canberra Hospital and Health Services in 2018-19 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 2018, the Directorate held 84.0 per cent of its assets in property, plant and equipment.

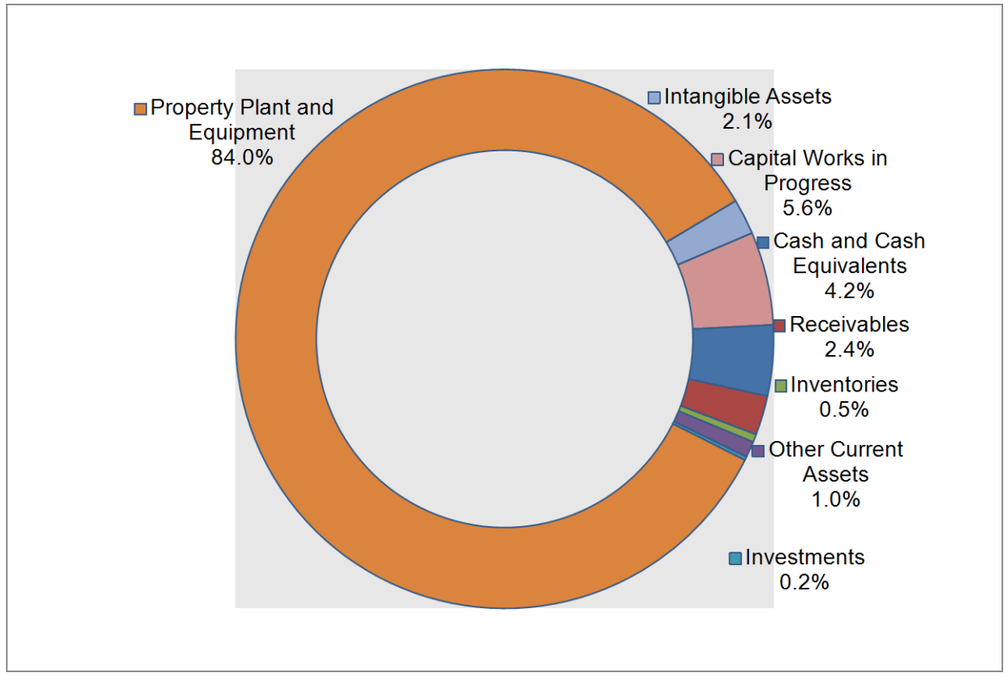


***Figure 4* – Total Assets as at 30 June 2018**

Comparison to Budget

The total asset position at 30 June 2018 is $1 425.3 million, $124.5 million lower than the 2017-18 budget of $1 549.8 million.

The variance mainly reflects the timing associated with the acquisition and completion of various assets over the 2017-18 financial year resulting in lower:

- Property, Plant and Equipment ($177.6 million) mainly due to completion timelines of current capital works projects being adjusted for detailed design and planning work to facilitate construction activities in an active hospital environment;
- Receivables ($9.0 million) mainly due to lower accrued revenue for high cost drugs, patient fees and facility fees due to lower activity. Also an increase in timely account payments created lower receivables; and
- Intangible Assets ($8.8 million) mainly due to higher amortisation expenses due to the full year effect of amortisation relating to software assets added in 2016-17 and accelerated amortisation for applicable software assets based on 2017-18 computer software impairment review, partially offset by the completion of several computer software projects that created new assets or expanded existing systems during the year.

Partially offset by higher:

- Capital Works in Progress ($66.4 million) mainly due to completion timelines of current capital works projects adjusted for detailed design and planning work to facilitate construction activities in an active hospital environment.

Comparison to 2016-17 Actual

The Directorate's total asset position is $6.6 million lower than the 2016-17 actual result of $1 431.9 million.

This is mainly due to lower:

- Capital Works in Progress ($105.0 million) for the creation of new assets related to University of Canberra Hospital for which construction is now complete;
- Cash and Cash Equivalents ($48.8 million) to ensure that the Directorate's cash balances are maintained at appropriate liquidity levels to meet future cash requirements;
- Intangible Assets ($14.7 million) mainly relates to higher amortisation due to the full year effect of Amortisation for Software assets added in 2017 and the accelerated amortisation for the applicable Software assets including the Walk in Centre Computer Application, the Picture Archival Communication System (RIS) and the Whiteboard System as a result of the 2017-18 intangible asset impairment review;
- Other Assets ($5.6 million) due to the amortisation of one year of the rent free period allowed for in the multi-year lease on 2-6 Bowes Street Phillip reducing the lease incentive asset; and
- Inventories ($2.1 million) mainly relating to lower High Cost Drugs purchases due to decreasing demand for Hepatitis C medicine and a lower stock holding of consumables sold to the private hospitals due to lower demand.

The above were partially offset by higher Property, Plant and Equipment ($168.8 million) mainly due to the completion of the University of Canberra Hospital ($148.6 million).

Total Liabilities

Components of Total Liabilities

Figure 5, below, indicates that the majority of the Directorate's liabilities relate to employee benefits 78.0 per cent and payables 14.6 per cent.

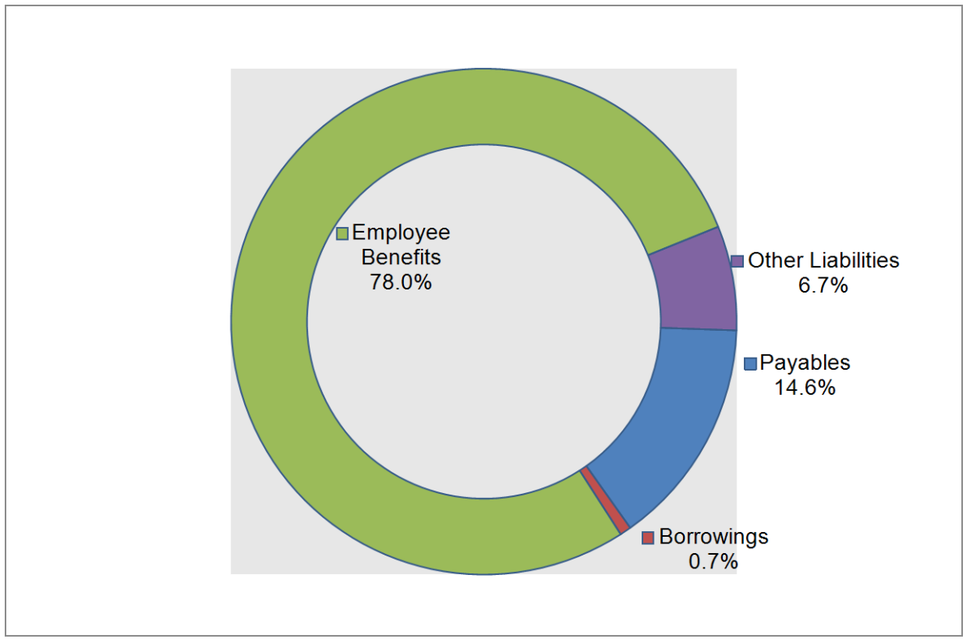


***Figure 5* – Total Liabilities at 30 June 2018**

Comparison to Budget

The Directorate's liabilities for the year ended 30 June 2018, of $331.3 million, are $11.9 million higher than the budget of $319.4 million.

This was largely due to:

- higher Other Liabilities ($16.7 million) mainly relating to the building lease for 2-6 Bowes Street Phillip for the Directorate's new office space for administrative staff and the recognition of deferred income for the portion of the University of Canberra Hospital building of which the University of Canberra will have sole use, partially offset by;
- lower Payables ($4.0 million) mainly due to lower capital works payments owing.

Comparison to 2016-17 Actual

Total liabilities of $331.3 million are $26.5 million lower than the actual results at 30 June 2017 of $357.8 million.

This is mainly due to lower payables ($41.0 million) mainly due to higher balances in 2016-17 for payments made in 2017-18 including capital works invoices for the on-going construction of University of Canberra Hospital, Medical Education Expenses and performance plan negotiations for the Calvary Network Agreement.

This was partially offset by higher employee Benefits ($17.4 million) mainly relating to accruals for pay rises and back pay for applicable Enterprise Agreements ($11.6 million) for which in principle agreement has been reached and increased staffing levels.

Attachment A - Comparison of net cost of services to budget 2017-18

	Original	Actual	Variance to be Explained	
	Budget			
	2018	2018		
Description	**$'000**	**$'000**	**$'000**	**%**
Expenses				
Employee Expense and Superannuation	844 044	838 132	(5 912)	-0.7%
Supplies and Services	382 898	368 954	(13 944)	-3.6%
Depreciation and Amortisation	45 601	48 238	2 637	5.8%
Grants and Purchased Services	95 149	101 024	5 875	6.2%
Other Expenses	7 339	10 830	3 491	47.6%
Cost of Goods Sold	12 059	8 342	(3 717)	-30.8%
Total Expenses	**1 387 090**	**1 375 520**	**(11 570)**	**-0.8%**
Own Source Revenue				
User Charges	1 001 509	1 002 882	1 373	0.1%
Resources Received Free of Charge	1 766	1 762	(4)	-0.2%
Gains	992	1 552	560	56.5%
Other Revenue	19 206	22 761	3 555	18.5%
Total Own Source Revenue	**1 023 473**	**1 028 957**	**5 484**	**0.5%**
Total Net Cost of Services	**363 617**	**346 563**	**(17 054)**	**-4.7%**

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 5.1 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).

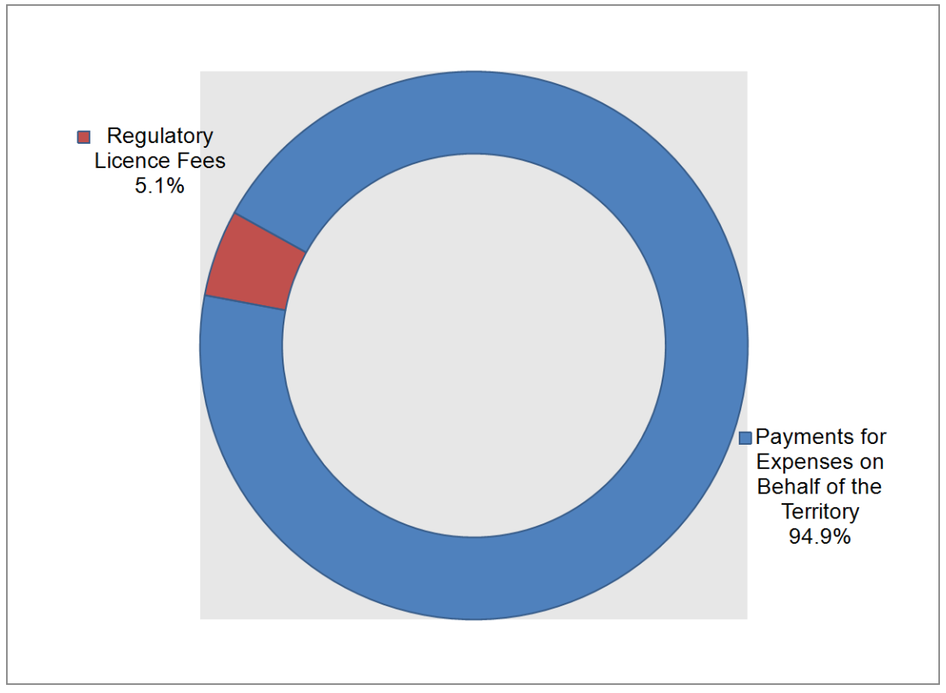


Figure 6 **- Sources of Territorial Revenue**

Comparison to Budget

Total Territorial income for the year ended 30 June 2018 was $26.9 million, which is $6.9 million higher than the budget figure of $20.0 million. The Directorate received additional appropriation relating to the expanded capital works programme at Calvary Public Hospital.

Comparison to 2016-17

Total Territorial income for 2017-18 of $26.9 million is $19.3 million higher than the 2016-17 income of $7.6 million. The main contributor to this increase is the additional appropriation received ($15.7 million) for the provision of increased funding for the capital works programme in Calvary Public Hospital including Emergency Department and Keaney Building upgrades and Winnunga Nimmityjah Aboriginal Health Service.

Total Expenses

Figure 7 below, indicates that 94.5 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 5.5 per cent being the transfer, to Government, of regulatory licence fees.

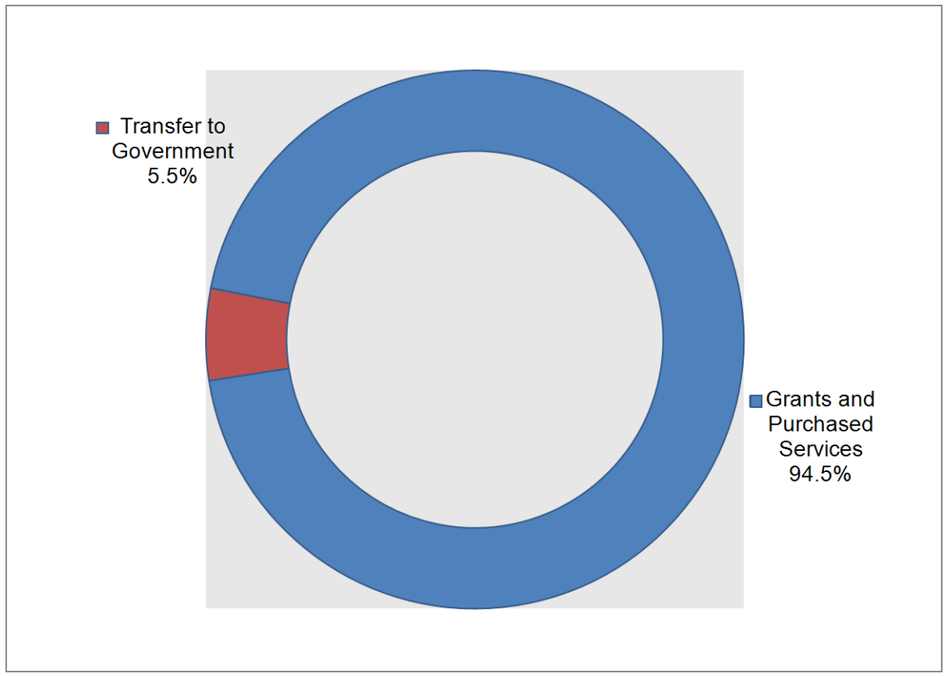


Figure 7 **- Sources of Territorial Expenses**

Comparison to Budget

Total expenses were $24.9 million, which was $5.0 million higher than the budget of $20.0 million relates to additional payments made on behalf of the Territory for the capital works program in Calvary Public Hospital.

Comparison to 2016-17

Total expenses were $17.8 million higher than the 2016-17 total of $7.2 million. The main contributor to this increase is the provision of increased funding ($15.0 million) for the capital works program in Calvary Public Hospital including Emergency Department and Keaney Building upgrades.

C.2 FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018 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 2018. 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 controlled 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 the financial statements so that they are free from material misstatements, whether due to error or fraud; and
- assessing the ability of the Directorate to continue as a going concern and disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting in preparing the financial statements.

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 the 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.

Ajay Sharma
Acting Auditor-General
18 September 2018

HEALTH DIRECTORATE
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

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 2018 and the financial position of the Directorate on that date.

Mr Michael De'Ath

Interim Director-General

Health Directorate

17 September 2018

HEALTH DIRECTORATE
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

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 accounts and records and fairly reflect the financial operations of the Directorate for the year ended 30 June 2018 and the financial position of the Directorate on that date.

Mr Trevor Vivian

Chief Finance Officer

Health Directorate

17 September 2018

Health Directorate

CONTROLLED FINANCIAL STATEMENTS

For the Year Ended 30 June 2018

HEALTH DIRECTORATE
OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 2018

	Note No.	Actual 2018 $'000	Original Budget 2018 $'000	Actual 2017 $'000
Income				
Revenue				
Controlled Recurrent Payments	3	265 993	313 371	290 692
User Charges	4	1 002 882	1 001 509	972 980
Grants from the Commonwealth		4 171	4 085	4 107
Resources Received Free of Charge		1 762	1 766	1 600
Other Revenue	5	18 590	15 121	16 821
Total Revenue		**1 293 398**	**1 335 852**	**1 286 200**
Gains				
Gains on Investments		-	-	10
Other Gains	6	1 552	992	2 266
Total Gains		1 552	992	2 276
Total Income		**1 294 950**	**1 336 844**	**1 288 476**
Expenses				
Employee Expenses	7	744 588	748 651	703 423
Superannuation Expenses	8	93 544	95 393	91 254
Supplies and Services	9	368 954	382 898	359 199
Depreciation and Amortisation	10	48 238	45 601	45 223
Grants and Purchased Services	11	101 024	95 149	101 162
Cost of Goods Sold	12	8 342	12 059	9 150
Other Expenses	13	10 831	7 339	18 567
Total Expenses		**1 375 521**	**1 387 090**	**1 327 978**
Operating (Deficit)		**(80 571)**	**(50 246)**	**(39 502)**
Other Comprehensive Income				
Items that will not be reclassified subsequently to profit or loss				
(Decrease)/Increase in the Asset Revaluation Surplus	25	(2 461)	-	1 594
Total Comprehensive (Deficit)		**(83 032)**	**(50 246)**	**(37 908)**

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 2018

	Note No.	Actual 2018 $'000	Original Budget 2018 $'000	Actual 2017 $'000
Current Assets				
Cash and Cash Equivalents	15	60 401	59 454	109 219
Investments		3 022	3 019	3 029
Receivables	16	33 721	42 742	32 975
Inventories	17	6 884	10 506	9 018
Other Assets	21	6 483	6 157	8 068
Total Current Assets		**110 511**	**121 878**	**162 309**
Non-Current Assets				
Property, Plant and Equipment	18	1 197 751	1 375 316	1 028 959
Intangible Assets	19	30 368	39 193	45 022
Other Assets	21	6 907	-	10 909
Capital Works in Progress	20	79 759	13 397	184 735
Total Non-Current Assets		**1 314 785**	**1 427 906**	**1 269 625**
Total Assets		**1 425 296**	**1 549 784**	**1 431 934**
Current Liabilities				
Payables	22	48 411	52 459	89 377
Borrowings		425	-	352
Employee Benefits	23	243 030	242 660	224 886
Other Liabilities	24	7 987	652	8 064
Total Current Liabilities		**299 853**	**295 771**	**322 679**
Non-Current Liabilities				
Borrowings		2 069	-	2 567
Employee Benefits	23	15 284	18 922	16 016
Other Provisions		193	-	1 462
Other Liabilities	24	13 925	4 733	15 039
Total Non-Current Liabilities		**31 471**	**23 655**	**35 084**
Total Liabilities		**331 324**	**319 426**	**357 763**
Net Assets		**1 093 972**	**1 230 358**	**1 074 171**
Equity				
Accumulated Funds		963 807	1 099 327	941 545
Asset Revaluation Surplus	25	130 165	131 031	132 626
Total Equity		**1 093 972**	**1 230 358**	**1 074 171**

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 2018

	Note No.	Accumulated Funds Actual 2018 $'000	Asset Revaluation Surplus Actual 2018 $'000	Total Equity Actual 2018 $'000	Original Budget 2018 $'000
Balance at 1 July 2017		**941 545**	**132 626**	**1 074 171**	**1 123 211**
Comprehensive Income					
Operating (Deficit)		(80 571)	-	(80 571)	(50 246)
(Decrease) in the Asset Revaluation Surplus	25	-	(2 461)	(2 461)	-
Total Comprehensive (Deficit)		**(80 571)**	**(2 461)**	**(83 032)**	**(50 246)**
Transactions Involving Owners Affecting Accumulated Funds					
Capital Injections		102 833	-	102 833	157 393
Total Transactions Involving Owners Affecting Accumulated Funds		**102 833**	**-**	**102 833**	**157 393**
Balance at 30 June 2018		**963 807**	**130 165**	**1 093 972**	**1 230 358**

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

	Note No.	Accumulated Funds Actual 2017 $'000	Asset Revaluation Surplus Actual 2017 $'000	Total Equity Actual 2017 $'000
Balance at 1 July 2016		**834 834**	**131 032**	**965 866**
Comprehensive Income				
Operating (Deficit)		(39 502)	-	(39 502)
Increase in the Asset Revaluation Surplus	25	-	1 594	1 594
Total Comprehensive (Deficit)/Income		**(39 502)**	**1 594**	**(37 908)**
Transactions Involving Owners Affecting Accumulated Funds				
Capital Injections		146 213	-	146 213
Total Transactions Involving Owners Affecting Accumulated Funds		**146 213**	**-**	**146 213**
Balance at 30 June 2017		**941 545**	**132 626**	**1 074 171**

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 2018

	Note No.	Actual 2018 $'000	Original Budget 2018 $'000	Actual 2017 $'000
Cash Flows from Operating Activities				
Receipts				
Controlled Recurrent Payments		265 993	313 371	290 692
User Charges		1 002 951	999 365	979 730
Grants Received from the Commonwealth		4 171	4 085	4 107
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		50 910	49 100	52 697
Goods and Services Tax Collected from Customers		3 829	4 300	3 844
Other		17 707	19 245	17 798
Total Receipts from Operating Activities		**1 345 561**	**1 389 466**	**1 348 868**
Payments				
Employee		727 055	736 739	703 693
Superannuation		93 544	91 190	91 255
Supplies and Services		383 636	384 809	359 214
Grants and Purchased Services		99 335	95 149	94 913
Goods and Services Tax Paid to Suppliers		54 276	54 400	56 297
Other		10 583	15 526	14 532
Total Payments from Operating Activities		**1 368 429**	**1 377 813**	**1 319 904**
Net Cash (Outflows)/Inflows from Operating Activities	29	**(22 868)**	**11 653**	**28 964**
Cash Flows from Investing Activities				
Receipts				
Proceeds from the Sale of Property, Plant and Equipment		142	-	64
Total Receipts from Investing Activities		**142**	**-**	**64**
Payments				
Purchase of Property, Plant and Equipment		7 082	9 629	17 899
Payments for Capital Works		121 418	158 205	154 346
Total Payments from Investing Activities		**128 500**	**167 834**	**172 245**
Net Cash (Outflows) from Investing Activities		**(128 358)**	**(167 834)**	**(172 181)**

HEALTH DIRECTORATE
CASH FLOW STATEMENT (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2018

	Note No.	Actual 2018 $'000	Original Budget 2018 $'000	Actual 2017 $'000
Cash Flows from Financing Activities				
Receipts				
Capital Injections		102 833	157 393	146 213
Total Receipts from Financing Activities		**102 833**	**157 393**	**146 213**
Payments				
Repayment of Borrowings		425	-	352
Total Payments from Financing Activities		**425**	**-**	**352**
Net Cash Inflows from Financing Activities		**102 408**	**157 393**	**145 861**
Net (Decrease)/Increase in Cash and Cash Equivalents		**(48 818)**	**1 212**	**2 644**
Cash and Cash Equivalents at the Beginning of the Reporting Period		109 219	58 242	106 575
Cash and Cash Equivalents at the End of the Reporting Period	29	**60 401**	**59 454**	**109 219**

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 2018

	Original Budget 2018 $'000	Total Appropriated 2018 $'000	Appropriation Drawn 2018 $'000	Appropriation Drawn 2017 $'000
Controlled				
Controlled Recurrent Payments	313 371	306 559	265 993	290 692
Capital Injections	157 393	199 589	102 833	146 213
Total Controlled Appropriation	**470 764**	**506 148**	**368 826**	**436 905**

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 in the Budget Papers. 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.

Variances between 'Original Budget', 'Total Appropriated' and 'Appropriation Drawn'.

Reconciliation of Appropriation for 2017-18	Controlled Recurrent Payments $'000	Capital Injections $'000
Original Appropriation for 2017-18	313 371	157 393
Transfers between Appropriations	(16 207)	9 070
Rollover of Undisbursed Appropriation (FMA s.16B)	-	31 501
Additional Approved Appropriations	9 395	1 625
Total Appropriated	306 559	199 589
Controlled Appropriation Drawn	**265 993**	**102 833**

Controlled Recurrent Payments

Variances between 'Original Budget' and 'Total Appropriated'

The difference between 'Original Budget' and 'Total Appropriated' mainly relates to:

- transfer of appropriation to 'Payments on behalf of the Territory' for capital grants to Calvary Hospital and Winnunga Nimmityjah Aboriginal Health Service ($15.7m); offset by
- supplementary appropriation received for growth in elective surgeries ($6.4m), Health Data Warehouse project ($1.5m) and Meningococcal W vaccine programme ($1.4m).

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between 'Total Appropriated' and 'Appropriation Drawn' is mainly due to amounts for Enterprise Bargaining Agreements still under negotiation not being drawn in 2017-18, savings achieved in Workers Compensation and undrawn appropriation due to lower expenditure in multiple projects during the year including System Wide Data Review, Upgrading and Maintaining ACT Health Assets and various ICT programs.

HEALTH DIRECTORATE
CONTROLLED STATEMENT OF APPROPRIATION (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2018

Capital Injections

Variances between 'Original Budget' and 'Total Appropriated'

The difference between 'Original Budget' and 'Total Appropriated' is due to;

- unspent capital injections transferred from 2016-17 to 2017-18 ($31.5m) mostly relating to University of Canberra Hospital construction, Health Infrastructure Program, Canberra Hospital Re-development, E- Healthy Future project and Secure Mental Health Unit;
- transfer of appropriation from 'Payments on behalf of the Territory' to 'Capital Injections' relating to the University of Canberra Hospital carpark project ($11.2m);
- supplementary appropriation received ($1.63m); offset by
- transfer of funds to Transport Canberra and City Services Directorate ($2.1m).

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between 'Total Appropriated' and 'Appropriation Drawn' mainly relates to capital injections ($94m) being transferred to 2018-19 to better align the level of investment in the annual capital works program and annual program delivery.

HEALTH DIRECTORATE
CONTROLLED NOTE INDEX
FOR THE YEAR ENDED 30 JUNE 2018

HEALTH DIRECTORATE
CONTROLLED NOTE INDEX
FOR THE YEAR ENDED 30 JUNE 2018

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

HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

Note 3. Controlled Recurrent Payments

Controlled Recurrent Payments (CRP) are revenue received from the ACT Government to fund the costs of delivering outputs.

	2018 $'000	2017 $'000
Revenue from the ACT Government		
Controlled Recurrent Payments[a]	265 993	290 692
Total Controlled Recurrent Payments	**265 993**	**290 692**

a) The decrease is mainly due to transfers to Expenses on Behalf of the Territory for capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service and maintaining Directorate's cash balance at appropriate liquidity levels to meet future cash requirements.

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 legally retained by the Directorate and driven by consumer demand.

	2018 $'000	2017 $'000
User Charges - ACT Government		
Local Hospital Network Funding[a]	891 776	853 331
Service Revenue	2 144	2 306
Total User Charges - ACT Government	**893 920**	**855 637**
User Charges - Non-ACT Government		
Service Revenue	13 015	12 075
Amounts Received for Highly Specialised Drugs[b]	18 538	26 307
Inpatient Fees	34 502	34 489
Facilities Fees	26 745	27 499
Non-inpatient Fees	1 439	1 153
Inventory Sales[c]	10 976	12 198
Accommodation and Meals	3 747	3 622
Total User Charges - Non-ACT Government	**108 962**	**117 343**
Total User Charges	**1 002 882**	**972 980**

a) The increase is mainly due to CPI increases and growth in admitted patients (0.9%), emergency department (3.2%) and acute mental health services (8.3%).
b) Hepatitis C medicines were added to the Commonwealth High Cost Drug reimbursement scheme during the 2015-16 financial year followed by spikes in demand. The initial demand continues to moderate in 2017-18 resulting in a fall in amounts received for highly specialised drugs.
c) The decrease is mainly due to a fall in the volume of consumables sold to private hospitals.

Note 5. Other Revenue

Other Revenue arises from the core activities of the Directorate.

	2018 $'000	2017 $'000
Revenue from ACT Government Entities		
Distribution from Investments with the Territory Banking Account	82	106
Total Other Revenue from ACT Government Entities	**82**	**106**
Revenue from Non-ACT Government Entities		
Grants[a]	10 001	11 229
Interest Revenue	67	58
Other[b]	8 440	5 428
Total Other Revenue from Non-ACT Government Entities	**18 508**	**16 715**
Total Other Revenue	**18 590**	**16 821**

a) The decrease mainly relates to lower special purpose grants for medical research which fluctuate based on specific research activities conducted during the year.
b) The increase is due to refunds received from Shared Services relating to salary sacrifice arrangements from prior years ($2.9m).

The Directorate has received grants from various entities which must be spent on specific purposes.

	2018 $'000	2017 $'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 the manner specified had not occurred at balance date	623	784
Contributions recognised as revenue in previous reporting periods which were not expended in the current reporting period	15 374	12 785
Total Amount of Unexpended Contributions at Balance Date	**15 998**	**13 569**

Note 6. Other Gains

Other Gains are transactions that are not part of the Directorate's core activities.

	2018 $'000	2017 $'000
Gains from the Sale of Assets	142	65
Assets Transferred from Other Entities[a]	-	940
Donations	1 410	1 261
Total Other Gains	**1 552**	**2 266**

a) There were no assets transferred to the Directorate from other entities during the year. $0.9m in 2016-17 relates to the transfer of ownership to the Directorate of the land on which the Calvary Hospital car park is located.

The Directorate has received donations from organisations and the general public which must be spent for specific purposes.

	2018 $'000	2017 $'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 the manner specified had not occurred at balance date	159	242
Contributions recognised as revenue in previous reporting periods which were not expended in the current reporting period	4 846	4 495
Total Amount of Unexpended Contributions at Balance Date	**5 005**	**4 737**

Note 7. Employee Expenses

	2018 $'000	2017 $'000
Wages and Salaries[a]	689 657	659 185
Annual Leave Expense[b]	21 454	13 914
Long Service Leave Expense[c]	5 269	(56)
Workers' Compensation Insurance Premium[d]	17 837	20 216
Termination Expense[e]	2 571	247
Other Employee Benefits and On-Costs[f]	7 800	9 917
Total Employee Expenses	**744 588**	**703 423**

	No.	No.
Average full-time equivalent staff levels during the year were.	**6 549**	**6 404**

a) The increase is due to pay rises under applicable Enterprise Agreements which received in-principle agreement at 30 June 2018 ($8.4m) and an increase in staff numbers (2%) related to growth in services in admitted patients (0.9%), emergency department (3.2%) and acute mental health services (8.3%).
b) The increase in Annual Leave Expense is mainly due to Enterprise Agreement pay rises ($2m), staff commencements with high accumulated leave balances, increases in staffing levels and the growth in liability due to leave earned exceeding leave taken.
c) The increase in Long Service Leave Expense is mainly due to increases in staffing levels (2%) and the growth in liability due to leave earned exceeding leave taken, partially offset by the decrease in the rate used to estimate the present value of long service leave liabilities (103.4% - 100.9%) $3.2m.
d) The decrease of $2.3m is due to Whole of Government savings achieved by ACT Insurance Authority (ACTIA) through improved injury prevention and return to work results, successful appeal actions and external recoveries.
e) The increase in termination payments ($2.2m) is mainly due to a higher number of redundancies in 2018 compared to 2017.
f) The decrease is mainly due to a reduction in Fringe Benefit Tax (FBT) expenses ($1.9m) and lower recruitment agency costs ($0.3m).

Note 8. Superannuation Expenses

	2018 $'000	2017 $'000
Superannuation Contributions to the Territory Banking Account	34 644	35 838
Productivity Benefit	4 601	4 646
Superannuation to External Providers	54 299	50 770
Total Superannuation Expenses[a]	**93 544**	**91 254**

a) The increase is mainly due to:
- pay rises under applicable Enterprise Agreements ($1.1m); and
- a 2% increase in staff, with the majority being members of superannuation schemes managed by external providers.

Note 9. Supplies and Services

	2018 $'000	2017 $'000
Auditor's Remuneration[a]	281	266
Blood Products	8 145	8 129
Clinical Expenses/Medical Surgical Supplies[b]	63 589	60 548
Communications	4 130	4 308
Computer Expenses[c]	47 345	40 989
Contractors and Consultants[d]	25 247	19 365
Domestic Services, Food and Utilities[e]	37 737	36 426
General Administration	21 372	21 867
Hire and Rental Charges	3 356	3 486
Insurance	26 613	26 962
Minor Capital[f]	3 239	2 362
Non-Contract Services	6 771	6 654
Operating Lease Rental Payments[g]	10 514	9 068
Pharmaceuticals[h]	35 622	40 070
Printing and Stationery	3 358	2 717
Property and Rental Expenses[i]	5 393	4 099
Public Relations	716	671
Publications	1 218	1 526
Repairs and Maintenance	19 146	19 621
Staff Development and Recruitment[j]	8 434	16 340
Travel and Accommodation	1 086	1 147
Vehicle Expenses	947	587
Visiting Medical Officers[k]	34 695	31 991
Total Supplies and Services	**368 954**	**359 199**

a) For the audit of the financial statements by the ACT Audit Office. No other services were provided.
b) The increase in clinical expenses/medical surgical supplies is mainly due to growth in patient activity in admitted patients (0.9%), emergency department (3.2%) and acute mental health services (8.3%).
c) The increase in Computer Expenses is mainly relating to indexation, increased delivery of non-capital projects including the Territory Radio Network and the Health Security Infrastructure System, new ICT initiatives including the Data Warehouse upgrade, the Digital Health Infrastructure Support and increased support and maintenance for existing legacy systems including ACT Patient Administration System (ACTPAS) and the Emergency Department Information System (EDIS).
d) The increase in Contractors and Consultants mainly relates to:
- additional support staff required for the implementation of new ICT initiatives, feasibility studies for the Pathology Laboratory Information System and the critical business systems review; and
- initiatives relating to Workforce Strategy and Governance to improve operational efficiency.

e) The increase in Domestic Services, Food and Utilities mainly relates to price increases of utilities and cleaning services and the full year effect of costs related to new buildings which commenced operation in mid 2017 including the Ngunnawal Bush Healing Farm, Dhulwa and Adult Mental Health Units and 2 - 6 Bowes Street Phillip.
f) The increase in Minor Capital is mainly due to a higher number of software, plant and equipment and medical and surgical equipment purchased during 2017-18 that were below the asset capitalisation threshold of $5,000.

Note 9. Supplies and Services (Continued)

g) The increase in Operating Lease Rental Payments is mainly due to the full year effect of operating lease expenses related to the Bowes Street office building which commenced operation in April 2017.
h) Hepatitis C medicines were added to the Commonwealth High Cost Drug reimbursement scheme during the 2015-16 financial year followed by spikes in demand. The initial demand continues to moderate in 2017-18 resulting in a fall in expenses for highly specialised drugs.
i) The increase in Property and Rental Expenses is mainly due to the full year effect of expenses relating to security services for sites which commenced operation in mid 2017.
j) The decrease is mainly due to higher expenditure for Medical Education Expenses in 2016-17.
k) The increase in Visiting Medical Officers is mainly due to covering specialist staff vacancies and growth in activity in admitted patients (0.9%), emergency department (3.2%) and acute mental health services (8.3%).

Note 10. Depreciation and Amortisation

	2018 $'000	2017 $'000
Depreciation		
Buildings[a]	21 400	19 782
Plant and Equipment	9 644	9 951
Leasehold Improvements	1 164	1 793
Total Depreciation	**32 208**	**31 526**
Amortisation		
Intangible Assets[b]	16 030	13 697
Total Amortisation	**16 030**	**13 697**
Total Depreciation and Amortisation	**48 238**	**45 223**

a) The increase in Depreciation charges for buildings is mainly due to new asset creations relating to the University of Canberra Hospital after handover of the building in February 2018 and the full year effect of Depreciation for new buildings that were completed in 2017 including the Ngunnawal Bush Healing Farm and the Dhulwa Mental Health Unit.
b) The increase is due to the full year effect of Amortisation relating to software assets added in 2017 including Clinical Portal Suites Computer Software, the Electronic Medication Management System and the Walk in Centre computer application and accelerated Amortisation for applicable software assets based on the intangible asset impairment review.

Note 11. 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 public 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.
- Expenditure to Other Service Providers are mainly for the provision of elective surgery procedures by private hospitals.

	2018 $'000	2017 $'000
Grants		
Grants	1 785	2 503
Total Grants	**1 785**	**2 503**
Purchased Services		
Calvary Hospital	11 835	11 944
Non-Government Organisations	67 925	68 151
Payments to Service Providers	4 321	4 151
Other	15 158	14 387
Total Purchased Services	**99 239**	**98 659**
Total Grants and Purchased Services	**101 024**	**101 162**

Note 12. Cost of Goods Sold

Cost of goods sold represents hospital supplies sold to private hospitals.

	2018 $'000	2017 $'000
Cost of Goods Sold	8 342	9 150
Total Cost of Goods Sold	**8 342**	**9 150**

Note 13. Other Expenses

	2018 $'000	2017 $'000
Miscellaneous Expenses[a]	1 053	4 656
Legal Settlements[b]	3 524	2 535
Waivers, Impairment Losses and Write-offs (see Note 14)[c]	2 685	7 211
Loss on Sale of Assets	3 569	4 165
Total Other Expenses	**10 831**	**18 567**

a) The decrease in Miscellaneous Expenses is mainly due to higher expenses in 2016-17 relating to components such as feasibility studies for the redevelopment of various buildings on the Canberra Hospital Campus.
b) The increase in legal settlements is due to a higher number of legal settlements compared to 2016-17.
c) The decrease is mainly due to higher expenses in 2016-17 relating to expensing of impaired Computer Software Works in Progress including the Electronic Medical Record and the Maternal and Child Health projects and lower impairment of receivables due to a decrease in overdue debts in 2017-18.

Note 14. 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.

	2018		2017	
	No.	$'000	No.	$'000
Impairment Losses				
Impairment Loss from Receivables				
Trade Receivables	1 337	1 065	672	1 930
Total Impairment Loss from Receivables	1 337	1 065	672	1 930
Impairment Loss from Property, Plant and Equipment				
Plant and Equipment	8	101	100	313
Computer Software Works in Progress	45	385	13	3 523
Total Impairment Losses from Property, Plant and Equipment	53	486	113	3 836
Total Impairment Losses	**1 390**	**1 551**	**785**	**5 766**
Write-Offs				
Irrecoverable Debts	2 153	819	4 212	1 191
Obsolete Stock	286	315	252	254
Total Write-Offs	**2 439**	**1 134**	**4 464**	**1 445**
Total Impairment Losses and Write-Offs	**3 829**	**2 685**	**5 249**	**7 211**

Note 15. 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% (2.35 % in 2016-17). These funds may be withdrawn upon request.

	2018 $'000	2017 $'000
Cash on Hand	43	44
Cash at Bank[a]	60 358	109 175
Total Cash and Cash Equivalents	**60 401**	**109 219**

a) The Directorate's cash balances are maintained at appropriate liquidity levels to meet future cash requirements. The reduction relates to utilising existing cash balances during the year mainly due to the transfer of appropriation to payment on behalf of Territory for capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service.

Note 16. Receivables

	2018 $'000	2017 $'000
Current Receivables		
Trade Receivables	1 341	1 085
Trade Receivables - Patient Fees[a]	14 876	13 835
	16 217	**14 920**
Less: Allowance for Impairment Losses[b]	(7 195)	(6 171)
	9 022	**8 749**
Other Trade Receivables	16 433	16 551
Less: Allowance for Impairment Losses	(508)	(467)
	15 925	**16 084**
Accrued Revenue[c]	6 077	4 982
Net GST Receivable	2 697	3 160
Total Current Receivables	**33 721**	**32 975**
Total Receivables	**33 721**	**32 975**

a) The increase in Trade Receivables for Patient Fees mainly relates to higher Medicare ineligible patient debts. Medicare ineligible patients are non-resident patients seeking Hospital treatment at the Canberra Hospital.
b) The increase in Allowance for Impairment Losses is mainly due to the recognition of an additional impairment for 106 Medicare ineligible patient debts which were overdue for more than 90 days and 728 private patient debts that have been overdue for more than 120 days.
c) The increase in Accrued Revenue mainly relates to amounts receivable for Comcare premium adjustments and High Cost Drugs reimbursements.

Ageing of Receivables

	Not Overdue	Overdue			Total
		Less than 30 days	30 to 60 days	Greater than 60 days	
	$'000	$'000	$'000	$'000	$'000
2018					
Not Impaired					
Receivables	28 420	2 353	437	2 510	33 721
Impaired					
Receivables	-	-	-	7 703	7 703
2017					
Not Impaired					
Receivables	27 135	1 699	449	3 692	32 975
Impaired					
Receivables	-	-	-	6 638	6 638

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

Note 16. Receivables (Continued)

	2018 $'000	2017 $'000
Reconciliation of the Allowance for Impairment Losses		
Allowance for Impairment Losses at the Beginning of the Reporting Period	6 638	4 708
Additional Allowance and Impairment Losses Recognised	1 065	1 930
Allowance for Impairment Losses at the End of the Reporting Period	**7 703**	**6 638**
Classification of ACT Government/Non-ACT Government Receivables		
Receivables from ACT Government Entities		
Net Trade Receivables	105	72
Net Other Trade Receivables[a]	2 716	5 315
Accrued Revenue	1	-
Net Goods and Services Tax Receivable	-	33
Total Receivables from ACT Government Entities	**2 822**	**5 420**
Receivables from Non-ACT Government Entities		
Net Trade Receivables	8 917	8 209
Net Other Trade Receivables	13 209	11 236
Accrued Revenue	6 076	4 982
Net Goods and Services Tax Receivable	2 697	3 128
Total Receivables from Non-ACT Government Entities[b]	**30 899**	**27 555**
Total Receivables	**33 721**	**32 975**

a) The decrease in Net Other Trade Receivables mainly relates to a higher percentage of total public hospital payments being received from the ACT Local Hospital Network Directorate (LHN) for providing health and hospital services.
b) The increase in Total Receivables from Non-ACT Government Entities mainly relates to higher Medicare ineligible patient debts, amounts receivable for Comcare premium adjustments and High Cost Drugs reimbursements.

Note 17. Inventories

	2018 $'000	2017 $'000
Inventory		
Purchased Items - Cost[a]	6 884	9 018
Total Inventory	**6 884**	**9 018**

a) The decrease mainly relates to lower High Cost Drugs purchases due to decreasing demand for Hepatitis C medicine and lower stock holdings of consumables such as surgical and procedure packs sold to private hospitals due to lower demand.

Note 18. Property, Plant and Equipment

Property, plant and equipment includes the following classes of assets. Property, plant and equipment does not include assets held for sale.

- *Land* includes leasehold land held by the Directorate.
- *Buildings* include hospital buildings, community health centres and car parks.
- *Leasehold improvements* represent fit-outs in 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.

	2018 $'000	2017 $'000
Land and Buildings		
Land at Fair Value	47 020	47 550
Total Land Assets	**47 020**	**47 550**
Buildings at Fair Value [a]	1 110 908	929 025
Less: Accumulated Depreciation	(23 013)	-
Total Buildings	**1 087 895**	**929 025**
Total Land and Buildings	**1 134 915**	**976 575**
Leasehold Improvements		
Leasehold Improvements at Fair Value[b]	12 131	10 012
Less: Accumulated Depreciation	(2 163)	-
Total Leasehold Improvements	**9 968**	**10 012**
Plant and Equipment		
Plant and Equipment at Cost[c]	141 683	122 050
Less: Accumulated Depreciation	(88 815)	(79 678)
Total Plant and Equipment	**52 868**	**42 372**
Total Property, Plant and Equipment	**1 197 751**	**1 028 959**

a) The increase in Buildings at Fair Value mainly relates to the newly completed building at the University of Canberra Hospital ($148.6m).
b) The increase in Leasehold Improvements is due to asset additions to the office space fit out at 2 - 6 Bowes Street, Phillip.
c) The increase is mainly due to the acquisition of Plant and Equipment for the University of Canberra Hospital and the purchase of equipment to meet operational needs in existing facilities ($13.5m).

Note 18. Property, Plant and Equipment (Continued)

Reconciliation of Property, Plant and Equipment

The following table shows the movement of Property, Plant and Equipment during 2017-18.

	Land $'000	Buildings $'000	Leasehold Improvements $'000	Plant and Equipment $'000	Total $'000
Carrying Amount at the Beginning of the Reporting Period	**47 550**	**929 025**	**10 012**	**42 372**	**1 028 959**
Additions	-	185 906	932	20 366	207 204
Revaluation (Decrement)	-	(945)	(1 516)	-	(2 461)
Disposals	-	-	-	(733)	(733)
Depreciation	-	(21 400)	(1 164)	(9 644)	(32 208)
Acquisition/(Disposal) from Transfers	(530)	(2 987)	-	-	(3 517)
Depreciation Write Back for Asset Disposals	-	-	-	507	507
Other Movements	-	(1 704)	1 704	-	-
Carrying Amount at the End of the Reporting Period	**47 020**	**1 087 895**	**9 968**	**52 868**	**1 197 751**

The following table shows the movement of Property, Plant and Equipment during 2016-17.

	Land $'000	Buildings $'000	Leasehold Improvements $'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**

Note 18. Property, Plant and Equipment (Continued)

Fair Value Hierarchy

The Fair Value Hierarchy below reflects the significance of the inputs used in determining fair value. The Fair Value Hierarchy is made up of the following three levels:

- Level 1 – quoted prices (unadjusted) in active markets for identical assets or liabilities that the Directorate can access at the measurement date;
- Level 2 – inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly; and
- Level 3 – inputs that are unobservable for particular assets or liabilities.

Details of the Directorate's property, plant and equipment at fair value and information about the Fair Value Hierarchy at 30 June 2018 are as follows:

Classification According to Fair Value Hierarchy at 30 June 2018

	Level 1 $'000	Level 2 $'000	Level 3 $'000	Total $'000
Property, Plant and Equipment at Fair Value				
Land	-	940	46 080	47 020
Buildings	-	3 890	1 084 005	1 087 895
Leasehold Improvements	-	-	9 968	9 968
	-	**4 830**	**1 140 053**	**1 144 883**

Details of the Directorate's property, plant and equipment at fair value and information about the Fair Value Hierarchy at 30 June 2017 is 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**

Note 18. Property, Plant and Equipment (Continued)

Transfers between Categories

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. In determining the value of buildings and leasehold improvements assets regard was given to the age and condition of the assets, their estimated replacement cost and current use. This required the use of data internal to the Health Directorate.

There has been no change to the above valuation techniques during the reporting period.

Note 18. Property, Plant and Equipment (Continued)

Fair Value Measurements using significant unobservable inputs (Level 3)

At 30 June 2018	Land $'000	Buildings $'000	Leasehold Improvements $'000
Fair Value at the Beginning of the Reporting Period	**46 610**	**925 135**	**10 012**
Additions	-	185 906	932
Revaluation Increments/(Decrements) Recorded in Other Comprehensive income	-	(945)	(1 516)
Depreciation	-	(21 400)	(1 164)
Acquisition/(Disposal) from Transfers	(530)	(2 987)	-
Other Movements	-	(1 704)	1 704
Fair Value at the End of the Reporting Period	**46 080**	**1 084 005**	**9 968**
Total gains or losses for the period included in Profit or Loss, under 'Other Gains'	-	-	-

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**
Total gains or losses for the period included in Profit or Loss, under 'Other Gains'	-	-	-

Note 19. Intangible Assets

The only Intangible Assets that the Directorate has is internally generated software.

	2018 $'000	2017 $'000
Computer Software		
Internally Generated Software		
Computer Software at Cost[a]	114 931	113 555
Less: Accumulated Amortisation[b]	(84 563)	(68 533)
Total Computer Software	**30 368**	**45 022**
Total Intangible Assets	**30 368**	**45 022**

a) The increase is due to the completion of several Computer Software projects that created new assets or expansions to existing systems including the Cancer CIS (ARIA), Cardiology System, iDose, Rehabilitation Activity Tracker and Gastroenterology Reporting System.

b) The increase is due to the full year effect of Amortisation relating to Software assets added in 2017 and the accelerated amortisation for the applicable Software assets including the Walk in Centre Computer Application, the Picture Archival Communication System (RIS) and the Whiteboard System as a result of the 2017-18 intangible asset impairment review.

Reconciliation of Intangible Assets

The following table shows the movement of internally generated Intangible Assets during 2017-18.

	Internally Generated Software $'000	Total $'000
Carrying Amount at 1 July 2017	**45 022**	**45 022**
Additions	1 376	1 376
Amortisation	(16 030)	(16 030)
Carrying Amount at 30 June 2018	**30 368**	**30 368**

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.

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**

Note 20. Capital Works in Progress

Assets under construction or development in 2017-18, include hospital buildings, software and plant and equipment.

	2018 $'000	2017 $'000
Building Works in Progress[a]	45 878	173 416
Plant and Equipment Works in Progress[b]	4 074	1
Computer Software Works in Progress[c]	29 807	11 318
Total Capital Works in Progress	**79 759**	**184 735**

a) The decrease in Building Works in Progress in 2018 is mainly due to the completion of the majority of construction for the new University of Canberra Hospital building ($148m) which contributed to the high balance in 2017. The balance of $45.8m in 2018 mainly relates to the upgrade and asset maintenance works across the Canberra Hospital campus ($23.2m) including the Main Electrical Switchboard Replacement, Hydraulic Upgrades and Air Conditioning across the Canberra Hospital Buildings and the remainder of works in progress for University of Canberra Hospital ($12.8m).

b) The increase in Plant and Equipment Works in Progress is mainly due to major equipment purchases for the Canberra Hospital including air conditioning units and Warewasher biomedical equipment.

c) The increase in Computer Software Works in Progress is mainly due to ongoing computer software development for the use at the University of Canberra Hospital ($12.0m) and to enhance the compatibility of these systems with existing software programs across Canberra Hospital and Health Services and ongoing work relating to the E-Healthy Future package ($6.3m).

Note 20. Capital Works in Progress (Continued)

Reconciliation of Capital Works in Progress

The following table shows the movement of Capital Works in Progress during 2017-18.

	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	**173 416**	**1**	**11 318**	**184 735**
Additions	74 265	4 240	21 703	**100 208**
Capital Works in Progress				
Completed and Transferred to Property, Plant and Equipment and Intangible Assets	(200 892)	(78)	(1 461)	**(202 431)**
Capital Works Expensed	(911)	(89)	(1 753)	**(2 753)**
Carrying Amount at the End of the Reporting Period	**45 878**	**4 074**	**29 807**	**79 759**

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**

Note 21. Other Assets

	2018 $'000	2017 $'000
Current Other Assets		
Prepayments[a]	2 480	4 200
Lease Incentive[b]	4 003	3 868
Total Current Other Assets	**6 483**	**8 068**
Non-Current Other Assets		
Lease Incentive[b]	6 907	10 909
Total Non-Current Other Assets	**6 907**	**10 909**
Total Other Assets	**13 390**	**18 977**

a) The decrease mainly relates to an existing BioMedical Equipment services contract currently being under extended negotiations. Payments are usually made in advance subsequent to the finalisation of the service contract.

b) The decrease is due to the amortisation of one year of the rent free period allowed for in the multi-year lease on 2 - 6 Bowes Street, Phillip reducing the lease incentive asset.

Note 22. Payables

	2018 $'000	2017 $'000
Current Payables		
Trade Payables[a]	1 852	4 743
Other Payables	-	12
Accrued Expenses[b]	46 559	84 622
Total Payables	**48 411**	**89 377**

a) The decrease in Trade Payables is due to a large volume of invoices being received and paid on time as a result of the Accounts Payable Invoice Automation Solution (APIAS).

b) The decrease is mainly due to higher balances in 2016-17 for payments made in 2017-18 including capital works invoices for the on-going construction of the University of Canberra Hospital, Medical Education Expenses and performance plan negotiations for the Calvary Network Agreement.

	2018 $'000	2017 $'000
Payables are aged as followed		
Not Overdue	48 287	87 437
Overdue for Less than 30 Days	124	1 811
Overdue for 30 to 60 Days	-	92
Overdue for More than 60 Days	-	37
Total Payables	**48 411**	**89 377**

Classification of ACT Government/Non-ACT Government Payables

Payables with ACT Government Entities		
Trade Payables	48	-
Accrued Expenses	7 973	32 442
Total Payables with ACT Government Entities	**8 021**	**32 442**
Payables with Non-ACT Government Entities		
Trade Payables	1 803	4 743
Other Payables	-	12
Accrued Expenses	38 587	52 180
Total Payables with Non-ACT Government Entities	**40 390**	**56 935**
Total Payables	**48 411**	**89 377**

Note 23. Employee Benefits

	2018 $'000	2017 $'000
Current Employee Benefits		
Annual Leave	112 212	106 292
Long Service Leave	114 811	112 172
Accrued Salaries[a]	15 969	6 335
Other Benefits	38	84
Total Current Employee Benefits	**243 030**	**224 883**
Non-Current Employee Benefits		
Long Service Leave	15 284	16 016
Total Non-Current Employee Benefits	**15 284**	**16 016**
Total Employee Benefits	**258 314**	**240 899**

At 30 June 2018, the Directorate employed 6,661 Full Time Equivalent (FTE) staff. There were 6,476 FTE staff at 30 June 2017. The increase in staff numbers is mainly due to growth in services for admitted patients, emergency department and acute mental health services.

a) The increase is due to accruals for pay rises and back pay for applicable Enterprise Agreements.

Estimate of when Leave is Payable	2018 $'000	2017 $'000
Estimated Amount Payable within 12 months		
Annual Leave	66 376	61 005
Long Service Leave	9 226	8 355
Accrued Salaries	15 969	6 335
Other Benefits	38	84
Total Employee Benefits Payable within 12 months	**91 609**	**75 779**
Estimated Amount Payable after 12 months		
Annual Leave	45 836	45 290
Long Service Leave	120 869	119 833
Total Employee Benefits Payable after 12 months	**166 705**	**165 123**
Total Employee Benefits	**258 314**	**240 902**

Note 24. Other Liabilities

	2018 $'000	2017 $'000
Current Other Liabilities		
Revenue Received in Advance	6 873	6 950
Lease Incentives	1 114	1 114
Total Current Other Liabilities	**7 987**	**8 064**
Non-Current Other Liabilities		
Lease Incentives[a]	13 925	15 039
Total Non-Current Other Liabilities	**13 925**	**15 039**
Total Other Liabilities	**21 912**	**23 103**

a) The decrease is due to the amortisation of the lease incentive liability over the multi-year lease on 2 - 6 Bowes Street, Phillip.

Note 25. Equity

Asset Revaluation Surplus

The Asset Revaluation Surplus is used to record the increments and decrements in the value of property, plant and equipment.

	2018 $'000	2017 $'000
Balance at the Beginning of the Reporting Period	**132 626**	**131 032**
Increment in Land due to Revaluation	-	2 355
(Decrement) in Buildings due to Revaluation	(945)	(1 966)
(Decrement)/Increment in Leasehold Improvements due to Revaluation	(1 516)	1 205
Total Increase/(Decrease) in the Asset Revaluation Surplus	**(2 461)**	**1 594**
Balance at the End of the Reporting Period	**130 165**	**132 626**

Note 26. 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 2 - *Significant Accounting Policies* (see Appendix B).

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the amount of the financial assets it holds net of any provision for impairment. The Directorate expects to collect all financial assets that are not past due or impaired.

Credit risk is managed by the Directorate for cash at bank by holding bank balances with the ACT Government's banker, Westpac Banking Corporation (Westpac). Westpac holds a AA- issuer credit rating with Standard and Poors. An AA- credit rating is defined as 'very strong capacity to meet financial commitments'.

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 another financial asset. 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 Hospital 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 26. Financial Instruments (Continued)

Carrying Amount and Fair Value of Financial Assets and Liabilities

	Note No.	Carrying Amount 2018 $'000	Fair Value Amount 2018 $'000	Carrying Amount 2017 $'000	Fair Value Amount 2017 $'000
Financial Assets					
Cash and Cash Equivalents	15	60 401	60 401	109 219	109 219
Receivables	16	31 024	31 024	29 815	29 815
Investment with the Territory Banking Account		3 022	3 022	3 029	3 029
Total Financial Assets		**94 447**	**94 447**	**142 063**	**142 063**
Financial Liabilities					
Payables	22	48 411	48 411	89 377	89 377
ACT Government Borrowings		2 494	2 494	2 919	2 919
Total Financial Liabilities		**50 905**	**50 905**	**92 296**	**92 296**

Fair Value Hierarchy

The carrying amount of financial assets measured at fair value. 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.

2018	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	-	3 022	-	3 022
Total Financial Assets	**-**	**3 022**	**-**	**3 022**

2017

Financial Assets				
Investment with the Territory Banking Account - Cash Enhanced Fund	-	3 029	-	3 029
Total Financial Assets	**-**	**3 029**	**-**	**3 029**

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 26. 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 2018. All 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.

2018	Note No.	Weighted Average Interest Rate	Fixed Interest Maturing In: Floating Interest Rate $'000	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	15		-	-	-	-	60 401	60 401
Receivables	16		-	-	-	-	31 024	31 024
Investments with the Territory Banking Account		2.35%	3 022	-	-	-	-	3 022
Total Financial Assets			**3 022**	**-**	**-**	**-**	**91 425**	**94 447**
Financial Liabilities								
Payables	22		-	-	-	-	48 411	48 411
Borrowings			-	-	-	-	2 494	2 494
Total Financial Liabilities			**-**	**-**	**-**	**-**	**50 905**	**50 905**
Net Financial Assets			**3 022**	**-**	**-**	**-**	**40 520**	**43 542**

HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

Note 26. 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. All 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	Fixed Interest Maturing In: Floating Interest Rate $'000	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	15		-	-	-	-	109 219	109 219
Receivables	16		-	-	-	-	29 815	29 815
Investments with the Territory Banking Account		2.35%	3 029	-	-	-	-	3 029
Total Financial Assets			**3 029**	**-**	**-**	**-**	**139 034**	**142 063**
Financial Liabilities								
Payables	22		-	-	-	-	89 377	89 377
Borrowings			-	-	-	-	2 919	2 919
Total Financial Liabilities			**-**	**-**	**-**	**-**	**92 296**	**92 296**
Net Financial Assets			**3 029**	**-**	**-**	**-**	**46 738**	**49 767**

Note 26. Financial Instruments (Continued)

Carrying Amount of Each Category of Financial Asset and Financial Liability

	2018 $'000	2017 $'000
Financial Assets		
Loans and Receivables Measured at Amortised Cost	31 024	29 815
Financial Assets at Fair Value through the Profit and Loss Designated upon Initial Recognition	3 022	3 029
Financial Liabilities	-	
Financial Liabilities Measured at Amortised Cost	50 905	92 296

Gains/(Losses) on Each Category of Financial Asset and Financial Liability

Gains/(Losses) on Financial Assets		
Financial Assets at Fair Value through the Profit and Loss Designated upon Initial Recognition	(7)	-

Note 27. Commitments

Capital Commitments

Capital Commitments, contracted at reporting date, include the construction of new buildings, upgrading current buildings and new computer software:

	2018 $'000	2017 $'000
Capital Commitments - Property, Plant and Equipment		
Payable:		
Within one year[a]	90 164	149 912
Later than one year but not later than five years[b]	77 067	44 611
Total Capital Commitments - Property, Plant and Equipment	**167 231**	**194 523**
Capital Commitments - Intangible Assets		
Payable:		
Within One Year[c]	2 807	11 197
Later than one year but not later than five years[d]	3 531	330
Total Capital Commitments - Intangible Assets	**6 338**	**11 527**
Total Capital Commitments	**173 569**	**206 050**

a) The reduction in Property, Plant and Equipment (PPE) capital commitments within one year is mainly due to the completion of the majority of construction for the new University of Canberra Hospital building.
b) The increase in PPE capital commitments later than one year but not later than five years is mainly for the finalisation of construction for the University of Canberra Hospital and renovations to improve infrastructure for acute aged care and cancer inpatients at the Canberra Hospital.
c) The reduction in Intangible Assets capital commitments within one year is mainly due to the completion of the majority of work relating to new computer software programs funded from the E-Healthy Future package.
d) The increase in Intangible Assets capital commitments later than one year but not later than five years is for the finalisation of new computer software programs funded from the E-Healthy Future package.

Note 27. Commitments (Continued)

Operating Lease Commitments

The Directorate has several non-cancellable operating leases for buildings and computer assets.

	2018 $'000	2017 $'000
Non-cancellable operating commitments are as follows:		
Within one year[a]	7 843	6 386
Later than one year but not later than five years[b]	38 710	23 323
Later than five years[c]	56 861	62 165
Total Operating Lease Commitments	**103 414**	**91 874**

a) The increase in operating lease commitments within one year is from an increase in computer asset leases which include new mobile workstations at the Canberra Hospital.
b) The increase in operating lease commitments later than one year but not later than five years relates to rent at 2 - 6 Bowes Street, Phillip office accommodation reaching the end of the rent free period in the multi-year lease and an increase in computer asset leases which include new mobile workstations at the Canberra Hospital.
c) The decrease relates to the ongoing multi-year lease at 2 - 6 Bowes Street, Phillip.

Other Commitments

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

	2018 $'000	2017 $'000
Non-cancellable other commitments are as follows:		
Within one year	43 033	46 797
Later than one year but not later than five years [a]	101	39 636
Total Other Commitments	**43 135**	**86 433**

a) The decrease in commitments to Non-Government Organisations later than one year but not later than five years is a result of the contracts being at the end of their lifecycle, with most contracts ending in June 2019.

Operating Lease Commitments - Motor Vehicles

All motor vehicles are now on an operating lease arrangement with SG Fleet.

	2018 $'000	2017 $'000
Non-cancellable other commitments are payable as follows:		
Within one year	2 117	1 843
Later than one year but not later than five years [a]	2 888	1 250
Total Operating Lease Commitments - Motor Vehicle	**5 005**	**3 093**

a) The increase in Motor Vehicle commitments later than one year but not later than five years is due to the renewal of leases, addition of four vehicles and rental increases in line with indexation.

All amounts shown in the commitment note are inclusive of GST.

Note 28. Contingent Liabilities and Contingent Assets

Contingent Liabilities

The Directorate is subject to 136 legal actions (2017 - 131 actions). The Directorate's maximum exposure under the ACT Insurance Authority insurance policy is estimated at $5,346,000 at 30 June 2018 (30 June 2017 - $5,390,000), which has not been provided for in the accounts.

Furthermore, the Directorate has assessed a contingent liability for back payments to staff affected by 2017-18 Enterprise Bargaining Agreements that had not reached the in-principle agreement stage amounting to approximately $5.2m.

Note 29. 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

	2018 $'000	2017 $'000
Cash and Cash Equivalents Disclosed in the Balance Sheet	60 401	109 219
Cash and Cash Equivalents at the End of the Reporting Period as Recorded in the Cash Flow Statement	**60 401**	**109 219**

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

Operating (Deficit)	(80 571)	(39 502)
Add/(Less) Non-Cash Items		
Depreciation of Property, Plant and Equipment	32 208	31 525
Amortisation of Intangibles	16 030	13 697
Bad and Doubtful Debts	1 884	3 121
Asset Book Value Written Down	109	4 164
Impairment Loss of Non-Current Assets	486	3 836
Obsolete Stock	315	254
Finance Cost on Make Good	8	-
Make Good	(1 462)	-
Lease Payment	2 753	1 377
Rent Incentive	(1 114)	(557)
Assets transferred to/(from) Other ACT Government Entities	3 517	(940)
Add/(Less) Items Classified as Investing or Financing		
Net Gain on Disposal of Non-Current Assets	(141)	(65)
Unrealised Loss/(Gain) on Investments	6	(10)
Cash Before Changes in Operating Assets and Liabilities	**(25 972)**	**16 900**
Changes in Operating Assets and Liabilities		
(Increase)/Decrease in Receivables	(746)	5 786
Decrease in Inventories	2 134	1 088
Decrease/(Increase) in Other Assets	5 587	(14 974)
(Decrease)/Increase in Payables	(18 823)	4 265
Increase/(Decrease) in Employee Benefits	17 412	(137)
(Decrease) in Other Provisions	(1 269)	-
(Decrease)/Increase in Other Liabilities	(1 191)	16 036
Net Changes in Operating Assets and Liabilities	**3 104**	**12 064**
Net Cash (Outflows)/Inflows from Operating Activities	**(22 868)**	**28 964**

Note 29. Cash Flow Reconciliation (Continued)

(c) Reconciliation of liabilities arising from financing activities

	2017 $'000	Cash Flows $'000	Non-cash changes		2018 $'000
			New Leases	Other	
Interest Bearing Liabilities	2 919	(425)	-	-	2 494
Debt	**2 919**	**(425)**	**-**	**-**	**2 494**

Note 30. Events Occurring After Balance Sheet Date

In line with the ACT Government announcement in March 2018, the Health Directorate will separate into two distinct organisations from 1 October 2018, with one organisation responsible for ACT Health's clinical operations and a second organisation responsible for strategic policy and planning. The Health Directorate is working through the affect this will have on its financial statements in future reporting periods.

Note 31. Third Party Monies

The Directorate held funds in trust relating to the activities of the Health Directorate Human Research Ethics Committee.

	2018 $'000	2017 $'000
Human Research Ethics Committee Account		
Balance at the Beginning of the Reporting Period	**327**	**342**
Cash Receipts	290	312
Cash Payments	(261)	(327)
Balance at the End of the Reporting Period	**356**	**327**

The Directorate held funds in trust relating to residents of its Mental Health Facilities.

	2018 $'000	2017 $'000
Mental Health Account		
Balance at the Beginning of the Reporting Period	**14**	**35**
Cash Receipts	49	84
Cash Payments	(58)	(105)
Balance at the End of the Reporting Period	**5**	**14**

The Directorate held funds relating to the activities of Salaried Specialists.

	2018 $'000	2017 $'000
Private Practice Fund		
Balance at the Beginning of the Reporting Period	**36 931**	**26 419**
Cash Receipts	44 149	33 731
Cash Payments	(35 231)	(23 219)
Balance at the End of the Reporting Period	**45 849**	**36 931**

Note 32. 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 2018.

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 2018.

Compensation by Health Directorate to KMP is set out below.

	2018 $'000	2017 $'000
Short-term employee benefits	2 728	7 714
Post employment benefit	337	1 016
Other long-term benefit	64	181
Termination benefit	325	-
Total Compensation by the Health Directorate to KMP	**3 454**	**8 911**

The total average Full Time Equivalent of Key Management Personnel (KMP) that are included in the above table is 12 (27 in 2016-17). The reduction in the number of KMPs is due to better alignment of the selection of KMPs to the Accounting Standard (AASB 124) only including individuals with significant influence in overarching policies and strategic decisions impacting the Directorate.

HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

Note 32. 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 33. 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.

Operating Statement Line Items	Actual 2017-18 $'000	Original Budget[1] 2017-18 $'000	Variance $'000	Variance %	Variance Explanations
Controlled Recurrent Payments	265 993	313 371	(47 378)	(15)	The decrease is mainly due to transfers to Expenses on Behalf of the Territory for capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service and amounts for the Enterprise Bargaining Agreements still under negotiation, reducing the balance required to be paid in the 2017-18 financial year.

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2017-18 Budget Statements). These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

Health Directorate

Note 33. Budgetary Reporting (Continued)

Balance Sheet Line Items

	Actual 2017-18 $'000	Original Budget[1] 2017-18 $'000	Variance $'000	Variance %	Variance Explanation
Receivables	33 721	42 742	(9 021)	(21)	Lower receivables mainly relates to lower accrued revenue for high cost drugs and patient accommodation due to lower activity.
Property, Plant and Equipment	1 197 751	1 375 316	(177 565)	(13)	Lower Property, Plant and Equipment is mainly due to completion timelines of current capital works projects being adjusted for detailed design and planning work to facilitate construction activities in an active hospital environment and due to capital injections transferred to 2018-19 to better align the level of investment in the annual capital works program and annual program delivery.
Other Liabilities	21 912	5 385	16 527	307	Higher other liabilities mainly related to the liability component of a building lease which include a multi-year rent free period.
Accumulated Funds	963 807	1 099 327	(135 520)	(12)	Lower Accumulated Funds is mainly due to lower opening balance, lower operating result than budgeted during the year ($30.3m) and lower capital injections due to transferrs to 2018-19 to better align the level of investment in the annual capital works program and annual program delivery ($54.6m).

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2017-18 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.

Note 33. Budgetary Reporting (Continued)

Cash Flow Statement Line

	Actual 2017-18 $'000	Original Budget 2017-18 $'000	Variance $'000	Variance %	Variance Explanation
Controlled Recurrent Payments	265 993	313 371	(47 378)	(15)	The decrease is mainly due to transfers to Expenses on Behalf of the Territory for capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service and amounts for the Enterprise Bargaining Agreements still under negotiation, reducing the balance required to be paid in the 2017-18 financial year.
Payments for Capital Works	121 418	158 205	(36 787)	(23)	The decrease in payment of Capital Works is mainly due to completion timelines of current capital works projects being adjusted for detailed design and planning work to facilitate construction activities in an active hospital environment.
Capital Injections	102 833	157 393	(54 560)	(35)	The decrease is mainly due to the transfer of capital injections ($94m) to 2018-19 to better align the level of investment in the annual capital works program and annual program delivery, partially offset by unspent Capital Injections transferred from 2016-17 ($31.5m) mostly relating to University of Canberra Hospital construction, Health Infrastructure Program, Canberra Hospital Re-development, E- Healthy Future project and Secure Mental Health Unit and a transfer of appropriation from 'Payments on behalf of the Territory' to 'Capital Injections' relating to the University of Canberra Hospital carpark project ($11.2m).

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2017-18 Budget Statements). These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

Territorial Financial Statements

For the Year Ended

30 June 2018

Health Directorate

HEALTH DIRECTORATE
STATEMENT OF INCOME AND EXPENSES ON BEHALF OF THE TERRITORY
FOR THE YEAR ENDED 30 JUNE 2018

	Note No.	Actual 2018 $'000	Original Budget 2018 $'000	Actual 2017 $'000
Income				
Revenue				
Payments for Expenses on Behalf of the Territory	35	25 519	18 593	6 290
Fees	36	1 376	1 376	1 264
Total Revenue		**26 895**	**19 969**	**7 554**
Total Income		**26 895**	**19 969**	**7 554**
Expenses				
Grants and Purchased Services	37	23 579	18 593	5 909
Transfer to Government	38	1 374	1 376	1 269
Total Expenses		**24 953**	**19 969**	**7 178**
Total Comprehensive Surplus		**1 942**	**-**	**376**

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 2018

	Note No.	Actual 2018 $'000	Original Budget 2018 $'000	Actual 2017 $'000
Current Assets				
Cash and Cash Equivalents	39	1 089	349	674
Receivables	40	1 578	-	51
Total Current Assets		**2 667**	**349**	**725**
Total Assets		**2 667**	**349**	**725**
Current Liabilities				
Advance from the Territory Banking Account	41	300	301	300
Total Liabilities		**300**	**301**	**300**
Net Assets		**2 367**	**48**	**425**
Equity				
Accumulated Funds		2 367	48	425
Total Equity		**2 367**	**48**	**425**

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 2018

	Accumulated Funds Actual 2018 $'000	Total Equity Actual 2018 $'000	Original Budget 2018 $'000
Balance at 1 July 2017	**425**	**425**	**48**
Comprehensive Income			
Operating Surplus	1 942	1 942	-
Total Comprehensive Income	**1 942**	**1 942**	**-**
Balance at 30 June 2018	**2 367**	**2 367**	**48**

	Accumulated Funds Actual 2017 $'000	Total Equity Actual 2017 $'000
Balance at 1 July 2016	**49**	**49**
Comprehensive Income		
Operating Surplus	**376**	**376**
Total Comprehensive Income	**376**	**376**
Balance at 30 June 2017	**425**	**425**

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 2018

	Note No.	Actual 2018 $'000	Original Budget 2018 $'000	Actual 2017 $'000
Cash Flows from Operating Activities				
Receipts				
Cash from Government for Expenses on Behalf of the Territory		25 519	18 593	6 290
Fees		1 376	1 376	1 265
Other		832	1 859	539
Total Receipts from Operating Activities		**27 727**	**21 828**	**8 094**
Payments				
Grants and Purchased Services		23 579	18 593	5 909
Transfer of Territory Receipts to the ACT Government		1 374	1 376	1 269
Other		2 359	1 859	591
Total Payments from Operating Activities		**27 312**	**21 828**	**7 769**
Net Cash Inflows from Operating Activities	42	**415**	**-**	**325**
Net Increase in Cash and Cash Equivalents		**415**	**-**	**325**
Cash and Cash Equivalents at the Beginning of the Reporting Period		674	349	349
Cash and Cash Equivalents at the End of the Reporting Period	42	**1 089**	**349**	**674**

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 2018

	Original Budget 2018 $'000	Total Appropriated 2018 $'000	Appropriation Drawn 2018 $'000	Appropriation Drawn 2017 $'000
Territorial				
Expenses on Behalf of the Territory	18 593	28 065	25 519	6 290
Total Territorial Appropriation	**18 593**	**28 065**	**25 519**	**6 290**

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 2017-18	**Payment for Expenses on Behalf of the Territory $'000**
Original Appropriation for 2017-18	18 593
Transfers between Appropriations	7 407
Rollover of Undisbursed Appropriation (FMA s.16B)	2 065
Total Appropriated	28 065
Controlled Appropriation Drawn	**25 519**

Variances between 'Original Budget' and 'Total Appropriated'

The difference between 'Original Budget' and 'Total Appropriated' relates to:

- transfer of appropriation from the Health Directorate's 'Controlled Recurrent Payments' for capital grants to Calvary Hospital and Winnunga Nimmityjah Aboriginal Health Services ($15.7 million);
- unspent capital works funding transferred from 2016-17 to 2017-18 ($4.97 million) mainly relating to upgrade work at Calvary Hospital; offset by
- transfer of appropriation to the Health Directorate's 'Capital Injection' for the construction of the University of Canberra Hospital carpark ($11.2 million).

Variances between 'Total Appropriated' and 'Appropriation Drawn'

The difference between 'Total Appropriated' and 'Appropriation Drawn' relates to upgrades at Calvary Hospital that will be completed in the 2018-19 financial year.

HEALTH DIRECTORATE
TERRITORIAL NOTE INDEX
FOR THE YEAR ENDED 30 JUNE 2018

Note 34. 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 35. Payment for Expenses on Behalf of the Territory - Territorial

Under the *Financial Management Act 1996,* the Directorate receives this appropriation to fund capital grants to Calvary Public Hospital.

(See Note 37 *Grants and Purchased Services – Territorial*)

	2018 $'000	2017 $'000
Payment for Expenses on Behalf of the Territory[a]	25 519	6 290
Total Payment for Expenses on Behalf of the Territory	**25 519**	**6 290**

a) The increase is mainly due to additional appropriation received ($15.7m) for the provision of increased funding for the capital works programme in Calvary Public Hospital including the Emergency Department and building upgrades and Winnunga Nimmityjah Aboriginal Health Service.

Note 36. Fees – Territorial

Fee refers to the collection of licence fees, including from food businesses, smoke free places, boarding houses and for radiation equipment.

	2018 $'000	2017 $'000
Fees		
Fees for Regulatory Services	1 376	1 264
Total Fees	**1 376**	**1 264**

Note 37. 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.

	2018 $'000	2017 $'000
Capital Grants to External Parties - Calvary Public Hospital[a]	23 579	5 909
Total Grants and Purchased Services	**23 579**	**5 909**

a) The increase is mainly due to the provision of increased funding for the capital works programme in Calvary Public Hospital ($15m) including the Emergency Department and building upgrades.

Note 38. 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.

	2018 $'000	2017 $'000
Transfers to the Territory Banking Account	1 374	1 269
Total Transfer to Government	**1 374**	**1 269**

Note 39. 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.

	2018 $'000	2017 $'000
Cash at Bank[a]	1 089	674
Total Cash and Cash Equivalents	**1 089**	**674**

a) The increase is mainly due to funds relating to pending payments to Winnunga Nimmityjah Aboriginal Health Service ($0.7m).

Note 40. Receivables – Territorial

	2018 $'000	2017 $'000
Current Receivables		
Net Goods and Services Tax Receivable[a]	1 578	51
Total Current Receivables	**1 578**	**51**
Total Receivables	**1 578**	**51**

Classification of Non-ACT Government Receivables	2018 $'000	2017 $'000
Receivables with Non-ACT Government Entities		
Net Goods and Services Tax Receivable[a]	1 578	51
Total Receivables with Non-ACT Government Entities	**1 578**	**51**
Total Receivables	**1 578**	**51**

a) The increase is mainly due to increased Goods and Services Tax owing from the Australian Taxation Office.

Note 41. Advance from the Territory Banking Account - Territorial

	2018 $'000	2017 $'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 attract GST, which is not appropriated.

Note 42. 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.

	2018 $'000	2017 $'000
Total Cash Disclosed on the Statement of Assets and Liabilities on Behalf of the Territory	1 089	674
Cash at the End of the Reporting Period as Recorded in the Cash Flow Statement on Behalf of the Territory	**1 089**	**674**

(b) Reconciliation of the Operating Surplus to Net Cash Inflows/(Outflows) from Operating Activities

Operating Surplus	1 942	376
Cash Before Changes in Operating Assets and Liabilities	**1 942**	**376**
Changes in Operating Assets and Liabilities		
(Increase) in Receivables	(1 527)	(51)
Net Changes in Operating Assets and Liabilities	**(1 527)**	**(51)**
Net Cash Inflows from Operating Activities	**415**	**325**

Note 43. 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 34 *Significant Accounting Policies - Territorial.*

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the amount of the financial assets held less any 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.

Carrying Amounts and Fair Value of Financial Assets and Liabilities

	Note No.	Carrying Amount 2018 $'000	Fair Value 2018 $'000	Carrying Amount 2017 $'000	Fair Value 2017 $'000
Financial Assets					
Cash and Cash Equivalents	39	1 089	1 089	674	674
Total Financial Assets		**1 089**	**1 089**	**674**	**674**
Financial Liabilities					
Advance from the Territory Banking Account	41	300	300	300	300
Total Financial Liabilities		**300**	**300**	**300**	**300**
Net Financial Assets		**789**	**789**	**374**	**374**

All financial assets and liabilities of the Directorate are non-interest-bearing and are shown on an undiscounted cash flow basis.

Note 43. Financial Instruments – Territorial (Continued)

Carrying Amount of Each Class of Financial Asset and Financial Liability

	2018 $'000	2017 $'000
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	300	300

Note 44. Commitments – Territorial

Capital Commitments

Capital commitments at reporting date that have not been recognised as liabilities are as follows:

	2018 $'000	2017 $'000
Capital Grant Commitments		
Within one year	1 889	8 304
Later than one year but not later than five years[a]	11 148	-
Total Capital Commitments	**13 037**	**8 304**

All amounts shown in the commitment note are inclusive of GST.

a) The increase mainly due to a capital commitment relating to Winnunga Nimmityjah Aboriginal Health Service.

Note 45. Events Occurring After Balance Sheet Date – Territorial

In line with the ACT Government announcement in March 2018, the Health Directorate will separate into two distinct organisations from 1 October 2018, with one organisation responsible for ACT Health's clinical operations and a second organisation responsible for strategic policy and planning. The Health Directorate is working through the affect this will have on its financial statements in future reporting periods.

Note 46. 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.

Statement of Income and Expenses on Behalf of the Territory Line Items	Actual 2017-18 $'000	Original Budget[1] 2017-18 $'000	Variance $'000	Variance %	Variance Explanations
Payments for Expenses on Behalf of the Territory	25 519	18 593	6 926	37	The higher than budgeted in revenue is mainly due to additional appropriation received for the provision of increased funding for the capital works programme in Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service ($15.7m) partially offset by reclassification of appropriation relating to the University of Canberra Hospital car park to ACT Health 'Capital Injections'.
Grants and Purchased Services	23 579	18 593	4 986	27	The higher than budgeted expenses is mainly due to the provision of additional funding for the capital works programme in Calvary Public Hospital ($15m) partially offset by lower than budgeted expenses relating to the University of Canberra Hospital car park.

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2017-18 Budget Statements). These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

HEALTH DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

Health Directorate

Note 46. Budgetary Reporting (Continued)

Statement of Assets and Liabilities on Behalf of the Territory Line Items	Actual 2017-18 $'000	Original Budget[1] 2017-18 $'000	Variance $'000	Variance %	Variance Explanations
Cash and Cash Equivalents	1 089	349	740	212	The increase is mainly due to funds relating to pending payments to Winnunga Nimmityjah Aboriginal Health Service.
Accumulated Funds	2 367	48	2 319	4 831	Higher than budget accumulated funds is largely due to opening balance being higher than budgeted and the operating surplus compared to a break even position in the budget.

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 (2017-18 Budget Statements). These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

Annual Report 2017–18

Note 46. Budgetary Reporting (Continued)

Cash Flow Statement on Behalf of the Territory Line Items	Actual 2017-18 $'000	Original Budget[1] 2017-18 $'000	Variance $'000	Variance %	Variance Explanations
Cash from the ACT Government for Expenses on Behalf of the Territory	25 519	18 593	6 926	37	The higher than budgeted cashflow is mainly due to additional appropriation received for the provision of increased funding for the capital works programme in Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service ($15.7m) partially offset by reclassification of appropriation relating to the University of Canberra Hospital car park to the Directorate's controlled 'Capital Injections'.
Grants and Purchased Services	23 579	18 593	4 986	27	The higher than budgeted cashflows are mainly due to the provision of additional funding for the capital works programme in Calvary Public Hospital ($15m) partially offset by lower than budgeted expenses relating to the University of Canberra Hospital car park.

[1] Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period (2017-18 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. other statements as 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. The financial statements are prepared according to the historical cost convention, except for property, plant and equipment and financial instruments, which are valued at fair value in accordance with (re)valuation policies applicable to the Directorate during the reporting period.

CURRENCY

These financial statements are presented in Australian dollars.

INDIVIDUAL 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 (Continued)

The basis of preparation described applies to both Controlled and Territorial financial statements except where specified otherwise.

COMPARATIVE FIGURES

Budget Figures

To facilitate a comparison with the Budget Papers, as required by the FMA, budget information for 2017-18 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 2018, 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 ($299.85 million) exceed its current assets of ($110.51 million) by $189.34 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 2017-18 financial statements have been prepared on a going concern basis as the Directorate has been funded in the 2018-19 Budget and Budget Papers include forward estimates for the Directorate.

HEALTH DIRECTORATE
FORMS PART OF NOTE 2 OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES

Appendix B – Significant Accounting Policies applies to both the Controlled and Territorial financial statements.

Accounting policies specific to Territorial Authorities are listed below under the heading Territorial – 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 normally obtained upon the receipt of cash.

NOTE 4 – USER CHARGES

ACT Government User Charges

The Directorate receives funding from the ACT Local Hospital Network Directorate (LHN) for providing health and hospital services. 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 at the stage of completion of the transaction at the reporting date and costs of rendering 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 Directorate facility. They are recognised as revenue when the amount of revenue can be measured reliably.

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 5 - OTHER REVENUE

Distribution from Investments with the Territory Bank Account
Distribution revenue is received from investments with the Territory Banking Account. This is recognised on an accrual basis using data supplied by the Territory Banking Account.

Grants
Grants are non-reciprocal in nature and are recognised as revenue in the reporting period in which the Directorate obtains control over them.

Interest
Interest revenue is recognised using the effective interest method.

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.
(See Appendix A – Note 24 – *Other Liabilities*).

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – EXPENSES

NOTE 7 – 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 23 *Employee Benefits* for accrued wages and salaries, and annual and long service leave).

NOTE 8 – SUPERANNUATION EXPENSES

Employees of the Directorate will have different superannuation arrangements due to the type of superannuation scheme available at the time of commencing employment, including both defined benefit and defined contribution superannuation scheme arrangements.

For employees who are members of the defined benefit Commonwealth Superannuation Scheme (CSS) and Public Sector Superannuation Scheme (PSS) the Directorate makes employer superannuation contribution payments to the Territory Banking Account at a rate determined by the Chief Minister, Treasury and Economic Development Directorate. The Directorate also makes productivity superannuation contribution payments on behalf of these employees to the Commonwealth Superannuation Corporation, which is responsible for administration of the schemes.

For employees who are members of defined contribution superannuation schemes (the Public Sector Superannuation Scheme Accumulation Plan (PSSAP) and schemes of employee choice) the Directorate makes employer superannuation contribution payments directly to the employees' relevant superannuation fund. All defined benefit employer superannuation contributions are recognised as expenses on the same basis as the employer superannuation contributions made to defined contribution schemes. The accruing superannuation liability obligations are expensed as they are incurred and extinguished as they are paid.

SUPERANNUATION LIABILITY RECOGNITION

For Directorate employees who are members of the defined benefit CSS or PSS the employer superannuation liabilities for superannuation benefits payable upon retirement are recognised in the financial statements of the Superannuation Provision Account.

NOTE 9 – SUPPLIES AND SERVICES

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.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – EXPENSES (Continued)

NOTE 9 – SUPPLIES AND SERVICES (Continued)

Operating Leases

Operating lease payments are recorded as an expense in the Operating Statement on a straight-line basis over the term of the lease.

NOTE 10 - 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.

NOTE 12 – COST OF GOODS SOLD

Cost of goods sold represents hospital supplies sold to private hospitals.

NOTE 14 – WAIVERS, IMPAIRMENT LOSSES AND WRITE-OFFS

Impairment Losses - Assets

Impairment Losses of assets include: land, buildings and land improvements assets (see Appendix B - Note 18 - *Property, Plant and Equipment* - Impairment of Assets).

Impairment Losses and Write-Offs - Receivables

Information on the allowance for impairment of receivables can be found in Appendix B – Note 16 – *Receivables*.

HEALTH DIRECTORATE
FORMS PART OF NOTE 2 OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – ASSETS

ASSETS – CURRENT AND NON-CURRENT

Assets are classified as current where they are expected to be realised within 12 months after the reporting date. Assets which do not fall within the current classification are classified as non-current.

NOTE 15 – CASH AND CASH EQUIVALENTS

Cash includes cash at bank and cash on hand. Directorate money held in the Territory Banking Account Cash Fund is classified as a Cash Equivalent. Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. Bank overdrafts are included in cash and cash equivalents in the cash flow statement but not in the cash and cash equivalents line on the Balance Sheet.

NOTE 16 – 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 14 *Waivers, Impairment Losses and Write-Offs*).

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 (see Appendix B – Note 14 - *Waivers, Impairment Losses and Write-offs*). 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. 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 – ASSETS (Continued)

NOTE 17 – INVENTORIES

The Directorate's inventory consists of pharmaceuticals, medical and surgical supplies, pathology supplies and general consumables.

Inventories held for sale are valued 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.

Inventories held for distribution are measured at cost, adjusted when applicable, for any loss of service potential and recorded in the Operating Statement (see Note 13 – *Other Expenses*).

INVESTMENTS

The Directorate holds one 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.

NOTE 18 - 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.

HEALTH DIRECTORATE
FORMS PART OF NOTE 2 OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – ASSETS (Continued)

NOTE 18 - PROPERTY, PLANT AND EQUIPMENT (Continued)

MEASUREMENT OF PROPERTY, PLANT AND EQUIPMENT AFTER INITIAL RECOGNITION (Continued)

Land, buildings and leasehold improvements are revalued every 3 years. However, if at any time management considers that the carrying amount of an asset materially differs from its fair value, then the asset will be revalued regardless of when the last valuation took place. Any accumulated depreciation relating to buildings and leasehold improvements at the date of revaluation is written-back against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

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 10 *Depreciation and Amortisation*).

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES - FAIR VALUE OF ASSETS

The Directorate has made a significant estimate regarding the fair value of its assets. Land, buildings and leasehold improvements have been recorded at the market value of similar properties as determined by an independent valuer. In some circumstances, buildings that are purpose built may in fact realise more or less in the market. The valuation uses significant judgements and estimates to determine fair value, including the appropriate indexation figure and quantum of assets held. The fair value of assets is subject to management assessment between formal valuations.

Valuation of Non-Current Assets
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.

The next valuation will be undertaken during 2019-20.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – ASSETS (Continued)

NOTE 18 - PROPERTY, PLANT AND EQUIPMENT (Continued)

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, and leasehold improvements are carried at fair value, but do not have an Asset Revaluation Surplus attached to them. The carrying amount of the asset is reduced to its recoverable amount.

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

NOTE 19 – INTANGIBLE ASSETS

The Directorate's intangible assets are comprised of internally generated and externally acquired software for internal use. Externally acquired 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.

HEALTH DIRECTORATE
FORMS PART OF NOTE 2 OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

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 22 – 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 23 – EMPLOYEE BENEFITS

Employee Benefits are listed in Appendix B – Note 7 – *Employee Expenses*.

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 2017-18 the rate used to estimate the present value of future:

- Annual leave payments is 99.7% (99.8% in 2016-17);
- Payments for long service leave is 100.9% (103.4% in 2016-17).

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.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – LIABILITIES (Continued)

NOTE 23 – EMPLOYEE BENEFITS (Continued)

SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES – EMPLOYEE BENEFITS (Continued)

The provision for annual leave and long service leave includes estimated on-costs. As these on-costs only become payable if the employee takes annual and long service leave while in-service, the probability that employees will take annual and long service leave while in service has been taken into account in estimating the liability for on-costs.

Annual leave and long service leave liabilities are classified as current liabilities in the Balance Sheet where there are no unconditional rights to defer the settlement of the liability for at least 12 months. Conditional long service leave liabilities are classified as non-current because the Directorate has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

Significant judgements 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 24 – 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.

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APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – EQUITY

NOTE 25 – 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 – SPECIFIC TO TERRITORIAL

NOTE 35 – 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 36 – 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 39 – CASH AND CASH EQUIVALENTS – TERRITORIAL: see Appendix B - Note 15 - *Cash and Cash Equivalents*.

NOTE 40 – RECEIVABLES – TERRITORIAL: see Appendix B - Note 16 - *Receivables*.

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 16 *Leases* (Application date 1 July 2019)

AASB 16 introduces a comprehensive model for the identification of lease arrangements and accounting treatments for both lessors and lessees. AASB 16 will supersede the current lease guidance including AASB 117 Leases and the related interpretations when it becomes effective.

AASB 16 distinguishes leases and service contracts on the basis of whether an identified asset is controlled by a customer. Distinctions of operating leases (off balance sheet) and finance leases (on balance sheet) are removed for lessee accounting, and are replaced by a model where a right-of-use asset and a corresponding liability have to be recognised for all leases by lessees (i.e. all on balance sheet) except for short-term leases and leases of low value assets.

The right-of-use asset is initially measured at cost and subsequently measured at cost (subject to certain exceptions) less accumulated depreciation and impairment losses, adjusted for any remeasurement of the lease liability. The lease liability is initially measured at the present value of the lease payments that are not paid at that date. Subsequently, the lease liability is adjusted for interest and lease payments, as well as the impact of lease modifications, amongst others. Furthermore, the classification of cash flows will also be affected as operating lease payments under AASB 117 are presented as operating cash flows; whereas under the AASB 16 model, the lease payments will be split into a principal and an interest portion which will be presented as financing and operating cash flows respectively.

As at 30 June 2018, the Directorate has non-cancellable operating lease commitments. A preliminary assessment indicates that these arrangements will meet the definition of a lease under AASB 16, and hence ACT Health will recognise a right-of-use asset and a corresponding liability in respect of all these leases unless they qualify for low value or short-term leases upon the application of AASB 16. The new requirement to recognise a right-of use asset and a related lease liability is not expected to have a significant impact on the amounts recognised in the ACT Health financial statements and management is currently assessing its potential impact.

HEALTH DIRECTORATE
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APPENDIX C - IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED (Continued)

- AASB 1059 *Service Concession Arrangements: Grantors* (application date 1 July 2019)

This standard was released by the AASB on 20 July 2017. This new accounting standard prescribes the accounting for service concession arrangement including Public Private Partnership (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 arrangement with Calvary Public Hospital to assess if the arrangement falls 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.

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:

> ageing infrastructure

> changing technology

> changing provider and consumer expectations.

HIS works closely with the Health Planning and Building Health Services Program (BHSP) teams in the feasibility, planning, design, development and program management of new initiatives, to ensure projects closely align with the Strategic Asset Management Plans (SAMPs) developed for the built asset portfolio.

The Better Infrastructure Fund (BIF) 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

In 2017–18, three HIS projects were completed on schedule and within budget:

> University of Canberra Hospital (UCH) – Specialist Centre for Rehabilitation, Recovery and Research

> Light Emitting Diode (LED) Replacement Project

> Refurbishment of Ward 11A – Acute Care of the Elderly Unit.

Works in progress

Details of the works in progress under HIS as at 30 June 2018 are provided below.

Upgrading and Maintaining ACT Health Assets

Upgrading and Maintaining ACT Health Assets (UMAHA) is a program of works which commenced in July 2016 and is valued at $84.043 million.

The UMAHA program of works is intended to:

> minimise the risk of interruption of the delivery of health services

> efficiently deliver remedial works on a planned basis.

These objectives closely align with ACT Government policies on sustainable delivery of health services.

Specific areas of focus for the UMAHA program of works include:

> building and infrastructure upgrade works

> building electrical systems

> building façade

> building fire protection

> building heating, ventilation and air conditioning (HVAC) systems

> building hydraulic systems

> Information and Communications Technology (ICT) infrastructure

> lifts.

More mental health accommodation

Engagement of a consultant is underway to design a:

> Southside Step Up Step Down facility

> refurbished Extended Care Unit at the Brian Hennessy Rehabilitation Centre.

Both projects are due to be completed in 2020.

Acute aged care and cancer patients – Wards 14A/B refurbishment

The design consultant for the Canberra Hospital Building 3, Wards 14A and 14B refurbishment was selected in March 2018. Construction and operational commissioning are scheduled for completion in the first quarter of 2020.

Gungahlin Walk-in-Centre

In the 2017–18 Budget, the ACT Government identified capital funding of $2.925 million to deliver a Walk-in-Centre (WiC) for Gungahlin.

In September 2017, a head contractor was engaged to design the WiC for Gungahlin. The WiC design solution will see an extension to the existing Gungahlin Community Health Centre (GCHC). The designs are based on the successful design of the Belconnen WiC, which has been operating since July 2014.

Construction works commenced in February 2018, and construction and commissioning are scheduled for completion in August 2018.

Canberra Hospital Pre-Rinse Sterilising Unit

In October 2017, a head contractor was engaged to develop designs for a pre-rinse sterilising unit (PRSU) in Building 12 at the Canberra Hospital. Construction works are scheduled to commence in July 2018 and are due for completion in June 2019. Ancillary works are due for completion in September 2019.

CAPITAL WORKS TABLES

ACT Health capital works

Project	Proposed or actual completion date	Original project value $'000	Revised project value $'000	Prior year expenditure $'000	Current year (2017–18) expenditure $'000	Total expenditure to date $'000
New works						
Improved infrastructure for acute aged care and cancer inpatients	Jan-20	17,310	17,310	0	1,082	1,082
More nurse-led Walk-in-Centres	Aug-18	3,425	3,425	0	1,069	1,069
New health centre for Aboriginals and Torres Strait Islander Canberrans	Jun-18	12,000	0	0	0	0
Training our future health workforce	Jun-20	1,700	1,700	0	0	0
University of Canberra Hospital Operational Readiness	Mar-18	376	376	0	376	376
Protecting Canberrans from infectious diseases	Jun-21	398	398	0	0	0
More mobile dental clinics	Dec-18	985	985	0	479	479
Replacement of polyethylene aluminium composite panels – Centenary Hospital for Women and Children	Jul-18	1,625	1,625	0	954	954
Capital upgrades program						
Better Infrastructure Fund - Departmental	Sep-18	4,245	4,245	0	3,331	3,331
Works in progress						
Walk-in Centres and Inner North Community Health Infrastructure	Dec-19	825	825	0	228	228
Better Health Services - Upgrading & Maintaining ACT Health Assets	Nov-19	95,328	84,656	8,153	16,251	24,404
Supporting Good Mental Health - Support for people with mental health	Jun-18	2,390	130	0	130	130
Better Health Services – Improved Drugs and Poisons Information System	Jun-19	729	729	41	238	279
University of Canberra Hospital – Car Park	Jul-18	11,200	14,335	0	10,284	10,284

Project	Proposed or actual completion date	Original project value $'000	Revised project value $'000	Prior year expenditure $'000	Current year (2017–18) expenditure $'000	Total expenditure to date $'000
Sterilising Services - Relocation and upgrade	Jun-19	17,290	5,852	68	390	458
The Canberra Hospital – Essential Infrastructure and Engineering Works	Jun-19	5,640	5,390	3,556	86	3,642
Continuity of Health Services Plan – Essential Infrastructure (less previously completed Territorial works)	Mar-19	16,517	15,267	13,399	1,128	14,527
Clinical Services Redevelopment – Phase 2	Jun-18	15,000	8,625	8,361	47	8,408
Clinical Services Redevelopment – Phase 3	Sep-18	25,700	15,690	13,349	439	13,788
An E-Healthy Future	Dec-18	90,185	90,185	78,443	6,699	85,141
Physically but not financially complete						
Cancer Inpatients and Acute Aged Care	Dec-17	2,200	2,200	693	1,139	1,831
Bowes Street fit-out	Apr-17	9,000	11,000	10,703	171	10,874
University of Canberra Hospital	Feb-18	200,000	192,270	115,011	47,340	162,351
Secure Mental Health Unit	Nov-16	43,491	43,491	41,967	297	42,264
Clinical Services & Inpatient Unit Design & Infrastructure Expansion	Jun-18	40,780	27,595	24,146	137	24,282
Health Infrastructure Program – Project Management continuation	Jun-18	27,706	24,620	24,107	22	24,129
Ngunnawal Bush Healing Farm	Dec-16	6,883	11,731	9,873	250	10,123
Critical Hospital Infrastructure Systems - Enhancing patient and staff safety	Jun-18	1,646	1,646	412	1,189	1,601
Completed projects – physically and financially complete						
Canberra Hospital – More beds	Jun-18	2,475	0	0	0	0
Canberra Hospital Redevelopment	Aug-16	21,241	13,284	13,283	1	13,284
Staging, Decanting and Continuity of Services	Feb-16	19,430	16,871	16,871	0	16,871
Staging and Decanting – Moving to our Future	Aug-16	22,300	20,525	20,525	0	20,525
Building Upgrades	Dec-17	2,400	2,400	815	1,585	2,400
Electrical/Fire/Safety Upgrades	Dec-17	1,200	1,200	749	451	1,200

Project	Proposed or actual completion date	Original project value $'000	Revised project value $'000	Prior year expenditure $'000	Current year (2017–18) expenditure $'000	Total expenditure to date $'000
Mechanical System Upgrades	Dec-17	542	542	116	426	542
Replacement of CT Scanner at the Canberra Hospital	Jun-18	2,893	2,609	2,509	78	2,587
Major Building Plant Replacement and Upgrade	Sep-17	5,292	5,292	5,082	210	5,292

Territorial capital works

Project	Proposed or actual completion date	Original project value $'000	Revised project value $'000	Prior year expenditure $'000	Current year (2017–18) expenditure $'000	Total expenditure to date $'000
New works						
Calvary Upgrade and Replace Equipment	Jun-19	4,829	4,829	0	0	0
Mental Health Upgrades Keaney	Jun-19	4,087	4,087	0	0	0
Calvary Expansion Emergency Department	Sep-19	6,084	6,084	0	0	0
Capital upgrades program						
Better Infrastructure Fund - Calvary Hospital	Sep-18	844	844	0	461	461
Works in progress						
Upgrading & Maintaining ACT Health Assets – Calvary	Sep-18	4,160	4,160	0	3,535	3,535
Calvary Public Hospital - Operating theatre upgrade	Jul-18	5,627	5,627	918	3,319	4,237
Calvary Public Hospital - Upgrade of medical imaging equipment	Jul-18	3,722	3,722	13	3,172	3,185
Calvary Public Hospital - Expanded hospital services	Jul-18	3,079	3,079	183	2,016	2,199
Physically but not financially complete						
The Canberra Hospital Redevelopment - Grant Component	Jun-18	3,022	3,022	2,298	110	2,408
Completed projects – physically and financially complete						
New Capital Upgrades - Calvary Hospital	Dec-17	823	823	388	435	823

RECONCILIATION SCHEDULE

ACT Health reconciliation schedule – capital works and capital injection

Approved Capital Works Program financing to capital injections as per cash flow statement

Project	Original $'000	Section 16B $'000	Variation $'000	Deferred $'000	Not drawn $'000	Total $'000
Capital Works	141,136	24,971	4,251	-88,153	7,811	90,015
ICT Capital Injections	9,777	2,837	0	-5,462	-1,119	6,033
Other Capital Injections	6,480	3,694	0	-385	-3,004	6,785
Total Departmental	157,393	31,502	4,251	-94,000	3,688	102,833
Total Territorial	18,593	4,972	4,500	0	-2,546	25,519

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 $1,197.751 million at 30 June 2018.

ASSETS MANAGED

The Directorate's managed assets include:

> **built property assets:** $1,087.895 million

> **land:** $47.020 million

> **plant and equipment:** $52.868 million

> **leasehold improvements:** $9.968 million.

The estimated replacement value of building assets was $1,667.800 million.

Table 40 lists ACT Health's property assets.

TABLE 40: ACT HEALTH'S PROPERTY ASSETS

Canberra Hospital campus	Area m²	Health facilities	Area m²
Building 1 – Tower Block	37,560	Barton – Clare Holland House	1,600
Building 2 – Reception/Administration	5,950	Belconnen Community Health Centre	11,160
Building 3 – Oncology/Aged Care/Rehabilitation	17,390	Bruce – Brian Hennessy House	3,719
Building 3 – Radiation Oncology	1,650	Bruce – Arcadia House	467
Building 4 – ANU Medical School	4,115	Bruce – Arcadia Meeting Room	54
Building 5 – Staff Development Unit /Accommodation	8,230	Bruce – Calvary Carpark	22,554
Building 6 – Administration	4,710	Civic – Health Protection Service Air Monitoring Station	18
Building 7 – Alcohol and Drug	1,260	Conder – Lanyon Family Care Centre	194
Building 8 – Pain Management	660	Curtin – QEII Family Care Centre	1,120
Building 9 – Accommodation	740	Dickson Health Centre	490
Building 10 – Pathology	10,250	Duffy – Cancer Patient Accommodation	319
Building 11 – Centenary Hospital for Women and Children (CHWC)	19,200	Fadden – Karralika	534
Building 12 – Diagnostic and Treatment—including Emergency Department/Intensive Care Unit	20,510	Florey – Health Protection Service Air Monitoring Station	18
Building 13 – Helipad Northern Car Park	10,000	Gungahlin Health Centre	2,608
Building 15 – Outpatient Services and Administration	4,130	Holder – Health Protection Services	1,600
Building 19 – Canberra Region Cancer Centre	7,980	Isabella Plains – Karralika	1,400
Building 23 – Administration	1,810	Kambah – Step Up Step Down Unit	279
Building 24 – Administration	1,332	Monash – Health Protection Service Air Monitoring Station	18
Building 25 – Adult Mental Health Unit	5,436	Ngunnawal Family Care Centre	215
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
		Student Accommodation – Belconnen—2 units	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
		University of Canberra Hospital	35,498
		Watson Hostel	2,431
		Weston – Independent Women and Living Centre	1,143
		Woden Valley Child Care Centre	3,681

Assets added to the asset register

During 2017–18, the following assets were added to the agency's asset register:

> University of Canberra Hospital (UCH).

Assets removed from the asset register

During 2017–18, one asset was removed from the agency's asset register. This was the former Belconnen Community Health Centre, which was transferred to ACT Property Group.

Properties not being utilised by ACT Health

As at 30 June 2018, ACT Health did not have any surplus properties.

ASSETS MAINTENANCE AND UPGRADE

Asset upgrades

Works completed in 2017–18 across ACT Health sites included:

> **Canberra Hospital:**
- Canberra Hospital Ward 11A—Acute Care of the Elderly Unit refurbishment
- installing a new pharmacy coolroom and essential power upgrades in the Canberra Region Cancer Centre (CRCC)
- lighting upgrades across the Hospital
- renal reverse osmosis filtration system upgrades
- Heating, Ventilation and Cooling (HVAC) upgrades across CHWC
- essential infrastructure upgrades for the Digital Solutions Division (DSD)
- passive fire audits across Canberra Hospital
- pathology waste treatment tank upgrades.

> **Health facilities:**
- main electrical switch board upgrades and roofing repairs at the Phillip Health Centre
- essential electrical upgrades, patient room door replacement and security key system replacement at Clare Holland House
- HVAC upgrades at Independent Living Centre in Weston
- storm water pipework upgrades at Karralika Isabella Plains.

Works in progress

Works in progress under Health Infrastructure Services (HIS) as at 30 June 2018 were:

> **Canberra Hospital:**
- security camera upgrades
- kitchen infrastructure upgrades
- carpark and duress security upgrades.

> **Health Facilities:** security upgrades and external fence replacement at Health Protection Services in Holder.

Details of the capital works program are included in section C.3 Capital works, page 246.

Property, plant and equipment are maintained to a high standard to meet health requirements. Expenditure on repairs and maintenance, excluding salaries, was $19.146 million.

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 (HIS) Risk Register and develop SAMPs to support the future alignment of capital upgrade activities with ACT Health's strategic priorities.

Contact details: For more information, contact Health Infrastructure Services at HIS@act.gov.au.

OFFICE ACCOMMODATION

The agency employs 7,607 staff, of whom 1,353 occupy office-style accommodation in the sites listed in Table 41. The average utilisation rate is 12.4 square metres (m^2) per employee. Total office-style accommodation occupied is 19,887m^2.

TABLE 41: OFFICE ACCOMMODATION

Location	Property	Owned/ leased	Work points/ staff on 30 June 2018	Office area (m^2)	Utilisation rate m^2 per employee
Civic	1 Moore Street Level 3	Leased	135	1,954	14.47
Garran	TCH Building 2	Owned	89	793	8.91
Garran	TCH Building 3	Owned	29	301	10.37
Garran	TCH Building 6	Owned	216	3,051	14.12
Garran	TCH Building 12 Medical Records	Owned	65	613	9.43
Garran	TCH Building 23	Owned	184	1,810	9.83
Garran	TCH Building 24	Owned	68	1,332	19.58
Holder	Health Protection Services	Owned	91	1,163	12.78
Phillip	Callam Offices	Leased	34	510	15.00
Woden	Bowes Street	Leased	691	8,360	12.09

A further 6,254 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 Business Support Services (BSS) at ACTHealthBSS@act.gov.au.

C.5 GOVERNMENT CONTRACTING

PROCUREMENT PRINCIPLES AND PROCESSES

In 2017–18, ACT Health exercised 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. In 2017–18, ACT Health engaged a Canberra Region Joint Organisation (CBRJO) Indigenous Supplier.

EXTERNAL SOURCES OF LABOUR AND SERVICES

To meet the healthcare needs of our growing city, ACT Health engages consultants regularly to undertake work and provide expert advice in all areas of healthcare delivery and planning, including health infrastructure planning and design. These requirements vary from year to year.

A large part of the expenditure for consultants in 2017–18 was associated with major health-related initiatives announced in the 2017–18 Budget.

ACT Health engages a number of different types of consultants to provide specialist technical advice on projects, including:

- cost consultants, including commercial and economic advisers
- architects
- master planners
- health facility planners
- engineers, including traffic and parking, structural, civil, geotechnical, façade and mechanical/electrical/hydraulic.

The following tables catalogue all contracts over $25,000 executed by ACT Health for goods, services and works, and Visiting Medical Officers (VMOs) in 2017–18.

Contact details: For more information, contact ACT Health Procurement at HealthProcurement@act.gov.au.

Goods, services and works

Table 42 provides details of goods, services and works contracts executed during the 2017–18 year, over the reportable value of $25,000.

TABLE 42: GOODS, SERVICES AND WORKS

Contract title	Procurement methodology	Social procurement	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small to Medium Enterprise (SME)	Exemption From quotation
Integrated Diagnostic Imaging Solution (IDIS)	Public	No	Services (Non-Consultancy)	Agfa HealthCare Australia	$6,842,555.63	07-Jul-17	06-Jul-20	No	No
Impairment Review PE, PE WIP & Building WIP	Quotation	No	Consultancy	Deloitte Consulting Pty Ltd	$45,000.00	10-Jul-17	31-Jul-17	No	No
Provision of Financial Management Advisory Services	Single Select	No	Consultancy	Paxon Group	$42,630.00	14-Jul-17	11-Aug-17	No	Yes
Development of ACT Health Quality Strategy	Quotation	No	Consultancy	ThinkPlace	$198,085.00	21-Jul-17	20-Nov-17	Yes	No
Provision of Instrumentation, Kits and Consumables for Molecular Pathology	Public	No	Goods	Roche Diagnostics Australia Pty. Ltd.	$2,327,734.80	03-Aug-17	03-Aug-20	No	No
Purchase of a Liquid Chromatograph with Mass Detector Analytical Instrument	Public	No	Goods	Shimadzu Scientific Instruments (Oceania) Pty Ltd	$385,000.00	03-Aug-17	03-Aug-22	No	No
Maintenance for Multiple Gas Chromatography and High Performance Liquid Chromatography Systems	Public	No	Services (Non-Consultancy)	Agilent Technologies Australia Pty Ltd	$400,017.42	03-Aug-17	02-Aug-20	No	No
Provision of Commercial and Financial Advisory Services	Single Select	No	Consultancy	Paxon Group	$198,000.00	25-Aug-17	30-Nov-17	No	Yes
Advice and Modelling for Structure and Service Alignment	Single Select	No	Consultancy	HEALTH-E WORKFORCE SOLUTIONS PTY LTD	$722,249.00	29-Aug-17	28-Jan-18	No	Yes
Business Continuity Services	Public	No	Works	Shepherd Electrical (ACT) Pty Ltd	$204,600.00	01-Sep-17	01-Sep-18	Yes	No
Provision of Medical Transcription Services	Public	No	Services (Non-Consultancy)	NTS Transcriptions Pty Ltd	$990,000.00	01-Sep-17	31-Aug-21	No	No
Provision of Blood Gas Analysers, Consumables and Services	Public	No	Goods	Werfen	$4,480,000.00	18-Sep-17	17-Sep-22	No	No

Contract title	Procurement methodology	Social procurement	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small to Medium Enterprise (SME)	Exemption From quotation
Canberra Hospital Intensive Care Unit Ventilator Replacement	Select	No	Goods	Getinge Australia Pty Ltd	$2,053,675.69	26-Sep-17	26-Sep-19	No	No
Canberra Hospital Intensive Care Unit Ventilator Replacement	Select	No	Goods	GE Healthcare	$245,942.40	26-Sep-17	26-Sep-20	No	No
The Canberra Hospital Main Kitchen Warewasher Replacement and Floor Rectification	Public	No	Consultancy	SQC Architecture	$65,175.00	27-Sep-17	30-Jun-18	Yes	No
W&H Lisa Sterilizer 22 Litre	Quotation	No	Goods	A Dec Australia	$77,937.64	23-Oct-17	22-Nov-18	No	No
Cardiovascular Diagnostic and Archiving Solution Hardware Upgrade	Single Select	No	Goods	Philips Electronics Australia Limited	$119,066.20	23-Oct-17	22-Nov-18	No	Yes
PMI Intech Information Quality Software Support	Single Select	No	Services (Non-Consultancy)	Intech Solutions	$214,139.35	23-Oct-17	14-Oct-20	No	Yes
ACT Health Clinical Portal Support Services	Single Select	No	Services (Non-Consultancy)	Orion Health Pty Limited	$2,717,637.25	23-Oct-17	23-Oct-20	No	Yes
Workforce Strategy and Transition Planning and Support	Single Select	No	Consultancy	KPMG	$1,696,794.00	24-Oct-17	30-Jun-18	No	Yes
Provision of Independent External Contract Advice Services	Single Select	No	Consultancy	Paxon Group	$195,250.00	25-Oct-17	31-Jan-18	No	Yes
Mattress-Prem Glide SPGM187 88	Quotation	No	Goods	Invacare Australia Pty Ltd	$62,055.00	30-Oct-17	29-Nov-18	No	No
Secure Mental Health Operational Emergency Response Training Manual	Public	No	Consultancy	Tigertail Australia	$87,356.50	30-Oct-17	22-Nov-17	Yes	No
Hospital in the Home (HITH) Review	Quotation	No	Consultancy	KPMG	$97,779.00	01-Nov-17	30-Mar-18	No	No
Design and Development of an ACT Office for Mental Health	Quotation	No	Consultancy	Synergia Consulting Ltd	$163,625.00	03-Nov-17	28-Feb-18	No	No
ERBE VIO APC Workstation	Quotation	No	Goods	Rymed Pty Ltd	$86,718.72	06-Nov-17	05-Nov-18	No	No

Contract title	Procurement methodology	Social procurement	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small to Medium Enterprise (SME)	Exemption From quotation
Repair Bottom Bridge Cover	Single Select	No	Services (Non-Consultancy)	IMRIS Inc	$56,200.51	06-Nov-17	05-Nov-18	No	Yes
Constellation Vision SystemLXT	Quotation	No	Goods	Alcon Laboratories Australia Pty Ltd	$160,875.00	06-Nov-17	05-Nov-18	No	No
Repair DDDD RM1 Plus X-ray Tube and MA PBC	Single Select	No	Services (Non-Consultancy)	Philips Electronics Australia Limited	$37,151.99	06-Nov-17	05-Nov-18	No	Yes
Software Support Renewal MAS 24/7	Single Select	No	Services (Non-Consultancy)	Fredon security	$104,344.90	06-Nov-17	05-Nov-18	No	Yes
Delivery of a Proactive Community Education and Advocacy Program for the Benefits of Organ and Tissue Donation	Single Select	No	Community-Based Services	Gift of Life Incorporated	$153,000.00	13-Nov-17	30-Jun-20	Yes	Yes
Lease Payment for ACL Top 700 CTS COAG Instrument	Single Select	No	Goods	Werfen	$62,577.90	13-Nov-17	12-Nov-18	No	Yes
Payment of Lease ACL Top 700 CTS COAG Instrument	Single Select	No	Services (Non-Consultancy)	Werfen	$31,288.95	13-Nov-17	12-Nov-18	No	Yes
Active Living Program	Single Select	No	Community-Based Services	National Heart Foundation of Australia (A.C.T. Division)	$187,000.00	17-Nov-17	30-Jun-18	Yes	Yes
Open Text Integrated Document Management Bulk Exporter Tool	Single Select	No	Services (Non-Consultancy)	OpenText	$53,022.31	20-Nov-17	19-Nov-18	No	Yes
GIF HQ190 Dual Focus Gastroscope	Quotation	No	Goods	Olympus Australia	$94,242.06	22-Nov-17	21-Nov-18	No	No
PICS Maintenance and Support Services FY 17/18	Single Select	No	Consultancy	Stygron Systems Pty Ltd	$28,798.00	27-Nov-17	26-Nov-18	No	Yes
TCH Building 11 - Compressor replacement chiller 1 and Chiller 3	Public	No	Works	Canberra Air Conditioning Services Pty Limited	$158,167.90	27-Nov-17	27-Feb-18	Yes	No
Haag Streit LED Slit Lamp, Goldmann Tonometer, Haag Streit Reliance Hydraulic Surgeon Stool	Single Select	No	Goods	Device Technologies	$31,501.58	27-Nov-17	26-Nov-18	No	Yes
Purchase of 2 Exercise Stress Test Systems and 1 Holter Suite	Single Select	No	Goods	Welch Allyn Australia Pty Ltd	$85,250.00	04-Dec-17	05-Dec-18	No	Yes

Contract title	Procurement methodology	Social procurement	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small to Medium Enterprise (SME)	Exemption From quotation
PICS Maintenance and Support Services FY 17/18	Single Select	No	Consultancy	Stygron Systems Pty Ltd	$46,508.00	13-Dec-17	12-Dec-18	No	Yes
Maintenance and Support for the Existing Paging Equipment and Software Services for the Canberra Hospital	Select	No	Services (Non-Consultancy)	The Trustee for Ikonix Technology Unit Trust	$63,725.75	19-Dec-17	18-Dec-18	No	Yes
Remedial Work to the Centenary Hospital for Women and Children Façade: Aluminium Composite Panel Replacement	Public	No	Consultancy	Manteena	$976,965.00	19-Dec-17	30-Jun-18	Yes	No
Denyer XRT6000 Operating Table	Quotation	No	Goods	Denyers International	$126,031.40	03-Jan-18	02-Jan-19	No	No
Upgrading and Maintaining ACT Health Assets Phase 2	Public	No	Consultancy	AECOM Australia	$223,500.00	11-Jan-18	20-Jun-18	No	No
Integra HP Reverse Osmosis Unit and Polisher	Single Select	No	Goods	Gallay Medical & Scientific Pty Ltd	$34,091.86	15-Jan-18	14-Jan-19	No	Yes
ACT Health Clinical Records Data Migration	Public	No	Services (Non-Consultancy)	MKM Health	$319,950.00	15-Jan-18	14-Jan-19	No	No
Pinnicale 3 Expert Server	Single Select	No	Services (Non-Consultancy)	Quantum Technology Pty Ltd	$242,000.00	18-Jan-18	17-Jan-19	No	Yes
Maintenance and Support for the MapR Software Converged Edition Add-On Module – Data Science Refinery	Quotation	Yes	Services (Non-Consultancy)	Gulanga Group Pty Ltd	$159,060.00	21-Jan-18	20-Jan-20	Yes	No
The Canberra Hospital building 7 HVAC Replacement	Public	No	Works	Airmaster Australia (Vic) Pty Ltd	$637,047.40	23-Jan-18	23-Jan-19	Yes	No
Instrumentation and Reagents for the Clinical Diagnosis and Monitoring of Allergies	Single Select	No	Goods	Abacus ALS	$540,000.00	24-Jan-18	23-Jan-22	No	Yes
Canberra Hospital Nurse Call Server Upgrade Level 1	Quotation	No	Services (Non-Consultancy)	Acetek Health and Aged care	$223,608.00	25-Jan-18	24-Jan-19	No	No
CLV-190 LIGHT SOURCE EXERA 111	Quotation	No	Goods	Olympus Australia	$91,260.99	30-Jan-18	29-Jan-19	No	Yes
SERVICE AGREEMENT - STEALTHSTATION. (1 YEAR COVERAGE TILL 31.10.2018)	Single Select	No	Services (Non-Consultancy)	Medtronic Australasia Pty Ltd	$66,000.00	30-Jan-18	29-Jan-19	No	Yes

Contract title	Procurement methodology	Social procurement	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small to Medium Enterprise (SME)	Exemption From quotation
Clinical Systems - Computer on Wheels (COWs)	Public	No	Goods	Hospital Products Australia Pty Ltd	$10,000,000.00	08-Feb-18	08-Feb-23	No	No
Online Credentialing System for Health Directorate Medical Practitioners and Dentists	Select	No	Services (Non-Consultancy)	MERCURY GROUP OF COMPANIES PTY LTD	$238,700.00	12-Feb-18	11-Feb-21	No	Yes
Car Park Study	Quotation	No	Consultancy	Aurecon Australasia Pty Ltd	$219,956.00	22-Feb-18	21-Mar-18	No	No
Purchase of Fluorodexyglucose for the Medical Imaging Department at the Canberra Hospital and Health Services	Public	No	Goods	PETNET Solutions	$2,400,000.00	22-Feb-18	21-Feb-21	No	No
PICS Maintenance and Support Services FY17/18	Single Select	No	Services (Non-Consultancy)	Stygron Systems Pty Ltd	$43,241.00	09-Mar-18	01-Apr-19	No	Yes
PICS Maintenance and Support Services FY17/18	Single Select	No	Services (Non-Consultancy)	Stygron Systems Pty Ltd	$36,256.00	09-Mar-18	01-Apr-19	No	Yes
Service agreement - Breast screen equipment	Single Select	No	Services (Non-Consultancy)	PHILIPS ELECTRONICS AUSTRALIA LIMITED	$64,392.90	23-Mar-18	31-Oct-18	No	Yes
Service Agreement - MRI & X-ray	Single Select	No	Services (Non-Consultancy)	SIEMENS HEALTHCARE PTY LTD	$118,030.00	23-Mar-18	31-Oct-18	No	Yes
2018 ACT Physical Activity and Nutrition Survey (ACTPANS)	Quotation	No	Services (Non-Consultancy)	McNair yellowSquares Pty Ltd	$52,481.00	23-Mar-18	31-Dec-18	No	No
Service Agreement - Various X-ray Equipment	Single Select	No	Services (Non-Consultancy)	Philips Electronics Australia Limited	$90,138.40	23-Mar-18	31-Oct-18	No	Yes
Service Agreement - Various Ultrasound Equipment	Single Select	No	Services (Non-Consultancy)	Philips Electronics Australia Limited	$44,495.00	23-Mar-18	31-Oct-18	No	Yes
Wards 14 A and 14 B Refurbishment - Design Consultancy, Building 3, The Canberra Hospital	Public	No	Consultancy	Jacobs Group (Australia) Pty Ltd	$634,254.50	23-Mar-18	06-Nov-18	No	No
Provision of Services to Support Communications Work for SWR	Single Select	No	Consultancy	The Communication Link	$47,520.00	24-Mar-18	31-Mar-18	Yes	Yes
Fresh Tastes and Initiatives	Public	No	Goods	Crative	$89,970.00	26-Mar-18	31-May-19	Yes	No

Contract title	Procurement methodology	Social procurement	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small to Medium Enterprise (SME)	Exemption From quotation
80X EVOKO LISO ROOM MANAGEMENT SYSTEM	Quotation	No	Goods	Vision One Technologies	$157,520.00	03-Apr-18	03-May-19	No	No
Automated Plate Stacker and Pourer	Quotation	No	Goods	Westlab Pty Ltd	$55,886.60	05-Apr-18	03-May-19	No	No
PICS Maintenance and Support Services FY17/18	Single Select	No	Consultancy	Stygron Systems Pty Ltd	$38,104.00	05-Apr-18	03-May-19	No	Yes
Soredex Digora Optime Deluxe	Single Select	No	Consultancy	Australian Imaging Pty Ltd	$29,678.00	05-Apr-18	03-May-19	No	Yes
Data modelling services to inform the Workforce Strategy	Single Select	No	Services (Non-Consultancy)	HEALTH-E WORKFORCE SOLUTIONS PTY LTD	$201,280.00	06-Apr-18	06-Jul-18	No	Yes
Dining furniture for high schools/colleges as part of the Create-a-Cafe initiative	Quotation	No	Goods	Crative	$79,970.00	12-Apr-18	31-May-19	No	No
Aboriginal and Torres Strait Islander Healing Foundation Limited	Single Select	No	Community-Based Services	Aboriginal and Torres Strait Islander Healing Foundation Limited	$89,155.00	12-Apr-18	12-Apr-19	Yes	Yes
CARESTREAM SCANNER AND ASSOCIATED GOODS AS PER QUOTE 00041175	Quotation	No	Goods	PACIFIC DENTAL SPECIALTIES PTY LTD	$45,550.00	20-Apr-18	17-May-18	No	Yes
Code Black Remediation Project	Quotation	No	Services (Non-Consultancy)	FS Solutions (ACT) Pty Ltd	$115,980.44	20-Apr-18	19-Apr-19	No	No
Microanalytical Balance with Anti Static Device XPR6UD5 Balance	Quotation	No	Goods	Mettler Toledo Limited	$36,585.23	23-Apr-18	22-May-19	No	Yes
50 Evoko Model Liso Room Manager Booking Systems	Quotation	No	Goods	Vision One Technologies	$98,450.00	23-Apr-18	22-Apr-19	No	No
Service Agreement	Single Select	No	Services (Non-Consultancy)	Canon Medical Systems	$63,668.00	26-Apr-18	15-Sep-18	No	Yes
Programming	Quotation	No	Services (Non-Consultancy)	Sound Advice	$95,095.00	26-Apr-18	24-May-19	No	No
Grael Portable EEG System	Quotation	No	Goods	Compumedics Limited	$34,100.00	27-Apr-18	24-May-19	No	No
Food&Me e-learning updates	Quotation	No	Services (Non-Consultancy)	YOUR KEY AUSTRALIA PTY LTD	$70,485.00	02-May-18	06-May-19	No	No

Contract title	Procurement methodology	Social procurement	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small to Medium Enterprise (SME)	Exemption From quotation
Food&ME e-learning updates	Quotation	No	Services (Non-Consultancy)	Your Key	$209,169.40	07-May-18	06-Jun-19	No	No
Professional Services for ServiceNow Implementation and Support	Quotation	No	Consultancy	EPICON IT SOLUTIONS PTY. LTD.	$75,900.00	08-May-18	30-Jun-18	No	No
Service Agreement Extension	Single Select	No	Services (Non-Consultancy)	Varian Australasia	$85,615.20	09-May-18	10-Sep-18	No	Yes
PICS Maintenance and Support Services FY17/18	Single Select	No	Services (Non-Consultancy)	Stygron Systems Pty Ltd	$31,944.00	15-May-18	14-May-19	No	Yes
Kantech Mulitformat Mullion Card Reader	Quotation	No	Goods	FS Solutions (ACT) Pty Ltd	$176,101.20	15-May-18	14-May-19	No	No
Purchase of 13 Avigilon Network Video Recorders	Quotation	No	Goods	Fredon security	$194,653.75	15-May-18	14-May-19	No	No
Purchase of 225 Avigilon Dome Cameras	Quotation	No	Goods	Fredon security	$181,729.35	15-May-18	14-May-19	No	No
ISTAR Ultra SE Control Board 8 Reader	Quotation	No	Services (Non-Consultancy)	Fredon security	$99,969.10	15-May-18	14-May-19	No	No
Purchase of 40 Sunrise Breezy Wheelchairs	Quotation	No	Goods	Easi Push Pty Ltd	$38,620.00	15-May-18	14-May-19	No	No
Service Now -IT Service Automation	Public	No	Services (Non-Consultancy)	ServiceNow Nederlands BV	$109,310.78	17-May-18	14-May-19	No	No
Fresh Tastes and Junior Sport Canteen Videos	Quotation	No	Goods	THREESIDES PTY LTD	$115,005.00	24-May-18	20-Jun-19	Yes	No
The Canberra Hospital Building 1 Chiller Replacement	Public	No	Works	Benmax Pty Ltd	$6,524,192.40	24-May-18	28-Oct-19	No	No
Purchase of 553 Meeting Room Chairs	Quotation	No	Goods	Schiavello Systems (ACT) Pty Ltd	$118,618.50	25-May-18	20-May-19	No	No
Purchase of 13 Lockable Anaesthetic Drug Trolleys	Quotation	No	Goods	Paragon Care Group Pty Ltd	$34,274.24	25-May-18	20-May-19	No	No
Fresh Tastes and Junior Sport Canteen Videos	Public	No	Consultancy	Threesides Marketing	$230,010.00	28-May-18	20-Jun-19	Yes	No
Procurement for Diagnostic Related Group (DRG) Assurance Phase 2 training for ACT Health	Single Select	No	Services (Non-Consultancy)	3M Australia Pty Ltd	$57,200.00	06-Jun-18	31-Aug-18	No	Yes

Contract title	Procurement methodology	Social procurement	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small to Medium Enterprise (SME)	Exemption From quotation
Queue Flow & Electronic Way Finding Solutions	Public	No	Goods	Device Technologies	$745,366.80	20-Jun-18	19-Jun-21	No	No
2018 ACT General Health Survey (ACTGHS)	Quotation	No	Services (Non-Consultancy)	The Social Research Centre	$190,724.60	22-Jun-18	21-Jun-19	No	No
Electronic Patient Journey Boards	Public	No	Goods	Alcidion	$4,750,424.80	29-Jun-18	28-Jun-23	No	No
Panel for Elective Surgery Wait List Reduction	Select	No	Services (Non-Consultancy)	Barton Private Hospital	$21,000,000.00 (Anticipated Panel Amount)	27-Nov-17	22-Sep-20	No	No
	Select	No	Services (Non-Consultancy)	Calvary Health Care ACT		27-Nov-17	22-Sep-20	No	No
	Select	No	Services (Non-Consultancy)	Calvary John Hames Hospital		27-Nov-17	22-Sep-20	No	No
	Select	No	Services (Non-Consultancy)	Canberra Microsurgery P/L		27-Nov-17	22-Sep-20	No	No
	Select	No	Services (Non-Consultancy)	Capital Coast Surgery		27-Nov-17	22-Sep-20	No	No
Panel for the Supply of Cardiac Implantable Electronic Devices (CIED) and Cardiac Leads	Public	No	Goods	BIOTRONIK Australia Pty Ltd	$5,100,000.00 (Anticipated Panel Amount)	03-Jan-18	02-Jan-20	No	No
	Public	No	Goods	Boston Scientific Pty Ltd		03-Jan-18	02-Jan-20	No	No
Health Infrastructure Technical Advisory Panel – BCA and DOA Adviser Discipline	Public	No	Consultancy	Blackett Maguire + Goldsmith Pty Ltd	$5,000,000.00 (Anticipated Panel Amount)	23-Mar-18	15-Mar-21	Yes	No
	Public	No	Works	Certified Building Solutions Pty Ltd		09-Apr-18	15-Mar-21	Yes	No
Health Infrastructure Technical Advisory Panel – Construction Defects Assessment Discipline	Public	No	Consultancy	ROBERTSON CONSULTANCY		23-Mar-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Certified Building Solutions Pty Ltd		09-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Jacobs Group (Australia) Pty Ltd		09-Apr-18	15-Mar-21	No	No
	Public	No	Works	Barmco Mana McMurray		09-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	AECOM Australia		23-Mar-18	15-Mar-21	Yes	No

Contract title	Procurement methodology	Social procurement	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small to Medium Enterprise (SME)	Exemption From quotation
Health Infrastructure Technical Advisory Panel – Facility Maintenance Discipline	Public	No	Consultancy	A.G. Coombs Group Pty Ltd		23-Mar-18	15-Mar-21	Yes	No
	Public	No	Consultancy	RixStewart		09-Apr-18	15-Mar-21	Yes	No
Health Infrastructure Technical Advisory Panel – Hazardous Goods Discipline	Public	No	Consultancy	Advitech		09-Apr-18	15-Mar-21	Yes	No
	Public	No	Works	ROBSON ENVIRONMENTAL PTY LTD		09-Apr-18	15-Mar-21	Yes	No
Health Infrastructure Technical Advisory Panel – Health Infrastructure	Public	No	Consultancy	Healthcare Equipment Planning Australia Pty Ltd		16-Mar-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Jacobs Group (Australia) Pty Ltd		16-Mar-18	15-Mar-21	No	No
	Public	No	Consultancy	k20 Architecture		16-Mar-18	15-Mar-21	Yes	No
	Public	No	Consultancy	RD Gossip Pty Ltd		16-Mar-18	15-Mar-21	Yes	No
	Public	No	Consultancy	ROBERTSON CONSULTANCY		16-Mar-18	15-Mar-21	Yes	No
Health Infrastructure Technical Advisory Panel – Independent Commissioning Agent Discipline	Public	No	Consultancy	ERBAS AND ASSOCIATES PTY LTD		23-Mar-18	15-Mar-21	Yes	No
	Public	No	Consultancy	A.G. Coombs Group Pty Ltd		23-Mar-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Barmco Mana McMurray		09-Apr-18	15-Mar-21	Yes	No
	Public	No	Works	Arup Pty Limited		09-Apr-18	15-Mar-21	Yes	No
Health Infrastructure Technical Advisory Panel – Programming Services Discipline	Public	No	Works	Solid Support Delay Analysis Pty Ltd		09-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	blueVisions		27-Apr-18	15-Mar-21	No	No
Health Infrastructure Technical Advisory Panel – Security Building Services Discipline	Public	No	Consultancy	AECOM Australia		23-Mar-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Jacobs Group (Australia) Pty Ltd		16-Mar-18	15-Mar-21	No	No
Health Infrastructure Technical Advisory Panel – Signage and Way-finding Discipline	Public	No	Consultancy	Anne Gordon Design Pty Ltd		09-Apr-18	15-Mar-21	Yes	No
	Public	No	Works	Dotdash		09-Apr-18	15-Mar-21	Yes	No

Contract title	Procurement methodology	Social procurement	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small to Medium Enterprise (SME)	Exemption From quotation
Health Infrastructure Technical Advisory Panel – Traffic, Parking and Logistics Discipline	Public	No	Consultancy	Calibre Consulting (ACT) Pty Ltd		16-Mar-18	15-Mar-21	Yes	No
	Public	No	Consultancy	RD Gossip Pty Ltd		16-Mar-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Northrop Consulting Engineers Pty Ltd		16-Mar-18	15-Mar-21	Yes	No
Health Infrastructure Technical Advisory Panel – Urban Planning Discipline	Public	No	Consultancy	Canberra Town Planning		09-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Elton Consulting		09-Apr-18	15-Mar-21	Yes	No
Health Infrastructure Engineering Services Panel	Public	No	Consultancy	Calibre Consulting (ACT) Pty Ltd	$5,000,000.00 (Anticipated Panel Amount)	09-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Indesco Pty Ltd		12-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	AECOM Australia		12-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Rudds Consulting Engineers Pty Ltd		12-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Barmco Mana McMurray		12-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Lucid Consulting Engineers (ACT) Pty Ltd		12-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Lehr Consultants International (Australia) Pty Ltd		12-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Warren Smith and Partners Pty Ltd		12-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	A.G. Coombs Group Pty Ltd		12-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Taylor Thomson Whitting (ACT) PTY LTD		12-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	Steensen Varming		12-Apr-18	15-Mar-21	Yes	No
	Public	No	Consultancy	SMEC Australia		24-Apr-18	15-Mar-21	No	No
	Public	No	Consultancy	Arup		24-Apr-18	15-Mar-21	No	No

Contract title	Procurement methodology	Social procurement	Procurement type	Contractor name	Contract amount	Execution date	Expiry date	Small to Medium Enterprise (SME)	Exemption From quotation
	Public	No	Consultancy	RD Gossip Pty Ltd		24-Apr-18	15-Mar-21	No	No
	Public	No	Consultancy	Jacobs Group (Australia) Pty Ltd		27-Apr-18	15-Mar-21	No	No
	Public	No	Consultancy	GHD Pty Ltd		18-May-18	15-Mar-21	Yes	No
	Public	No	Consultancy	WSP		18-May-18	15-Mar-21	No	No
	Public	No	Consultancy	Engineered Solutions for Building Sustainability Pty Ltd		18-May-18	15-Mar-21	No	No

Visiting Medical Officers

Table 43 provides total amounts paid to VMOs during 2017–18.

As per reportable contact requirements, the table identifies only those VMOs who had:

> a contract current at any point during the reporting year

> received payments totalling more than $25,000.

TABLE 43: VISITING MEDICAL OFFICERS

Surname	First name	Speciality	Date contract commenced	Date contract expires	Total amount (GST excl.)
Output 1.1 Acute Services					
Adendorff	Bruce	Anaesthesia	01-Apr-16	31-Mar-19	$139,778.18
Adham	Omar	O&G	28-May-17	27-May-20	$239,087.14
Ajulo	Patrick	General Practice	21-Nov-16	20-Nov-18	$50,867.21
Albekaa	Safi	ENT Surgery	02-Nov-14	01-Nov-20	$90,912.78
Al-Sameraaii	Ahmad	Urology	01-Jun-16	31-May-19	$552,479.98
Amin	Babak	Anaesthesia	13-Nov-17	12-Nov-18	$62,871.28
Amjadi	Mahyar	Plastic Surgery	01-Jan-17	31-Dec-18	$116,352.48
Ansary	Saidul	Respiratory and Sleep Medicine Unit	07-Feb-16	06-Feb-19	$162,288.12
Ashman	Bryan	Orthopaedic Surgery	01-Sep-15	30-Nov-18	$443,447.28
Aubin	Phil	Orthopaedic Surgery	22-Feb-17	10-Feb-20	$29,902.86
Auzins	Edwin	General Dentistry - OMFS	02-Jul-16	01-Jul-19	$43,836.49
Bissaker	Peter	Cardiac Surgery	02-Aug-15	01-Aug-18	$505,749.65
Blake	Danielle	Paediatric Medicine	17-Aug-15	16-Aug-18	$150,106.72
Bradshaw	Stephen	Vascular Surgery	02-Aug-14	01-Aug-20	$299,474.08
Bromley	Jonathan	Acute General Medicine and Gastroenterology	31-Mar-15	30-Mar-21	$154,477.14
Buckley	Michael	Pathology	08-Feb-18	07-Feb-19	$35,419.65
Burns	Alexander	Orthopaedic Surgery	02-Jun-15	01-Jun-21	$238,615.46
Corbett	Michael	Gastroenterology	13-Nov-17	06-Feb-21	$76,040.31
Dao	David	Anaesthesia	01-Aug-16	31-Jul-19	$324,913.12
Davies	Stephen	Anaesthesia	02-Mar-18	01-Mar-21	$36,753.55
Dawda	Paresh	Medical Administration	10-Feb-18	09-Aug-18	$35,709.29
Drini	Musa	Gastroenterology	08-Feb-17	07-Feb-20	$119,485.13
Drummond	Catherine	Dermatology	01-Nov-14	30-Apr-19	$61,274.64

Surname	First name	Speciality	Date contract commenced	Date contract expires	Total amount (GST excl.)
D'Souza	Christopher	Anaesthesia	05-Feb-18	04-Feb-19	$28,505.71
Duke	David	Cardiac Anaesthesia	22-Jan-18	21-Jan-21	$150,899.13
Ebrahimi	Ardalan	General Surgery	19-Nov-17	18-Nov-18	$63,029.25
Edwards	Joanne	Paediatrics	22-Aug-16	21-Aug-19	$86,300.95
Eghtedari	Fardin	ENT Surgery	09-Nov-15	08-Nov-18	$309,154.01
Ellingham	John	Cardiac Anaesthesia	30-Nov-16	29-Nov-19	$67,260.23
Fahey	Caroline	Anaesthesia	02-Sep-14	01-Sep-20	$85,809.83
Farhadieh	Rostam	Plastic Surgery	01-Apr-13	31-Mar-21	$792,755.04
Findlay	Michael	Plastic Surgery	09-Jun-17	08-Jun-19	$503,493.69
Fletcher	Victoria	Anaesthesia	11-Feb-15	10-Feb-21	$77,724.58
Flynn	Peter	Anaesthesia	02-Aug-16	01-Aug-19	$218,383.81
Freckmann	Mary-Louise	Clinical Genetics	01-Jul-15	30-Jun-21	$110,573.46
French	James	Anaesthesia	02-Sep-15	01-Sep-18	$248,994.22
Fricker	John	OMFS - Dental Surgery	02-Jul-16	01-Jul-19	$81,214.33
Fyfe	David	Anaesthesia	30-Jan-17	29-Jan-19	$74,114.81
Gallagher	Elizabeth	O&G	16-Jun-17	15-Jun-20	$141,558.49
Gillmore	Colin	Anaesthesia	01-Feb-18	31-Jan-21	$74,091.05
Greenaway	Timothy	Endocrinology	19-Sep-16	18-Sep-18	$37,918.67
Gross	Michael	Orthopaedic Surgery	10-Aug-16	09-Aug-19	$202,115.30
Hade	Anthony	Anaesthesia	16-Oct-17	15-Oct-18	$41,491.62
Hamid	Celine	Paediatric Surgery	23-Mar-18	22-Mar-21	$271,529.54
Hardman	David	Vascular Surgery	02-Jul-15	01-Jul-21	$441,173.71
Hart	Kieran	Urology	25-Jul-17	24-Jul-21	$204,600.70
Haxhimolla	Hodo	Urology	16-Jun-15	15-Jun-21	$74,756.87
Healy	David	Anaesthesia	30-Apr-18	29-Apr-19	$14,727.95
Hehir	Andrew	Anaesthesia	28-Jan-18	27-Jan-21	$327,414.69
Hoffman	Matthias (Matt)	Orthopaedic	02-Feb-18	01-Feb-19	$97,264.61
Iu	Peter	Anaesthesia	14-Aug-17	13-Aug-18	$67,463.49
Jain	Romil	Pain Management	30-Nov-17	29-Nov-18	$141,578.31
Jayamanne	Dinuk	Anaesthesia	17-Oct-16	16-Oct-19	$116,904.23

Surname	First name	Speciality	Date contract commenced	Date contract expires	Total amount (GST excl.)
Jeans	Phil	General Surgery	12-Aug-15	11-Aug-18	$149,773.55
Johnston	Melissa	Anaesthesia	31-Jul-17	30-Jul-18	$27,080.42
Joyce	Daniel	Anaesthesia	09-May-17	08-May-18	$227,330.65
Kahloon	Muhammad	Urology	08-Feb-16	07-Feb-19	$209,771.67
Keating	Cameron	Plastic Surgery	20-May-18	19-May-19	$32,375.48
Kim	Seung Yeol	OMFS	04-Aug-17	03-Aug-18	$35,496.02
Kulisiewicz	Gawel	Orthopaedic Surgery	08-Aug-16	07-Aug-19	$295,981.43
Kwan	Bernard	Anaesthesia	02-Sep-14	01-Sep-20	$26,232.28
Lane	Stuart	ICU	05-Jun-17	04-Jun-19	$30,668.94
Lang	Robert	Anaesthesia	26-Jan-16	25-Jan-19	$189,297.90
Latham	Sarah	Anaesthesia	07-Dec-16	06-Dec-19	$155,905.49
Lau	Yeong Joe	Orthopaedic Surgery	08-Dec-15	07-Dec-18	$651,383.83
Le	Joey	Forensics	22-Jun-17	21-Jun-19	$167,712.30
Lee	Elaine	Anaesthesia	11-Oct-15	10-Oct-18	$639,768.59
Lee	Tack-Tsiew	ENT Surgery	02-Jun-15	01-Jun-21	$106,332.11
Leerdam	Carolyn	Paediatric Medicine	02-Feb-15	01-Feb-21	$174,172.90
Lei	Lei (Emma)	Anaesthesia	01-Aug-16	31-Jul-19	$140,499.43
Leow	Yin	Anaesthesia	29-Mar-17	28-Mar-18	$44,263.01
Li	Jane Jie	Anaesthesia	08-May-17	07-May-18	$83,720.58
Lim	James	General Surgery	30-Nov-16	29-Nov-19	$132,344.51
Lipsett	Lachlan	ENT Surgery	01-Dec-16	30-Nov-19	$118,440.24
Lo	Cheng	Plastic Surgery	28-Jan-18	27-Jan-19	$53,285.31
Low	Shiau Tween	O&G	01-Oct-16	31-Jul-18	$70,062.19
Mahale	Nilesh	ICU	04-Aug-17	03-Aug-18	$29,261.35
Makeham	Timothy	ENT Surgery	14-Feb-17	13-Feb-20	$210,205.60
Malecky	George	Paediatric Surgery	01-Nov-14	31-Oct-20	$640,699.52
Malhotra	Ram	Neurology	01-Apr-17	31-Mar-20	$101,843.14
Markham	Philip	Orthopaedic Surgery	07-Feb-17	06-Feb-18	$103,415.54
Marshall	Natalie	Anaesthesia	01-Aug-14	31-Jul-20	$584,558.74
Matthiesson	Will	Anaesthesia	01-Mar-16	28-Feb-19	$259,153.27

Surname	First name	Speciality	Date contract commenced	Date contract expires	Total amount (GST excl.)
McCloy	Katie	Anaesthesia	05-Mar-18	04-Mar-19	$77,915.58
McCredie	Simon	Urology	02-Jul-16	01-Jul-19	$281,462.26
McDonald	Tim	Paediatrics	02-Aug-14	01-Aug-20	$382,200.69
McInerney	Carmel	Anaesthesia	02-Jun-15	01-Jun-18	$44,749.31
Meares	Nicola	Anaesthesia	31-May-16	30-May-19	$35,960.12
Meyerkort	Daniel	Orthopaedic Surgery	31-Jul-17	30-Jul-18	$206,911.87
Miller	Andrew	Dermatology	30-Nov-16	29-Nov-19	$88,695.48
Morrissey	Phillip	Anaesthesia	02-Nov-16	01-Nov-19	$137,810.70
Mosse	Charles	General Surgery	01-Dec-16	30-Nov-19	$372,540.96
Muggeridge	Catherine	Anaesthesia	25-Aug-14	24-Aug-20	$75,719.95
Neilson	Wendell	Vascular Surgery	01-Jul-16	30-Jun-19	$862,430.34
O'Connor	Simon	Cardiology	01-Oct-14	30-Sep-20	$372,295.38
Oerder	Vaughn	Anaesthesia	09-May-16	08-May-19	$329,775.97
Okera	Salim	Ophthalmology	12-Apr-10	31-Jul-20	$77,497.85
Orde	Sam	ICU	31-Oct-16	30-Oct-19	$64,316.45
Palnitkar	Girish	Anaesthesia	15-Nov-16	14-Nov-19	$137,112.04
Peady	Clifford	Anaesthesia	02-Aug-14	01-Aug-20	$328,499.04
Peake	Ross	Anaesthesia	23-Jul-16	22-Jul-19	$86,847.21
Pham	Tuan	ENT Surgery	02-Jun-16	01-Jun-19	$368,338.89
Policinski	Igor	Orthopaedic Surgery	19-Dec-17	06-Dec-18	$706,426.38
Ponniah	Senthan	Anaesthesia	24-Jan-17	23-Jan-20	$145,649.30
Powell	Suzanna	Paediatric Medicine	01-Jun-15	31-May-21	$73,665.54
Quah	Yeow Leng (Valerie)	Anaesthesia	17-Jan-17	16-Jan-20	$113,820.88
Quinlivan	Julie	O&G	01-May-17	30-Apr-18	$69,216.00
Ramnani	Anil	ICU	10-Aug-17	09-Aug-18	$38,909.08
Rangiah	David	General Surgery	02-Feb-15	01-Feb-21	$200,635.59
Rees	Chris	Anaesthesia	21-May-18	20-May-19	$39,907.98
Reynolds	Graham	Paediatric Medicine	15-Sep-17	14-Sep-2018	$46,277.43
Richards	Elizabeth	Anaesthesia	22-Jun-17	21-Jun-19	$119,833.60
Riddell	James	General Medicine & Gastroenterology	01-Dec-14	30-Nov-20	$50,813.89

Surname	First name	Speciality	Date contract commenced	Date contract expires	Total amount (GST excl.)
Roberts	Chris	Orthopaedic Surgery	02-Nov-17	01-Feb-21	$46,466.63
Robson	Stephen	O&G	01-Aug-14	31-Jul-20	$158,131.43
Rosier	Michael	Paediatric Medicine	02-Aug-14	01-Aug-20	$114,812.25
Ruknuddeen	Mohammed	ICU	10-Mar-18	09-Mar-19	$47,016.63
Ryan	Jonathon	Cardiothoracic	15-Jan-18	14-Jan-19	$30,000.00
Samarakoon	Nadeeka	Gastroenterology and Hepatology	02-Jun-17	01-Jun-19	$25,807.97
Sandercoe	Trent	Paediatric Ophthalmologist	30-Aug-17	29-Sep-18	$29,614.22
Sathasivam	Sivapirabu	Plastic Surgery	01-Jul-17	30-Jun-18	$156,835.49
Schafer	Matthew	Anaesthesia	05-Jun-17	04-Jun-18	$85,193.92
Schimmelfeder	Arne	Anaesthesia	24-Feb-18	23-Feb-19	$78,783.45
Schneider	Franz	Anaesthesia	13-Jun-17	12-Jun-18	$63,414.88
Skeels	Andrew	Palliative Care	08-May-18	07-May-19	$37,718.57
Smith	Damian	Orthopaedic Surgery	02-Jul-15	01-Aug-18	$268,012.61
Smith	Paul	Orthopaedic Surgery	02-Feb-17	01-Feb-20	$433,325.54
Smith	Joseph	Orthopaedic Surgery	07-Dec-15	06-Dec-18	$359,137.49
Speldewinde	Geoffrey	Anaesthesia	02-Nov-17	01-Nov-20	$33,515.40
Stamou	Despoina	Anaesthesia	27-Feb-17	26-Feb-19	$204,232.34
Storey	Desmond	General Dentistry	30-Nov-16	29-Nov-19	$41,807.43
Thakur	Bibhuti	Anaesthesia	04-Oct-16	03-Oct-19	$656,471.61
Tharion	John	Thoracic Surgery	02-Aug-15	01-Aug-18	$396,119.94
Thomsett	Claire-Mary Jeanette	Anaesthesia	29-May-17	28-May-19	$59,307.70
Thomson	Andrew	Gastroenterology	02-Oct-14	01-Oct-18	$546,449.39
Tsai	Nicholas	Orthopaedic Surgery	09-Apr-17	08-Apr-20	$769,293.81
Turner	Alexandra	Plastic Surgery	26-Mar-17	25-Mar-19	$48,519.06
Vrancic	Sindy	Orthopaedic Surgery	02-Sep-16	01-Feb-19	$277,458.36
Weber	Ingo	Anaesthesia	19-Feb-18	18-Feb-19	$57,011.41
Wilson	William	Anaesthesia	12-Feb-18	11-Feb-19	$29,218.35
Wilson	Michael	Anaesthesia	02-Nov-14	01-Nov-20	$96,496.20
Output 1.2 Mental Health, Justice Health and Alcohol and Drug Services					
Abass	Mothafar Hassan	Psychiatry	03-Oct-17	02-Oct-18	$118,000.00

Surname	First name	Speciality	Date contract commenced	Date contract expires	Total amount (GST excl.)
Adesanya	Adesina	Psychiatry	01-Sep-16	31-Aug-18	$91,586.60
Bromley	Jennifer	General Practice (Corrections Health Program)	07-Feb-18	06-Feb-19	$134,007.51
Butterfield	Ingrid	Psychiatry	19-Feb-18	18-Feb-19	$312,770.56
Cowley	Darren	Psychiatry	21-Aug-17	20-Aug-18	$30,000.00
Dujmovic	Marina	Psychiatry	30-Oct-17	29-Oct-18	$154,000.00
Eldridge	James Neil	General Practice (Corrections Health Program and Clinical Forensics ACT)	02-Feb-17	01-Feb-20	$220,558.09
Flower	Teresa	Psychiatry	21-Sep-17	20-Sep-18	$74,000.00
Fraser	Elizabeth	General Practice (Justice Health Service)	07-Feb-15	06-Feb-21	$60,861.69
Grey	Jeanette	Psychiatry	13-Mar-18	12-Mar-19	$66,000.00
Henderson	A Scott	Psychiatry	01-Nov-14	31-Oct-20	$256,114.39
Jones	Amanda	Psychiatry	30-Apr-18	29-Apr-19	$44,000.00
Kalnins	Andris	Psychiatry	09-Oct-17	08-Oct-18	$29,000.00
Kumar	Pravin	Psychiatry	02-Apr-18	01-Apr-19	$100,812.50
Lakicevic	Ivan	Psychiatry	16-Apr-18	15-Apr-19	$60,900.00
Lane	Angela	Psychiatry	13-Mar-18	12-Mar-19	$36,000.00
Matias	May	Psychiatry	20-Mar-18	19-Mar-19	$298,683.72
Mundl	Renate	Psychiatry	07-Apr-17	06-Apr-19	$198,937.15
Nguyen	Dang	Psychiatry	30-Jan-18	29-Jan-19	$58,000.00
Nunn	Kenneth	Psychiatry	23-Jan-17	22-Jan-18	$185,400.00
Pullela	Subrahmanyam (Anath)	Psychiatry	29-May-18	28-May-19	$35,000.00
Rajkumar	Sadanand	Psychiatry	02-Aug-17	01-Aug-18	$60,000.00
Rohan	Kathryn	Psychiatry	23-Oct-17	22-Oct-18	$122,000.00
Samuels	Owen	Psychiatry	01-Apr-18	31-Mar-19	$30,000.00
Seamark	Richard	Psychiatry	09-Oct-17	08-Oct-18	$236,000.00
Thomson	Graeme	General Practice (Corrections Health Program and Clinical Forensics ACT)	14-Jan-17	13-Jan-20	$210,562.78
Wahaib	Wael	Psychiatry	18-Dec-17	17-Dec-18	$72,720.00
Westcombe	David	Psychiatry	01-Dec-16	30-Nov-19	$187,982.81
Wurth	Peter	Psychiatry	01-Feb-18	31-Jan-21	$82,195.20

Surname	First name	Speciality	Date contract commenced	Date contract expires	Total amount (GST excl.)
Output 1.4 Cancer Services					
Applied Imaging Pty Ltd	Elizabeth Lim & Nigel Hunter	Radiology - Breastscreen	18-Sep-15	16-Sep-18	$116,733.35
Athukorala	Chaturica	Breastscreen	10-May-17	09-May-20	$194,958.74
Bell	Susanne	Radiology - Breastscreen	11-Nov-14	10-Nov-17	$49,664.22
Chen	Suet Wan	Radiology - Breastscreen	01-Nov-14	31-Oct-20	$150,978.39
Davis	Ian	General Surgery - Breastscreen	02-Sep-14	01-Sep-20	$195,590.54
Dobes	Martin	Radiology	11-Sep-17	10-Sep-18	$207,199.93
Hazan	Georges	Radiology - Breastscreen	21-Sep-15	17-Sep-18	$25,006.89
He	Yi (Mike)	General Surgery - Breastscreen	15-Apr-16	14-Apr-19	$127,890.94
Mahajan	Aakash	Breastscreen	01-Sep-17	31-Aug-20	$36,667.68
Jain	Tarun	Radiology	05-Nov-16	04-Nov-18	$243,457.56
Kuo	James	Medical Oncology	03-Apr-18	02-Apr-19	$26,922.04
Price	Jeremy	Breastscreen	20-Jun-17	31-Aug-20	$121,486.32
Robison	Sean	Breastscreen	01-Sep-17	31-Aug-20	$92,947.01
Sullivan	Paul	Radiology	04-Oct-16	03-Oct-18	$271,769.40

C.6 STATEMENT OF PERFORMANCE

ACT Audit Office

AUDITOR-GENERAL AN OFFICER OF THE ACT LEGISLATIVE ASSEMBLY

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 2018.

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.

(*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.)

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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 the 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.

Ajay Sharma
Acting Auditor-General
18 September 2018

HEALTH DIRECTORATE
STATEMENT OF PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2018

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 2018 and also fairly reflects the judgements exercised in preparing it.

Michael De'Ath

Interim Director-General

Health Directorate

17 September 2018

Health Directorate
Statement of Performance
For the Year Ended 30 June 2018

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 2017-18	Actual Result 2017-18	% Variance from Original Target	Explanation of Material Variances (+/-5%)	Notes
Total Cost ($000's)	865,949	859,431	(1%)		
Controlled Recurrent Payments (CRP) ($000's)	117,542	99,771	(15%)	CRP was lower than target mainly due to transfers to Expenses on Behalf of the Territory for capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service and amounts for the Enterprise Bargaining Agreements still under negotiation, reducing the balance required to be paid in the 2017-18 financial year.	
Accountability Indicators					
a. Admitted Services - National Weighted Activity Units {17}	82,273	78,482	(5%)	This result was below target due to lower activity reported for public hospital elective surgery contracted patients treated in the ACT private hospital sector.	1,2
b. Non-Admitted - National Weighted Activity Units {17}	24,110	23,978	(1%)		1,3
c. Emergency Services – National Weighted Activity Units {17}	11,634	11,664	-		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) {17} as defined by the Independent Hospital Pricing Authority's National Efficient Price Determination 2017-18.
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 2017-18	Actual Result 2017-18	% Variance from Original Target	Explanation of Material Variances (+/-5%)	Notes
d. Acute Admitted Mental Health Services – National Weighted Activity Units (17)	5,148	5,678	10%	This result was higher than target mainly due to a 14% increase in average complexity per separation. Services that observed the largest increase in complexity included alcohol use and dependence, opioid use and dependence and childhood mental disorders.	1
e. Sub Acute Services – National Weighted Activity Units (17)	6,417	7,141	11%	This result was higher than target mainly due to a 12% increase in patient volume mostly related to rehabilitation and palliative care.	1
f. Calvary Services – National Weighted Activity Units (out of scope)	1,427	1,379	(3%)		1,4

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 Public Hospital 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*.

Health Directorate
Statement of Performance
For the Year Ended 30 June 2018

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 fashion and that care is integrated across hospital, community, and residential support services.

This means focussing on:

- ensuring timely access to emergency mental health care;
- 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 2017-18	Actual Result 2017-18	% Variance from Original Target	Explanation of Material Variances (+/-5%)	Notes
Total Cost ($000's)	187,139	186,359	-		
Controlled Recurrent Payments (CRP) ($000's)	63,303	53,732	(15%)	CRP was lower than target mainly due to transfers to Expenses on Behalf of the Territory for capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service and amounts for the Enterprise Bargaining Agreements still under negotiation, reducing the balance required to be paid in the 2017-18 financial year.	
Accountability Indicators					
a. Adult mental health program community service contacts	198,000	190,361	(4%)		5
b. Children and youth mental health program community service contacts	72,000	71,364	(1%)		6
c. Mental Health Rehabilitation and speciality Services	26,250	31,629	20%	There has been an increase in clinic activities particularly for Aboriginal and Torres Strait Islander services, adult mental health day services and dual diagnosis.	7

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

Explanation of Measures

5. Mental Health ACT Adult community occasions of services (Age group 18-64).
6. Mental Health ACT Children and Adolescents community occasions of service (Age group 0-17).
7. 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.

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 2017-18	Actual Result 2017-18	% Variance from Original Target	Explanation of Material Variances (+/-5%)	Notes
d. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	-		8
e. Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%	100%	-		8
f. Justice Health Services community contacts	155,000	154,866	-		9
g. Percentage of current clients on opioid treatment with management plans	98%	97%	(1%)		10
h. Alcohol and Drug Services Community contacts	70,000	63,912	(9%)	Alcohol and Drug Services have been impacted by unexpected staff vacancies at short notice and recruiting difficulties have also impacted on the number of contacts.	11

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

Explanation of Measures (Continued)

8. Percentage of detainees at Alexander Maconochie Centre and Bimberi who are assessed within 24 hours of arrival at the facility. Bimberi young detainees who are detained for a period of less than 24 hours are excluded from this indicator.
9. 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.
10. On presentation for opioid replacement treatment, a management plan is developed. This indicator represents the percentage of clients with management plans.
11. These services relate to a dose, appointment or contact with a client.

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*.

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Output Class 1: Health and Community Care (Continued)

Output 1.3 Population Health

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 2017-18	Actual Result 2017-18	% Variance from Original Target	Explanation of Material Variances (+/-5%)	Notes
Total Cost ($000's)	52,451	50,426	(4%)		
Controlled Recurrent Payments (CRP) ($000's)	39,666	33,669	(15%)	CRP was lower than target mainly due to transfers to Expenses on Behalf of the Territory for capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service and amounts for the Enterprise Bargaining Agreements still under negotiation, reducing the balance required to be paid in the 2017-18 financial year.	
Accountability Indicators					
a. Samples analysed	11,500	12,675	10%	This result was higher than target due to a significant increase in illicit drug samples for analysis.	12
b. Total number of inspections and proactive site visits of food business	2,500	2,443	(2%)		13
c. Number of teachers who complete Food & Me training	300	307	2%		14
d. Number of It's Your Move schools recruited to the Program	12	15	25%	Schools have been more enthusiastic than anticipated to participate in the program.	15
e. Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	95%	95%	-		16

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

Explanation of Measures

12. Number of samples analysed during the period by the ACT Government Analytical Laboratory.
13. Total number of inspections where compliance has been assessed according to the *ACT Food Act 2001* and the Food Standards code, and proactive site visits of food businesses conducted by the Health Protection Service.
14. This training provides teachers with the necessary tools to teach nutrition within the ACT School Curriculum Framework.
15. It's Your Move is delivered by the Health Directorate in partnership with the Education Directorate and contributes to the ACT Government Healthy Weight Initiative.
16. Percentage of 12 month old children who have been fully immunised in accordance with the Australian Childhood Immunisation Register.

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 cancer 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 2017-18	Actual Result 2017-18	% Variance from Original Target	Explanation of Material Variances (+/-5%)	Notes
Total Cost ($000's)	84,955	87,725	3%		
Controlled Recurrent Payments (CRP) ($000's)	10,197	8,655	(15%)	CRP was lower than target mainly due to transfers to Expenses on Behalf of the Territory for capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service and amounts for the Enterprise Bargaining Agreements still under negotiation, reducing the balance required to be paid in the 2017-18 financial year.	
Accountability Indicators					
a. Total breast screens	18,500	18,123	(2%)		17
b. Number of breast screens for women aged 50 to 69	13,000	13,072	1%		18
c. Percentage of women who receive results of screen within 28 days	100%	100%	-		19
d. Percentage of screened patients who are assessed within 28 days	90%	89%	(1%)		20

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

Explanation of Measures (Continued)

17. Total number of women screened in the period.
18. Number of women aged between 50 to 69 years screened in the period.
19. 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.
20. 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*.

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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 2017-18	Actual Result 2017-18	% Variance from Original Target	Explanation of Material Variances (+/-5%)	Notes
Total Cost ($000's)	196,596	191,577	(3%)		
Controlled Recurrent Payments (CRP) ($000's)	82,663	70,166	(15%)	CRP was lower than target mainly due to transfers to Expenses on Behalf of the Territory for capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service and amounts for the Enterprise Bargaining Agreements still under negotiation, reducing the balance required to be paid in the 2017-18 financial year.	
Accountability Indicators					
a. Number of nursing (domiciliary and clinic based) occasions of service	91,890	94,591	3%		21
b. Number of allied health regional services (occasions of service)	30,630	26,856	(12%)	An aging population and increasing chronic disease has led to longer, more complex treatments resulting in a reduction in occasions of service. Referral rates have been lower and group programs have also reduced occasions of service recorded.	22
c. Mean waiting time for clients on the dental services waiting list	6 Months	6 months	-		23

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

Explanation of Measures

21. 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.
22. All occasions of service provided to community patients by Community Care Allied Health Professionals and Technical Officers for Physiotherapy, Occupational Therapy, Social Work, Podiatry and Nutrition.
23. 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*.

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Output Class 1: Health and Community Care (Continued)

Output 1.5 Rehabilitation, Aged and Community Care (Continued)

	Original Target 2017-18	Actual Result 2017-18	% Variance from Original Target	Explanation of Material Variances (+/-5%)	Notes
d. 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%)		
e. Proportion of clients attending 'Well Women's Check' within the Women's Health Service that are from culturally and linguistically diverse communities	40%	46%	15%	This result was higher than target due to the successful promotion of this service.	24
f. 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%	98%	9%	The process to ensure as many children are seen as possible includes rigorous follow-up and collaboration with staff in Community Services Directorate's Child and Youth Protection Services as well as liaison with the carers/guardians of children.	25

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

Explanation of Measures (Continued)

24. This indicator measures the percentage of women who are from culturally and linguistically diverse communities accessing a 'Well Women's Check'.
25. 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.1 DANGEROUS SUBSTANCES

In 2017–18, ACT Health received one Dangerous Substances Improvement Notice issued on 30 August 2017 in relation to the use of a cleaning product. The improvement notice was subsequently lifted on 7 November 2017 following information being provided which demonstrated that the cleaning product was safe to use and safe systems of work were in place.

Contact details: For more information, contact EDQ&S@act.gov.au.

D.2 MEDICINES, POISONS AND THERAPEUTIC GOODS

In 2017–18, ACT Health received no notices of non-compliance under section 177 of the *Medicines, Poisons and Therapeutic Goods Act 2008*.

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

PART G

PART G: HEALTH

G.1 MENTAL HEALTH

The Minister appoints the Chief Psychiatrist and ACT Care Coordinator under provisions of the *Mental Health Act 2015*.

The functions of the Chief Psychiatrist are to:

> provide treatment, care or support, rehabilitation and protection for people who have a mental illness

> make reports and recommendations to the Minister on matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for people who have a mental illness.

The functions of the ACT Care Coordinator are to coordinate the provision of:

> treatment, care or support to people with a mental disorder in accordance with community care orders made by the Aged Care Assessment Team (ACAT)

> appropriately trained people for the treatment, care or support of people with a mental disorder who are subject to community care orders

> appropriate residential or detention facilities for people with a mental disorder who have any one of following orders in force:
  - a Community Care Order (CCO)
  - a restriction order with a community care order
  - a Forensic Community Care Order (FCCO)

> medication and anything else required to be done for people with a mental disorder in accordance with community care orders and restriction orders made by the ACAT.

The ACT Care Coordinator also makes reports and recommendations to the Minister about matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for people with a mental disorder.

The Chief Psychiatrist and ACT Care Coordinator are appointed under the *Mental Health Act 2015*. Their annual reports are a requirement under the Annual Report Directions and presented as annexes to this report, see:

> Attachments—Annexed and subsumed public authority reports—Chief Psychiatrist Annual Report 2017–18, page 298

> Attachments—Annexed and subsumed public authority reports—ACT Care Coordinator Annual Report 2017–18, page 292.

ATTACHMENTS

ANNEXED AND SUBSUMED PUBLIC AUTHORITY REPORTS

ACT CARE COORDINATOR ANNUAL REPORT 2017–18

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 the 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.

Between 1 July 2017 and 30 June 2018, seven people were subject to a CCO; two men and five women. There were five people for whom new CCOs were made in the reporting period. For the seven people subject to CCOs, one was referred by the courts, two were referred by adult mental health services and four were referred by the Older Persons Mental Health Team. One was referred with an intellectual disability and complex and challenging behaviours, one had a neurological condition, one had an eating disorder and for four people, dementia was the reason for referral.

No FCCOs were made during this reporting period.

Table 44 summarises the CCOs for 2017–18.

TABLE 44: COMMUNITY CARE ORDERS FOR 2017–18

Category	Details
Gender	Male: 2 Female: 5 Total: 7
New CCO	5
Age	<18 years: 1 19–29 years: 0 30–39 years: 1 40–49 years: 1 50–59 years: 0 60–69 years: 2 70–79 years: 1 80+ years: 1
Condition	Intellectual disability/complex and challenging behaviours: 1 Dementia: 4 Neurological condition other than dementia: 1 Eating disorder: 1
Referring Agency	Adult mental health services: 2 The Older Persons Mental Health Service: 4 Courts: 1
Restriction Orders	5

Linda Kohlhagen

ACT Care Coordinator

July 2018

CALVARY HEALTH CARE LTD ANNUAL REPORT 2017–18

The Little Company of Mary Health Care provides a range of public health and hospital services on behalf of the ACT Government, at both Calvary Public Hospital Bruce (Calvary), a fully accredited health service, and at Clare Holland House Hospice in Barton.

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 transitioned or transferred to Canberra Hospital or interstate for specialty services.

Services provided from the Calvary campus are:

> a 24/7 Emergency Department
> intensive and coronary care services
> medical and surgical inpatient services
> maternity services, including the Calvary Birth Centre
> aged care and rehabilitation services
> voluntary inpatient mental health services
> specialist outpatient clinics
> Hospital in the Home service.

Clare Holland House Barton campus is home to the ACT Specialist Community Palliative Care Service. These services comprise:

> Clare Holland House, which is a 19-bed inpatient specialist palliative care unit
> palliative care outpatients' clinics
> community-based palliative care services
> specialist outreach services, including partnerships with a number of retirement and aged care facilities, and collaboration with the Winnunga Care and Support Clinic team
> Palliative Care Research Centre.

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 patient care is coordinated between all their care providers, including their:

> GP
> specialists
> residential care supervisor
> 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 within the patient's palliative care plan.

Admission to the Specialist Community Palliative Care Service requires a referral from another care provider. The referral criteria for each service are well understood across the ACT primary care provider networks.

Calvary is a teaching hospital associated with the:

> Australian Catholic University
> Australian National University
> University of Canberra.

In this role, and through the contribution of emerging clinical practitioners, Calvary is at the forefront of contemporary health service delivery.

Activity achievements

During 2017–18, Calvary delivered approximately:[21]

> 29,935 Calvary Public Hospital Bruce inpatient admissions
> 417 Clare Holland House admissions
> 59,573 Emergency Department presentations
> 5,446 elective surgery procedures
> 2,091 non-elective surgery procedures
> 1,570 babies born.

The year in review

Calvary is currently fully accredited against the National Safety and Quality in Health Service Standards. A periodic review is scheduled for early 2019.

In the reporting period, a number of Executive appointments were made, including:

> Barbara Reid was appointed Chief Executive Officer
> Professor Frank Bowden was appointed to the role of Director of Clinical Services – Medical
> Karen Caldwell was appointed Director of Clinical Governance.

The Specialist Outpatient Clinic Facility which opened in July 2017 in the Lewisham Building at the western end of the campus became fully operational and now includes the Pre-Admission Clinic. This service provides treatment in 12 specialist services for non-admitted patients. The Clinic offers excellent amenity for patients, and it importantly provides improved access with non-admitted patients separated from the acute care areas of the hospital.

In September 2017, the stand-alone Calvary Bruce Private Hospital opened, with the hospital leaving its former location on Level 6 of the Xavier Building. The Private Hospital is connected to the Calvary Public Hospital by on overhead bridge that is used for patient transfer.

In February 2018, the Minister for Health and Wellbeing announced $2.6m funding for the expansion and refurbishment of the Calvary Public Hospital Maternity Unit. The project involved:

> the expansion of the Unit from 15 to 18 beds
> refurbishment of patient rooms and work spaces
> creating a dedicated patient and family lounge.

[21] 2017–18 activity figures provided by Calvary.

The project commenced in March 2018 and building works were completed at the end of June 2018. The first patients will be admitted to the Unit in July 2018. While this project was undertaken, the Public Maternity Unit was relocated to Level 6 of the Xavier Building.

Also nearing completion in June 2018 were major enhancements to the:

> Calvary Public Hospital Operating Theatre Suite

> Medical Imaging Unit.

The theatres upgrade saw structural changes and equipment installations in three of the older operating theatres. The Medical Imaging upgrade involved the construction and installation of a second CT scanning room and machine.

Both these projects involved a great degree of planning and coordination, as services were to be uninterrupted while work was carried out. We recognise the understanding of staff and patients while these works were undertaken, and greatly appreciate the contractors who performed these tasks with great sensitivity and a genuine desire to minimise the impact of the projects on patients.

Through the reporting period, the arrangements for the transfer of Calvary's Public Aged Care and Rehabilitation Services (ACRS) Unit to the University of Canberra Hospital were finalised. The ACRS, which was first opened in 2007, has provided an important transition for patients returning to a residential setting after a significant health episode for over 11 years. The ACRS established the highest standards of multidisciplinary care harnessing Calvary's collective medical, nursing and allied health skills.

The area formerly used for the 24 bed ACRS Unit will be recommissioned as the Calvary Public Hospital Mental Health Inpatient Unit. This unit is currently located on Level 2 of the Marian Building and is known as ward 2N – Acute Adult Mental Health. In its new location it will offer significantly improved amenity for patients.

Towards the end of 2017–18, work had commenced on planning and designing the refurbishment and expansion of the Calvary Emergency Department. With around 60,000 presentations each year, the Emergency Department is consistently operating at capacity. The redesign will:

> create additional treatment spaces

> improve triage and waiting areas

> enable the introduction of new models of care to improve patient flow.

In May 2018, the Minister for Health and Wellbeing, Meegan Fitzharris MLA, and Chair of the Little Company of Mary Health Care, John Watkins, announced a new agreement would be negotiated to ensure that the partnership of ACT Health and Calvary Public Hospital continues into the future. The focus of a new agreement with Calvary Public Hospital will be more modern health services on the northside of Canberra to:

> improve access for our growing community

> ensure a truly Territory-wide health system.

Awards and recognition

> Amelia Druhan, ACT Midwife of the Year – Maternity Services, Calvary Public Hospital Bruce

> Calvary Continuity of Midwifery Care Service – Excellence in Quality Improvement or Research

> Lucy Poplin – ACT Award for Allied Health Assistant Excellence

> Winnunga Care and Support Clinic Team including Calvary Specialist Community Palliative Care Team – 2018 ACT Health NAIDOC Aboriginal and Torres Strait Islander Team Award

> The Specialist Palliative Care Team at Clare Holland House Canberra INSPIRED Trial – Overall Winner 2017 ACT Quality in Healthcare Award.

Environmental sustainability

Calvary maintained its commitment to sustainability and respect for the environment with a comprehensive plan in place to continue the focus on high priority initiatives across the service.

There are now 30 waste streams that ensure items are disposed of correctly. These initiatives have seen a significant reduction in waste to landfill.

Other projects have been completed to ensure the reduction in the use of electricity and gas required to provide safe and reliable provision of services across the campus.

At the end of the reporting period, a decision led by Calvary staff was made to eliminate single-use polystyrene cups from the campus. These will be replaced by recyclable containers.

The year ahead

Calvary welcomes the opportunity to work with ACT Health on the development of Territory-wide health services, which will provide the basis for a sustainable and high-quality health system in the ACT.

We recognise the global, national and local challenges for health services to address:

> longer life expectancy

> an ageing population

> improved management of chronic conditions

> the consistent emergence of new and expensive health practices and technology.

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.

In addition to providing services at Calvary Public Hospital Bruce, within the ACT the Little Company of Mary Health Care also operate:

> Calvary Private Hospital

> Calvary John James Hospital

> the Calvary Haydon Retirement and Aged Care Facility

> Calvary Community Care.

Calvary is committed to developing across these services innovative models of care and efficient transition processes that may inform the progress of service partnerships with ACT Health and the Territory.

CHIEF PSYCHIATRIST ANNUAL REPORT 2017–18

The Chief Psychiatrist has responsibility for the treatment, care and support of people subject to Psychiatric Treatment Orders (PTOs), Forensic Psychiatric Treatment Orders (FPTOs), and also clinical and operational responsibility for other people with mental illness under the care of ACT Health's mental health services. These responsibilities give the Chief Psychiatrist a unique role in the ACT's public mental health system and the ability to promote continual service improvement and clinical best practice to fulfil the principles of ACT Health and the *Mental Health Act 2015*.

Emergency Apprehension

Under the Act, a person who is experiencing a mental health emergency may be taken to an approved mental health facility for an assessment to decide whether further treatment, care or support is necessary, and if so, whether this can only be provided on an involuntary basis. This process is known as an Emergency Apprehension. Table 45 shows the number of emergency apprehensions in the ACT, by the type of professional who conducted the apprehension. The Act allows Authorised Ambulance Paramedics to undertake emergency apprehensions.

TABLE 45: NUMBER OF EMERGENCY APPREHENSIONS BY APPREHENDING PROFESSIONAL, 2013–14 TO 2017–18

Apprehending professional	July 2013–June 2014	July 2014–June 2015	July 2015–June 2016	July 2016–June 2017	July 2017–June 2018
Police officer	695	723	694	594	678
Mental health officer	169	158	162	170	209
Medical practitioner	104	139	129	109	111
Authorised ambulance paramedics	N/A	N/A	43*	141	273
Total emergency apprehensions	968	1,020	1,028	1,014	1,271

Note: * The *Mental Health Act 2015*, which commenced on 1 March 2016, allows Authorised Ambulance Paramedics to undertake emergency apprehensions.

In 2017–18, the number of people apprehended and transported to Canberra Hospital for assessment went up 25.35 per cent on the previous year, increasing from 1,014 to 1,271 people.

Of the 1,271 people subject to Emergency Apprehension in 2017–18:

- 678 (53.3 per cent) were apprehended and transported by a Police Officer
- 273 (21.5 per cent) by an Authorised Ambulance Paramedic
- 209 (16.4 per cent) by a Mental Health Officer
- 111 (8.7 per cent) by a Medical Practitioner, that is, an ACT Health doctor working in a community mental health team, or a doctor at Canberra Hospital or Calvary Public Hospital Bruce.

Between 2016–17 and 2017–18, there was a 93.6 per cent increase in the number of people apprehended and transported by an Authorised Ambulance Paramedic, with a corresponding 14.1 per cent increase in the number apprehended by a Police Officer and a 1.8 per cent increase in the number of people apprehended by a Medical Practitioner.

Over the past five years, there has been a 2.4 per cent decrease in the number of apprehensions by police. This trend coincides with the commencement of the *Mental Health Act 2015*, which gave Authorised Ambulance Paramedics the ability to apprehend people.

The trend is also consistent with the objectives and principles of the Act to facilitate a healthcare approach to Emergency Apprehension and to use the least restrictive and intrusive means to provide treatment, care or support, even in an emergency.

Emergency Detention

Table 46 shows the number of Emergency Detentions authorised for up to three days (ED3s) in 2017–18. There was a 10.1 per cent increase in the number of people placed on an ED3 in 2017–18 compared to 2016–17.

The number of people who did not require detention after being apprehended and transported to an approved mental health facility for assessment was 327 (34.6 per cent). These people were either able to be stabilised within four hours of arrival at the facility or could be treated voluntarily. This reflects the philosophy of the Act to provide treatment, care and support in the least restrictive environment possible.

TABLE 46: NUMBER OF EMERGENCY DETENTIONS AUTHORISED FOR UP TO 3 DAYS 2013–14 TO 2017–18

July 2013–June 2014	July 2014–June 2015	July 2015–June 2016	July 2016–June 2017	July 2017–June 2018
596	698	763	858	945

Emergency detentions authorised for up to a further 11 days (ED11)

Before the expiration of an ED3, an application for an extension of Emergency Detention for a period of up to a further 11 days (ED11) can be made to the ACT Civil and Administrative Tribunal (ACAT), if this is considered appropriate by the treating team.

Table 47 shows that of the 945 ED3s granted, 496 (52.5 per cent) were allowed to lapse or were revoked, and ACAT granted an ED11 for the remaining 449 (47.5 per cent). These figures have been steady for the past three years and are an indication of the treating team's continuing efforts to appropriately stabilise acute episodes of illness. An increased stability in a person's mental health during an inpatient admission provides a greater chance of successful recovery for that person in the community.

Following the treatment pathway of the 449 people subject to an ED11, only 166 (37 per cent) required further involuntary treatment, care and support via a PTO. It is important to note that the PTO data for this treatment pathway differs from the total number of PTOs made by ACAT, as they only relate to a sub-set of people treated under the Act during the period. See Table 48.

This is a significant result, as it suggests that the additional time for people to be assessed, supported and receive initial treatment under the Emergency Detention provisions, that is, the extension of the further period of detention from seven days to 11 days under the *Mental Health Act 2015*, allows people to recover from an emergency situation. With enough initial support, this appears to be reducing the need for longer-term mental health orders and decreasing the need for coercive treatment, care and support.

TABLE 47: OUTCOMES FROM AN INITIAL ED3 2013–14 TO 2017–18

	July 2013–June 2014	July 2014–June 2015	July 2015–June 2016	July 2016–June 2017	July 2017–June 2018
Revocation of ED3 without further orders being made	295	387	429	478	496
Extensions of involuntary detention granted by ACAT	299	311	334	380	449

Psychiatric Treatment Orders

A PTO can be made by the ACAT for a person with mental illness if the criteria in the Act are met. A PTO authorises involuntary mental health treatment, care and support, either as an inpatient or in the community. Under the Act, the Chief Psychiatrist is responsible for the treatment, care and support of a person to whom a PTO applies. The maximum duration of a PTO is six months, but the PTO may be reviewed, renewed or revoked before it expires. A Restriction Order (RO) can also be made by ACAT together with a PTO if the Tribunal is satisfied that a higher level of restriction is needed in relation to the person.

There have been no FPTOs made by ACAT since the commencement of the Act in March 2018.

TABLE 48: NUMBER OF AUTHORISED PTOS AND OUTCOMES, 2013–14 TO 2017–18

	July 2013–June 2014	July 2014–June 2015	July 2015–June 2016	July 2016–June 2017	July 2017–June 2018
PTOs made by ACAT	890	921	912	627	599
PTOs revoked by ACAT	167	156	254	163	157
Contravention of PTO	80	90	101	80	70
ROs made by ACAT together with a PTO	0	0	0	0	5*

*** All ROs made were in relation to people also subject to an order under Section 309 of the Crimes Act 1900**

Of the 718 PTO hearings held by ACAT during 2017–18, 209 were for new PTO applications and 509 for reviews of existing PTOs. In total, 599 PTOs were granted or continued. This is a decrease of 4.5 per cent from 2016–17. In 157 cases, the PTO was revoked representing a 3.7 per cent decrease in the number of revocations compared to 2016–17. These findings are significant for people being treated in the public mental health system, as they demonstrate that fewer people are being treated involuntarily under the Act.

Contraventions of PTOs decreased from 80 to 70 in 2017–18, reflecting a 12.5 per cent reduction from 2016–17. Thirty people were brought to the Canberra Hospital for medication or assessment purposes following a contravention and three were admitted to hospital as a result. This figure partly reflects the lower total number of PTOs in operation in the past year, but also reflects the Office of the Chief Psychiatrist's work to ensure that people are managed in an environment of their choice

and receive assertive follow-up to promote their recovery. Community mental health teams also make every effort to anticipate and manage crises early. If this is successful, a contravention is not usually required.

Transfers from a correctional facility to Dhulwa Mental Health Unit

Under the Act, a detainee may be transferred from an ACT correctional facility, including the Alexander Maconochie Centre (AMC) and Bimberi Youth Justice Centre, to Dhulwa Mental Health Unit (Dhulwa) to receive treatment, care and support for a mental illness. Table 49 shows the number of people transferred to Dhulwa since it opened on 22 November 2016. In 2017–18, there were 11 transfers of detainees from AMC to Dhulwa. Of these, four were correctional patients receiving voluntary treatment, care and support and seven were involuntary patients subject to a PTO.

People who are subject to a PTO, but are not detainees or involved in the criminal justice system may also be admitted to Dhulwa, if this is considered appropriate by the Dhulwa Admissions Panel. In 2017–18, three people in this category were admitted to Dhulwa.

TABLE 49: ADMISSIONS TO DHULWA MENTAL HEALTH UNIT, 22 NOV 2016 TO 2017–18

Status of person	22 November 2016*–June 2017	July 2017–June 2018
Transfers from correctional facilities	6	11
Detainees receiving voluntary mental health treatment, care or support (Correctional Patients)	1	4
Detainees receiving involuntary mental health treatment, care or support under a PTO	5	7
People subject to a PTO	3	3

***Dhulwa Mental Health Unit was opened on 22 November 2016**

Other matters

The Act provides for the authorisation of involuntary electroconvulsive therapy (ECT), including emergency ECT, by ACAT. There are also provisions for the interstate application of mental health laws, including for the transfer of people to and from the ACT. The extent to which these authorisations were exercised in 2017–18 is detailed in Table 50.

TABLE 50: SUMMARY OF OTHER AUTHORISATIONS IN THE ACT, 2013–14 TO 2017–18

	July 2013–June 2014	July 2014–June 2015	July 2015–June 2016	July 2016–June 2017	July 2017–June 2018
ECT Order made by ACAT	7	10	14	25	27
Emergency ECT Order made by ACAT	0	1	0	0	3
Interstate transfers	9	12	10	8	7

	July 2013–June 2014	July 2014–June 2015	July 2015–June 2016	July 2016–June 2017	July 2017–June 2018
Court-ordered assessment of defendant—s. 309 of the Crimes Act 1900	44	63	78	118	112

Electroconvulsive Therapy

There were 27 ECT Orders authorised by ACAT, an increase of two on the previous year. Applications for emergency ECT can only be sought in cases where ECT is required as a life-saving intervention. Three Emergency ECT Orders were made by ACAT during the reporting period.

Interstate transfers

Seven cross-border agreements relating to the transfer or apprehension of involuntary patients are still in effect between the ACT and three other jurisdictions (NSW, Victoria and Queensland). In 2017–18, the ACT transferred five people to facilities in NSW, one person to a facility in Queensland and accepted one transfer of a person from NSW.

Section 309 of the Crimes Act 1900

Section 309 of the *Crimes Act 1900* provides for the Magistrates Court to order a criminal defendant to be taken to an approved mental health facility for the purposes of an emergency assessment to determine whether immediate treatment and care are required.

The ACT Magistrates Court made 112 orders for assessment pursuant to Section 309 of the Act, a 5.1 per cent decrease from the previous year when 118 referrals were made. Of these 112 referrals, 64 people (57.1 per cent) required admission to an approved mental health facility for assessment purposes, with 48 being returned to court on the same day. The Court Assessment Liaison Service, operated by Forensic Mental Health Services, continues to provide assessment and advice to the courts at the time of the hearing, which in many circumstances means that a Section 309 order is not required.

Appointment of Mental Health Officers

Under the *Mental Health Act 2015*, the Minister for Mental Health may appoint Mental Health Officers, who are experienced ACT Health clinicians authorised to conduct emergency apprehensions and apprehend people who are in contravention of a Mental Health Order. The appointment of Mental Health Officers has been delegated to the Chief Psychiatrist. Under the Act, the Chief Psychiatrist is also directly given the function of directing the function of Mental Health Officers. As of 30 June 2018, 86 Mental Health Officers had been appointed.

Overall perspective

The data presented demonstrates some noteworthy trends in the application of the objectives and principles of the Act, most importantly around promoting recovery and respecting the rights and dignity of people by providing treatment, care and support in a way that is least restrictive or intrusive. Specific examples include the increased use of Authorised Ambulance Paramedics and corresponding decrease in the use of police to apprehend and transport people to an authorised mental health facility, the fact that over half of people placed on an ED3 did not require further detention and, of those who did require further detention on an ED11, only a third went on to require longer-term detention on a PTO.

The Office of the Chief Psychiatrist looks forward to a continuation of these trends in future years.

New initiatives

The Office of the Chief Psychiatrist partnered with the ACT Mental Health Consumer Network (MHCN) to develop the *My Rights, My Decision* kit, which makes Advance Agreements, Advance Consent Direction and Nominated Person forms available to all consumers. The *My Rights, My Decision* kit was launched in June 2018 by the Minister for Mental Health and allows people experiencing mental illness or mental disorder to express their will and preferences about their treatment, care or support in advance, if they become unwell and have impaired decision-making capacity. By making this resource publicly available, we hope that many more consumers will be empowered to set out their wishes and desires about their treatment, care or support. Doing so is a very important step in providing the type of care consumers want, when and where they want it.

Appointment of new Chief Psychiatrist

On 27 June 2018, Dr Denise Riordan was appointed by the Minister for Mental Health as the ACT's new Chief Psychiatrist, commencing on 8 August 2018. Dr Riordan comes to this role having served as the Chief Psychiatrist of the Northern Territory since 2017 and returns to ACT Health after many distinguished years of previous service as a consultant psychiatrist, clinical director of Child and Adolescent Mental Health Services (CAMHS) and acting Chief Psychiatrist from time to time. The ACT community and our mental health services will be capably served by Dr Riordan's significant experience, leadership and character.

Thank you

As I conclude my time as Interim Chief Psychiatrist, I wish to thank all our doctors, clinicians and administrative and support staff who contribute in innumerable and often unnoticed ways to the effective and principled operation of our public mental health services. I would also like to thank Dr Elizabeth Moore, who was the Interim Chief Psychiatrist from February to May 2017. Dr Moore established a very strong foundation and direction for the evolving role of the Chief Psychiatrist, for which I am very grateful. Finally, I would like to express my particular thanks to my small but dedicated team in the Office of the Chief Psychiatrist for their tireless and patient work towards building a collaborative, sustainable and recovery-oriented mental health service for all our community.

Dr Mandy Evans

Interim Chief Psychiatrist

HUMAN RESEARCH ETHICS COMMITTEE ANNUAL REPORT 2017–18

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 2017–18, 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 2018, the HREC comprised:

> 10 external members and

> nine 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, Ian Pieper, Matthew Wafer and Gillian Fox, for their tireless work in keeping the ACT Health HREC and its processes operating at the highest standards.

Professor Walter Abhayaratna

A/Chair

Membership of the Human Research Ethics Committee

Table 51 identifies membership of the HREC in 2017–18.

TABLE 51: HREC MEMBERSHIP

Name of member	Position
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)
Dr Yu Jo Chua	Current researcher (Oncology)
A/Professor Paul Craft	Deputy Chair
Dr Anna Dorai Raj	Current researcher (Rheumatology)
Dr James D'Rozario	Current researcher (Haematology)
Ms Sara Farnbach	Current researcher (Aboriginal and Torres Strait Islander Health)
Professor Paul Gatenby	Chair
Dr Arun Gupta	Current researcher (Gastroenterology)
Ms Donna Hodgson	Member providing professional care
Dr David Larkin	Member providing professional care (until May 2018)
Mr David Lovegrove	Consumer member
Dr Louise Morauta	Chair (until Dec 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 (until Mar 2018)
Dr David Ugalde	Lay member
A/Professor Penney Upton	Current researcher (Social Science)

Meetings of the Ethics Committee and its subcommittees

The Committee met 11 times from 1 July 2017 to 30 June 2018. Meetings are held monthly. Subcommittee meeting details are as follows:

> **The Clinical Trials Subcommittee** (CTSC), under the chairmanship of Dr Yu Jo Chua, 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 (until Dec 2017) and Professor Paul Gatenby, met 22 times during the year. The LRSC meets fortnightly to enable a faster decision-making process for projects 'in which the only foreseeable risk for participants is one of discomfort' (*NHMRC National Statement*, page 16).

Key points arising

Key developments during the year include:

> NMRC certification renewed from 1 January 2018 to 31 December 2019

> joining with NSW in a new information technology (IT) platform designed to record and track research applications and to prompt contact between researchers and HREC to ensure appropriate and timely monitoring of ongoing research—full implementation of this technology is expected from early 2019.

RADIATION COUNCIL ANNUAL REPORT 2017–18

It is my pleasure to present the Annual Report of the Radiation Council (the Council) for 2017–18.

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 Act or another territory law.

Council membership

The composition of the Council is specified in Section 65 of the Act. Seven members are currently appointed to the Council, as shown in Table 52.

TABLE 52: COUNCIL MEMBERS

Name	Position held	Appointed until
Elizabeth Croft	Chair	30 September 2018
Sean Geoghegan	Deputy Chair	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
Kathy Ashton	Member	30 September 2018

Council meetings 2017–2018

The Council meets approximately every six weeks and met eight times during 2017–18. Meetings were held in:

- August, September, November and December of 2017
- January, February, April and May of 2018.

Regulatory standards

The Council refers to several standards, codes of practice, safety guides, and recommendations when:

- considering matters relating to radiation protection
- issuing licences and approving registrations under the Act.

This includes documents in the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Radiation Protection Series, which are available free of charge from www.arpansa.gov.au.

National Directory for Radiation Protection

The National Directory for Radiation Protection (the Directory) provides the basis for achieving uniformity of radiation protection practices across Australian jurisdictions and is an incorporated document under the Act. The Directory is designed to be regularly updated to reflect the best radiation protection practice of the time. The Directory is prepared by the ARPANSA Radiation Health Committee and is only updated in accordance with prescribed processes.

The Council is regularly briefed on developments about the work of the ARPANSA Radiation Health Committee. ACT Health has a jurisdictional representative appointed to the Committee.

Council activities

The Council issued 215 new licences during 2017–18, bringing the total number of licence holders in the ACT to 1,411. This is a 7 per cent increase (97 licences) on last year.

The Council registered 50 new radiation sources during the 2017–18, bringing the total number of registered radiation sources in the ACT to 708. This is a 4 per cent increase (24 sources) on last year.

Radiation incidents

Twelve radiation incidents, summarised in Table 53, were reported to the Council during the year and underwent further investigation. A change in the culture of incident reporting has resulted in an increase in the number of incidents reported.

TABLE 53: RADIATION INCIDENTS

Incident type	No. incidents	Details
Nuclear Medicine	5	A repeat scan was required
Radiotherapy	2	The treatment had a minor dose variation from that prescribed
Radiology (X-ray)	2	An incorrect body part was imaged and an X-ray was performed in an unsuitable location
Radiology (CT)	3	Patient pregnancy was discovered after the CT scan had been performed

In line with the ACT Health Risk Management Guidelines, all 12 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, 11 of these incidents have been reported to ARPANSA for inclusion on the Australian Radiation Incident Register (ARIR). The 11 incidents, which were considered to be of minor consequence, were reported to ARPANSA in line with the ARIR categories. Further information is still being obtained in relation to the remaining incident.

Enforcement and remedial actions by the Council

No investigations or legal proceedings were commenced in 2017–2018.

All correspondence should be addressed to the:

Secretariat
Radiation Council
C/- 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

MANAGEMENT DISCUSSION AND ANALYSIS FOR THE ACT LOCAL HOSPITAL NETWORK DIRECTORATE, FOR THE YEAR ENDED 30 JUNE 2018

Management Discussion and Analysis for the ACT Local Hospital Network Directorate, For the Year Ended 30 June 2018

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 2018-19, this would result in lower Commonwealth National Health Reform revenue to the ACT Government. It could also result in lower cross border revenue.

For 2018-19, Commonwealth funding to the ACT is capped at 6.5 per cent growth on the 2017-18 funding outcome. As such, if activity comes in above this growth rate in 2018-19, this could result in potentially no further Commonwealth funding to the ACT for activity delivered above 6.5 per cent growth level except where unutilised funding is available with the National Funding Pool due to lower utilisation by other States and the Northern Territory.

The above risks are monitored regularly throughout the year.

Financial Performance

The following financial information is based on audited financial statements for 2016-17 and 2017-18, and the forward estimates contained in the 2018-19 ACT Local Hospital Network Budget Statements.

Total Net Cost of Services

	Actual 2016-17 $m	Actual 2017-18 $m	Budget 2017-18 $m	Forward Estimate 2018-19 $m	Forward Estimate 2019-20 $m	Forward Estimate 2020-21 $m	Forward Estimate 2021-22 $m
Total Expenses	1 071.5	1 113.8	1 120.4	1 175.9	1 208.5	1 259.9	1 321.9
Total Own Source Revenue	445.7	490.6	464.3	506.0	534.5	564.7	596.8
Total Net Cost of Services	625.7	623.2	656.1	670.0	674.1	695.2	725.2

Comparison to Budget

The Directorate's net cost of services for 2017-18 of $623.2 million was $32.9 million or 5.0 per cent lower than the 2017-18 budget. This was mainly due to:

- higher cross border revenue due to higher growth in services than estimated in the budget;
- additional revenue received from the Commonwealth due to higher growth in activity in 2017-18 and back adjustments for actual activity levels related to the 2016-17 financial year; and
- lower cross border expenses due to a lower number of patients treated than budgeted.

Refer **Attachment A** for detailed comparison of net cost of services to budget 2017-18.

Comparison to 2016-17 Actual

There was an increase of $2.5 million or 0.4 per cent compared to the 2016-17 net cost of service of $625.7 million. This was mainly due to higher than expected Own Source Revenue of $44.9 million relating to:

- growth in activity for services funded through the National Health Reform Agreement including admitted patients (0.9 per cent), emergency department (3.2 per cent) and acute mental health services (8.3 per cent);
- growth in cross border revenue due to more ACT health services accessed by interstate residents; and
- additional revenue received from the Commonwealth due to adjustments for actual activity levels related to the 2016-17 financial year.

Higher Own Source Revenue is largely offset by an increase in expenses of $42.3 million mainly relating to growth in admitted patients (0.9 per cent), emergency department (3.2 per cent) and acute mental health services (8.3 per cent).

Future Trends

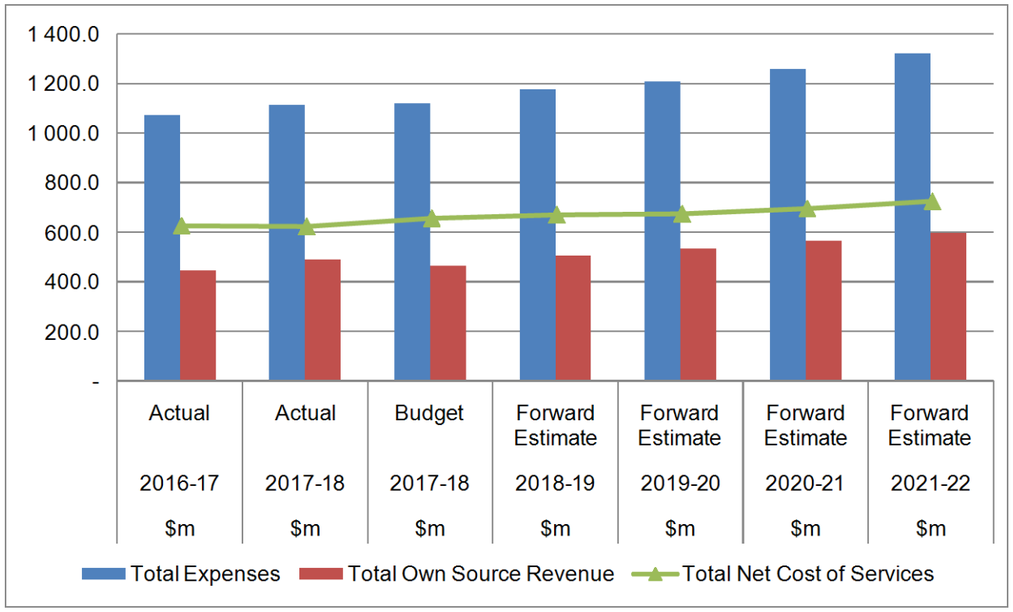

Figure 1: Net Cost of Services

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 2018, 99.4 per cent of total expenditure ($1 113.8 million) relates to grants and purchased services.

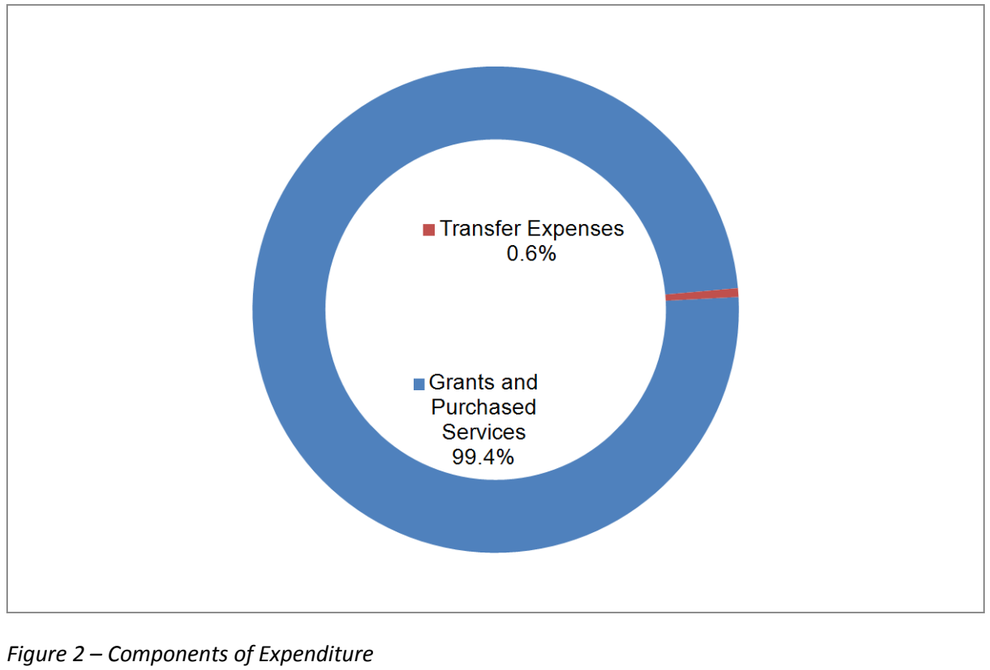

Figure 2 – Components of Expenditure

Comparison to Budget

Total expenses of $1 113.8 million was within $6.6 million, or 0.6 per cent of the original 2017-18 budget of $1 120.4 million mainly relating to lower cross border expenses due to a lower number of patients treated than budgeted.

Comparison to 2016-17 Actual Expenses

Total expenses were $42.3 million or 4.0 per cent higher than the 2016-17 actual result of $1 071.5 million. This was due to growth in public hospital services funded through the National Health Reform Agreement including admitted patients (0.9 per cent), emergency department (3.2 per cent) and acute mental health services (8.3 per cent).

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 2018, the Directorate received 78.6 per cent of its total own source revenue of $490.6 million from Grants from the Commonwealth ($385.6 million) and the remaining 21.4 per cent from Cross Border User Charges ($105.0 million).

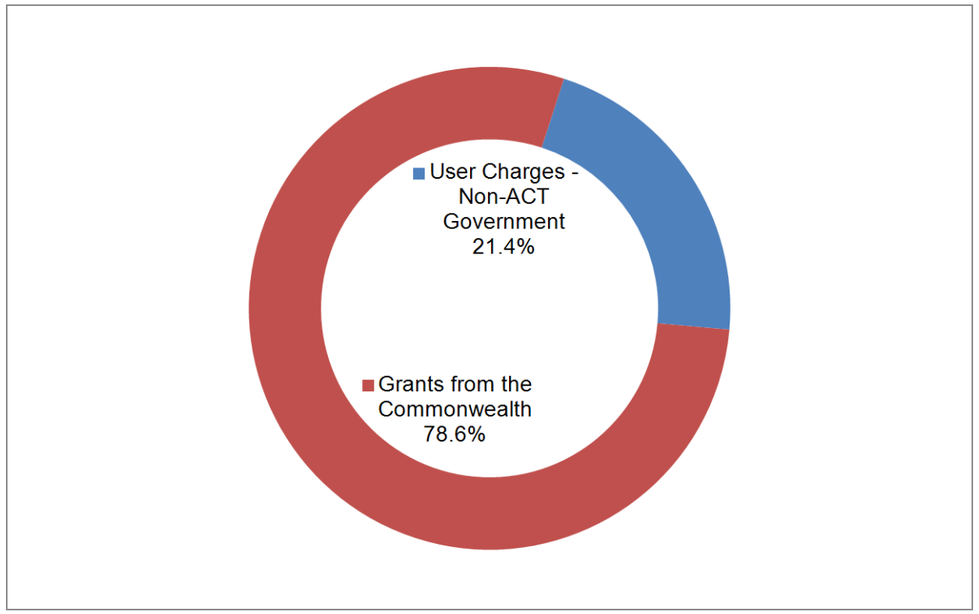

Figure 3 – Components of Own Source Revenue

Comparison to Budget

Own source revenue for the year ending 30 June 2018 was $490.6 million, which was $26.3 million or 5.7 per cent higher the 2017-18 budget of $464.3 million. The higher own source revenue is due to higher Grants from the Commonwealth and cross border revenue for treating more interstate patients than estimated in the budget and additional revenue received from the Commonwealth due to back adjustments for actual activity levels related to 2015-16 and 2016-17 financial years.

Comparison to 2016-17 Actual Own Source Revenue

Own source revenue was $44.9 million or 10.1 per cent higher than the 2016-17 result of $445.7 million. The increase is mainly due to indexation and growth in public hospital activity including admitted patients (0.9 per cent), emergency department (3.2 per cent) and acute mental health services (8.3 per cent) partially funded through the National Health Reform Agreement, increase in cross border revenue due to more ACT Health services access by interstate residents and revenue received from the Commonwealth due to back adjustments for actual activity levels related to 2015-16 and 2016-17 financial years.

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 2018, the Directorate held total assets of $35.4 million with 98.6 per cent of its assets in receivables and 1.4 per cent in cash and cash equivalents.

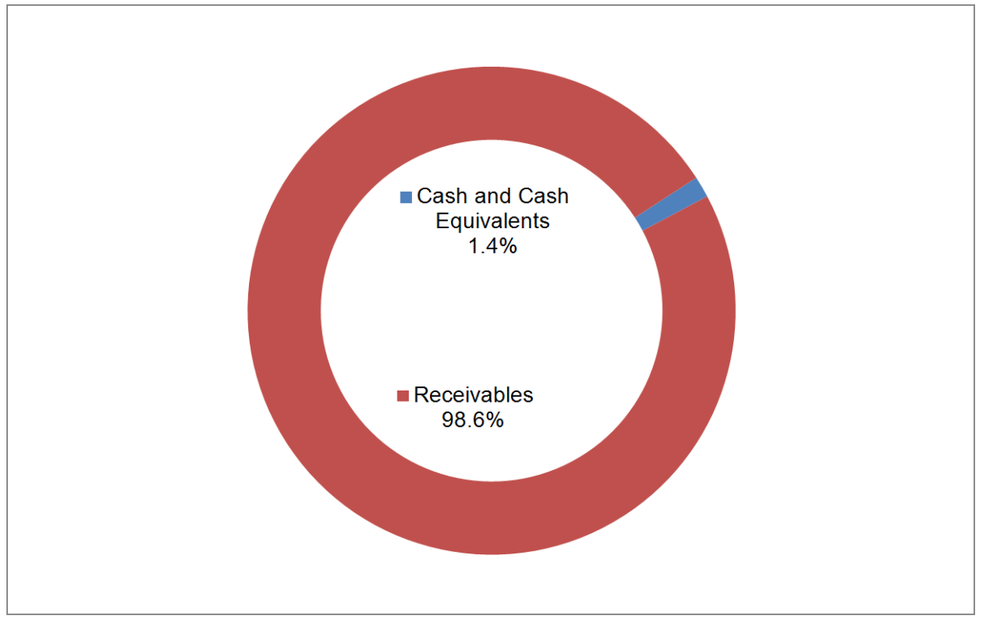

Figure 4 – Total Assets at 30 June 2018

Comparison to Budget

The total asset position at 30 June 2018 is $35.4 million, which is higher than the 2017-18 budget of $23.0 million by $12.4 million.

The variance mainly reflects:

- higher than budgeted Receivables ($15.0 million) which is mainly due to higher cross border health receipts relating to higher than budgeted growth in the treatment of interstate residents in ACT hospitals for which payment is not received until the following year; offset by
- a decrease in Cash and Cash Equivalents ($2.6 million).

Comparison to 2016-17 Actual

The Directorate's total asset position at 30 June 2018 is $35.4 million, which is $7.4 million higher than the 2016-17 actual result of $28.0 million. This mainly relates to outstanding cross border health receipts, due to higher than anticipated growth in treatment of interstate residents in ACT hospitals resulting in additional funds being receivable and higher GST Input Tax Credits owing from the Australian Taxation Office.

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 2018, was $15.6 million, which is higher than the 2017-18 budget of $14.0 million by $1.6 million. This mainly relates to higher than budgeted payables for health services provided to ACT residents by other States and the Northern Territory for which payments are not made until the following year.

Comparison to 2016-17 Actual

Total liabilities were $0.8 million higher than the actual results as at 30 June 2017 of $14.8 million. This was due to the higher level of payables in 2017-18, relating to cross border health payments for higher than anticipated growth in health services provided to ACT residents by other States and the Northern Territory resulting in additional funds being payable.

Net Assets

The Directorate's net assets at 30 June 2018 were $10.8 million higher than the $9.0 million budgeted. This is due to the combined impact of the reasons listed above.

Attachment A – Comparison of net cost of services to budget 2017-18

Description	Original Budget 2018 $'000	Plus AAO Transfers 2018 $'000	Total Funding $'000	Less Actual $'000	Variance to be Explained $'000	Variance to be Explained %
Expenses						
Grants and Purchased Services	1 114 063	-	1 114 063	1 107 324	6 739	0.6%
Transfer Expenses	6 344	-	6 344	6 459	(115)	-1.8%
Total Expenses	**1 120 407**	**-**	**1 120 407**	**1 113 783**	**6 624**	**0.6%**
Own Source Revenue						
User Charges	101 280	-	101 280	105 028	(3 748)	-3.7%
Grants from the Commonwealth	362 984	-	362 984	385 581	(22 597)	-6.2%
Total Own Source Revenue	**464 264**	**-**	**464 264**	**490 609**	**(26 345)**	**-5.7%**
Total Net Cost of Services	**656 143**	**-**	**656 143**	**623 174**	**32 969**	**5.0%**

FINANCIAL STATEMENTS FOR ACT LOCAL HOSPITAL NETWORK DIRECTORATE FOR THE YEAR ENDED 30 JUNE 2018

ACT Audit Office

AUDITOR-GENERAL AN OFFICER OF THE ACT LEGISLATIVE ASSEMBLY

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 2018. The financial statements comprise the operating statement, balance sheet, statement of changes in equity, cash flow statement, controlled 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 of the Health Directorate is responsible for:

- preparing and fairly presenting the financial statements in accordance with the *Financial Management Act 1996* and relevant Australian Accounting Standards;
- determining the internal controls necessary for the preparation and fair presentation of the financial statements so that they are free from material misstatements, whether due to error or fraud; and
- assessing the ability of the Directorate to continue as a going concern and disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting in preparing the financial statements.

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 of the Health Directorate; 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 the 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.

Ajay Sharma
Acting Auditor-General
18 September 2018

ACT Local Hospital Network Directorate
Financial Statements
For the Year Ended 30 June 2018

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 2018 and the financial position of the Directorate on that date.

Mr Michael De'Ath
Interim Director-General
Health Directorate
17 September 2018

ACT Local Hospital Network Directorate
Financial Statements
For the Year Ended 30 June 2018

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 2018 and the financial position of the Directorate on that date.

Mr Trevor Vivian
Chief Finance Officer
Health Directorate
17 September 2018

ACT Local Hospital Network Directorate
Operating Statement
For the Year Ended 30 June 2018

	Note No.	Actual 2018 $'000	Original Budget 2018 $'000	Actual 2017 $'000
Income				
Revenue				
Controlled Recurrent Payments	3	629 747	656 143	629 964
User Charges	4	105 028	101 280	101 225
Grants from the Commonwealth	5	385 581	362 984	344 496
Total Revenue		**1 120 356**	**1 120 407**	**1 075 685**
Total Income		**1 120 356**	**1 120 407**	**1 075 685**
Expenses				
Grants and Purchased Services	6	1 107 324	1 114 063	1 065 433
Transfer Expenses	7	6 459	6 344	6 022
Total Expenses		**1 113 783**	**1 120 407**	**1 071 455**
Operating Surplus		**6 573**	**-**	**4 230**
Total Comprehensive Income		**6 573**	**-**	**4 230**

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.

ACT Local Hospital Network Directorate
Balance Sheet
At 30 June 2018

	Note No.	Actual 2018 $'000	Original Budget 2018 $'000	Actual 2017 $'000
Current Assets				
Cash and Cash Equivalents	9	500	3 147	3 771
Receivables	10	34 888	19 843	24 219
Total Current Assets		**35 388**	**22 990**	**27 990**
Total Assets		**35 388**	**22 990**	**27 990**
Current Liabilities				
Payables	11	15 606	14 010	14 781
Total Current Liabilities		**15 606**	**14 010**	**14 781**
Total Liabilities		**15 606**	**14 010**	**14 781**
Net Assets		**19 782**	**8 980**	**13 209**
Equity				
Accumulated Funds		19 782	8 980	13 209
Total Equity		**19 782**	**8 980**	**13 209**

The above Balance Sheet should be read in conjunction with the accompanying notes.

The Directorate only has one output class and as such the above Balance Sheet is also the Directorate's Balance Sheet for the ACT Local Hospital Network Output Class.

ACT Local Hospital Network Directorate
Statement of Changes in Equity
For the Year Ended 30 June 2018

	Accumulated Funds Actual 2018 $'000	Total Equity Actual 2018 $'000	Original Budget 2018 $'000
Balance at 1 July 2017	**13 209**	**13 209**	**8 980**
Comprehensive Income			
Operating Surplus	6 573	6 573	-
Total Comprehensive Income	**6 573**	**6 573**	**-**
Balance at 30 June 2018	**19 782**	**19 782**	**8 980**

	Accumulated Funds Actual 2017 $'000	Total Equity Actual 2017 $'000
Balance at 1 July 2016	**8 979**	**8 979**
Comprehensive Income		
Operating Surplus	4 230	4 230
Total Comprehensive Income	**4 230**	**4 230**
Balance at 30 June 2017	**13 209**	**13 209**

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 2018

	Note No.	Actual 2018 $'000	Original Budget 2018 $'000	Actual 2017 $'000
Cash Flows from Operating Activities				
Receipts				
Controlled Recurrent Payments		629 747	656 143	629 964
User Charges		95 400	101 280	96 302
Grants Received from the Commonwealth		385 581	362 984	344 496
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		19 066	20 301	20 101
Total Receipts from Operating Activities		**1 129 794**	**1 140 708**	**1 090 863**
Payments				
Grants and Purchased Services		1 112 958	1 120 407	1 070 685
Goods and Services Tax Paid to Suppliers		20 107	20 301	19 554
Total Payments from Operating Activities		**1 133 065**	**1 140 708**	**1 090 239**
Net Cash (Outflows)/Inflows from Operating Activities	15(b)	**(3 271)**	**-**	**624**
Net (Decrease)/Increase in Cash and Cash Equivalents		(3 271)	-	624
Cash and Cash Equivalents at the Beginning of the Reporting Period		3 771	3 147	3 147
Cash and Cash Equivalents at the End of the Reporting Period	15(a)	**500**	**3 147**	**3 771**

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 2018

	Original Budget 2018 $'000	Total Appropriated 2018 $'000	Appropriation Drawn 2018 $'000	Appropriation Drawn 2017 $'000
Controlled				
Controlled Recurrent Payments	656 143	656 143	629 747	629 964
Total Controlled Appropriation	**656 143**	**656 143**	**629 747**	**629 964**

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 Budget Papers in respect of the reporting period (2017-18 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 'Total Appropriated' and 'Appropriation Drawn'

Controlled Recurrent Payments

The difference between Total Appropriated and the Appropriation Drawn is due to the Directorate not drawing down appropriation due to higher than expected Commonwealth funding and cross border revenue. This is in line with ACT Government funding arrangements, where the Directorate does not draw down funding if revenue from other sources exceeds the original budget.

ACT Local Hospital Network Directorate
Controlled Note Index
For the Year Ended 30 June 2018

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

ACT Local Hospital Network Directorate
Notes to and Forming Part of the Financial Statements
For the Year Ended 30 June 2018

Note 3. Controlled Recurrent Payments

Controlled Recurrent Payments (CRP) are revenue received from the ACT Government to fund the costs of delivering outputs.

	2018 $'000	2017 $'000
Revenue from the ACT Government		
Controlled Recurrent Payments	629 747	629 964
Total Controlled Recurrent Payments	**629 747**	**629 964**

Note 4. User Charges

User charge revenue is derived by providing public hospital services to interstate residents. User charges revenue is legally retained by the Directorate. This revenue is driven by demand for health services from interstate patients and is not for profit in nature.

	2018 $'000	2017 $'000
User Charges - Non-ACT Government		
Cross Border (Interstate) Health Revenue[a]	105 028	101 225
Total User Charges - Non-ACT Government	**105 028**	**101 225**

a) The increase is mainly due to growth in health services provided to interstate residents.

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.

	2018 $'000	2017 $'000
Grants from the Commonwealth		
Grants[a]	385 581	344 496
Total Grants from the Commonwealth	**385 581**	**344 496**

a) The increase is mainly due to increased funding relating to indexation and growth in admitted patients (0.9%), emergency department (3.2%), acute mental health services (8.3%) and payments from the National Health Funding Pool ($22.6m in total) due to revenue received for adjustments for actual activity levels related to 2015-16 ($15.3m) and 2016-17 ($7.3m).

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.

	2018 $'000	2017 $'000
Purchased Services		
Payments to Service Providers		
- Canberra Hospital and Health Services[a]	885 317	847 309
- Calvary Public Hospital[b]	186 056	186 257
- Clare Holland House[b]	9 481	5 811
- Queen Elizabeth II Hospital	3 570	3 467
Cross Border (Interstate) Health Costs	22 900	22 589
Total Grants and Purchased Services	**1 107 324**	**1 065 433**

a) The increase is mainly due to indexation and growth in admitted patients (0.9%), emergency department (3.2%) and acute mental health services (8.3%).
b) The combined increase in payments to Calvary Public Hospital and Clare Holland House is mainly due to indexation.

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.

	2018 $'000	2017 $'000
Transfer Expenses	6 459	6 022
Total Transfer Expenses	**6 459**	**6 022**

Note 8. Auditor's Remuneration

Auditor's remuneration represents fees charged by the ACT Audit Office for the audit of the financial statements.

	2018 $'000	2017 $'000
Audit Services		
Audit Fees Paid or Payable to the ACT Audit Office	55	53
Total Audit Services	**55**	**53**

No other services were provided by the ACT Audit Office.

ACT Local Hospital Network Directorate
Notes to and Forming Part of the Financial Statements
For the Year Ended 30 June 2018

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.

	2018 $'000	2017 $'000
Cash at Bank[a]	500	3 771
Total Cash and Cash Equivalents	**500**	**3 771**

a) The decrease in Cash and Cash Equivalents is due to a higher percentage of public hospital payments to Canberra Hospital and Health Services being completed during the year.

Note 10. Receivables

	2018 $'000	2017 $'000
Current Receivables		
Accrued Revenue[a]	33 658	24 030
Net GST Receivable[b]	1 230	189
Total Current Receivables	**34 888**	**24 219**
Total Receivables	**34 888**	**24 219**

a) The increase mainly relates to cross border health receipts for higher than anticipated growth in treatment of interstate residents in ACT hospitals resulting in additional funds being receivable.
b) The increase is due to increased GST Input Tax Credits owing from the Australian Taxation Office.

No receivables are past due or impaired.

	2018 $'000	2017 $'000
Classification of ACT Government/Non-ACT Government Receivables		
Receivables with Non-ACT Government Entities		
Accrued Revenue	33 658	24 030
Net GST Receivable	1 230	189
Total Receivables with Non-ACT Government Entities	**34 888**	**24 219**
Total Receivables	**34 888**	**24 219**

Note 11. Payables

	2018 $'000	2017 $'000
Current Payables		
Accrued Expenses[a]	15 606	14 781
Total Current Payables	**15 606**	**14 781**
Total Payables	**15 606**	**14 781**

	2018 $'000	2017 $'000
Payables are aged as follows:		
Not Overdue	15 606	14 781
Total Payables	**15 606**	**14 781**

Classification of ACT Government/Non-ACT Government Payables

Payables with ACT Government Entities		
Accrued Expenses	1 872	4 849
Total Payables with ACT Government Entities	**1 872**	**4 849**
Payables with Non-ACT Government Entities		
Accrued Expenses[a]	13 734	9 932
Total Payables with Non-ACT Government Entities	**13 734**	**9 932**
Total Payables	**15 606**	**14 781**

a) The increase mainly relates to cross-border health payments for higher than anticipated growth in health services provided to ACT residents by other States and the Northern Territory for which payments are not made until the following year.

ACT LOCAL HOSPITAL NETWORK DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

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.

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 and the Reserve Bank of Australia, 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 an AAA credit rating, it is considered that there is a very low risk of default for these receivables.

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.

Note 12. Financial Instruments (Continued)

Carrying Amounts and Fair Value of Financial Assets and Liabilities

	Note No.	Carrying Amount 2018 $'000	Fair Value 2018 $'000	Carrying Amount 2017 $'000	Fair Value 2017 $'000
Financial Assets					
Cash and Cash Equivalents	9	500	500	3 771	3 771
Receivables	10	33 658	33 658	24 030	24 030
Total Financial Assets		**34 158**	**34 158**	**27 801**	**27 801**
Financial Liabilities					
Payables	11	15 606	15 606	14 781	14 781
Total Financial Liabilities		**15 606**	**15 606**	**14 781**	**14 781**
Net Financial Assets		**18 552**	**18 552**	**13 020**	**13 020**

All financial assets and liabilities of the Directorate are non-interest bearing and are shown on an undiscounted cashflow basis.

Carrying Amount of Each Category of Financial Asset and Financial Liability

	2018 $'000	2017 $'000
Financial Assets		
Loans and Receivables Measured at Amortised Cost	33 658	24 030
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	15 606	14 781

Note 13. Commitments

In 2018, the Directorate reduced its commitments to Queen Elizabeth II Hospital due to a one month extension to the current contract that expired on 30 June 2018, compared to a 3 month extension in 2017.

	2018 $'000	2017 $'000
Commitments		
Payable:		
Within One Year	327	867
Total Commitments	**327**	**867**

All amounts shown in this note are inclusive of Goods and Services Tax.

ACT Local Hospital Network Directorate
Notes to and Forming Part of the Financial Statements
For the Year Ended 30 June 2018

Note 14. Events Occurring After Balance Sheet Date

In line with the ACT Government announcement in March 2018, Health Directorate will separate into two distinct organisations from 1 October 2018, with one organisation responsible for ACT Health's clinical operations and a second organisation responsible for strategic policy and planning. The Health Directorate are working through the affect this may have on Local Hospital Network Directorate's financial statements in future reporting periods.

Note 15. 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

	2018 $'000	2017 $'000
The Cash and Cash Equivalents Recorded in the Balance Sheet	500	3 771
Cash and Cash Equivalents at the End of the Reporting Period as Recorded in the Cash Flow Statement	**500**	**3 771**

(b) Reconciliation of Operating Surplus to Net Cash Inflows/(Outflows) from Operating Activities

	2018 $'000	2017 $'000
Operating Surplus	6 573	4 230
Cash Before Changes in Operating Assets and Liabilities	**6 573**	**4 230**
Changes in Operating Assets and Liabilities		
(Increase) in Receivables	(10 670)	(4 377)
Increase in Payables	826	771
Net Changes in Operating Assets and Liabilities	**(9 844)**	**(3 606)**
Net Cash (Outflows)/Inflows from Operating Activities	**(3 271)**	**624**

ACT LOCAL HOSPITAL NETWORK DIRECTORATE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

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, the Director-General of Health Directorate and individuals from the Health Directorate with a significant influence in strategic decisions impacting LHN.

The Head of Service and the ACT Executive comprising the Cabinet Ministers are KMP of the ACT Government and therefore related parties of the 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 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 2018.

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 2018.

Key Management Personnel (KMP) of the Directorate other than the Portfolio Minister are employees of the Health Directorate and are compensated by the Health Directorate.

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

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.

Balance Sheet Line Items	Actual 2017-18 $'000	Original Budget[1] 2017-18 $'000	Variance $'000	Variance %	Variance Explanation
Receivables	34 888	19 843	15 045	75.8	Higher than budgeted receivables mainly relates to cross border health receipts for higher than anticipated growth in treatment of interstate residents in ACT hospitals resulting in additional funds being receivable.
Payables	15 606	14 010	1 596	11.4	Higher than budgeted payables mainly relates to higher payables for health services provided to ACT residents by other States and Territories for which payments are not made until the following year.

Note 17. Budgetary Reporting – Explanations of Major Variances Between Actual Amounts and Original Budget Amounts (Continued)

Balance Sheet Line Items (Continued)	Actual 2017-18 $'000	Original Budget[1] 2017-18 $'000	Variance $'000	Variance %	Variance Explanation
Accumulated Funds	19 782	8 980	10 802	120.3	Higher than budget accumulated funds is largely due to opening balance being higher than budgeted and 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 Budget Papers in respect of the reporting period (2017-18 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, require 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. 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. The financial statements are prepared according to historical cost convention, except for financial instruments which are valued at fair value in accordance with (re)valuation policies applicable to the Directorate during the reporting period.

CURRENCY

These financial statements are presented in Australian dollars.

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.

ACT LOCAL HOSPITAL NETWORK DIRECTORATE
FORMING PART OF NOTE 2 OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

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 2017-18 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the Budget Papers.

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 2017-18 financial statements have been prepared on a going concern basis as the Directorate has been funded in the 2018-19 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.

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 normally obtained upon receipt of cash.

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 (IHPA). 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.

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 IHPA. Interstate patient numbers for the current year is an estimation based on the actual patient numbers for the ten months to 30 April 2018. 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.

NOTE 5 – GRANTS FROM THE COMMONWEALTH

Commonwealth Grants relate to Activity Based Funding 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. 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. Activity Based Funding 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'.

ACT Local Hospital Network Directorate
Forming Part Of Note 2 Of The Financial Statements
For The Year Ended 30 June 2018

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – INCOME (Continued)

NOTE 5 – GRANTS FROM THE COMMONWEALTH (Continued)

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 IHPA. Actual National Weighted Activity Units is settled following an acquittal process undertaken in the following financial year and variations to the revenue recognised are accounted for in the year of settlement.

For 2017-18, Activity Based Funding 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 IHPA as services acceptable to be funded on this basis and that conform to the IHPA'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. 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 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.

APPENDIX B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES – ASSETS (Continued)

NOTE 10 – RECEIVABLES (Continued)

ACCOUNTS RECEIVABLE (Continued)

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 (IHPA). The actual level of revenue will be subject to an acquittal process to be completed in subsequent years.

SIGNIFICANT ACCOUNTING POLICIES – LIABILITIES

CURRENT AND NON-CURRENT ITEMS

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.

ACT LOCAL HOSPITAL NETWORK DIRECTORATE
FORMING PART OF NOTE 2 OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

APPENDIX C - IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED

ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED

- AASB 1059 *Service Concession Arrangements: Grantors* (application date 1 July 2019)

This standard was released by the AASB on 20 July 2017. This new accounting standard prescribes the accounting for service concession arrangement including Public Private Partnership (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 arrangement with Calvary Public Hospital to assess if the arrangement falls 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.

ACT Audit Office

AUDITOR-GENERAL AN OFFICER OF THE ACT LEGISLATIVE ASSEMBLY

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 2018.

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 of the Health Directorate is responsible for:

- preparing and fairly presenting the statement of performance in accordance with the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 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 of the Health Directorate.

(*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.)

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T 02 6207 0833 **F** 02 6207 0826 **E** actauditorgeneral@act.gov.au **W** www.audit.act.gov.au

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 the 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.

Ajay Sharma
Acting Auditor-General
18 September 2018

ACT Local Hospital Network Directorate
Statement of Performance
For the Year Ended 30 June 2018

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 2018 and also fairly reflects the judgements exercised in preparing it.

Mr Michael De'Ath

Interim Director-General

Health Directorate

17 September 2018

ACT Local Hospital Directorate
Statement of Performance
For the Year Ended 30 June 2018

Output Class 1: ACT Local Hospital Network

Output 1.1 ACT Local Hospital Network

Description

The ACT Local Hospital Network receives funding under the National Health Reform Agreement and purchases public hospital services from the Canberra Hospital and Health Services, Calvary Public Hospital, Clare Holland House and Queen Elizabeth II Family Centre.

	Original Target 2017-18	Actual Result 2017-18	% Variance from Original Target	Explanation of Material Variances (+/-5%)	Notes
Total Cost ($000's)	1,120,407	1,113,783	(1%)		
Controlled Recurrent Payments (CRP) ($000's)	656,143	629,747	(4%)		
Accountability Indicators					
a. Admitted Services - NWAU (17)	99,535	96,200	(3%)		1,2
b. Non-Admitted Services - NWAU (17)	18,411	16,570	(10%)	This result was lower than target due to lower activity in Cancer, Sexual Health and Palliative Care services.	1,3
c. Emergency Services – NWAU (17)	18,456	18,415	-		1
d. Acute Admitted Mental Health Services – NWAU (17)	7,956	8,427	6%	This result was higher than target mainly due to a 9 % increase in average complexity per separation. Services that observed the largest increase in complexity included alcohol use and dependence, opioid use and dependence and childhood mental disorders.	1
e. Sub Acute Services – NWAU (17)	9,291	9,446	2%		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) (17) as defined by the Independent Hospital Pricing Authority's National Efficient Price Determination 2017-18. These measures combine the results for Canberra Hospital, Calvary Public Hospital and Clare Holland House for services that meet the Independent Hospital Pricing Authority's criteria for inclusion on the 'General List of In-Scope Public Hospital Services'.
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*.

ACT Local Hospital Directorate
Statement of Performance
For the Year Ended 30 June 2018

Output Class 1: ACT Local Hospital Network (Continued)

Output 1.1 ACT Local Hospital Network (Continued)

	Original Target 2017-18	Actual Result 2017-18	% Variance from Original Target	Explanation of Material Variances (+/-5%)	Notes
f. Total in scope – NWAU (17)	153,649	149,058	(3%)		1
g. Percentage of mental health clients with outcome measures completed	65%	73%	12%	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%	77%	3%		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 2017–18 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 2017–18 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[22]. The information that satisfies the requirements of Part 2 is found in the ACT Health Annual Report 2017–18, as follows:

[22] For privacy reasons, some figures have been excluded from the 'Our Workforce' content workforce breakdowns in Section B.8.

PART 3 REPORTING BY EXCEPTION

ACT Health received one Dangerous Substances Improvement Notice for the 2017–18 reporting period.

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 2017–18:

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

APPENDIX B INDEX

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